Identification of Children with Autism Using the STAT and Language Tests
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Background

• ASHA presented a position statement in 2006 detailing that the scope of practice for a SLP includes screening children for ASD, having the discussion with families of the screening outcome, and referring these children onto a diagnostic evaluation. At Children’s Specialized Hospital a family’s first contact with therapy is often with a speech-language pathologist as lack of functional communication is one of the more noticeable symptoms of autism. As a result, a reliable measure to identify children who were at risk for autism was researched. The Screening Tool for Autism in Two Year Olds (STAT: Stone et al, 2001, 2004) is interactive level two screener. By administering the STAT during the initial speech and language assessment, the SLPs were comfortable with pointing out the behaviors that are characteristic of a child with an Autism Spectrum Disorder. The speech department at Children’s Specialized Hospital began to routinely administer the STAT December of 2006 to any child between the ages of 24-36 months who did not already have a diagnosis on the Autism Spectrum Disorder (ASD). To date we currently administered the STAT to 170 children.

Discussion and Future Plans

• 29 of 170 or 6 percent of children evaluated failed the STAT
• Identification of children at risk for autism was statistically significant on both tools, speech and language testing and the STAT. When used together they allow for assessment of reciprocal social interaction and communication areas of DSM-IV criteria for Pervasive Developmental Disorder. Therefore it is a concluded that these tools used together allow the SLP to confidently identify children who are at risk for an autism spectrum disorder.
• We have shown that screening for autism during the speech/language evaluations is able to be accomplished consistently. It is logical that autism screenings should be routinely occurring during the speech/language evaluation. At Children’s Specialized Hospital, the Speech Department is planning to continue incorporating the STAT into our initial evaluations the STAT with standardized language testing for children 24-26 months.
• 9 of the 29 children who were identified as “at risk” went onto pursue further evaluation at Children’s Specialized Hospital. An autism diagnosed was confirmed in 8 of the cases. An autism diagnosis was confirmed in 8 of the cases. One child was diagnosed with Apraxia. We were disappointed with the low number of children identified “at risk” for autism that pursued a definitive diagnosis. We will work to improve our internal referral process to expedite further evaluation of these children. 1 child was diagnosed with Apraxia. The number of patients who pursued a medical diagnosis is not very high. We are proposing going back to do observations looking specifically at the conversations clinicians are having with families about STAT results, perhaps involve psychology department in helping therapists with such difficult conversations. We could also look at our internal referral source and process to see if we can expedite these children getting an ADOS/ADI-R.
• Only 4 of the 29 children who failed the STAT were authorized by their insurance to obtain Speech Services. Another area to explore is if a child fails the STAT can an SLP diagnosis a child as “At Risk for Autism” and would this diagnosis help families get speech services.
• Another area to consider is to replicate this process for children 18-24 months, possibly with different measures

References


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