WSLHA Washington Speech-Language-Hearing Association

Frequently Asked Questions:
Speech-Language Pathologist's (SLP) Role in Working with Autism Spectrum Disorders (ASD)

Speech-language pathologists (SLPs) play a central role in the screening, assessment, diagnosis, and treatment of persons with Autism Spectrum Disorder (ASD). The professional roles and activities in speech-language pathology include clinical/educational services (diagnosis, assessment, planning, and treatment); prevention and advocacy; and education, administration, and research. See ASHA's Scope of Practice in Speech-Language Pathology (2016).

What qualifications does an SLP have to be able to treat my child's social, speech, and language issues? An SLP has a bachelor's degree (usually in communication disorders or the like) and a master's degree in Speech-Language Pathology (communication disorders or the like). There is a national examination and certification of clinical competence. The state of Washington also requires licensure for non-school based clinicians. Their field of study encompasses theory and research across neuroanatomy, neurosciences, language, speech, social-communication, cognitive and child development. They are also required to complete 30 hours of continuing education every three years.

SLPs who work in schools are required to have not only the MA/MS and CCCs, they are also required to have Washington State's Educational Staff Associate (ESA) certificate, equivalent to a teaching certificate and subject to the same requirements for continuing education and levels of certification. The ESA certificate requires coursework in a number of areas relevant in schools in addition to the coursework required for the CCC and the state Department of Health license. Many SLPs in the schools have both the ESA certificate and the Department of Health license.

What is the role of an SLP in the treatment of my child with ASD? SLPs are highly educated individuals with a Master's degree in speech-language pathology (communication disorders or the like) who are able to prioritize intervention objectives and coordinate planning for communicative success. SLPs focus on understanding and use of language, social communication, literacy, speech production, and augmentative and alternative communication. We are educated to address the core challenges found in ASD including relating, interacting, and communication.

Can other professions perform social, language, and speech treatment? No. ***In the state of Washington, a degree in speech-language pathology from an accredited school, a Certificate of Clinical Competence of the American Speech-Language-Hearing Association (ASHA), and Washington State licensure is required. Note, licensure is not required for a school-based SLP but they are required to have the Washington State ESA certificate.*** Our Code of Ethics states

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"II B Members who do not hold the Certificate of Clinical Competence may not engage in the provision of clinical services; however, individuals who are in the certification application process may engage in the provision of clinical services consistent with current local and state laws and regulations and with ASHA certification requirements." This means that professionals that are not SLPs may not perform technical aspects of an SLP job, it would be unlawful.

Can an SLP delegate their responsibilities or write goals for another profession to then work on and bill for? No. ***Our Code of Ethics specifically prohibits the delegation of tasks to individuals or professions who are not certified and/or licensed speech-language pathologists. "***1F Individuals who hold the Certificate of Clinical Competence shall not delegate tasks that require the unique skills, knowledge, judgment, or credentials that are within the scope of their profession to aides, assistants, technicians, support personnel, or any nonprofessionals over whom they have supervisory responsibility." This means that an SLP cannot delegate "technical" tasks that only an SLP can perform with regard to assessment, intervention, documentation, and collaboration that only an SLP can perform.

Can another profession work on a child's enunciation? No. First, this is out of scope of practice. Second, enunciation therapy does not account for the development of the phonological and motor planning systems. Research has demonstrated that intervention of a speech sound disorder using techniques for enunciation, without knowledge of the child's entire speech sound system, can cause speech sound disorders. Phonological Disorders in Children: Clinical Decision Making in Assessment and Intervention. Edited by Alan G. Kamhi, Ph.D., & Karen E. Pollock, Ph.D

Do children diagnosed with ASD learn social-communication and language differently than children without that diagnosis? No. There is no evidence suggesting that children learn language differently. (Lord, 1997) There are aspects of social-communication and language development that can be more difficult, such as shared attention, communicative intention, and shared meaning. These are the foundation concepts necessary for linguistic development. The stronger these concepts the easier it is for a child to develop a natural language system. These are pre-linguistic concepts that the SLP can address.

My child has evidence of echolalia. Is this disordered language? No. Echolalia or Gestalt language can also be seen in children without a diagnosis of ASD. It is a language system but not as efficient as a self-generated linguistic system. The SLP can support the development of a self-generated linguistic system by both addressing the gestalt system and preventing more gestalts

from developing. That is done by avoiding scripts that would be taught directly or that a child gathers from the environment (videos, songs, books).

Is a Developmental Linguistic approach to intervention different from a Verbal Learning Approach? Yes. A developmental approach to social, language and speech intervention derives from child developmental theory and research. The goals are to support the development of natural acquisition of communication, language, and speech concepts or a self-generated linguistic system. A verbal learning approach is derived from behaviorism where the goal is a verbal output in response to stimuli rather than a self-generated linguistic system.

My child has difficulty learning language naturally, so why would I use a developmental approach? We know by looking at all human language development that this is the easiest and most efficient manner to learn a linguistic system. Although aspects may be difficult, the SLP can support the development of factors which will facilitate a self-generated linguistic system.

Can an SLP help with a child's behavior? Yes. An SLP has the unique education in social-communication, social-emotional regulation, and communicative intention and how those systems coordinate so that a child can regulate his or her behavior. Thus, behavior is viewed as communication. The role of the SLP is to support the development of these concepts so that the child can better understand how to identify and ultimately communicate his needs.

Is there research comparing behavioral and developmental approaches. Yes. Although only a few valid studies have been produced, the research that compares these approaches indicate stronger spontaneous and natural language acquisition when a developmental approach is used. Research also indicates better outcomes for the core issues found in ASD including relating, interacting, and communicating.

I have read that ABA is the "Gold Standard" of interventions. Is this true? No. This notion developed from a study by Howard and colleagues from 2005. However, close examination of this particular study reveals multiple methodological flaws that severely limit, if not entirely disqualify, the findings of the paper (Shyman, 2015). In addition, a meta-analysis of ABA research was performed. A meta-analysis assesses the quality and reliability of research to determine efficacy. The authors of the meta-analysis concluded that, "Current evidence does not support ABI (Applied Behavior Intervention) as a superior intervention for children with ASD."