ACSF:SC Tool Instructions

STEP 1

Please read the ACSF:SC Tool User Guide before you start.

STEP 2

Please review the descriptions of the 5 levels and their distinctions in the ACSF:SC Tool.

STEP 3

Thinking about the last month, what are the best social communication abilities you have observed this child doing (even if it has been only been observed once)? This is called their Capacity.

This child's Capacity Level is _____.

STEP 4

Next review the tool and again, thinking about the last month, what social communication abilities have you observed doing most consistently? This is called their Typical Performance.

This child's Typical Performance Level is ______

- The child's social communication behaviours in the last month should match or look like the whole word picture that is described in the level. If the child does not quite match the word picture they should be rated in the lower level of ability.
- If the child's social communication functioning abilities are lower than Level V, rate them as V. Likewise, if they are higher than Level I, rate them as I.

Don't Forget There are a variety of ways that children initiate communication or respond to communication from others such as: Facial expressions, Body movements or gestures, Sign language, Eye contact and use of eye

gaze to direct others' attention, AAC technology, equipment or tools (examples: PECS©, iPad©, photo albums, scrapbooks, speech generating devices) and Speech.

ACSF:SC Tool

Autism Classification System of Functioning: Social Communication

Version 2016

Please refer to the **ACSF:SC** User Guide and the **ACSF:SC** Instructions before you review the 5 levels described inside this booklet.

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Level V - In the last month, a Child in Level V may be observed...

Playing with objects or talking to themselves.

Trying to initiate or **react** to other people's specific words or physical actions. The **purpose** of their communication may only be understood by their primary caregiver or highly experienced teacher/therapist.

Level IV - In the last month, a Child in Level IV has been observed...

Trying to initiate communication with their primary caregiver(s) by requesting to have their needs met.

Trying to respond to communication initiated by people they know (could be as simple as the use of a facial expression) but may not be responding to people they don't know.

Level III - In the last month, a Child in Level III has been observed...

Initiating communication with people they know, mostly to request having their needs met.

Trying to initiate communication for social purposes using simple, practiced or scripted requests (verbally or non-verbally) about their preferred interests/activities.

Responding to communication from others (such as when asked simple questions like 'What's that?') but the communication is **not sustained**.

Level II - In the last month, a Child in Level II has been observed...

Initiating and responding to communicate for **social purposes** about their **preferred** interests/activities with most people.

Sustaining communication **until** the other person changes the topic/activity **or** they are not being understood.

Level I - In the last month, a Child in Level I has been observed...

Initiating and responding to communicate for **social purposes** about **more than just** their **preferred** interests/activities with most people.

Sustaining communication with most people. Although they may have some difficulty, they will try to respond to the change in topic/activity or use effective communication strategies to be understood.

Distinction between Levels

Distinctions between Level V and IV

A child in Level V is simply REACTING to communication from others & the PURPOSE of their communication is at best only known by their primary caregiver or highly experienced teacher/therapist,

whereas a child in Level IV is TRYING to initiate for their needs and TRYING to respond with people they know.

Distinctions between Level IV and III

A child in Level IV may be TRYING to initiate and respond to people they know to have their needs met, whereas a child in Level III is doing those things for their own needs as well as TRYING to initiate to communicate for social purposes about their preferred interests. They may respond to requests of others, but communication is scripted and not easily sustained.

Distinctions between Level III and II

A child in Level III is TRYING to initiate and respond for social purposes about their preferred interests/activities, whereas a child in Level II is initiating and responding to most people for social purposes, which may continue the interaction. However, if anything changes or they aren't understood the communication doesn't last.

Distinctions between Level II and I

A child in Level II is communicating with others for social purposes but has problems sustaining the interaction if there are changes,

whereas although the interaction may not look perfect, a child in Level I attempts to sustain the interaction by using effective communication strategies to be understood and adapt to changes.

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BACKGROUND

Professionals and parents of children with Autism Spectrum Disorder (ASD) often talk about how each child is unique in what they can do and in the types of behavioural or medical issues they have. In addition to concerns with social communication, some children may struggle with sensory issues, repetitive behaviours, a lack of flexibility and other challenges. We know that each of these issues may impact their ability to function in everyday life; however, for the purpose of classifying a child with **this system** we want users to focus specifically on the child's **social communication** abilities.

Most people are familiar with the terms 'mild', 'moderate' or 'severe', often used to describe children with ASD. Unfortunately there is no commonly accepted understanding as to what these terms mean. To address this challenge we have developed a common language to describe and talk about children with ASD by focusing on what a child can do. This tool looks at the one key functional challenge shared by all children with ASD – **social communication**. We know this to be the case because members of our team surveyed parents and professionals to identify the key feature of ASD that can best identify different levels of ability. Their response was 'social communication' (See *reference at the bottom of this page). With the **Autism Classification System of Functioning: Social Communication (ACSF:SC)** Tool we are describing social communication function in everyday life.

The ACSF:SC will not replace any diagnostic tools or assessments, and it is not a test or checklist. What it does do is provide a standardized and simplified way to talk about what a child's social communication abilities are, that is, what they CAN DO, in two situations:

- (1) When they are performing at their best (Capacity)
- (2) What they usually do (Typical Performance)

This information can then be communicated easily between parents and professionals (educators, clinicians) to help people understand and potentially improve a child's social communication function in everyday life.

*DiRezze B, Rosenbaum P, Zwaigenbaum L. What Attributes Determine Severity of Function in Autism? A Web- based Survey of Stakeholders. Focus on Autism & Other Developmental Disabilities Volume 27 Issue 1 March 2012 pp. 37-39.

ACSF:SC TOOL DEFINITIONS OF KEY WORDS AND CONCEPTS

SOCIAL COMMUNICATION

The use of the words 'communication' and 'social', whether separate or combined, can mean different things to different people. Social Communication is the ABILITY to communicate (with or without words) for the PURPOSE of interacting with others. A child that has more language than others is not necessarily more able to interact socially. The user will be required to make judgments about:

- (1) The PURPOSE for which the child is communicating
- (2) How the child is communicating (Ability Skills and Strategies)

PURPOSE OF A CHILD'S COMMUNICATION

Throughout this tool the terms 'needs' and 'social purposes' are frequently used when talking about the reasons or the purposes for which children communicate.

COMMUNICATE FOR THE PURPOSE OF HAVING NEEDS MET is defined as a situation in which a child's reason for communicating is only to get something that they want, such as an object like a favorite toy. For example, a child might communicate to request a toy or object from another.
COMMUNICATE FOR SOCIAL PURPOSES is defined as a situation in which a child's reason for communicating is to initiate or sustain an interaction with another person. For example, a child may say 'hi' or wave to greet a peer or adult; comment or gesture to draw someone's attention to something they are excited to see; or approach others to interact about a topic.

HOW THE CHILD IS COMMUNICATING (Ability - Skills and Strategies)

We know that children have different levels of ability in how they communicate. For example, some children might make a verbal request while others will physically use a person's hand to retrieve something (such as a toy or food); placing a box of crayons in a person's hand to request opening the box, etc.

Some may have communication strategies that are only understood by their primary caregiver or a familiar therapist/teacher, or may not yet communicate in a way that is understood, even by their caregivers.
Some children can be observed using effective communication, sustaining an interaction and being understood by a wide range of people (not just their primary caregiver).

POSSIBLE METHODS OF COMMUNICATING

This tool considers both verbal and non-verbal strategies that are represented across the continuum of social communication ability.

These include:

- Facial expressions
- Body movements or gestures
- Sign language
- Eye contact and use of eye gaze to direct others' attention
- Use of Augmentative and Alternative (AAC) technology, equipment or tools (examples: PECS ©, iPad©, photo albums, scrapbooks, speech generating devices)
- Speech

AN EXAMPLE of a child who is initiating or trying to initiate communication for a social purpose:

A preschooler with ASD is interested in joining in on an activity their peers are doing at their childcare centre. This child could show adults, peers or others they are interested in joining in by the use of any one or a combination of:

Facial expressions such as smiling or laughing when they see what their peers are doing
Body movements or gestures such as pointing towards the group, shifting their body direction towards the group, moving closer to the group or sitting in the circle.
Sign language such as signing to indicate that they like the song, signing the words to the song.
Eye contact and use of eye gaze to direct others' attention such as looking towards others on and off for short periods of time, looking at an object of interest and then shifting their gaze back and forth between object and social partner, looking at what others are doing and then looking away, looking at what others are doing and then at their social partner.
Use of AAC technology, equipment or tools (examples: PECS ©, iPad©, photo albums, scrapbooks, speech generating devices) to identify that they want to participate in the activity with their peers by pointing to a picture or requesting through a device.
Speech such as expressing verbally that they want to join in, beginning to sing the song, etc.

PRIMARY CAREGIVER

Refers to the person (usually a parent) with whom the child spends most of their time and who therefore has direct knowledge and experience of their social communication abilities.

CHILD'S CAPACITY

A child's capacity reflects what their social communication level looks like when they are performing at their best and communicating most effectively.

CHILD'S TYPICAL PERFORMANCE

A child's typical performance is what their social communication level looks like most consistently.

THE IMPORTANCE OF CHOOSING BOTH THE CHILD'S SOCIAL COMMUNICATION CAPACITY AND TYPICAL PERFORMANCE

Users will be asked to think about how a child's social communication can vary by both their capacity (what they do at their best) and their typical performance (what they consistently do) – and then choose ONE social communication level for EACH. This exercise is helpful because it will encourage people to think about what is different between these two social communication levels, such as what, when, where and with whom it is happening. Are there things that may be helping or may be making a child's social communication more difficult? Factors in the child's environment that could impact their social communication may include:

Characteristics of the space where the social communication is taking place
(examples - physical or sensory qualities of the space)
Characteristics of the activity that may be taking place (examples - physical,
cognitive or social demands of the activity)
Availability or access to personal communication devices (example – AAC
technology, iPad ©)
Characteristics of the people within the environment (examples - relationships and
attitudes, familiar or unfamiliar)

Identifying when the child is most successful (capacity) and what they are like most of the time (typical performance), may provide valuable insight about how to improve social communication functioning across all situations. This can be useful in intervention planning.

Please turn to the last page to find out **Key Information About What the ACSF:SC Tool CAN DO and CANNOT DO...**

Key Information About What the ACSF:SC Tool CAN DO and CANNOT DO

- Can describe what observed social communication abilities look like for children older than 3 but less than 6 years old with ASD
- Can classify children by their social communication abilities
- Can distinguish between two aspects of ability for each child: what their social communication looks like when they are at their best (child's capacity), and what it looks like most consistently (child's typical performance) across a 5-level scale
- Can only be used by parents and professionals familiar with the child's social communication abilities
- Can be used to communicate about a child's social communication abilities from one person to another (parent to professional, professional to professional)
- Can be used to group children together by their social communication abilities to examine which interventions work best with which groups of children, and perhaps to select specific groups of children for clinical or research purposes
- Cannot be used with children younger than 3, 6 or older, or typically developing children
- 🗵 Cannot be used to diagnose or assess Autism Spectrum Disorder
- Cannot be used to test a child's social communication abilities
- 🗵 Cannot be used as a checklist to tick off a child's social communication abilities
- Cannot explain what causes may be impacting a child's social communication ability level, related to the child or their environment (but can be used to facilitate a discussion about potential contributing factors)
- Cannot be used to assess a child's social communication abilities based on a one-time observation or by someone who is not familiar with the child

Notes:

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