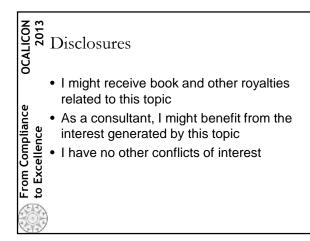


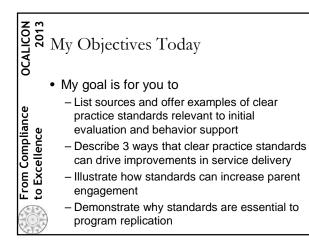
Creating Standards of Practice that Drive Program Development

Peter Doehring, Ph.D.

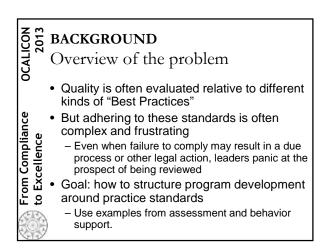
ASD Roadmaps

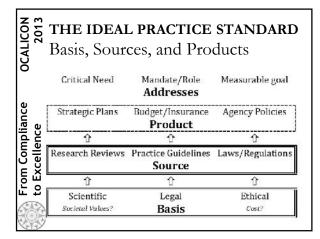








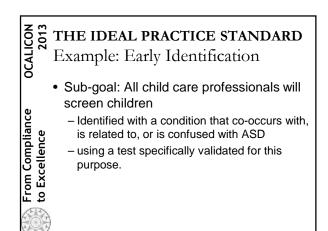


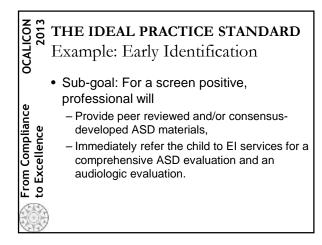




## OCALICON 2013 THE IDEAL PRACTICE STANDARD Example: Early Identification · Broad goal: Parents concerned about ASD get diagnosis within 4 months From Compliance to Excellence Sub-goal: Primary care practitioners (PCPs) will - Screen all children at 18-24 months of age for risk of ASD - using a test specifically validated for this

purpose.



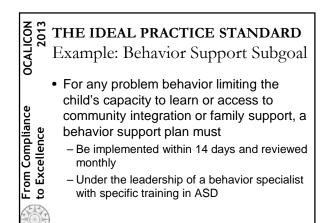


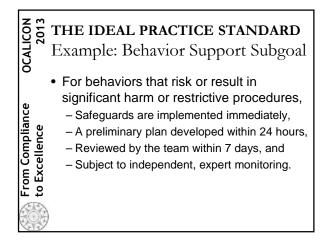
# OCALICON 2013 THE IDEAL PRACTICE STANDARD Example: Behavior Support Goal

- Trained professionals will promptly develop and monitor plans,
- In collaboration with caregivers,

From Compliance

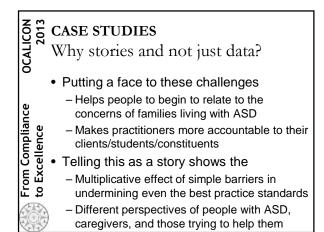
- to Excellence · Coordinated across home, school, and community settings
  - · To address any behavior that jeopardizes the health and well-being of the child or those around him





# 2013 OCALICON THE IDEAL PRACTICE STANDARD Example: Behavior Support Subgoal · All behavior support plans will - Be based on a functional behavioral From Compliance to Excellence assessment

- Prioritize positive, preventative, and evidence-based practices
- Be implemented with personnel specifically trained in ASD and behavior support



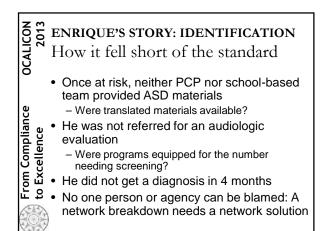
# Coreening and Ident

Screening and Identification

- Hispanic family, speaks little English, lives in a rural region
- · Parent's Initial Concern: 18 months
- Referral to EI: 27 months
- · Initiation of Generic EI: 30 months
- From Compliance Excellence • Transition to Generic Special Education: 36 months
  - ţ ASD <u>Screening</u>: ?
  - ASD Diagnosis: 48 months

### OCALICON ENRIQUE'S STORY: IDENTIFICATION How it fell short of the standard · Parents did not express concerns - Are there language/culture barriers From Compliance PCP did not screen all patients to Excellence - Was he trained? Appropriately reimbursed? Confident in a positive outcome? El team did not screen all children

- Is there a screener specifically validated for this purpose?



# How could standards help? Re-orient individual treatment priorities by identifying screening as an important From Compliance activity Drive applied researchers to develop to Excellence specific assessment protocols, like how screening cut-offs are interpreted for to

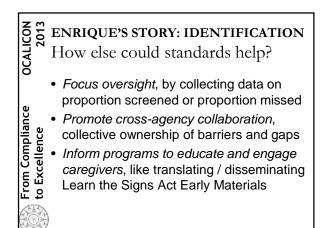
- children with developmental delays Set training goals for professionals, like
- creating online training in ASD screening for all professionals, eligible for CEUs

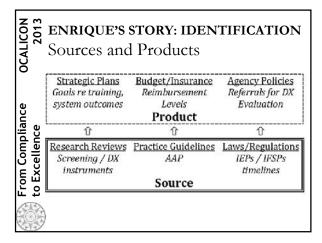
#### 2013 OCALICON ENRIQUE'S STORY: IDENTIFICATION How else could standards help?

- Support funding for critical interventions by ensuring that appropriate time is allotted and activities reimbursed
- to Excellence Define an agency's mandate and policies, by compelling agencies to support referrals for diagnostic evaluations

From Compliance

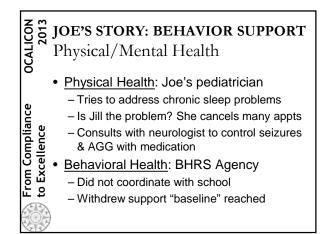
Establish system-wide goals for building capacity, by evaluating barriers and delays to identify areas of need







#### 2013 OCALICON **JOE'S STORY: BEHAVIOR SUPPORT** Home & School · Single parent (Jill) with 17 year old son with aggression (AGG) From Compliance Family/Community: Limited support; AGG • limits Joe's access to community activities to Excellence School: School does FBA but Focuses on immediate antecedents, misses sleep problems and need for home support - Relies on 1:1 support to keep Joe engaged, block minor AGG, restrict access to peers - Teacher emphasizes sensory diet not ABA - Offers little support in the summer



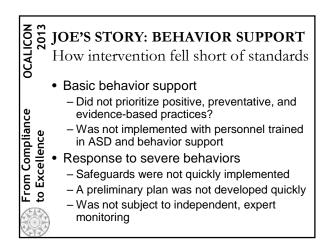
# OFISION Crisis Response · Broke nose during failed attempt at restraint

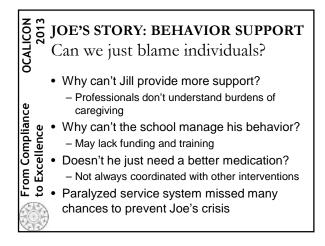
- 12 hour wait in ER while nurses struggled to manage him, until he was formally admitted
- Excellence · No specialized in-patient treatment program available, and so Jill took Joe home
- · Joe stayed home, suspended from school.
- · State policies discouraged out-of-state 5 treatment options

From Compliance

### 2013 OCALICON JOE'S STORY: BEHAVIOR SUPPORT How the plan fell short of standards · Was not promptly developed and monitored by trained professionals (at From Compliance school) Excellence Was not in full collaboration with Jill (her need and priorities ignored)

- Was not coordinated across home, school, community settings 2
  - Did not address all behavior threatening • child's health and well-being



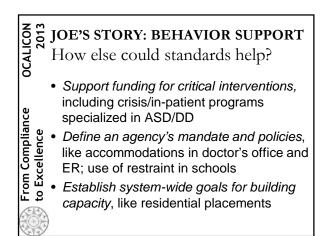


# OCALICON JOE'S STORY: BEHAVIOR SUPPORT How could standards help?

- Re-orient individual treatment priorities, like prioritizing factors like sleep when these exacerbate behavior
- to Excellence Drive applied researchers to develop specific protocols, like behavioral and pharmacological interventions

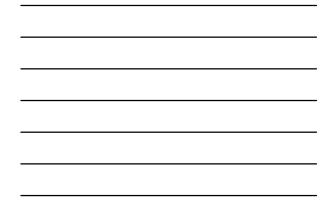
From Compliance

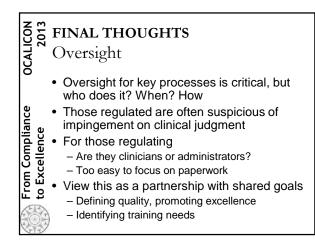
Set training goals, like more standardized FBA, EBP for teachers, parent burden



# How else could standards help? · Focus oversight, like specific review when behaviors require 1:1 support OR result in From Compliance injury, restrictive measures to Excellence Promote cross-agency collaboration, like requiring coordination of behavior plans across home, school, and community Inform programs to educate and engage caregivers, like drawing of parent toolkits to help with sleep

2013 2013	<b>JOE'S STOR</b> Sources and	<b>Y: BEHAVIOI</b> Products	R SUPPORT
	Strategic Plans ASD council - system outcomes	Budget/Insurance Definition of behavioral baseline Specific Product	Agency Policies Out of state placement
	Û	Û	Û
rrom compliance to Excellence	Research Reviews Behavioral inter- vention protocols	Practice Guidelines Accommodations for ER & PCP office Source	Laws/Regulations Use of restraint





# Not Final THOUGHTS Advocacy

From Compliance to Excellence

- The development of specific standards and policies is a natural step in translating strategic planning goals into action
  - Advocates who anticipate this step will make their goals more concrete
- Opportunity for agencies and providers to describe barriers and enlist the support of advocates in overcoming them

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