Investigating Barriers to the SLP Referral Process

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Purpose

The purpose of this study was to identify barriers in the referral process that might hinder a Speech-Language Pathologist (SLP) from referring for additional diagnostic testing.

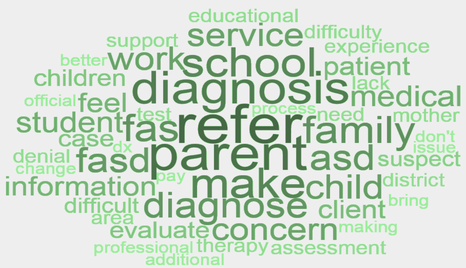
We examined possible barriers to referrals for Autism Spectrum Disorder (ASD), Fetal Alcohol Spectrum Disorder (FASD), and Intellectual Disability (ID) diagnostic evaluations.

Both ASD, FASD, and ID are possible diagnoses of clients on a pediatric SLP's caseload. However, there is controversy about overdiagnosis and underdiagnosis for each of these conditions.

A recent study by Chambers et al (2018) suggested that the prevalence of children who meet criteria for a diagnosis of FASD may be as many as 1 in 20, but less than 1% of them are being diagnosed. Alternatively, many studies have shown an over-diagnosis of ASD, especially in children younger than age 3.

SLPs have the training to identify "red flags" or common characteristics of many different diagnoses and may be the first point of contact for caregivers when a child receives services, often as a toddler. So why are SLPs not referring for more testing and what are the barriers to the referral process?

Our hypothesis is that there are external and internal barriers that cause SLPs to refrain from referring to other professionals for official diagnoses and that there is likely a difference between barriers for each specific diagnosis (i.e. ASD vs FASD vs ID).



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Facts About ASD, FASD, and ID

Autism Spectrum Disorder	Fetal Alcohol Spectrum Disorder	Intellectual Disability
• 1 in 58 • In AR, Autism testing, Psych testing, and SLP testing are required for diagnosis • Services often include: SLP, OT, PT, BH • DSM-V Dx	• 1 in 20 • For FAS, CNS abnormalities, growth delays, and facial dysmorphias are required for diagnosis • Often Misdiagnosed • Services often include: BH, SLP, OT, PT • DSM-V Dx	• 18.3 in 1000 • Established IQ score of 2+ standard deviations below the mean is required for diagnosis • Services often include: SLP, OT, PT, BH • DSM-V Dx

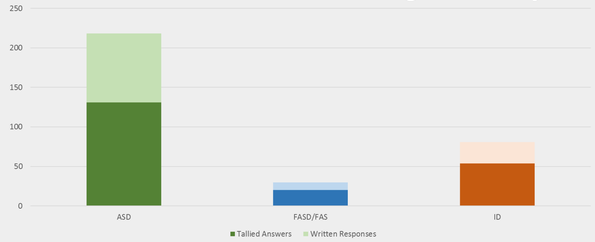
* BH: Behavioral Health

ASD
Suspected and Referred: 150
Never Had A Client: 40
Total Responses: 468

FASD
Suspected and Referred: 36
Never Had A Client: 172
Total Responses: 281

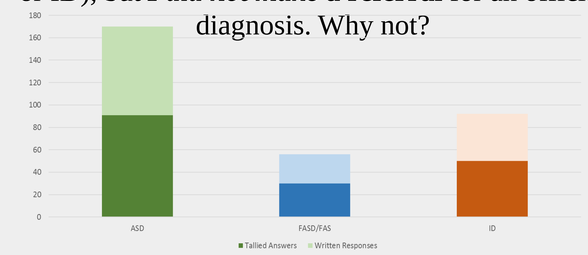
ID
Suspected and Referred: 97
Never Had A Client: 59
Total Responses: 289

I have had **a *caregiver* express concern** about my client having (ASD, FASD/FAS or ID), but ***I did not make* a referral** for an official diagnosis. Why not?



I have had **a *caregiver* express concern** about my client having (ASD, FASD/FAS or ID), and ***I made* a referral** for an official diagnosis. Why?

I have had ***a client I suspected*** had (ASD, FASD/FAS or ID), but ***I did not make* a referral** for an official diagnosis. Why not?



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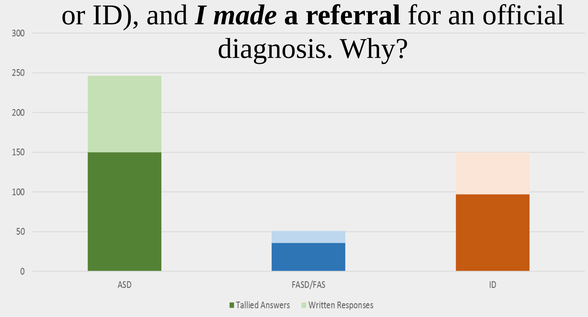
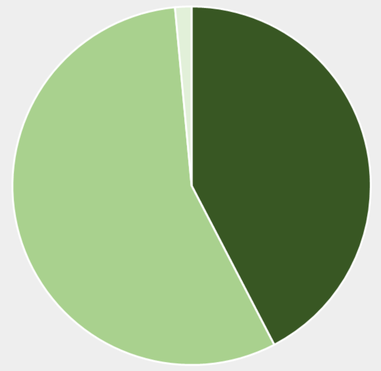
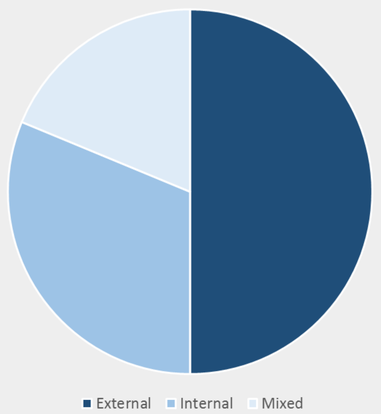


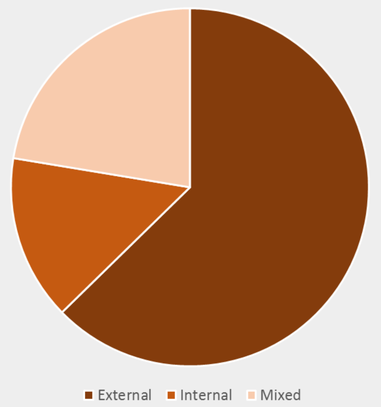
ASD Barriers



FASD Barriers



ID Barriers



Internal Barriers	External Barriers	Mixed
• Stigma • SLP does not agree with caregiver concerns • Fear/hesitancy • Parent/Caregiver denial • Fear of parent response	• Does not know where to refer • Child already has diagnosis/testing • Child is too young to receive a diagnosis • School district/place of employment will not allow outside referrals • Unable to get maternal confirmation of alcohol exposure (FASD specific) • Family unable to get to diagnostic center	• Not in the SLP's scope of practice • Unsure about criteria/lack of education • Child is already receiving services and they would not receive any additional services • No known official referral process (FASD specific)

Participant Thoughts on Barriers to Referrals

"I do not feel as though I have the skills to determine if an FASD referral is needed."
"I feel that in the school system, we have assessments and state guidelines for determining an educational diagnosis for ASD and ID. We do not have a protocol for FASD."
"Perhaps I could use a refresher on signs and symptoms [of FASD]."
"The only factor that may keep me from referring a family for further testing would be family refusal."
"Parents getting upset with you."
"Parents may become upset and defensive."
"Litigation if I am wrong."
"In a public school setting we can speak to parents about red flags we see, but cannot make a direct referral.
"Fear."
"Stigma associated with the diagnoses."
"FASD is not diagnosable in a school setting and can seem accusatory to parents."
"The student was already receiving special education services under a different label. What would having an additional label provide for them other than stigma?"
"Because our school psychologists are overloaded."

Clinical Implications

Results from this study indicate that there are internal, external, and mixed barriers to the SLP referral process for diagnosis of ASD, FASD, and ID. Internal barriers to ASD are more likely to hinder the referral process, while external barriers to both FASD and ID are more likely to hinder the referral process. Mixed barriers affect the referral process more for FASD and ID than they do for ASD. There are a variety of disability theories that may account for the SLP referral process. Two such theories are compared below:

Medical Model (External)	Social Model (Internal)
• Disability is a problem of the person • Directly caused by disease, trauma, or other health conditions • Requires substantial medial care • Management is aimed at a "cure" • Medical care is viewed as the main issue and the response is often aimed at modifying healthcare	• "Disability" is a socially created problem • Disability is not attributed to the individual, but to conditions created by the social environment • Equality for people with disabilities is a human rights concern

The Medical Model can be compared to external barriers. Because of external barriers like school system regulations or lack of resources, a referral is not made, which can then result in delayed diagnosis. The medical model implies that disability can be managed if external barriers do not exist. The Social Model, in turn, can be compared to internal barriers. Internal barriers like stigma or fear are the result of socially created problems that affect the individuals. If the social environment were different, internal barriers would not exist.

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