It has been hypothesized that the incidence of autism spectrum disorder (ASD) has greatly increased over the last 30 years. Indeed, recent surveys show that the estimated prevalence rates for ASD is approximately 60 per 10,000 (Fombonne, 2003; Yeargin-Allsopp, Rice, Karpurkar, Doernberg, Boyle, & Murphy, 2003). This estimate is three to four times higher than the estimated prevalence rates of 30 years ago. However, some have not interpreted this increase in prevalence figures as a true increase, but rather a reflection of the broadening concept of ASD (Fombonne, 2003). In other words, the increased prevalence may reflect more inclusive diagnostic criteria rather than a true increase in the number of children with disabilities (Fombonne, 2003; Hyman, Rodier, & Davidson, 2001).

Regardless of the reasons for the difference in the prevalence rates, the reality for the speech-language pathologist is that the incidence of children seeking services for the challenges of autism and related disorders has greatly increased. The purpose of this forum is to respond to the increasing need for knowledge related to serving children with ASD and their families. Effective communication intervention with this population requires not only specialized knowledge in communication, but also a solid understanding of ASD. Meeting the social, behavioral, and communicative challenges of this population requires a broad knowledge base with perspectives from many disciplines. As such, this forum integrates current research from many perspectives into recommendations for practice, along with providing new information for the communication support of children with ASD.

Although the speech-language pathologist cannot diagnose autism, knowledge of the diagnostic process is vital because communication abilities are central to the diagnosis. The issue of diagnosis is rarely straightforward since the identification of autism and related spectrum disorders is primarily made by observation using the Diagnostic and Statistical Manual of Mental Disorders (American Psychiatric Association, 2000) rather than specific medical testing. This observational framework has created wide variability in the interpretation of the diagnostic criteria and the presentation of characteristics. These interpretive variations have led to disagreement among physicians when making differential diagnoses between autistic disorder, pervasive developmental disorder–not otherwise specified (PDD–NOS), and Asperger’s disorder (Mahoney et al., 1998). In other words, physicians seem to generally concur about the placement of children in the spectrum, but have difficulty reliably agreeing on a specific diagnosis within the spectrum. In recognition of the challenges involved in the diagnostic process and the complexities of the disorder, the National Research Council (2001) recommended a multidisciplinary or transdisciplinary approach that includes the speech-language pathologist in the diagnosis of autism and other related spectrum disorders.

In the forum’s first article, Woods and Wetherby (2003) discuss the diagnostic characteristics of children with ASD that influence their communicative competence. To be
specific, they point out that joint attention and symbol use are core social and communication skills that can be used in early identification. These authors suggest that identification of children with social communication delay at ages younger than 3 years should be the priority rather than the differentiation of autism and other subcategories of ASD. They also point out that because differentiation is difficult at any age, especially before age 3, careful analysis of social communication skills may lead to institution of an appropriate intervention earlier.

The form of this early intervention is then reviewed in light of the available literature. Three major implications are discussed: (a) the value of using a range of intervention approaches, (b) the need for good and ongoing outcome measurement, and (c) the importance of ecological validity in the reporting of progress.

In the second article, Prelock, Beatson, Bitner, Broder, and Ducker (2003) further emphasize the need for the speech-language pathologist to consider the role of ecological validity in assessment and intervention. They provide an interdisciplinary model for actively including the family in the assessment process. In this model, family-centered care is emphasized and cultural proficiency is valued in the team members. Family support is the foundation for the vision that guides the interdisciplinary team’s focus for assessment. Specific steps and procedures are outlined to guide the process from intake to postassessment decisions. Preliminary research shared by Prelock et al. examining the effectiveness of their model revealed that families were empowered through the process. The model had created powerful positive changes for them, their children, and the interdisciplinary team.

### AUGMENTATIVE AND ALTERNATIVE COMMUNICATION

In order to serve this population appropriately, the speech-language pathologist must include specialized knowledge in the area of augmentative and alternative communication. Mirenda (2003) points out in the third article that one third to one half of children with ASD do not possess functional speech (National Research Council, 2001). Her insightful literature review of the content in this area provides the knowledge to frame communication observations. The review illustrates that total communication and aided techniques are viable options for individuals with ASD. However, the decision to use aided or unaided symbols with children with autism is not a simple one. To this end, Mirenda outlines a framework for decision making that considers motor imitation abilities, learning styles, and the development of natural speech. The speech-language pathologist is reminded that the decision-making process is ongoing and must be reviewed constantly through solid functional outcome assessment. Additionally, Mirenda establishes the need for ecological validity by concluding that spontaneous communication across environments and people cannot be assumed with this population and must be the ultimate goal.

### BEHAVIORAL TECHNIQUES

In the past decade, the link between communication and behavior has become exceedingly clear. This link has reemphasized the need for the speech-language pathologist to obtain knowledge of behavioral techniques and to collaborate with behavior management specialists. Historically, when examining intervention approaches for children with ASD, there has been an uneasy relationship between the communication training “camps” that support behavioral techniques provided in a discrete manner and those that are proponents of contextual communication training (Prizant, 1999). However, functional communication training and positive behavioral support have effectively blended these two points of view. These applied sciences, developed from applied behavior analysis, consider the communicative function of the problem behavior and incorporate the physical and social contexts in assessment. The result is an intervention that provides a blend of both operant conditioning and contextual awareness.

In the fourth article, Buschbacher and Fox (2003) explore the important contributions of positive behavior support (PBS) to both communication and behavior. They describe the steps involved in this valuable process and its contribution to communication. The utility of this technique is then illustrated by a case study that exemplifies the power of PBS in changing family and child outcomes.

In the next article, Koegel and colleagues (2003) continue to acquaint the speech-language pathologist with techniques that have come from the science of applied behavior analysis. These authors demonstrate the utility of priming in two case studies using a repeated reversals design. Priming, in this instance, refers to exposing children to literacy-related school assignments before their formal presentation in the classroom. Koegel, Koegel, Frea, and Hopkins illustrate that priming is effective in both reducing problem behaviors and increasing appropriate academic responding. This intervention technique may be especially useful to the speech-language pathologist serving children with ASD in a general education classroom on a consultative basis.

### SOCIAL PERSPECTIVE TAKING

The very social nature of communication coupled with the social challenges faced by children with ASD combine to make the understanding of social perspective a critical area for the speech-language pathologist. Children with ASD have difficulty taking someone else’s perspective; this is also known as theory of mind (Baron-Cohen, 1991; Happé, 1994; Leslie & Frith, 1987). The very motivation to learn language depends on comprehending that people have different outlooks from one’s own. In the final article, Silliman and colleagues (2003) explore theory of mind in adolescents with ASD. They expand the use of traditional false belief tasks to assess theory of mind by including psychological causality as it relates to mental states.
Additionally, they investigate whether a prompt hierarchy would be useful in facilitating performance on these tasks. Results reveal that adolescents with ASD demonstrate stronger social than logical inferencing abilities and performance increases with prompts. These authors conclude that task type, vocabulary level, and support are key variables in predicting performance on theory-of-mind tasks.

**SUMMARY**

As the need for services for children with autism and related disorders has increased, so has the need for information about communication assessment and intervention for these children. Each of the articles in this forum considers essential knowledge for meeting the social, behavioral, and communication challenges presented by this population, as well as considerations for the individual variation noted within this population. It is hoped that the knowledge contained in this forum will provide interdisciplinary insight into the challenges of autism and related disorders and a research-based framework for making assessment and intervention decisions.

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Contact author: Sylvia Diehl, PhD, University of South Florida, Department of Communication Sciences and Disorders, 4202 East Fowler Avenue, PCD 1017, Tampa, FL 33620. E-mail: diehl@chuma1.cas.usf.edu

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