

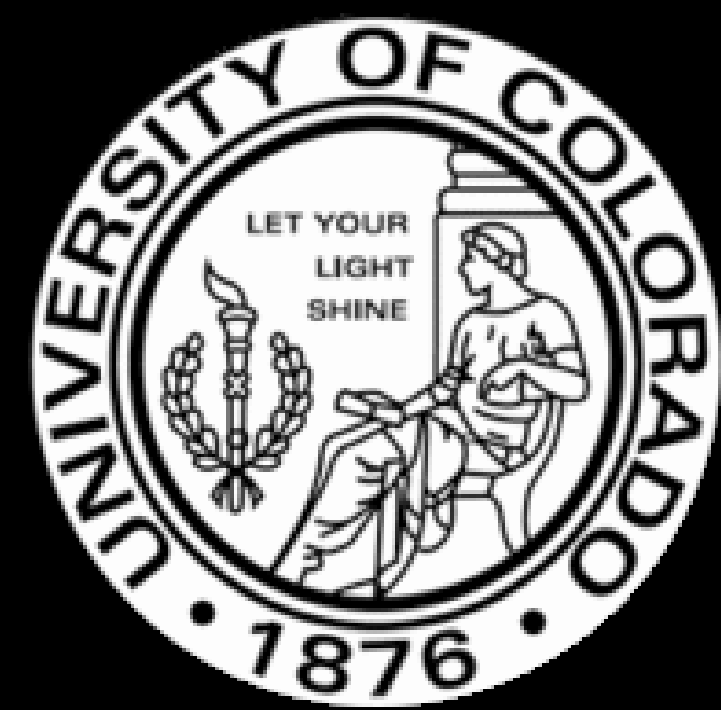
Using Visual Activity Schedules and Video Models to Facilitate Audiological Testing for Children with Autism



Samantha Brumbach (1), Ashley Malley (1), Haley McTee (1), Elizabeth Pancoast (1), Tammy Fredrickson (1), Amy Thrasher (1), Sandra Abbott Gabbard (2,3), Christine Yoshinaga-Itano (4), and Angela Yarnell Bonino (1)

1) University of Colorado Boulder, Department of Speech, Language and Hearing Sciences.

2) Marion Downs Center 3) University of Colorado Denver, Department of Pediatrics 4) University of Colorado Boulder, Institute of Cognitive Science



BACKGROUND

1 in 68 children have an autism diagnosis¹. Due to overlapping symptoms of hearing loss and Autism Spectrum Disorder (ASD) (such as not responding to their name or avoiding social situations), these children are often required to undergo an audiological evaluation². In addition, recent prevalence rates suggest that 7% of children with hearing loss also have a diagnosis of ASD³. Due to the complex developmental challenges of these children, providers may have difficulty performing assessments, making diagnoses, and managing these children⁴. For clinical audiologists who have limited experience testing children with ASD, there is a common belief that reliable behavioral results cannot be obtained from these children⁴. However, research indicates that behavioral thresholds can be collected from the majority of children with ASD, and the use of transition and modeling strategies can further improve success rates⁵.

PURPOSE

This presentation aims to educate audiologists on the feasibility of testing children with ASD and to provide them with tools to supplement their established protocol.

STRATEGIES

Visual Activity Schedule (VAS): Individuals with ASD tend to process auditory stimuli differently, often making visual stimuli their preferred method of learning⁶. VASs are comprised of pictures that show the sequence of steps involved in an activity. The child can track which activities have been completed and see which activity will occur next. This provides a guide to establish expectations and can be used in the medical setting⁷.

Video Model (VM): Video Models are videos of someone demonstrating target behaviors for an activity or routine. Video models are used to establish appropriate behavioral expectations and tend to be more effective when other children are portrayed in the video⁸. When VMs are used in conjunction with a VAS, children with ASD demonstrate smoother transitions between activities, and are better able to generalize behaviors to similar but different tasks⁹.

RESULTS

Image 1

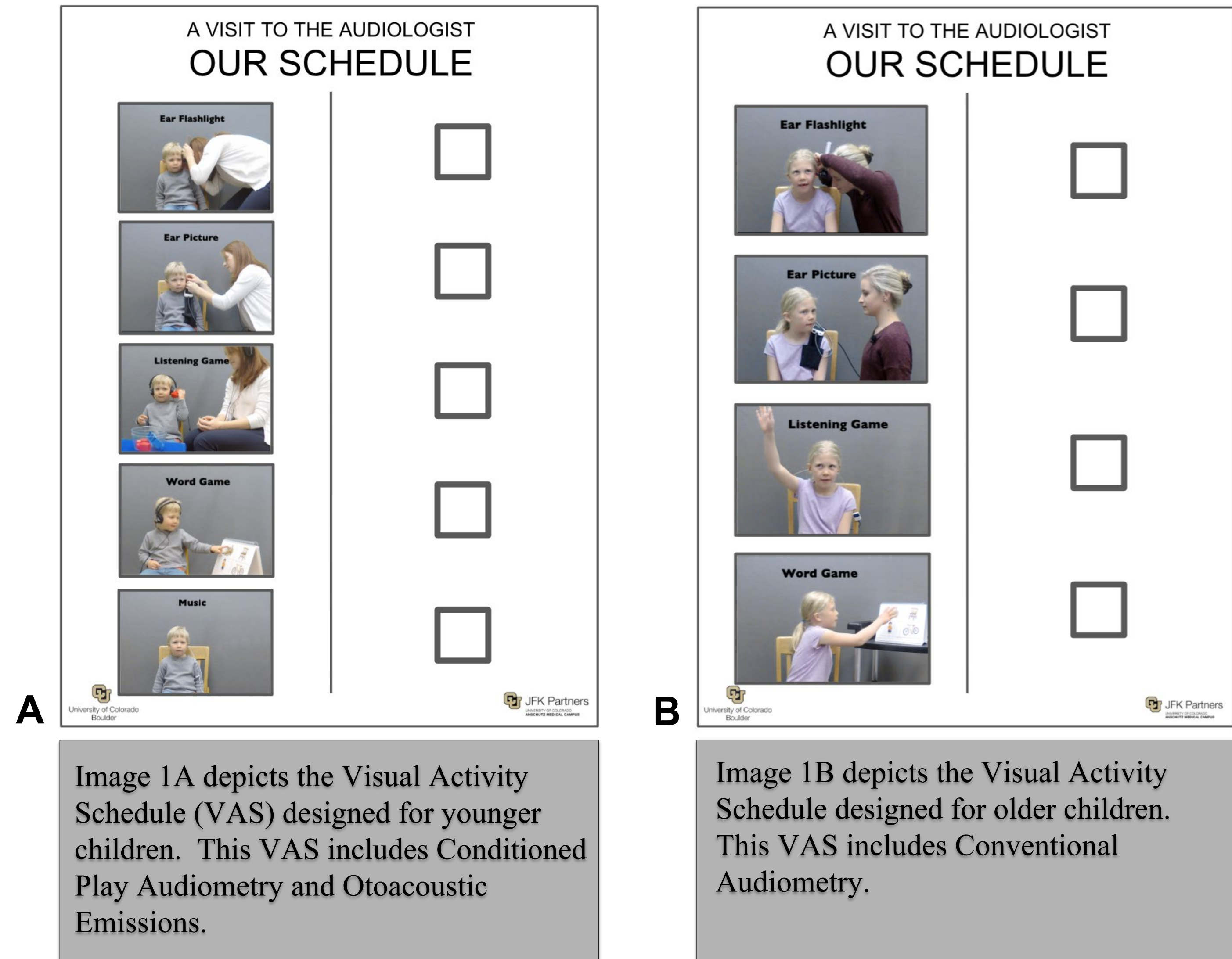
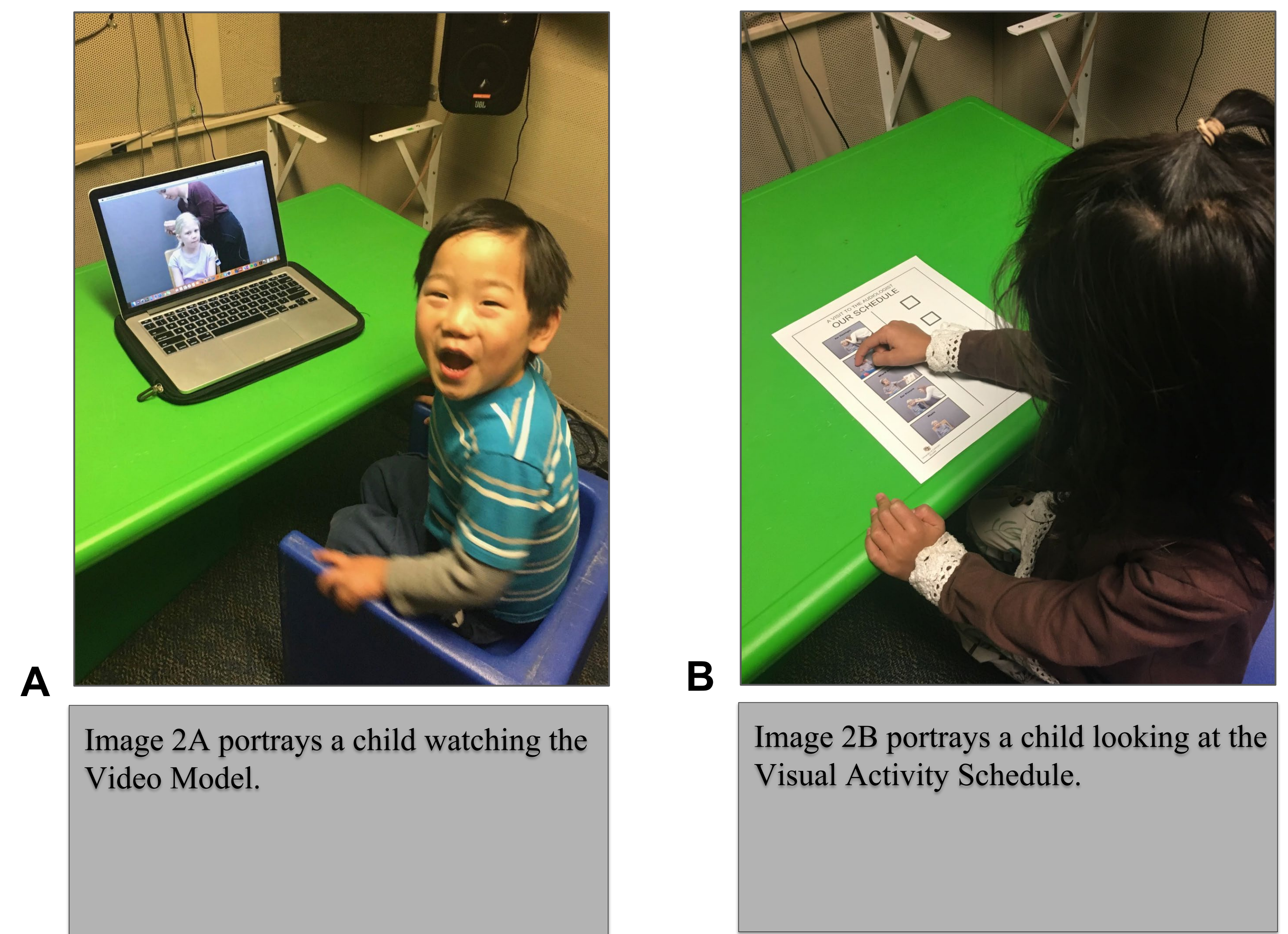


Image 2



DISCUSSION

Determining hearing status may be an important step in differentiating a diagnosis of ASD or hearing loss. In addition, for children with an ASD diagnosis, determining hearing status is important to initiate intervention and maximize communicative access. When VASs and VMs were used in the medical setting, 77.8% of parents felt that their children were less distressed⁷. For this reason, we have developed these tools to use in the audiological setting. We believe that the VASs and VMs that were developed will not only motivate audiologists to implement them due to their accessibility and ease of use, but will ultimately be an effective tool to use in the audiological setting and increase success rates. In the future, we hope to use the current VASs and VMs with children with ASD to determine its effectiveness. Furthermore, we will develop more VASs and VMs that portray a more diverse population, with the hope that we represent a broader demographic of children with ASD.

AKNOWLEDGMENTS

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