

**Center on Human Development and Disability**  
**CHILD DEVELOPMENT TEAM**  
**Communicative Behavior Assessment**  
April 2, 2002

**BACKGROUND**

XXX, age 8 years, 8 months, was seen for an evaluation of his language and communicative abilities as part of an interdisciplinary assessment at the University of Washington Center on Human Development and Disability (CHDD). XXX was accompanied to the evaluation by his mother, who is concerned about his difficulties managing transitions and social interactions at school, as well as his aural comprehension, sensitivity to noise, and weight. XXX was diagnosed with Asperger's Syndrome in May of 2001 by Lilliam Sierra, M.D. Despite language content and form that is within normal limits for his age, XXX is reported to have deficits in the use of language to communicate, including difficulty with turn taking, topic maintenance, presupposition, and body proxemics. XXX currently attends a regular second-grade classroom with an aide in the mornings, and a special education resource room in the afternoons to work on speech/language and writing.

**ASSESSMENT FINDINGS**

**Behavioral Observations**

XXX was cooperative and actively participated in the assessment tasks. Although friendly and eager to share information with the clinicians, XXX's eye contact during structured testing and in conversation with the clinician was minimal. XXX exhibited some auxiliary behaviors during testing that included tapping on the table, clicking his jaw, fidgeting in his seat, and rocking slightly back and forth. These behaviors were noticeable, but not disruptive to the assessment. Speech intelligibility during conversation was diminished due to XXX's tendency to use poor enunciation and a monotone voice quality. During a story retelling task, numerous dysfluencies were noted, including phrase repetitions and single word revisions.

**Abstract Language**

<u>Test of Language Competence Expanded – Level 1 (TLC-1)</u>	<u>SS</u>	<u>%ile</u>
Listening Comprehension: Making Inferences	6	8 <sup>th</sup>
Ambiguous Sentences	4	2 <sup>nd</sup>
Oral Expression: Recreating Speech Acts	6	8 <sup>th</sup>

**Narrative Language**

XXX was asked to generate an oral narrative using the wordless picture book, Frog, Where Are You? (Meyer, 1969). XXX had difficulty initiating a story, stating, "I can't make up any words." After slight prompting from the clinician, he related an extensive, detailed narrative. Although the story contained numerous dysfluencies (e.g., phrase and word revisions), the form (i.e. syntax and morphology) and content (i.e. semantics) of the language were generally accurate and age-appropriate. However, XXX's narrative was difficult to follow and pragmatically unusual. He repeatedly referred to the dog in the story as "frog", and he did not relate the main theme of the book, which involves a boy's search for his missing pet frog; rather, he related a story about the boy's search for an owl.

**Conversational Language**

A conversational language sample was obtained by the clinicians asking XXX about topics of interest to him (e.g., favorite movies, his trip to Seattle, etc.). XXX's conversation was difficult to follow because he rapidly switched between different topics without indicating the topic shift, confabulated many things (according to his mother, who was in the observation room), and pieced together strands of information from many different things in his life to tell convoluted, often nonsensical stories (e.g., one story combined elements of his trip across the mountain passes, his visit to the Space Needle, and some movies he'd seen).

PT.NO

NAME    QQQ, XXX

DOB

**University of Washington Academic Medical Center**  
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## Hearing

XXX's hearing was not tested today as a recently screen at school revealed hearing that is adequate for the reception of speech and language.

## SUMMARY AND IMPRESSIONS

XXX is a friendly boy who seems eager to please and is able to work hard in a structured environment. Although XXX's language content and form are broadly within normal limits for his age, he has a tendency to be concrete and literal in his use of language, and to have difficulties with social communication. This communicative profile is consistent with a diagnosis of Asperger's Syndrome.

XXX demonstrates difficulty in drawing inferences from short passages, appearing to settle upon one explanation for the given situation, and not recognizing other plausible inferences for that scenario. He also had difficulty describing multiple meanings of ambiguous sentences. This inability to look beyond the literal meaning of words can affect his reading comprehension and lead to social difficulties with peers if XXX is unable to consider perspectives and motivations other than his own.

XXX also exhibits some difficulties with the pragmatics of language use. Seven out of 16 of XXX's responses on the Oral Expression subtest of the TLC-3 were unrelated to the picture stimuli, suggesting that he has significant difficulties in generating appropriate comments for a given situation. This was also evident in the narrative he produced that had little to do with the picture stimuli, and in conversational speech with the clinician, in which XXX appeared to recognize the need to say something, but did not initiate or maintain appropriate topics. Together, XXX's concrete use of language and his deficits in the pragmatics of communication limit his ability to interact appropriately with his peers in a social setting. In addition, his poor understanding of the social norms, particularly when there are changes in schedule or expectations, lead him to exhibit inappropriate school behaviors.

## RECOMMENDATIONS

XXX should continue to receive speech and language therapy, but therapy should take place in a small group setting or with peers in naturalistic contexts where social problems are likely to occur (e.g., the classroom, playground, lunchroom, etc.). Given XXX's concrete use of language, "rules" should be taught whenever possible. Based on the findings from this assessment, therapy targets would include:

- Training social skills (e.g., identify and practice appropriate initiation, turn taking, topic maintenance, perspective taking, eye contact, etc.).
- Training narration skills (e.g., work on organization, sequencing, and identification of key components in a writing program, followed by generalization to oral narratives).
- Use of abstract language (e.g., inferencing, understanding ambiguity, humor, etc.).
- Using visually supported communication to help XXX understand some of the transitory aspects of social interaction (e.g., daily schedules to make transitions less disruptive and ensure that XXX knows where he should be at all times, visual schedules of social routines, etc.)

Questions about this report should be directed to Dr. Truman Coggins at 206 685-1242.

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