CASRC Training
Mechanisms

Nicole Stadnick
Kelsey Dickson
Sarah Rieth
Agenda

• Background
• Methods
• Results
• Discussion
Background: CASRC Trainees (July 2016- June 2017)

8 Early Career Investigators
14 Postdoctoral Scholars
13 Graduate Students
74 Undergraduate Students
Background: Diversity of CASRC Trainees

- Clinical Psychology
- Genomics
- Medicine
- Public Health
- Special Education
- Pharmacy
- Social Psychology
- Experimental Psychology
- Program Evaluation
- Social Work
Background: Linkage with Local Training Programs

- UCSD/SDSU JDP in Clinical Psychology
- SDSU MPH Program
- SDSU CFD MS Program
- SDSU SPED MA Program
- SDSU MS Applied Psychology Program
- UCSD Developmental-Behavioral Pediatrics Fellowship
- UCSD/VA Psychology VA Internship Program
- UCSD Child Psychiatry Fellowship
Methods: Didactic Seminars

**Autism Seminar**

*Autism Discovery Institute / Seminar Announcement*

*Addressing Disparities in Access to Evidence-Based Care for Individuals with ASD*

**Presenters:** Christina Corsello Orahovats, Ph.D., UCSD and Kelsey Dickson, Ph.D., UCSD.

**Date:** October 24th, 2017

**Time:** 8:00 - 9:00 a.m.

**Location:** NPSP Conference Room, 3665 Kearny Villa Road, #200, San Diego, CA 92123

**Implementation Science**

**Upcoming Events**

*Implementation Science Seminars (ISS):*

- **Wednesday, November 15th @ 2-3pm:** "Partnering to Develop and Pilot a Novel Method for Selecting and Tailoring Implementation Strategies"
  
  Byron J. Powell, PhD
  Assistant Professor, UNC Chapel Hill Dept. of Health Policy and Management

Click here to join the seminar via Skype.

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**Undergraduate Internship**

*Creating the Curriculum Vitae (CV)*

Intern Seminar Series

February 2016
Methods: CASRC Accountability & Support Mechanisms

Early Career Group

Writing Club
Methods: CASRC Accountability & Support Mechanisms

- Collegiality
- Shared Focus and Vision
Results (since 1989)

21 Career Development Awards

National Institute of Mental Health

ACT SMART

LEAPS

PACT

LEADERSHIP FOR EVIDENCE-BASED AUTISM PROGRAMS IN SCHOOLS

Parent and Caregiver Active Participation Toolkit
Results

Trainee & Pilot Funding Examples

NFAR
National Foundation for Autism Research

AUTISM SPEAKS

NIH
National Institute of Mental Health

NSF

UC San Diego Health Sciences

AHRQ
Agency for Healthcare Research and Quality
Advancing Excellence in Health Care • www.ahrq.gov

Clinical & Translational Research Institute
Results: Faculty Appointment Examples

San Diego State University
University of San Diego
Curtin University
National Institutes of Health
UC San Diego School of Medicine
USC
UCSB
FIU
Florida International University
California State University Fullerton
CSUN
California State University Northridge
Child Mind Institute
UCLA
Results: Selected Publications
Results: Selected Publications
CASRC Training is…

SUPPORTIVE  COLLABORATIVE  DEDICATED

LIFELONG  DEVOTED  PRODUCTIVE
Developing and Testing Mental Health Interventions and Implementation Strategies for ASD

Lauren Brookman-Frazee, Ph.D.
Associate Director, Child & Adolescent Services Research Center
Professor, UC San Diego Department of Psychiatry
Research Director, Autism Discovery Institute, Rady Children’s Hospital-San Diego

Ignite Talk – CASRC Research Showcase 11/3/17
Research Contexts: Community Service Systems
Caring for Children

Early Intervention & Education (IDEA)
ASD Specialty/ID
Child Welfare
Mental Health
Primary Areas of Research in Children’s Mental Health Services

- Sustainment of Multiple EBP’s Fiscally Mandated in Children’s MH Services (R01MH100134)
- Identifying Quality Indicators within Multiple EBP Delivery in Child Mental Health Services (R01MH112536)
- Translating Autism Interventions for Mental Health Services via Knowledge Exchange (K23MH077584)
- Effectiveness and Implementation of a Mental Health Intervention for ASD (R01MH094317)
- 1/2 Effectiveness of a Multi-Level Implementation Strategy for ASD Interventions (R01MH111950)
Community Service Systems Caring for Children with ASD: Role of Mental Health Services

- >70% psychiatric comorbidity $^{1,2}$

$^{1}$Leyfer et al., 2006; $^{2}$Simonoff et al., 2008; \"
Psychiatric Comorbidity in Children with ASD Receiving MH Services

77% of these children meet criteria for 2 or more non-ASD diagnoses

n=202 children served in publicly-funded clinic and school-based mental health services
Psychiatric Comorbidity in Children with ASD Receiving MH Services

Percent of Children Meeting Criteria for Adapted MINI-KID Diagnoses

- ANY DX: 92%
- ANY ADHD: 78%
- ODD: 58%
- ANY ANXIETY DISORDER: 56%
- ANY MOOD DISORDER: 30%

Challenging behaviors interfering with child and family functioning

n=202 children served in publicly-funded clinic and school-based mental health services
Responding to the Need for Scalable Mental Health Intervention for ASD

“We’re probably somewhat all out of the scope of practice when we’re dealing with these kids ... we don’t really have a whole lot of training. We’re getting it as we go.”

-Community Therapist
An Individualized Mental Health Intervention for Children with ASD (AIM HI)

• Package of evidence-based parent-mediated and child focused strategies to **reduce challenging behaviors** in children with ASD ages 5 to 13 served in MH settings
  • Function-based approach to address challenging behaviors
  • Individual components of intervention are “well established”
  • Includes adaptations to structure psychotherapy for ASD characteristics

• Developed in collaboration with MH providers, families and ASD experts based on assessment of routine care practice, child clinical needs and provider training needs
• Designed to be delivered by providers who have limited experience with ASD or behavioral interventions

© 2016 The Regents of the University of California | *An Individualized Mental Health Intervention for Children with ASD Version 2* by Brookman-Frazee, Drahota, & Chlebowski
AIM HI Training Model

Attend introductory workshop

Attend structured consultation series with trainer (11 sessions)

AIM HI Training Components

Deliver AIM HI to actual client/student with performance feedback from trainer (6 months)

Self-study using therapist training materials

AIM HI Certification Requirements

✓ Attend introductory workshop
✓ Complete consultation series (9 group, 2 individual)
✓ Meet Protocol Fidelity
✓ Meet Session Fidelity based on video recorded session
✓ Complete AIM HI practice case

Certificate Image
AIM HI Timeline

- **Needs Assessment ’07-’08**
- **Initial AIM HI Development ‘08-’09**
  - Pilot Test and Revision ‘09-’10
- **Effectiveness Trial ’12-’17**
  - Impacts of AIM HI Therapist Training
- **Implementation Trial ‘17-21**

Ongoing Refinement to optimize fit and therapist training process
Outpatient and school-based programs within 19 participating agencies with therapist/child dyads enrolled in San Diego and LA Counties

172 Therapists
86% Female
33% Latino
36% Bilingual

Unique therapists providing psychotherapy services in participating programs and enrolled with a child and in completed cohort

202 Children Receiving MH Services
82% Male
56% Latino
M = 9.1 years old

Children ages 5 to 13 with existing ASD diagnosis served by participant therapist
Child Outcomes

Reductions in child challenging behaviors over 18 months greater when therapists receive AIM HI training.

Therapist fidelity moderates reductions in child behavior problems.
Therapist Outcomes

- 74% successfully complete AIM HI certification process
- Increased use of evidence-based strategies
- Increased confidence using behavioral strategies and ASD
- Generalization of strategies to clients without ASD
Understanding Variability in Therapist Outcomes

Provider Engagement

Leadership Support
AIM HI Timeline

- Needs Assessment ‘07-’08
- Initial AIM HI Development ‘08-’09
- Pilot Test and Revision ‘09-’10
- Effectiveness Trial ‘12-’17
- Implementation Trial ‘17-21
- Impacts of Implementation Strategies

Ongoing Refinement to optimize fit and therapist training process
Testing Implementation Strategies for ASD Interventions

- Two Collaborative R01s
- 3 CA sites

- Lauren Brookman-Frazee, Ph.D. (UC San Diego), Mental Health Project Director
- Aubyn Stahmer, Ph.D. (UC Davis), Education Project Director
- Anna Lau, Ph.D. (UCLA), LA Site Director
Translating Evidence-based Interventions for ASD: A Multi-Level Implementation Strategy (TEAMS)

**ASD Intervention**
- AIM HI (MH Programs) Study #1
- OR
- CPRT (Schools) Study #2

**TEAMS Modules**
- TEAMS Leadership Institute (TLI for leaders)
- TEAMS Individualized Provider Strategy for Training (TIPS for providers)

**Outcomes**
- Successful Provider Training in Autism Treatment
- Child Improvements
### Table 1. Participants by Type and Study

<table>
<thead>
<tr>
<th>Study Type</th>
<th>AIM HI Study (37 MH Programs)</th>
<th>CPRT Study (37 School Districts)</th>
<th>Combined (74 Agencies)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Program Managers</td>
<td>37</td>
<td>37 Program Specialists</td>
<td>74 Leaders</td>
</tr>
<tr>
<td>Therapists</td>
<td>295</td>
<td>295 Teachers</td>
<td>590 Providers</td>
</tr>
<tr>
<td>Caregivers</td>
<td>295</td>
<td>295 Caregivers</td>
<td>590 Caregivers</td>
</tr>
<tr>
<td><strong>TOTAL</strong> AIM HI</td>
<td><strong>627</strong></td>
<td><strong>627</strong> TOTAL CPRT</td>
<td><strong>1,254 TOTAL COMBINED</strong></td>
</tr>
</tbody>
</table>

**Building capacity to serve children with ASD**

**Identify implementation strategies that can be applied to other interventions/populations**
Maximizing Public Health Impact:

Designing scalable interventions for end users

Linking clinical interventions with effective implementation strategies to facilitate uptake and sustainment of ASD interventions
COMMUNITY SERVICES RESEARCH: DEVELOPING EVIDENCE-BASED INTERVENTIONS WITH AND FOR COMMUNITY PROVIDERS FOR AUTISM SPECTRUM AND CHILD TRAUMA POPULATIONS

MARY BAKER-ERICZÉN, PHD & ANDREA HAZEN, PHD
Research Funding Support

2012-2017
Baker-Ericzen Research = $3,120,090
In the US, 500,000 teens with autism will age into adulthood over the next decade.

90% of adults with autism are unemployed or underemployed.

1 out of 68 children (1 in 42 boys) are diagnosed with autism.
ACHIEVE GROUP

Active Collaborative Hub for Individuals with ASD to Enhance Vocation and Education

Research-Community Partnership

Researchers (RCHSD, UCSD, SDSU) (Univ Missouri, Univ Virginia, Univ Wisconsin, Drexel Univ, SAARC), Educators (UCSD, SDSU, CSUSM, SDCCD, Southwestern), Government Agency Administrators (Dept of Rehab, SDRC, Dept of Ed, VA), Community Program Providers, Family Members, Individuals with AS
38% Currently attending a day program or sheltered workshop

29% Attending college FT or PT

17% Employed part-time

15% At home - doing nothing

9% Employed full-time

Percentages greater than 100% - respondents could choose more than one category.

62% of adults with ASD want to work.

61% Graduated with a High School Diploma.

54% have volunteer, internship or work experience.

17% of parents/adults with ASD In California feel very knowledgeable about adult services and resources in their local area.
Vocational “Soft Skills”

Resign yourself to this reality

46% of newly hired employees will fail within 18 months

89% for lack of soft skills – such as professionalism or ability to get along with others

Source: Study by Leadership IQ
Cognitive Enhancement and Social Cognitive & Communication Skill Development

"Standing strong on twin pillars of cognitive enhancement and social skills development"
YOU HAVE BRAINS IN YOUR HEAD. YOU HAVE FEET IN YOUR SHOES. YOU CAN STEER YOURSELF ANY DIRECTION YOU CHOOSE.

~ DR. SEUSS
Social Cognitive Skills

Four

No Three

bryanridgley.com
Manual to Automatic

- Brain plasticity
- New neural pathways can be developed at any time
SUCCESS Interventions

SUpported Comprehensive Cognitive Enhancement & Social Skills

Employment SUCCESS

College SUCCESS
100% increased their motivation to work

Cohort 1: 11% baseline to 43% post
Cohort 2: 22% baseline to 56% post

(mean 6 hrs, 2-10hr) to (mean 20.2 hrs, 10-40 hr, $10-18 hr salary) Remaining 44% active job search
More Interventions

- Transition Age Youth – TAY SUCCESS

Cognitive Behavioral Intervention for Driving
-CBID
CBID Results

Panic related concerns
Accident related concerns
Social concerns

Baseline Post

Anxiety Rating

PRE: 41% “I do not want to drive”
POST: 88% of the participants felt like they wanted to drive either now or in the near future
AASPIRE us Center

(Across the Autism Spectrum Promoting Individuals, Research, Education: uniting systems)

- Work Force Ready
- Large-Scale Research Trials
- Offer Community Provider Training!!!

2 NIMH R01 grants: $4.5 million

- Effectiveness Trial of Employment SUCCESS
- Development & Testing of Adult Autism Outcome Measure
Trauma Exposure – Trauma-Informed Systems

- School violence
- Bullying/Cyberbullying
- Accident
- Natural Disaster
- Community violence
- Fires
- Homelessness
- Serious illness
- Crime
- Neglect
- Abuse
- Combat injury of a loved one
- Loss of a loved one
- Violence within the family
- Living in or escaping from a war zone
- Economic stress/poverty
- Act of terrorism
- Injury

Trauma-Informed Care
Trauma-Informed Child Welfare System

- Partner with Agencies and Systems that Interact with Children and Families
- Maximize Physical and Psychological Safety for Children and Families
- Partner with Youth and Families
- Identify Trauma-Related Needs of Children and Families
- Enhance the Well-Being and Resilience of Those Working in the System
- Enhance Child Well-Being and Resilience
- Enhance Family Well-Being and Resilience
Child Welfare Workforce Training on Trauma-Informed Care
Screening for Mental Health and Trauma-Related Needs - Children Involved with Child Welfare
Screening for Children Involved with Child Welfare
Personalizing Parent Training Interventions for Culturally Diverse Families

Kristen McCabe, PhD
May Yeh, PhD
San Diego State University
University of California, San Diego
University of San Diego

Research funded by the National Institute of Mental Health

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Disruptive Behavior and PCIT

- **Disruptive Behavior Disorders**
  - Most common reason that children are referred for mental health treatment
  - Oppositional Defiant Disorder, Conduct Disorder, ADHD
  - Long term personal and societal impact

- **Parent-Child Interaction Therapy**
  - Developer: Dr. Sheila Eyberg
  - 2-7 year olds with moderate to severe behavior problems
  - Assessment-Driven
  - Uses live coaching of parent-child interactions
PCIT Works! But...

- Not all families are willing to enroll
- Premature dropout occurs
- Not all families are engaged in treatment
- Ethnic minority families may not benefit as much as Non-Hispanic White families in Parenting Training Interventions
  - Less symptom improvement
  - Slower treatment response

- Culturally-modified Parenting Trainings
  - Generally show positive outcomes but have limitations (require multiple versions, stereotyping)

- A Better Solution: Personalization
  - Has the potential to maximize fit between individuals and treatments without stereotyping
MY PCIT Development

• Previous research (our programs, literature)
• Input from cultural experts and PCIT therapists
• Consultation with PCIT Developer (Dr. Eyberg)
• Measures of Parent Explanatory Models (PEMs) for pre-treatment assessment
  • Tablet Administration
• Treatment Adaptations specific to PEM scores
• Personalized Therapist Report
  • Clinically-relevant PEM results
  • List of Adaptations to implement
Parent Explanatory Models (PEMs) Targeted for Personalization:

Parent Treatment Expectations
Etiological Explanations
Parenting Styles
Family Support for Treatment
Sample Adaptations/Tools for Therapist Personalization:

- Handouts tailored to parenting style:
  - e.g., Time Out, Praise, Play
- Labeled Praises Tailored to Values
- Videos
  - Informational
  - Before/After Treatment
- Testimonials
- Family Engagement Plan
- Motivational Interviewing
MY PCIT Feasibility Trial

• Train therapists in personalized version of PCIT (MY PCIT)
  - PCIT Level 1 Trainer (Dr. McCabe)
  - Therapists can work towards PCIT certification

• Pilot test MY PCIT with 28 families from 4 different ethnic groups
  - African American
  - Asian American
  - Latino
  - Non-Hispanic White
Goals

- Develop Personalized Version of PCIT
  - Measures, Adaptations
  - Tablet Administration of PEM Measures
  - Personalized Therapist Reports
- Obtain Data for Larger Clinical Trial
- Increase Community Capacity:
  - Therapists Trained in MY PCIT by certified PCIT Level 1 Trainer (McCabe)
- Train Students in Research
- Families Receive Culturally Responsive Care
  - Standardized Personalization
  - During the Study and Into the Future
Cross-Institutional and Community Collaboration

Sharing training and resources to benefit today’s kids and those of tomorrow

San Diego State University
University of San Diego
Rady Children’s Hospital San Diego
UC San Diego

Chadwick Center for Children & Families
First 5 San Diego
System and Organizational Change for Implementation and Sustainment of Evidence-Based Practices

Gregory A. Aarons, Ph.D.

&

Amy E. Green, Ph.D.

Child and Adolescent Services Research Center
Department of Psychiatry
University of California, San Diego
A Good Framework: Exploration, Preparation, Implementation, Sustainment (EPIS)

Scaling-Up

Interagency Collaborative Teams to Scale-Up Evidence-Based Practice
(NIMH R01MH092950 Pls: Aarons & Hurlburt)

Child Welfare System (EBP Policy + Service $)

Intervention Developers/
Academic Partners

United Way (Training $)

Seed Team
Community Based Orgs
Training
Fidelity Coaching

SC Team x...
SC Team 3
SC Team 2
SC Team 1

IMPLEMENTATION IN MULTIPLE TEAMS OVER TIME WITH
ONGOING FIDELITY MONITORING (tablet based – real-time) + COACHING
Adaptation Happens!!

Critical challenge in real world implementation

Tension/Balance between

- Implementing with fidelity
- Making adaptations necessary for outer/inner context fit

EPIS-Based Dynamic Adaptation Process (CDC R01CE001556)
Implementing School Nursing Strategies to Reduce LGBTQ Adolescent Suicide
NICHD R01HD083399

Felt Sad/Depressed (2wk)
- 60.7% LGB
- 28.7% straight

Attempted Suicide (yr)
- 29.2% LGB
- 6.7% straight

### Six Evidence-Based Strategies Recommended by Centers for Disease Control and Prevention

<table>
<thead>
<tr>
<th>Evidence-Based Strategy</th>
<th>U.S. Median (Range)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Identify/access safe spaces on campus.</td>
<td>61.4% (36.8-84.7)</td>
</tr>
<tr>
<td>2. Prohibit harassment and bullying based on sexual orientation or gender expression.</td>
<td>89.4% (72.9-97.1)</td>
</tr>
<tr>
<td>3. Facilitate access to medical providers with experience providing services to LGBTQ+ youth.</td>
<td>46.3% (29.7-69.0)</td>
</tr>
<tr>
<td>4. Facilitate access to behavioral health providers with experience providing services to LGBTQ+ youth.</td>
<td>49.2% (30.0-72.9)</td>
</tr>
<tr>
<td>5. Encourage professional development on safe and supportive school environments.</td>
<td>59.0% (38.9-82.4)</td>
</tr>
<tr>
<td>6. Provide health education curricula with information relevant to LGBTQ+ youth.</td>
<td>24.4% (11.0-56.4)</td>
</tr>
</tbody>
</table>

**Implement all six strategies.** 7.6% (2.1-27.2)
Key Findings

• Strong Collaborations
  • Community-Academic Partnerships

• Supportive Contracting

• Stable Financing

• Proactive Problem Solving

• Effective Leadership!
Outer Context System Leadership Predicts EBI Sustainment in 11 Service Systems

Inner Context Team Leadership Predicts EBI Sustainment in 11 Service Systems

LOCI 12-months

- Didactic Leadership Training
- Leadership Coaching
- Organizational Strategy
- Data Driven 360-degree Assessments
4 Org. Strategy Meetings (OSMs)
- Monthly OSM Check-in calls
- Agency wrap-up to conclude project @ 16-months

Organizational Strategy

LOCI Condition (12-months)

Didactic Leadership Training

- 2-day in-person LOCI leadership training
- Two 1-day in-person leadership booster trainings
- Graduation

Leadership Coaching

- Weekly one-on-one coaching calls with LOCI trainer
- Monthly group collaborative call with other LOCI leaders

Data Driven 360-degree Assessments

- 5 web-based surveys assessing climate & leadership
- Completed by providers, supervisors, & executives)
- Occurs at baseline, 4-, 8-, 12-, & 16-months
ICT: Sierra Leone NIMH Betancourt
Adolescent Trauma

LOCI – ASD NIMH
Stahmer/Brookman-Frazee
Schools/Community

LOCI Nigeria
NICHD (Ezeanolue)
PMTCT HIV
Community Academic Partnership for Translational Use of Research Evidence

- UCSD & SD CWS Collaboration
- Builds on CAPs, LOCI, and DAP
- Aims to change entire system climate to increase use of research evidence in policy, programs, and practices
Effective Practices

Effective Implementation Strategies

Enabling System and Organizations

Public Health Impact
Enhancing Parent Participation in Child, Parent, and Family Services

Rachel Haine-Schlagel
Child & Family Development Department
College of Education
San Diego State University
Parents And Caregivers in Services (PACS) Lab

The mission of the PACS (Parents And Caregivers in Services) Lab is to improve health, behavioral health, and educational services for diverse children, adolescents, and families served in community settings.

Our lab focuses on promoting family participation and collaboration with child service providers and organizations.

The PACS Lab:

- Emphasizes both scientific excellence and educating students to become effective community providers.
- Adopts a stance of inquiry when approaching the study of problems and potential solutions.
- Takes a learning community approach to fostering both scientific and professional learning.
- Strives for teamwork, project synergy, and productivity.

Measures of Lab Success:

- Undergraduates attend graduate school and/or obtain employment in their desired field.
- Graduate students complete their degree and obtain maintenance employment in their desired field.
- Conference presentations, publications, funded grants.

Student Opportunities:

- Students working in the PACS Lab have access to lab-based collaborative learning opportunities as well as off-campus seminars and other learning opportunities at the Child and Adolescent Services Research Center (CASRC) in Kearny Mesa.
What is Parent Participation?

Service Engagement

- Participation
- Attendance
- Help Seeking
Parent And Caregiver Active Participation Toolkit (PACT)
Parent And Caregiver Active Participation Toolkit (PACT)

Therapist ACEs Strategies

- **Alliance**
  - Conveys partnership

- **Collaboration**
  - Seeks & uses input

- **Empowerment**
  - Acknowledge strengths & effort

**PARTICIPATION TOOLS**

- DVD
- WORKBOOK
- ACTION SHEET
- MESSAGES
PACT Development: Stakeholder Collaboration

**GRANT PHASE 1: PARENT**
- Feedback Interviews (n=14)
- Testimonials (n=7)
- Other Qual Studies
- FYRT
- Professional Advocates

**THERAPIST INPUT TO WRITE NIMH GRANT**
- TRAC Expo
- PRAC survey

**THERAPISTS**
- Feedback Interviews
- Testimonials
- Other Qual Studies

**GRANT PHASE 2: APHA COMMUNITY PILOT**
- 4 therapists
- 6 parents

**GRANT PHASE 3: BETA RANDOMIZED COMMUNITY PILOT**
- 29 therapists
- 20 parents
Randomized Trial of the Parent And Caregiver Active Participation Toolkit for Child Mental Health Treatment

Rachel Haine-Schlagel
Department of Child and Family Development, San Diego State University and the Child and Adolescent Services Research Center

Jonathan I. Martinez
Department of Psychology, California State University, Northridge

Scott C. Roesch
Department of Psychology, San Diego State University

Cristina E. Bustos and Cortney Janicki
San Diego State University Research Foundation
Adapting PACT for Evidence-Based Practices & Diagnostic Services
PACT in Project ImPACT for Toddlers
PACT in SafeCare

Parents responded positively to PACT (qual + quan)

Parents found the tools helpful in learning SC

<table>
<thead>
<tr>
<th>Question: How helpful was...</th>
<th>M (SD)</th>
<th>Agree/Strongly Agree</th>
</tr>
</thead>
<tbody>
<tr>
<td>End of Visit Worksheet</td>
<td>4.35 (1.01)</td>
<td>11/13</td>
</tr>
<tr>
<td>Strengths Worksheet</td>
<td>4.25 (1.03)</td>
<td>8/10</td>
</tr>
<tr>
<td>Parent Perspectives Worksheet</td>
<td>4.42 (.67)</td>
<td>11/12</td>
</tr>
<tr>
<td>Organizational Tools</td>
<td>3.73 (1.27)</td>
<td>7/13</td>
</tr>
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</table>

And, recommend keeping the tools in the curriculum

<table>
<thead>
<tr>
<th>Composite: Recommend Tools</th>
<th>M (SD)</th>
<th>Agree/Strongly Agree</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>4.20 (1.11)</td>
<td>9/10</td>
</tr>
</tbody>
</table>
PACT in ASD Diagnostic Evaluations

SPIRIT Parent Profile Cheat Sheet

OVERWELOWMED

dx 
clear, succinct, organize information, focus on now

silent, disorganized questioning

recs

focus, manageability, ready for action

eval goal

SAD

crying, sharing negative thoughts or worries

understanding, hope

empathize, slower pace, focus on now

dx

eval goal

overwhelmed

zealous

INQUISITIVE

questioning, evaluator and purpose of evaluation

recs

buy-in, rationale, link back to ses

RELAED AND READY

no need for individualization

agree on ses first, MI strategies, assess/address underlying concerns
dx

ready for action

eval goal

DISTRUSTFUL

avoidant body language, limited information sharing

buy-in, rationale, link back to ses

recs

eval goal

RELUCTANT

taking lots of questions/ taking lots of notes, not ready to move forward or moving too fast

concrete, succinct, organize information, focus on now
dx

prioritize

eval goal
CASRC & SDSU College of Education

EVIDENCE-BASED PRACTICE

need just system needs also get
world public country also
see education young
help provide care
change children
people

community

work make
better
jobs

president

world
dermatology
inflation

unemployment
CASRC & SDSU College of Education

Jessica Suhrheinrich
LEAPS
LEADERSHIP FOR EVIDENCE-BASED AUTISM PROGRAMS IN SCHOOLS

Sarah Rieth

LEAPS
LEADERSHIP FOR EVIDENCE-BASED AUTISM PROGRAMS IN SCHOOLS
San Diego County Evaluation Projects

David Sommerfeld, PhD
Danielle Fettes, PhD
System of Care Evaluation (SOCE)

- Partnership with BHS since 1996
- Covers all Child, Youth, and Family services
  - About 100 provider agencies
  - 17,000+ youth annually
- Currently a shared contract
  - UCSD Health Services Research Center
  - Covers Adult/Older Adult services
- $2.8 million dollars annually
SOCE Evaluation Services

- Data collection, analysis, and reporting
  - Overall system and special programs
- Support program and policy decision making
  - Identify appropriate outcome measures
  - Provide guidance for clinical use and interpretation of outcomes data
- Data-driven Performance Improvement Projects
- Investigate special topic issues (e.g., service disparities)
- Provide trainings/technical assistance
- Support design and development of computerized data collection systems
MHSA “Innovations” Evaluation
Family Therapy Participation & Engagement
INN Evaluation Approach

• Identify topic experts
• Utilize multi-functional teams
• Collaboratively develop process and outcomes evaluations
• Leverage multiple data sources
• Practice and policy-oriented reporting
CWS Training, Evaluation, & Data Collaboration (TED-C): Services

- In-home parenting
- Peer Partners
- Family Visit Coaches
- Family Support Clinicians
- Group-based parenting
Timing, Sequencing, Engagement

Outcomes:
- Five Protective Factors Survey
- Recidivism
- Model Fidelity
- Consumer Satisfaction
Evaluation

Community engagement

Effectiveness

Design

Data

Theory

Qualitative

Quantitative

Experiments

Likert scale

Grants

Assessment

Data Visualization

Needs assessment

Internal

External

Randomized Controlled Trial

Cluster

Stakeholders

Measurement

Benefits

Cross-cultural

Advocacy

Mixed methods

Community Development

Economic

Teaching

Interviews

Multi-site

Community Change

Capacity building

Policy

Analysis

Independent

Methods

Participatory

Results

Learning

Dependent

Research

Costs

Cost

Reporting

Social impact

Evaluation