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Communiqué

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Research-Based Practice

Gun-Violence Risk in Youth: Prevention, Response Efforts, and Considerations for School Psychologists

By Sarah M. Pryor, Breanna L. King, & Jacqueline R. Anderson

Due to the emotional and social burden on Americans stemming from firearm injury and death, school psychologists (SPs) must be equipped with an understanding of risk factors that could lead to students engaging in gun violence. SPs are ideally situated due to their training and expertise in promoting healthy development in children and youth, as well as their unique position within school systems to advocate for the psychological well-being of students (APA, 2020). Though perpetrators of gun violence have varying motives behind their actions, understanding causes of gun violence is critical to prevention efforts.

The complex equation. Predicting gun-violence injuries is typically based on a limited, imperfect equation that simplifies the causes of gun-related deaths and injury: access to firearms + violent or aggressive behavioral tendencies or risk factors + psychiatric disease or mental illness causing a defect of reason and impaired judgment = gun-related injuries/death (Sanchez et al., 2020). Yet, based on the nuance and complexity of the cur- [continued on page 23]

Transitions

Letter to a First Year School Psychologist

By Julia E. Szarko

The hoops are behind you, the papers are all written, the exams taken ... You have made it officially into the field of school psychology! Congratulations is the obvious reaction, but I want to say *thank you* for joining us! We need you and we are excited you are here. Welcome to a career and a calling that is honorable, rewarding, impactful, meaningful, and difference-making. This job is not for the fainthearted; it requires carrying the weight of what we face day to day. It requires digging deep at times to get through overwhelming deadlines and demands, an urgency to meet children's needs, and resolving the difference between best practices in school psychology and the state of the reality of the real world. I wish I could say that since day one this work has been easy and that I took a very smooth path to becoming the 2021 National School Psychologist of the Year.

My first year after my doctoral internship, I was the school psychologist at four assignments. That was the situation in 1998 and I cried a lot that year. Most of that year I felt frustrated and disappointed about the disconnect between what I was trained and able to do and what I was doing (the hamster wheel of test and place, test and place...). At Penn State University, we were trained to be system changemakers and rather than give up, I knew I had to impact change. Up until recently, I spent my career with a ratio double+ that of the recommendation by NASP, all the while trying to be a system changemaker. I am now "seasoned" and see the end of this career on the horizon, but I can feel all those feelings from that first year like it was yesterday. There is a reason you became a school psychologist and there are so many [continued on page 26]

Research-Based Practice

Comprehensive Autism Evaluations: Research and Reality

By Zachary A. Bella

Early detection of autism spectrum disorder (ASD) is an important event for children and their families or caregivers when considering positive developmental outcomes. A breadth of literature establishes positive associations between early detection of ASD and subsequent proximal and distal benefits for the child and family (see for example Anderson et al., 2014; Koegel et al., 2014). Early detection of ASD can occur in both health settings and educational settings in different but "parallel" processes (Esler et al., 2022). Early identification/detection of ASD allows for clinical intervention through mental health and behavioral health supports, as well as potentially providing individualized services/supports in the educational setting.

IMPORTANCE OF EARLY, ACCURATE ELIGIBILITY DETERMINATIONS

Although early diagnosis of ASD in health settings is associated with positive outcomes, sociodemographic factors such as race (i.e., minoritized children) contribute to later diagnoses of ASD (Constantino et al., 2020) and access to intervention in health settings (Smith et al., 2020). The educational setting serves as an important additional realm within which children may be classified with autism and provided support and individualized intervention. The Individuals with Disabilities Education Act (IDEA) mandates that school districts conduct evaluations to find children who may qualify for individualized support and intervention through special education programs, including developing an [continued on page 15]

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Autism Evaluations

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Individualized Education Plan (IEP; IDEA, 2004). This mandate, otherwise known as *Child Find*, necessitates evaluations for children/students between the ages of 3–21 and 0–3 (IDEA, 2004). Children can qualify for an IEP through various special education classifications, including for example, autism. As such, the educational setting represents an arena where a child who has not been previously diagnosed with ASD in a health setting, can qualify for and receive individualized intervention and support. Recent research supports that many children will receive autism intervention in educational settings only and not a diagnosis/intervention in health settings (Esler et al., 2022; Wiggins et al., 2020).

IEPS AND EARLY INTERVENTION

After diagnosis of ASD in health settings, children and families are commonly recommended comprehensive autism intervention packages or approaches to intervention (e.g., applied behavioral analysis). These intervention packages may differ slightly from what is typically included within the special education programming that an IEP offers. However, the National Research Council recommends that an IEP should support goals involving verbal/nonverbal communication as well as behavior (Kanne et al., 2008). These goals frequently inform treatment packages within health settings. Furthermore, Morse (2010) explains that many components of empirically supported ASD intervention packages are recommend for inclusion in IEPs (e.g., analytic approaches to understanding behavior, structured/enriched environments). Considering the number of children who may receive a classification and intervention/support in educational settings *only*, and the overlap in programming offered between health and educational settings, Myers and colleagues indicate that "educational interventions, including behavioral strategies and habilitative therapies, are the cornerstones of management of autism spectrum disorders" (Myers et al., 2007, p. 1163).

COMPREHENSIVE EVALUATIONS OF ASD

There is consensus among experts that best-practice, comprehensive evaluations of ASD should include parent or caregiver interviews pertaining to developmental information, standardized direct observation using validated instruments, and assessments of intellectual functioning, adaptive behavior, and language (Hunsely & Mash, 2005; Ozonoff et al., 2005). The use of psychometrically validated instruments that assess the aforementioned areas yields early developmental information critical to the assessment of autism (e.g., parent/caregiver interview), as well as a child's current social and behavioral functioning. In a review of the psychometrically validated instruments commonly utilized in comprehensive autism evaluations in health settings, Falkmer and colleagues (2013) reported that the Autism Diagnostic Interview–Revised (ADI–R; Lord et al., 1994) and the Autism Diagnostic Observation Schedule–2nd edition (ADOS–2; Lord et al., 2012) demonstrated the highest degree of sensitivity and specificity.

Importance of best practice procedure. The use of assessment tools that are sensitive and specific to autism spectrum disorders and adhering to comprehensive evaluation practices while assessing for autism remains critical, as an insufficient autism evaluation may yield a misclassification or a missed classification (Esler & Ruble, 2015). This issue is of practical importance to school psychologists because they hold critical roles in the evaluation of autism in educational settings and are deemed the local "assessment experts" (Brunson McClain et al., 2021). Information that is gathered throughout an evaluation should be used to inform intervention or support goals within an IEP (IDEA, 2004). Extant research and special education discourse caution against the use of nonspecific labels such as developmental delay or other misclassifications for children with autism due to a subsequent lack of potential autism-specific intervention and support (see for example, The Division for Early Childhood, 2009; Hadadian & Koch, 2013).

Without the use of evidence-based, best-practice evaluation methods for ASD, the degree to which practitioners within the schools consider complex differential classifications or rule-in ASD in the context of other co-occurring conditions that qualify for an IEP may be significantly limited. Autism presentations commonly co-occur with other neurodevelopmental disorders that are used for special education classifications. Of major significance to ASD diagnosis is the presentation of social communication differences. As a result, many individuals with ASD are unable to communicate with expressive language, which may contribute in part to a classification of speech and/or language impairment (Patten et al., 2013). Furthermore, considering the early delays in multiple areas that may occur with a presentation of ASD, a child may also meet the criteria for developmental delay. Rubenstein et al. (2018) indicated that there is an increasing trend in the classification of children with autism who meet the criteria of developmental delay to be initially identified under that category (instead of autism), and then reclassified with autism after aging out of developmental delay criteria.

Current autism evaluation gap. Comprehensive early evaluations for autism in the educational setting are both time and resource intensive. The resources and training required for comprehensive evaluations contribute to a gap between best-practice ASD evaluations and evaluations within educational settings. The accessibility of comprehensive ASD assessments is also associated with various socioeconomic and sociodemographic factors, adding to the gap between best-practice recommendations and assessments in educational settings. As a result of these differences in evaluation practices and barriers to accessibility, and despite the children who may be identified in educational settings only, access to special education classifications through comprehensive ASD evaluations is extremely variable within the United States (Centers for Disease Control and Prevention, 2020a). To effectively outline the current research-to-practice gap for ASD evaluation in school settings, the scope of this brief review will highlight current assessment practices examining autism in educational settings, which likely impacts the classification/early detection of ASD (Barton et al., 2016). Potential remedies to the state of ASD/educational autism evaluations in schools that may help bridge the gap are reviewed.

Without the use of evidence-based, best-practice evaluation methods for ASD, the degree to which practitioners within the schools consider complex differential classifications or rule-in ASD in the context of other co-occurring conditions that qualify for an IEP may be significantly limited.

Practices within the schools. Despite extant best-practice procedures, there is currently a lack of uniformity in the conduct of autism evaluations within the schools through the Individuals with Disabilities Education Act (Aiello et al., 2017), which may contribute to the differences in detection and subsequent support of children with autism in educational settings (Barton et al., 2016). As of 2016, and despite the best-practice evaluation procedures ensuring the highest degree of sensitivity and specificity while assessing autism, a considerably low number of states mandate the use of direct observations with a focus on social behaviors/play (n = 4) or autism-specific assessment instruments (n = 8; Barton et al., 2016). Esler et al. (2022) recently corroborated this lack of uniformity in a review of special education evaluations for autism, reporting that "a specific ASD measure was used in just over half of evaluations resulting in ASD eligibility" (sect. "ASD Eligibility Versus Developmental Delay").

Similarly, in a survey exploring the use of best-practice evaluations for autism, researchers reported that many school psychologists did not utilize comprehensive assessment strategies (Aiello et al., 2017). Aiello et al. revealed that clinical experience/training and geographic location were most predictive in the use of best-practice autism assessment methodology in schools (Aiello et al., 2017). Relatedly, Gottlieb (2020) demonstrated that school psychologists' use of evidence-based ASD assessment methodology is associated with intensive ASD-focused training/experience. The lack of best-practice autism assessment use in educational settings has seemingly remained present for over a decade. In an earlier survey exploring the use of ASD assessment tools employed by school psychologists during ASD evaluations, Allen et al. (2008) demonstrated that most school psychologist respondents stated that they never used the ADOS (60.1%) or the ADI (83.4%) during evaluations for autism. As a result of the discordance between the use of evidence-based ASD assessment practices and typical evaluations conducted in actuality, many school psychologists and evaluation team members have reported a desire for additional intensive ASD-focused evaluation training and for assessing ASD in the context of other common co-occurring behaviors (Nathanson & Rispoli, 2021).

The gap between current ASD assessment practices within the schools and

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evidence-based practices in research is significant. As mentioned, evidence-based comprehensive autism evaluations are resource intensive, requiring substantial funds and extensive training. As a result, there exist significant differences between autism evaluations currently being conducted in schools and evaluation practices set forth through empirical guidelines. State mandated evaluation practices vary markedly, inconsistently requiring psychometrically validated standardized autism evaluation measures (Barton et al., 2016), and practitioners report a low rate of use of best-practice assessment measures. Rubenstein et al. (2018) explain the variation in special education eligibility determinations when comparing children who have clinically diagnoses of ASD and those who are educationally classified with autism may be a result of other co-occurrences. However, the differences may also be due to a lack of clinical training in ASD diagnostic evaluations (Rubenstein et al., 2018).

BRIDGING THE GAP

Despite the importance of early detection for ASD through comprehensive evaluations, variable trends exist regarding access to diagnostic services and the subsequent factors among prevalence rates and special education eligibility determinations. As research explains, ASD can be reliably diagnosed by age 2 and age of entry to intervention is critical in targeting positive developmental trajectories (Centers for Disease Control and Prevention, 2020b). However, the current average age of eligibility determination is much later falling between 4–5 years (Esler et al., 2022). Furthermore, there are significant differences currently in state mandated evaluation practices for assessing ASD within the schools. As Barton et al. (2016) explain, many states do not mandate the use of standardized autism evaluation measures. Due to exclusion of mandated assessment measures in state evaluation guidelines, a vast majority of school psychologists have previously reported never using either of the best-practice autism evaluation assessment tools outlined in research (see for example Allen et al., 2008). As a result, a large number of school psychologists have a desire for additional ASD-focused evaluation training within the school setting.

Based on a brief review of the literature, there appears to be a lack of large-scale nationwide rollouts for evaluation team training in assessing ASD. Despite this absence, additional training in the use of best-practice autism evaluation tools would likely reduce the research-to-practice ASD assessment gap within the schools and may also reduce the variability in special educational eligibility determinations. Training and workshops are available, although costly, for the administration of the ADOS-2 and ADI-R. Considering the desire for additional training by many school psychologists (Nathanson & Rispoli, 2021), and the lack of use of these assessment instruments (Aiello et al., 2017), it may be beneficial for schools or districts to fund attendance to workshops similar to those mentioned that focus on assessing ASD. It is likely that some schools and districts fund evaluation training opportunities already; however, an increased emphasis and support for attendance to ASD-focused evaluation trainings may address the current gap. In addition, it is important for school districts to educate professionals in gender-based differences in the expression of ASD symptomology in order to reduce misclassifications or missed classifications.

Preservice training through graduate programs may also be a viable option to increase training for and knowledge of evidence-based ASD evaluation procedures. It is likely that some programs include a more intensive focus on training for comprehensive evaluation tools in ASD assessment; however, widespread inclusion of ASD assessment in university programs for school psychology and related fields may address some of the research-to-practice gaps regarding ASD assessment within the educational setting. Lastly, although much easier to recommend than implement, a nationwide standardized evaluation procedure for ASD within the schools could provide incentive for school psychologists, evaluation team members, and schools/districts to seek additional training opportunities. In addition, standardized evaluation procedures would promote uniformity in evaluations and alleviate some of the variance currently evident in special education eligibility determinations.

The aim of this review was to highlight the research-to-practice gap that exists within evaluations for autism spectrum disorder or educational autism in schools. Lack of training, variability in assessment guidelines, socioeconomic and sociodemographic factors, and the resource-intensive nature of comprehensive evaluations all contribute to the current gap and to deficits in autism-specific support and intervention delivered in educational settings to children who may never receive autism-specific support in health settings. ■

References

Aiello, R., Ruble, L., & Esler, A. (2017). National study of school psychologists' use of evidence-based assessment in autism spectrum disorder. *Journal of Applied School Psychology, 33*(1), 67–88. https://doi.org/10.1080/15377903.2016.1236307

Allen, R., Robins, D., & Decker, S. (2008). Autism spectrum disorders: Neurobiology and current assessment practices. *Psychology in the Schools, 45*, 905–917. https://doi.org/10.1002/pits.20341

Anderson, D. K., Liang, J. W., & Lord, C. (2014). Predicting young adult outcome among more and less cognitively able individuals with autism spectrum disorders. *Journal of Child Psychology and Psychiatry, 55*, 485–494. https:/doi.org10.1111/jcpp.12178

Barton, E. E., Harris, B., Leech, N., Stiff, L., Choi, G., & Joel, T. (2016). An analysis of state autism educational assessment practices and requirements. *Journal of Autism and Developmental Disorders, 46*(3), 737–748. https://doi.org/10.1007/s10803-015-2589-0

Brunson McClain, M., Roanhorse, T. T., Harris, B., Heyborne, M., Zemantic, P. K., & Azad, G. (2021). School-based autism evaluations in the COVID-19 era. *School Psychology, 36*(5), 377–387. https://doi.org/10.1037/spq0000447

Centers for Disease Control and Prevention. (2020a). *Community Report on Autism*. National Center on Birth Defects and Developmental Disabilities. https://www.cdc.gov/ncbddd/autism/addm-community-report/documents/addm-community-report-2020-h.pdf

Centers for Disease Control and Prevention. (2020b, March 13). *Screening and diagnosis.* Autism spectrum disorder. https://www.cdc.gov/ncbddd/autism/screening.html

Constantino, J. N., Abbacchi, A. M., Saulnier, C., Klaiman, C., Mandell, D. S., Zhang, Y., Hawks, Z., Bates, J., Klin, A., Shattuck, P., Molholm, S., Fitzgerald, R., Roux, A., Lowe, J. K., & Geschwind, D. H. (2020). Timing of the diagnosis of autism in African American children. *Pediatrics, 146*(3), e20193629. https://doi.org/10.1542/peds.2019-3629

Division for Early Childhood (DEC). (2009). Concept paper: Developmental delay as an eligibility category. https://www.decdocs.org/concept-paper-developmental-delay

Esler, A. N., Sample, J., Hall-Lande, J., Harris, B., Rice, C., Poynter, J., Kirby, R. S., & Wiggins, L. (2022). Patterns of special education eligibility and age of first autism spectrum disorder (ASD) identification among U.S children with ASD. *Journal of Autism and Developmental Disorders*, 1–16. https://doi.org/10.1007/s10803-022-05475-5

Esler, A. N., & Ruble, L. A. (2015). DSM-5 diagnostic criteria for autism spectrum disorder with implications for school psychologists. *International Journal of School & Educational Psychology, 3*(1), 1–15. https://doi.org/10.1080/21683603.2014.890148

Falkmer, Anderson, K., Falkmer, M., & Horlin, C. (2013). Diagnostic procedures in autism spectrum disorders: A systematic literature review. *European Child and Adolescent Psychiatry, 22*(6), 329–340. https://doi.org/10.1007/s00787-013-0375-0

Gottlieb, R. (2020). *School psychologists and autism: current understanding and opportunities for improving assessment practices.* Hofstra University.

Hadadian, A., & Koch, K. R. (2013). Issues in labeling young children with developmental delay: Whose responsibility is it? *International Journal of Early Childhood Special Education, 5*(2), 187–199.

Hunsley, J., & Mash, E. J. (2005). Introduction to the special section on developing guidelines for the evidence-based assessment (EBA) of adult disorders. *Psychological Assessment, 17*(3), 251–255. https://doi.org/10.1037/1040-3590.17.3.251

Kanne, S., Randolph, J. K., & Farmer, J. E. (2008). Diagnostic and assessment findings: A bridge to academic planning for children with autism spectrum disorders. *Neuropsychology Review, 18*(4), 367–384. https://doi.org/10.1007/s11065-008-9072-z

Koegel, L. K., Koegel, R. L., Ashaugh, K., & Bradshaw, J. (2014). The importance of early identification and intervention for children with or at risk for autism spectrum disorders. *The International Journal of Speech-Language Pathology, 16*(1), 50–56. https:/doi.org/10.3109/17549507.2013.861511

Lord, C., Luyster, R. J., Gotham, K., & Guthrie, W. (2012). Autism diagnostic observation schedule, second edition (ADOS-2). Western Psychological Services.

Lord, C., Rutter, M., & LeCouteur, A. (1994). Autism Diagnostic Interview–Revised: A revised version of a diagnostic interview for caregivers of individuals with possible pervasive developmental disorders. *Journal of Autism and Developmental Disorders, 24*, 659–685.

Morse, T. E. (2010). Comprehensive special education programming for students with autism spectrum disorder in the United States. *International Journal of Educational Reform, 19*(1), 2–13. https://doi.org/10.1177/105678791001900101

Myers, S. M., Johnson, C. P., & American Academy of Pediatrics Council on Children With Disabilities. (2007). Management of children with autism spectrum disorders. *Pediatrics, 120*(5), 1162–1182. https://doi.org/10.1542/peds.2007-2362

Nathanson, E. W., & Rispoli, K. M. (2021). School psychologists' assessment practices for students with co-occurring anxiety and autism spectrum disorder. *Journal of Applied School Psychology*, 1–28. https://doi.org/10.1080/15377903.2021.1941468

Ozonoff, S., Goodlin-Jones, B. L., & Solomon, M. (2005). Evidence-based assessment of autism spectrum disorders in children and adolescents. *Clinical Child and Adolescent Psychology, 34*(3), 523–540. https://doi.org/10.1207/s15374424jccp3403_8

Patten, E., Ausderau, K. K., Watson, L. R., & Baranek, G. T. (2013). Sensory response patterns in nonverbal children with ASD. *Autism Research and Treatment, 2013,* 436286. https://doi.org/10.1155/2013/436286

Rubenstein, E., Daniels, J., Schieve, L. A., Christensen, D. L., Van Naarden Braun, K., Rice, C. E., Bakian, A. V., Durkin, M. S., Rosenberg, S. A., Kirby, R. S., & Lee, L. C. (2018). trends in special education eligibility among children with autism spectrum disorder, 2002-2010. *Public Health Reports (Washington, D.C.: 1974), 133*(1), 85–92. https:/doi.org/10.1177/0033354917739582

Smith, K. A., Gehricke, J. G., Iadarola, S., Wolfe, A., & Kuhlthau, K. A. (2020). Disparities in service use among children with autism: A systematic review. *Pediatrics, 145*(Suppl 1), S35–S46. https://doi.org/10.1542/peds.2019-1895G

Wiggins, Durkin, M., Esler, A., Lee, L., Zahorodny, W., Rice, C., Yeargin-Allsopp, M., Dowling, N. F., Hall-Lande, J., Morrier, M. J., Christensen, D., Shenouda, J., & Baio, J. (2020). Disparities in documented diagnoses of autism spectrum disorder based on demographic, individual, and service factors. *Autism Research, 13*(3), 464–473. https://doi.org/10.1002/aur.2255