In addition to identifying evidence-based practices for serving youth and adults with autism spectrum disorder (ASD), dissemination of these practices requires significant planning and attention. Thoughtful consideration of the packaging, transmission, adoption, implementation, and sustainability of best practices is warranted. For example, partnering with community providers to offer innovative training and coaching can address issues surrounding implementation fidelity (Vismara, Young, & Rogers, 2013). An implementation science approach, used across many disciplines, may continue to provide meaningful guidance in translating research to practice (see Odom, Cox, & Brock, 2013). As we begin a new year, it seems appropriate to reflect on dissemination of best practices at the present time, as well as dissemination priorities moving forward.

This column contains the perspectives of some esteemed researchers, all with different areas of expertise in the ASD field, including a student researcher. Specifically, six ASD researchers briefly share their views of:

1. The current state of dissemination of best practices in the ASD field
2. Future directions for dissemination of ASD best practices

~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~

Topic: Early Intervention

Dr. Geraldine Dawson
Duke University Medical Center

Although it is possible to reliably diagnose autism in toddlerhood and despite the availability of efficacious early interventions, diagnosis often lags behind. The CDC reported that the average age at diagnosis for autism in the US is ~48 months. Without a diagnosis, children are not able to access the early interventions in a timely manner. Several factors contribute to diagnostic delay, including lower socioeconomic status, racial/ethnic minority background and presence of comorbid ADHD. Even with a diagnosis, many children with autism do not have access to high quality, intensive, early behavioral interventions. Many states in the US do not mandate insurance coverage for behavioral health interventions. A global perspective accentuates the scale of the challenge we face in disseminating and implementing best practices across the globe, especially in low-resource countries. There is an urgent need to scale up services for developmental disorders both in the US and abroad.

Looking toward the future, two strategies for scaling up services in remote and low-resource communities have received recent attention. First, clinical services that can be delivered by persons who are not trained professionals, including both caregivers and paraprofessionals, will allow communities greater access to screening and some forms of treatment. There is emerging evidence that such services can have short and long term benefit in enhancing caregiver-child interaction. Second, the use of eLearning and telehealth programs that can provide both professionals and caregivers training from remote locations promises to expand access to expertise and support. In order for such strategies to be effective, sustained collaboration and dedication of a variety of stakeholders, including government, professionals, caregivers, philanthropists, and nongovernment organizations, will be necessary.

~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~
Early Career Psychologist Column

Topic: Social Communication Intervention

Dr. Brooke Ingersoll
Michigan State University

Best practices in social communication intervention for young children with ASD involve the use of a combination of developmental and behavioral intervention strategies that are child-centered and conducted in natural environments, and the active involvement of parents or other caregivers in intervention delivery. Despite positive views of parent-mediated social communication interventions held by parents, providers, and administrators, they are highly underutilized in community settings. There are a number of barriers that may impede the successful dissemination and implementation of best practices. At the family level, these include concrete barriers such as cost, transportation, and time commitments, as well as cultural barriers that can impact treatment acceptability. At the provider level, barriers include providers’ attitudes regarding the role of parents in their child’s intervention service, insufficient preparation in adult learning strategies to support parent coaching, and a lack of proactive facilitation strategies, such as accessible trainer and parent manuals and data monitoring and collection strategies. At the system level, barriers can include a lack of fit between the structure of the parent-mediated intervention program and the structure of existing service delivery models and provider training models that are incompatible with the organizational training structures of many community programs.

There are several ways forward that could enhance dissemination and implementation of best practices. One approach would be to change existing community practices to better support the use of evidence-based social communication interventions. This could include the active dissemination of best practice guidelines through professional organizations, as well as developing organizational policies that can encourage the use of best practices. However, guidelines may not be sufficient to produce practice change. Thus, active pre-service and in-service training of community providers in common elements of evidence-based social communication interactions and effective adult learning strategies is also necessary. A number of effective strategies for increasing provider implementation of evidence-based strategies have been identified, including consultation and coaching. Another approach would be to develop and/or modify interventions to ensure that they can be easily adopted and implemented in community settings. To this end, intervention developers and researchers need to partner with community stakeholders to ensure that their models are compatible with needs, values, and constraints of community practice. This approach can identify and address likely barriers to community implementation early in the development process and ensure that the models which undergo rigorous testing have the greatest chance of success in our existing service delivery systems. In this process, it is important to consider family-, provider-, organization-, and system-level barriers. A third approach would be to develop new systems of care that surmount many of the barriers in current systems. For example, both self-directed and therapist-assisted telehealth-based programs are being developed that aim to teach parents effective strategies to support their child’s social communication development. These programs have the potential to surmount many family-level barriers to access, including cost, transportation, and time.

~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~

Topic: Supporting Transition to Adulthood in ASD

Sara R. Jeglum, School Psychology
Doctoral Student
University of Wisconsin-Madison

Dr. Leann Smith DaWalt
University of Wisconsin-Madison

Youth and young adults with ASD are at risk for poor outcomes in multiple areas including employment, independence, and social connections (Howlin et al., 2004). However, there is an emerging literature on evidence-based practices (EBPs) with promising ways to improve outcomes for individuals with ASD during the transition to adulthood. Three key EBPs for transition-aged youth include (1) inclusive educational experiences with high expectations; (2) work-based learning opportunities; and (3) supportive family, peer, and community relationships (Test, Smith, & Carter, 2014). These practices challenge
Project SEARCH and Think College are two innovative programs that are currently translating research into practice. Project SEARCH (http://www.projectsearch.us), an international program model, matches students with ASD to integrated, competitive, and long-term employment settings. Project SEARCH interns are immersed in a workplace, developing relevant skills that are sought after by employers. The program mirrors the regulations of IDEA (2004), including quality Individualized Education Plan goals and the family-school partnership. Upon graduation, Project SEARCH follows graduates to help them retain employment. Think College is a national organization focused on innovating and disseminating post-secondary education options for individuals with intellectual disability, including those with ASD. Many resources are accessible on their website (http://www.thinkcollege.net), delineating EBPs, issues surrounding public policy, and available higher education programs nationwide. The distribution of transition research is expanding, giving rise to programs such as Project SEARCH and Think College. Future research should focus on evaluating factors that both facilitate and impede implementation of transition-related EBPs for adolescents with ASD in real world settings.

---

**Topic: ASD Social Skills Intervention**

**Dr. Elizabeth Laugeson**  
**UCLA**

Social skills training has been utilized for decades and is not a particularly novel treatment for individuals with autism spectrum disorder (ASD). Yet, historically the research suggests that these approaches, which have commonly focused on younger children, have not been tremendously effective in improving the social functioning of individuals on the spectrum (Reichow & Volkmar, 2010). In recent years, certain empirically-supported methods of treatment delivery have been identified (i.e., didactic instruction, role-play demonstrations, behavioral rehearsal exercises, homework assignments), with the emergence of a few evidence-based interventions (Miller, Vernon, Wu & Russo, 2014). Targeting interventions across the lifespan to focus on common social deficits shared among individuals with ASD, while using evidence-based methods of instruction, may make social skills interventions more effective with this population.

While social skills training has increasingly become a popular method for helping individuals with ASD adapt to their social environment, with a slowly growing body of evidence highlighting the effectiveness of social skills interventions, there is still considerable work to be done. As the field moves forward, recommendations for future research include:

- An emphasis on older populations (including adolescents and adults).
- Use of randomized controlled trials as the standard for examining the efficacy and effectiveness of social skills interventions.
- Assessment of treatment outcome using a combination of standardized outcomes measures and behavioral observations with multiple independent raters.
- Group research designs with large sample sizes and well-characterized populations.
- Long-term follow-up assessment to examine the maintenance of treatment gains over time.
- Dissemination of evidence-based practices to the community and school settings.

---

**Topic: Assessment**

**Dr. Catherine Lord**  
**NewYork-Presbyterian Hospital/Weill Cornell Medical College**

First, I’m repeatedly surprised that academic reviews of best practices often focus on treatments and not on diagnosis and assessment. I worry that this has negative consequences because standards then tend to remain low. This seems important also because, for both assessment and treatment, practices extend across multiple disciplines which makes expectations even more complicated within service sys-
tems. Second, for both treatment and assessment, we have had major steps forward in the coming together of natural behavioral developmental treatments and the potential to do so with different assessment strategies.

I think dissemination remains far behind knowledge. This is the case both for methods of treatment and assessment and diagnosis. It pertains to techniques and theory. I feel that we need to know much more about how best to implement (and get others to implement) what we know, both across systems and also for individual children. These issues are quite separate and will require very different kinds of research beyond the scope of what most of us do.

Topic: School-based Intervention

Dr. Samuel L. Odom
University of North Carolina at Chapel Hill

Evidence-based practices identified for use in schools and by practitioners are generally the same practices used in other settings (community, home, clinic). The two main sources of information about evidence-based focused intervention practices for students with ASD are the National Professional Development Center on ASD (NPDC, http://autismpdc.fpg.unc.edu/) and the National Standards Project (NSP, http://www.nationalautismcenter.org/national-standards-project/). Although using different evaluation methodologies, they actually found similar intervention practices to have an evidence-base. The NPDC has, in turn, developed online modules that “translate” the EBPs into practical strategies that teachers and school personnel can use in classroom and school settings (http://afirm.fpg.unc.edu/afirm-modules).

Focused intervention evidence-based practices for students with ASD will continue to evolve because of the active research literature. A primary challenge today is that evidence-based reviews take so long to conduct, which creates a lag between when articles are published and when they enter a review. For example, the NPDC review identified 27 practices, but the literature review only went through 2011 (Wong et al., 2015). One future direction will be to establish a quicker cycle for reviewing the research literature and disseminating EBP findings to practitioners. A second future direction will be to use advances in instructional design and online capabilities to effectively communicate the most current information in a format that consumers (teachers and other service providers) easily access and use.

References


