

LACA Workshop in Milan – 15 January, 2018

Highlights Practitioners' Talks and Round Table Discussion

On Monday, 15 January, 2018, LACA organized a workshop on the theme 'Between Theory and Practice'. All 12 LACA labs were represented, and from all 8 LACA countries (The Netherlands, Germany, France, UK, Belgium, Greece, Italy, Israel) an invited practitioner working with children with ASD provided answers to the following 10 questions:

- 1) Who is involved in ASD diagnosis in your country? Psychiatrists? Pediatricians? Speech-language therapists? Psychologists?
- 2) In what structures does ASD diagnosis take place? Hospital? Private practice?
- 3) What tools are used in ASD diagnosis? ADOS, ADI, CARS, other? Which domains are evaluated? And what cut-offs are used?
- 4) Is ASD diagnosis uniform in your country, or does diagnostic practice vary? If there are national guidelines, what are these?
- 5) Where do children with ASD receive services in your center/country? In school? At a hospital or other specialized center?
- 6) How do children with ASD attend school in your country? Mainstreaming in ordinary classes (with a shadow teacher)? Special education classes in regular schools or in broad specialized centers? Specialized centers (clinical or other) catering only to children with ASD? If national figures are available, which percentage of children attend school in which structures?
- 7) Which professional figures are involved in remediation/intervention in general and of language problems? Is there a link between them and the school?
- 8) What kinds of intervention are practiced in your center? What are the major intervention techniques used in your country?
- 9) What about longitudinal aspects? Do you see optimal outcome children in your practice? Children whose profile changes significantly with age?
- 10) What types of ASD are distinguished in your country with respect to language (development)?

The practitioners' answers revealed the following (among many other things). Perhaps not surprisingly, diagnosis and intervention vary widely between countries, and only some countries have national guidelines regarding diagnosis and intervention in children with ASD, that, again, differ widely from each other Germany, Belgium, Italy, UK (different guidelines for England, Scotland, Ireland,). There is a need for European, or even global guidelines. Although diagnosis usually includes a communication criterion, precise linguistic criteria are lacking. This is an important observation as recent linguistic research findings show that, for example, children with HFA have a pragmatic deficit despite the fact that they score OK on vocabulary (picture-naming) or even grammar tests. Intervention often includes social skills training, including some social communication, but linguistic training is often scarce or absent. The practitioners indicated that they would love to have input on what sort of linguistic training would be beneficial to children with ASD. For example, the incorrect use of pronouns (I vs. you, or reference of 3rd person pronoun s/he/it) has an immediate impact on communication. Understanding the relationship between the pragmatic deficit and certain core linguistic phenomena can help build bridges between research and clinical practice. Some practitioners mentioned that ABA (Applied Behavioral Analysis), an often-used intervention, may improve language for a specific context but does not generalize to other contexts in real life. From a linguistic/researcher's perspective, this may not be surprising, as ABA uses an operant-conditioning type of method (focusing on associations and superficial rote learning), while true language acquisition implies discovering structures and patterns in all language

domains: in sounds (phonology), words (morphology), sentences (syntax/semantics), larger language units (pragmatics), and the use of language between speaker and hearer (pragmatics). It is a child's ability to create words and sentences they have never heard before. There is a need to develop intervention programs that involve learning structures (discovering patterns) for children with HFA. This may enhance generalizations. It was suggested by one of the researchers that one way to do this may be by artificial language learning.

During the Round Table Discussion at the end of the afternoon, the researchers asked the practitioners:

“What would be your priorities in what we will investigate in language in ASD?”

Answers included:

- Symbolic playing and language acquisition seem to be connected, why? Symbolic playing cannot develop without language and/or vice versa.
- Research on discourse and narratives. The timing of taking a turn seems to be difficult for children with ASD. If we could make turn-taking patterns explicit to children in intervention, esp. HFA children will be able to pick up on this, and become academically more successful.
- Research on the neurofunctional underpinnings of language. This could help diagnosis and intervention.
- Research on the role of inner language, which serves goal-directed behavior. Very complex!
- For children with LFA we need your help to understand why children with severe autism often cannot develop language. How can we help them to develop language?
- Characterize different subtypes/phenotypes. Different subtypes need different treatment. fMRI, including potential connections between impaired movement and impaired language.
- What are the precursors of spoken language, and are they different in children with ASD? For example, can we pinpoint precursors of joint attention? If they are different (or absent) in very young children with ASD, can we train them on these precursors?

To conclude, this dialogue and interaction between researchers and practitioners in the field of language development in children with autism raised a lot of enthusiasm and proved extremely fruitful in both directions. We hope this is the start of a more intense collaboration between theory and practice in the field of language (development) and autism.