OCASD RECOMMENDED
IDENTIFICATION TEAM COMPETENCIES

INTRODUCTION

The competencies listed below are those that must be possessed by the team as a whole. **IT IS NOT EXPECTED THAT ANY ONE INDIVIDUAL WILL POSSESS ALL OF THE COMPETENCIES.** Rather, those responsible for assembling the team should review the knowledge areas and ensure that there is a match between at least one professional on the team and a given competency. It is intended that, together, the team can demonstrate all of the listed competencies.

A SINGLE PROFESSIONAL SHOULD POSSESS ALL OF THE COMPETENCIES LISTED WITHIN A GIVEN KNOWLEDGE AREA, UNLESS OTHERWISE SPECIFIED (see, for example, Knowledge Area 4).

KNOWLEDGE AREA #1 - TYPICAL CHILD DEVELOPMENT

1. At least one professional will be able to describe and identify the DEVELOPMENTAL MILESTONES appropriate for any individual, age birth to 21, in the following developmental areas: (1) social-emotional, (2) cognitive, (3) receptive and expressive communication, (4) fine and gross motor, and (5) adaptive functioning.

2. The professional will be able to describe the major THEORIES OF TYPICAL CHILD DEVELOPMENT THAT LEAD TO THE MILESTONES. For example, Gesell, Piaget, Freud, Erickson, object relations, attachment, neuroscience, etc.

Demonstrating Competency: The professional will document:

(a) Licensure/specialization as a pediatric or family medicine health care provider, a psychiatrist, a clinical or school psychologist, or a professional with a special education endorsement or ASD specialization from TSPC **AND**

(b) A minimum of one year of college, graduate, or postgraduate level coursework in child development, or, in the case of a medical or osteopathic doctor, a minimum of _____; **AND**

(c) Document the equivalent of at least six months of full-time professional practice with children (typical or atypical) within the last two years unless the evaluation setting is limited to adults patients

KNOWLEDGE AREA #2 - ATYPICAL CHILD DEVELOPMENT

1. At least one professional will be able to describe and identify ATYPICAL DEVELOPMENTAL PATHWAYS that may result in different disorders (i.e., the atypical developmental pathways children with different disorders follow) including all of the following developmental areas: (1) social-emotional, (2) cognitive, (3) receptive and expressive communication, (4) fine and gross motor, and (5) adaptive functioning.

Demonstrating Competency: Same as Knowledge Area # 1

KNOWLEDGE AREA #3 – MENTAL HEALTH DISORDERS

1. At least one professional will demonstrate the ability to differentiate the following DSM disorders from ASD:

    - Language disorders, including social (pragmatic) communication disorder
    - Stereotypic movement disorder
    - Intellectual disability
    - Learning disorders
    - ADHD (and other disruptive behavioral disorders)
    - Fetal alcohol syndrome
    - Reactive attachment disorder
    - Anxiety disorders (including separation anxiety disorder and selective mutism)
    - Mood disorders

2. At least one professional will be able to describe and identify the characteristics of each of the above disorders appropriate to the age, gender, and culture of the individual being evaluated.

3. At least one professional will demonstrate competency to administer, score, and interpret assessment tools relevant to the disorder(s) for which the evaluation is being conducted. It is ***not*** required that the professional will be competent to administer, score, and interpret all of the assessment tools for all of the disorders listed in subsection 1 above.

Demonstrating Competency: The professional will document:

(a) Licensure/specialization as a developmental pediatrician, psychiatrist, clinical psychologist, psychiatric/mental health nurse practitioner, licensed clinical social worker, or school psychologist **AND**

(b) A minimum of one year graduate level coursework in psychopathology (preferably with an emphasis on child and adolescent psychopathology for those who will be serving that population), or in the case of a medical or osteopathic doctor, a minimum of _____, **AND**

(c) (i) Didactic training in the differential identification of ASD, and
(ii) specific training, in a supervised practice setting, on the distinction between ASD and close alternatives, **AND**

(d) Ongoing work within the professional's licensure category in the assessment of children or adults with ASD, as appropriate to the population of individuals to be identified (including a minimum of 5 evaluations within the past year).

NOTE: The SIA Subcommittee is aware that schools within many areas of the state lack sufficient personnel to fulfill this competency. The Subcommittee intends to explore alternative methods of meeting this requirement, e.g., via alternative pathways for additional licensure categories, development of a centralized pool of appropriately trained professionals who could participate in evaluations via telemedicine, or collaborative arrangements with local health care providers.

KNOWLEDGE AREA #4 - FORMAL AND INFORMAL ASSESSMENT PRACTICES GENERALLY

1. At least one professional will demonstrate the ability to plan an evaluation process that includes both formal and informal procedures and that is at least sufficient to:

    - Distinguish ASD from other conditions, and

    - Select team members appropriate to the individual being evaluated.

2. At least one professional will be able to describe the similarities and differences between formal and informal assessment practices and demonstrate the ability to conduct each type of assessment competently.

    - For purposes of this document, an informal assessment is a method of evaluating an individual's performance by observing their behavior or using other informal techniques. Informal assessments are different from formal assessments such as standardized tests or formal questionnaires because the individual being assessed is less aware of the assessment in progress. Informal assessments

include observations, anecdotal records, running records of performance or behavior, event sampling, time sampling, interview, and interactions such as play.

- Informal assessment should be based on the individual's behavior in a natural environment (e.g., home, classroom, with peers).

- The immediate outcome of informal assessment should be the identification of behaviors and characteristics constituting evidence of the diagnostic criteria for potential alternative disorders listed in Knowledge Area 3, ¶1 above. The process of matching symptoms to possible disorders should be done in a systematic fashion after the interaction with the individual has ended.

- For purposes of this document, a formal assessment is based on the results of standardized tests or other tools that are administered under regulated or controlled conditions.

Demonstrating Competency: The professional will document:

(a) Licensure/specialization as a pediatrician, developmental pediatrician, psychiatrist, psychiatric/mental health nurse practitioner, clinical psychologist, speech language pathologist, occupational therapist, licensed clinical social worker, school psychologist, or professional with a special education endorsement or ASD specialization from TSPC, **AND**

(b) Training specific to these competencies via (i) either coursework or didactic professional development ***and*** (ii) supervised practice (which might be either pre-licensure or on the job).

It may also be helpful to review reports from evaluations previously planned by the professional.

3. Each professional team member will be able to describe the importance of collaboration and will demonstrate competency in participating as members of interdisciplinary teams. In this context, participating as members of interdisciplinary teams means that the entire team together reviews and discusses the results of assessments performed before a final identification is proposed, because the dialogue among skilled professionals is key to accuracy of identification.

KNOWLEDGE AREA #5 — SPECIFIC ASSESSMENT TOOLS AND METHODS FOR IDENTIFICATION OF ASD AND OTHER DISORDERS SUFFICIENT FOR ACCURATE IDENTIFICATION OR REFERRAL FOR FURTHER EVALUATION

1. At least one professional will be able to describe the methods used to determine whether tools are reliable, valid, and accurate and have demonstrated utility for the designated assessment (i.e., psychometric properties).

2. At least one professional will be able to describe the procedures for administration of the currently recommended assessment tools for ASD and other DSM disorders listed in Knowledge Area 3, ¶ 1 above. **NOTE:** the list of ASD-specific instruments will need to be populated and updated regularly by an expert panel; as of April 2014, the list approved by OCASD includes ADOS 2, ASIEP 3, and CARS 2.

3. At least one professional will be able to describe the process by which an accurate identification is made, including the role of different team members, the formal and informal assessment methods typically used in an ASD evaluation, and the importance of performing a developmental history via an interview of the family/caretaker.

4. At least one professional will demonstrate competency in selecting, administering, scoring, and interpreting formal and informal assessment tools.

Demonstrating Competency: same as Knowledge Area 3.

KNOWLEDGE AREA #6 - CHARACTERISTICS OF ASD

1. At least one professional (and ideally more than one) will be able to describe or identify, as appropriate: (a) current DSM criteria for ASD, (b) the diversity of presentation among individuals with ASD; (c) changes in characteristics over time and across developmental stages (early developmental red flags, core behavioral symptoms, and how they change over time), (d) differences in presentation based on gender, language, culture, context (e.g., trauma), setting (e.g., home, clinic, school), educational level, and socio-economic factors, and (e) severity factors, for example severity scores under DSM-5 or comparison scores on the ADOS

2. At least one professional will be able to describe the history of ASD diagnosis, as well as current major theories of the development and underlying psychological and neurological processes of ASD

Demonstrating Competency: The professional will document:

(a) Licensure as either a health care professional, a school psychologist, or professional with a special education endorsement or ASD specialization from TSPC, **AND**

(b) Either coursework or didactic professional development sufficient to demonstrate competencies, **AND**

(c) Unless the professional documents significant pre-licensure supervised practice with the ASD population, **BOTH** (i) post-licensure supervised practice specialized in ASD sufficient to demonstrate competencies, **AND** (ii) a minimum of 960 contact hours (the equivalent of six months at full time) over a two-year period with children or adults with ASD, as appropriate to the population of individuals to be identified. Note that the contact hours and supervised practice can be combined to reach the total of 960 contact hours.

KNOWLEDGE AREA #7 - FAMILY AND ENVIRONMENTAL DYNAMICS/SYSTEMS

1. At least one professional will be able to describe the effect of culture on social interaction: for example, socio-economic status, ethnicity, race, gender

2. At least one professional will be able to describe systems of family interaction and communication, including the potential impact of maternal depression, disabilities in parents, drug and alcohol use (caregivers or individual), living arrangements, and home dynamics on identification of individuals with ASD

Demonstrating Competency Items #1 and 2: The professional will document:

(a) Licensure as either a health care professional, a school psychologist, or a professional with a special education endorsement or ASD specialization from TSPC, **AND**

(b) Coursework or didactic professional development on the competencies listed in Items #1and 2.

3. Every professional will demonstrate the ability to discuss evaluation results with the family in a supportive and compassionate manner

Suggested Demonstration of Competency for Item 3: The professional will be evaluated by the person assembling the team via direct observation or review of video of the professional discussing evaluation results with a family.