

The Role of the Speech-Language Pathologist in Autism Spectrum Disorder

Working together for better communication, participation, and quality of life.

A collaborative approach

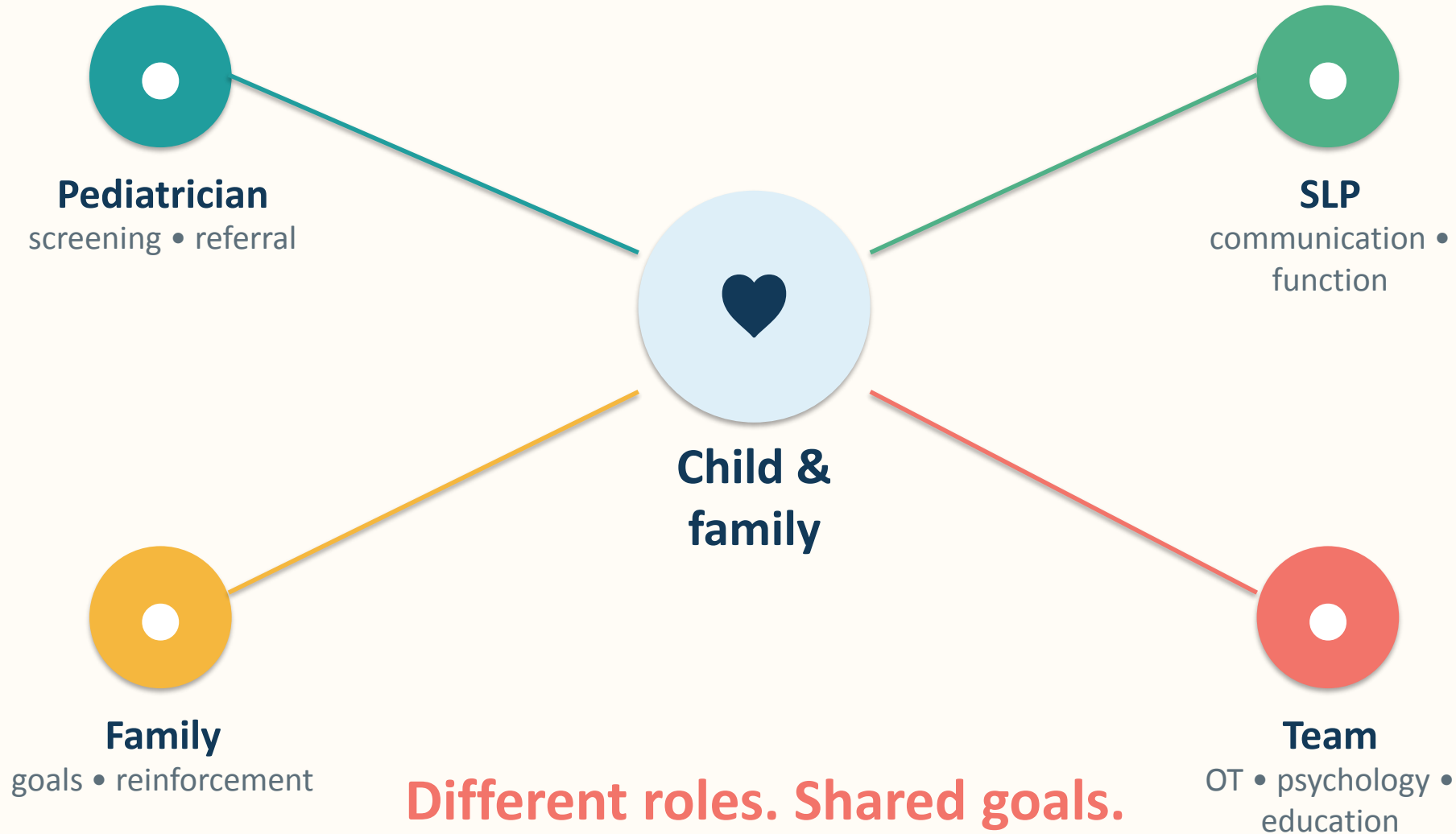
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Collaboration with pediatricians

Clear roles + shared information = better continuity of care.



Why does the SLP's role matter?



CORE CHALLENGE

Communication difficulties are often at the core of the challenges in ASD

The SLP brings specialized expertise in communication and social communication.

Four areas affected



Social interaction



Language



Play



Daily life and participation

Next: Key clinical indicators for early referral

When should a child be referred to an SLP?

Not only after a diagnosis!



Delayed speech or language



Limited use of gestures / joint attention



Reduced social reciprocity



Unusual communication patterns



Regression



Feeding/swallowing concerns



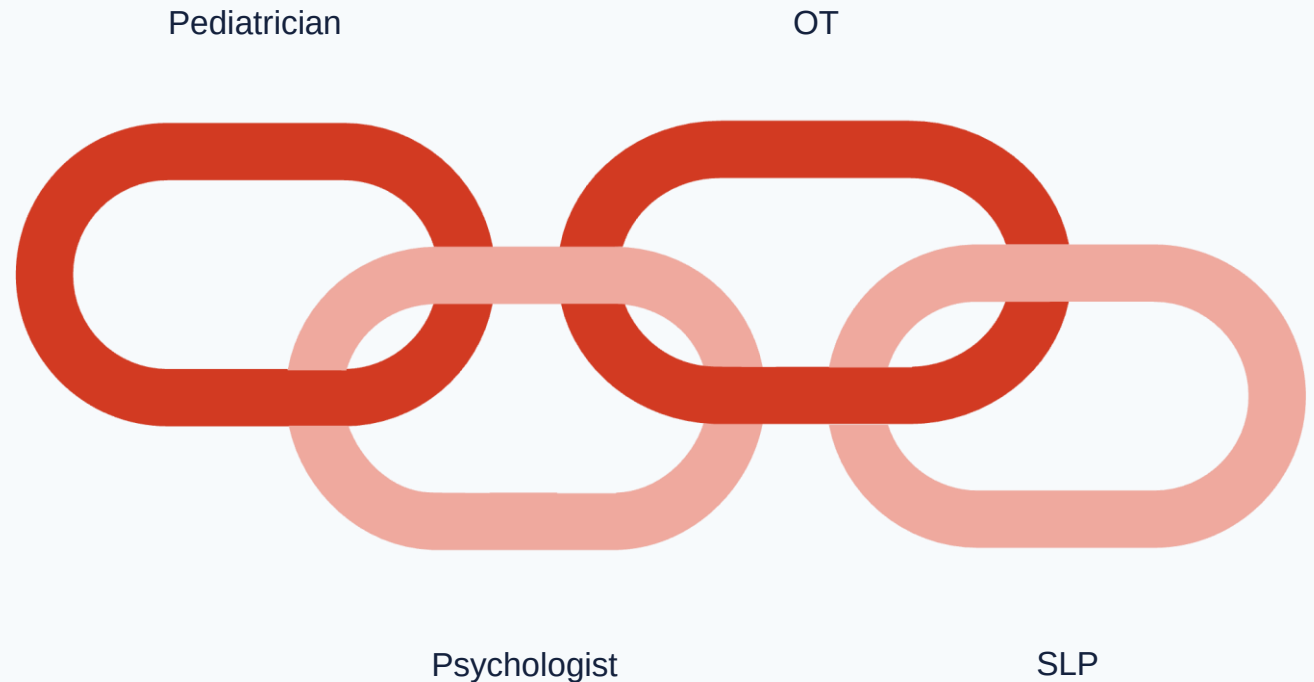
Next: The multidisciplinary diagnostic team



The SLP in the diagnostic team

The SLP does not diagnose autism, but provides essential information about the child's communication profile.

Team around the child: pediatrician, psychologist, OT, SLP



Early identification & referral

Early concerns should trigger timely discussion and, when indicated, multidisciplinary evaluation.

- ✓ Notice communication and social red flags
- ✓ Use standardized screening tools when appropriate
- ✓ Refer for comprehensive evaluation
- ✓ Support families with clear information

The earlier the concern is addressed,
the sooner support can begin.

**Referral is a doorway, not a
diagnosis.**

What should an SLP report tell the pediatrician?

From a diagnostic label to a functional profile.

Communication strengths and needs	Functional communication (daily life)
Social-pragmatic profile	Recommendations and next steps

Levels of support

The need for support can vary across the spectrum and across settings.



Each child is unique.

Support should be individualized based on strengths, challenges, participation needs, and context.

- 1 Intensive intervention
- 2 Targeted intervention
- 3 Monitor + build independence

Support needs are not a fixed identity.

The SLP's role across the spectrum

The role of the SLP can look different at each level of the autism spectrum.

Mild (level 1)

Social-communication support,
pragmatic language,
group/social skills

Moderate (level 2)

Structured language support,
social interaction skills,
functional communication

Severe (level 3)

AAC and alternative
communication, intensive
support, participation in daily life

Same goal: maximize communication and participation. Different starting points, different strategies.

ASD vs. SCD: key differences

ASD

- Social communication difficulties
- Restricted and repetitive behaviors/interests
- Often a broader developmental profile

SCD

- Social communication difficulties only
- No restricted/repetitive behaviors
- Other developmental areas are typical

The SLP provides detailed information on pragmatic language, social interaction and functional communication to support differential diagnosis.

Assessment: a comprehensive view

Combine observation, standardized tools, parent/caregiver report, and real-life communication.



Communication

language •
speech •
pragmatics



Social interaction

joint attention •
reciprocity



Play & behavior

functional
context •
flexibility



Strengths & priorities

family goals •
participation

Assessment should explain what the child can do,
needs help with, and wants to communicate.



Look beyond the test score.

Function + context + goals

Intervention strategies

- Naturalistic & play-based approaches
- Social communication skill building
- Visual supports & structured routines
- Parent/caregiver coaching
- Generalization across settings

Intervention should build meaningful communication and participation.



Teach skills where they are used.

Functional communication is real life

Communication is not just about words. It's about connection.



Requesting



Commenting



**Sharing
enjoyment**



**Asking
questions**



**Expressing
needs**



**Building
relationships**



Real-life communication serves rich social intentions.

AAC: when and how?

AAC can supplement or provide a primary route for communication.

- ✓ Consider AAC when speech is limited or ineffective
- ✓ Match AAC to the child's needs and preferences
- ✓ Integrate it into daily routines
- ✓ Involve family and school partners

AAC is not a last resort.
It is a bridge to communication.



Low-tech • mid-tech • high-tech

Key takeaways

Five messages to carry into pediatric practice.

1

Early identification matters

2

ASD and SCD require different approaches

3

SLPs assess function—not only language form

4

AAC is a valuable communication option

5

Collaboration strengthens continuity

**Small steps
make a
big
difference.**

Same goal. Different skills. One team.

Selected references

- 1 Hyman SL, Levy SE, Myers SM. Identification, Evaluation, and Management of Children With Autism Spectrum Disorder. *Pediatrics*. 2020;145(1):e20193447.
- 2 American Speech-Language-Hearing Association. Practice Portal: Autism and Autism Spectrum Disorder.
- 3 American Speech-Language-Hearing Association. Practice Portal: Social Communication Disorder.
- 4 NICE. Autism spectrum disorder in under 19s: recognition, referral and diagnosis (CG128).
- 5 NICE. Autism spectrum disorder in under 19s: support and management (CG170).
- 6 White EN, Ayres KM, Snyder SK, et al. AAC and Speech Production for Individuals With ASD: A Systematic Review. *J Autism Dev Disord*. 2021;51:4199–4212.

**Thank
you**

**for supporting
children's
communication.**



