

# SLPs and Autism: How Far We Have Come

**A leading autism clinical scholar reflects on speech-language pathologists' expanding role in autism treatment—and the need to continue advocating for that role.**

**BY BARRY M. PRIZANT**

I am now in my 47th year of consulting for, sharing time with, and learning from children and adults on the autism spectrum. This year also marks the 35th anniversary of Asha Magazine publishing my two-part article advocating for a more significant role for speech-language pathologists in autism research, assessment and treatment. At the time (1982), SLPs' involvement in these roles was marginal.

In my career, I have had the privilege of experiencing what I refer to as the four “worlds” of autism, each of which has uniquely informed my understanding of the spectrum:

- **Caregiving world**, beginning with my role as a summer camp counselor and through ongoing experiences with families I have known for more than 25 years. Children I diagnosed or worked with as preschool and school-age students are now young men and women in their late 20s and 30s. I also co-founded an annual autism parent retreat weekend now in its 21st year.
- **Academic/research world**, as a faculty member in university and medical school programs in communication disorders, special education, child psychiatry, pediatrics and education. I have collaborated on research in social communication and on early identification and intervention, and have co-developed an evidence-based educational

approach to autism, The SCERTS Model ([www.scerts.com](http://www.scerts.com)), now implemented across the United States and in more than a dozen countries.

- **Service-provision world**, as an SLP and educational consultant in home, school, clinic and hospital settings. I have learned about the challenges and opportunities in providing effective services from early intervention through the adult years.
- **First-person world**, learning from and collaborating with people on the spectrum, many of whom are now friends and colleagues. These relationships have taught me the only true “experts” about the autistic experience are those on the spectrum themselves.

## Early days

In the late 1960s and early 1970s, after earning degrees in psycholinguistics and communication disorders (my doctoral dissertation focused on autism), I became concerned about a lack of recognition of SLPs' expertise in autism services. (For more on my background, see these past Leader articles: [on.asha.org/on-giants](http://on.asha.org/on-giants) and [on.asha.org/beat-leader](http://on.asha.org/beat-leader).)

At the time, I was fortunate to work in a hospital-based, family- and child-centered day program for young children with autism spectrum disorder (ASD). A wise and experienced teacher led the program; she practiced a team approach using a functional,

activity-based philosophy rather than teaching skills through repetitive drills. I participated in all aspects of the program: mealtime, playtime and pre-academics. I met with parents regularly, at school and in their homes, and soon realized this model was in stark contrast to the role of SLPs in most autism services—if they played any role at all.

Prompted by concern about this limited role, I wrote the Asha Magazine article to address issues such as the limitations of standardized testing, the need for school curricula to prioritize communication and social competence, and the critical need for individualized communicative supports in everyday activities and natural environments. I criticized isolated pull-out services and inflexible curricula that used a one-size-fits-all approach (common at that time). It is gratifying that the directions I advocated then have been recognized over time as essential elements in effective autism practice.

The limited role of SLPs in the 1970s and early 1980s was due to a number of factors, some based on misinformation about autism and others on professional turf issues. Misinformation included the belief that autism was primarily an emotional-behavioral disorder rather than a neurodevelopmental disability, and that language was simply a behavior that could be “trained” through operant-conditioning approaches with

little consideration of each child's unique developmental profile and experience. Even many professionals who began to embrace the neurodevelopmental basis of ASD believed that a child could not benefit from speech-language and communication services until the child's behavior was under control.

As a result, children with autism were not referred to SLPs if they exhibited noncompliant or other problematic behavior, and many SLPs would not provide services to a child until the child could sit and cooperate. Further, the subspecialty of augmentative and alternative communication (AAC) was in its infancy, so why would a "speech therapist" work with a child who did not speak (then estimated to be about 50 percent of the population of children with autism)? Traditional behavioral approaches dominated, focusing on respondent training in receptive language drills and on speech articulation training—imitation of sounds to build words and then combining words into sentences.

The concept of social communication was virtually absent from treatment approaches, only emerging in the late 1970s and 1980s as part of the "pragmatics revolution." These approaches differed from the traditional behavioral approaches implemented in context-stripped discrete-trial interventions. In the mid-late 1980s, hybrid applied behavior analysis (ABA) interventions incorporated child-centered and developmental perspectives.

### The current SLP role

Since the pragmatics revolution, SLPs have emerged as central figures in autism services and research, as they possess a strong background in the neurodevelopmental basis of communication, language and other critical aspects of child development (particularly cognitive, social and emotional development).

## SLPs have emerged as central figures in autism services and research, as they possess a strong background in the neurodevelopmental basis of communication, language and other critical aspects of child development.

SLPs have already contributed, and continue to contribute, to cutting-edge research and treatment in the following areas:

- Early identification and family-centered early intervention.
- Multimodal AAC approaches using low-tech supports (such as visual schedules and supports), as well as high-tech speech-generating devices.
- Identification of developmental correlates to successful communication—such as joint attention and social thinking capacities—and emotional regulation and executive function skills, all considered significant, if not essential, to competence in social communication.
- Addressing motor speech disorders and feeding issues (see page 46), both common challenges experienced by many with ASD.
- The central role of social communication progress in preventing problem behavior.
- The proliferation of relationship-based, comprehensive approaches developed with significant input from SLPs.
- Engaging family members as collaborators.
- Engaging people with ASD as collaborators.

The future also holds much promise for the role of SLPs, as well as some significant challenges. With the current revolution of adult self-advocates on the autism spectrum playing a greater role in their own futures, SLPs must continue as collaborative partners because we now know that the potential for

social communication endures over the life span and is important to quality of life. With proper experience and training, SLPs will continue to contribute in team-based and collaborative-consultation approaches, now considered a hallmark of effective practice in autism.

However, significant challenges have also emerged. These include concerns that some agencies or professionals in other fields may be excluding SLPs based on claims that their own scopes of practice include speech, language and communication treatment. Related to this issue is SLPs' exclusion from some comprehensive treatment plans covered by insurance (see page 34).

ASHA and all SLPs, in conjunction with autism self-advocacy groups, must continue to advocate for SLPs' central role in comprehensive autism treatment, as it is now recognized that progress in social communication is a primary predictor of more positive outcomes and a higher quality of life for those on the autism spectrum. 🔄

---

**Barry M. Prizant, PhD, CCC-SLP**, is director of Childhood Communication Services, a private practice in Cranston, Rhode Island; an adjunct professor at Brown University; and the author of the recent book "Uniquely Human: A Different Way of Seeing Autism." He presented at the 2017 World Autism Awareness Day at the United Nations.  
•bprizant@gmail.com