CENTER FOR DEVELOPMENT & **DISABILITY**

The Autism Spectrum Evaluation Clinic at the University of New Mexico UCEDD is an interdisciplinary evaluation clinic. This poster illustrates our approach towards a culturally and linguistically appropriate assessment of bilingual English/Spanish children who are referred for an evaluation of Autism Spectrum Disorder (ASD). This model responds to the demand to conceptualize the distinct needs for assessment of a historically underserved population.

Introduction

Autism Spectrum Disorder (ASD) is characterized by deficits in social communication and the presence of restricted and repetitive patterns of behavior (American Psychiatric Association, 2013). Prevalence rates for ASD are 1 in 59 children in the United States (Baio et al, 2018). As prevalence rates of ASD continue to increase, we recognize the professional obligation to serve culturally and linguistically diverse children with ASD more responsibly. Health disparities exist for children with ASD who are ethnically diverse. For example, in recent estimates, white children are more likely identified with ASD than black or Hispanic children (Baio, 2018). Additionally, many people in the United States speak more than one language and Spanish is identified as one of the most prevalent second languages (United States Census Bureau, 2013). Thus, it can be stated that children with ASD also grow up in linguistically diverse households. Almost half of the 2 million people living in New Mexico identify as Hispanic/Latino (U.S. Census Bureau, 2013). With regard to languages, in New Mexico, 35.5% of the population speaks a language other than English. Of those bilinguals, many speak Spanish. For instance, in the largest city (Albuquerque), 81.3% of those who are bilingual speak Spanish (U.S. Census Bureau, 2013). Culturally and linguistically diverse (CLD) children, in general, tend to be referred less for assessment and diagnosis for ASD (Begeer, 2009). When they are referred for diagnosis, their cultural and language differences need to be considered. Thus, it is important to align efforts for responsible assessment of this population of children in New Mexico.

Although the rates of ASD in New Mexico are unknown, given the population and the increase in prevalence in ASD, it is likely that the population of children with ASD are comparable to national rates. In our experience with our unique population, we found that children referred for ASD required further assessment of their language skills than their monolingual counterparts. The American Speech and Hearing Association (ASHA)

recommends that bilingual assessments include the identification of language use and proficiency, with complete assessments in both English and Spanish, or in the child's established dominant language. Assessment includes a language sample and communication sample (ASHA, 2014). Bilingual assessments should also include identifying information about the child's language experience in the home setting, exposure to each language and acculturation status (Goldstein, 2012).

We developed a model to assess the cognitive, language and adaptive skills of children with ASD with exposure to two languages (Spanish and English). This includes the assessment of the social use of language. Our culturally and linguistically appropriate model is used as part of a comprehensive diagnostic evaluation. Our model has feasibility for use in other UCEDDs, which provide diagnostic ASD evaluations.

Model

The Autism Spectrum Evaluation Clinic (ASEC) at the New Mexico Center for Development and Disability provides comprehensive evaluations for children referred for Autism Spectrum Disorder (ASD). The ASEC is an interdisciplinary evaluation clinic for children 3 to 21 years old. We conduct approximately 250-260 diagnostic evaluations per year. This includes about one English/Spanish bilingual evaluations per week. The bilingual evaluation clinic has strived to use a culturally appropriate model to evaluate children referred from all across the state. Since 2014, we have completed approximately 150 English/Spanish bilingual evaluations.

An English/Spanish Bilingual Diagnostic Evaluation Model for Autism Spectrum Disorder

Components of English/Spanish Bilingual Clinic

Pre-Clinical Evaluation Day

- Case management includes triage completed with bilingual staff or phone interpreter and provision of resources while family is on the waitlist and for the day of the evaluation.

- All intake paperwork and screening measure provided in preferred language. Day of Clinical Evaluation

- Bilingual evaluation team includes bilingual psychologist, bilingual speech and language pathologist and/or use of a certified Spanish language interpreter for interview, assessment and feedback.

- Obtain a history of language exposure, current language dominance and language functioning.

- Assessment Battery

- Bilingual psychologist administers nonverbal cognitive assessment such as the Leiter-3 or the Universal Nonverbal Intelligence Test, Second Edition (UNIT-2).

- Bilingual speech-language pathologist takes a language sample throughout cognitive testing. To determine language dominance, the Woodcock Muñoz Language Survey III is used. Language measures include Clinical Evaluation of Language Fundamentals, Fourth Edition-Spanish Edition, Clinical Evaluation of Language Fundamentals, Preschool 2-Spanish Edition, Goldman-Fristoe Test of Articulation, Spanish, Third Edition, Preschool Language Scale, Fifth Edition, Spanish Edition. - Results of language dominance and functioning informs administration language of the Autism Diagnostic Observation Schedule, Second Edition. Speech-language pathologist takes additional language sample.

Post Evaluation

- Family feedback and translated report summary provided in preferred language.

- Follow-up offered via telephone, telehealth or in person via interpreter.

Future Directions

Appropriate assessment of bilingual children with ASD is imperative in order to understand their language proficiency and pragmatic language. This model provides a method of conducting ASD evaluations of bilingual (English and Spanish) children. This model can likely be implemented in clinical and school settings. More research on dual language learning in neurodevelopmental disabilities, particularly ASD is needed. Future research on ASD needs to include culturally and linguistically diverse participants.

References

American Psychiatric Association (APA). (2013). *Diagnostic and Statistical* Manual of Mental Disorders (DSM-5). 5th ed. Washington, DC: APA. Baio J., Wiggins L., Christensen D.L., et al. (2018). Prevalence of Autism Spectrum Disorder Among Children Aged 8 Years - Autism and Developmental Disabilities Monitoring Network, 11 Sites, United States, 2014. MMWR Surveillance Summary; 67 (No. SS-6):1–23. DOI: <u>http://</u> <u>dx.doi.org/10.15585/mmwr.ss6706a1</u>. Begeer, S., Bouk, S.E., Boussaid, W., Terwogt, M.M., & Koot, H.M. (2009). Underdiagnosis and referral bias of autism in ethnic minorities. Journal of Autism and Developmental Disorders 39, 142-148. Goldstein, B.A. (2012). Bilingual language Development and Disorders in Spanish-English Speakers, Second Edition. Paul H. Brooks: Baltimore. Paradis, J., Genesee, F. & Crago, M.B. (2011). Dual language development and disorders: A handbook on bilingualism and second language learning, 2nd edition. Paul H. Brooks: Baltimore. Preferred Practice Patterns for the Profession of Speech-Language Pathology (November 2004), Speech-Language assessment for individuals who are bilingual and /or learning English as an additional language, issued by the American Speech-Language-Hearing Association (ASHA).