

Examining the use of evidence-based strategies to support young children at-risk for ASD

Background: The rise in ASD prevalence has been accompanied by advances in our understanding and ability to detect ASD within the first years of life. These advances have opened the door to earlier intervention opportunities with the potential to significantly improve the quality of life of children with ASD and their families. Although these advances are quite promising, the average age that children receive an ASD diagnosis for the first time has remained relatively stable at 52 months (Biao et al., 2018). If access to early intervention services is contingent on having a medical diagnosis of ASD, many children will miss out on early intervention during a time of optimal brain development. As such, it is imperative to deliver evidence-based early interventions within systems of care that are able to support young children who may not carry a medical diagnosis of ASD, but who are clearly at-risk for ASD. The early intervention (EI) system is uniquely positioned to do this, as it is federally mandated to provide services to children birth to three with developmental delays under Part C of the Individuals with Disabilities Education Act (IDEA). Research to date has primarily examined the use of packaged early intervention programs for ASD within EI system. Many of these early intervention programs use a blend of naturalistic, developmental, and behavioral intervention (NDBI) strategies to support child social communication development. Although these are important first steps, research has yet to understand how EI providers are currently using a range of NDBI strategies, irrespective of whether they are part of a packaged program. This is an important gap and may build our understanding of how children are being served in a broader way.

Objectives: This study aimed to understand: 1) the use of NDBI strategies to support young children within EI system in Colorado; 2) factors that impact the use of NDBI strategies within this system; and 3) ways to increase delivery of these strategies within this system of care.

Method: To date, 46 Early Intervention (EI) providers in Colorado have participated in this study. Participants were interdisciplinary (e.g., speech language pathologist, occupational therapist, psychologist), predominantly Female (93.30%), and predominantly White (91.10%) and Non-LatinX (73.30%). All participants completed an online survey that asked about their training in and use of NDBI strategies. A subset of 29 providers also participated in three follow-up focus groups with other EI providers within their county. The purpose of the focus group was to obtain information about the ways in which providers support young children who are identified as at-risk for ASD and factors that impact their use of NDBI strategies. Focus groups were audio-recorded and transcribed verbatim. Transcripts will be coded and analyzed using standard qualitative methodology.

Results: Preliminary data indicate that providers are familiar with a variety of NDBI strategies. They reported being most likely to use developmental strategies that included adjusting their communication, matching the child's affect, and staying face-to-face with the child. Strategies least likely to be used were behavioral strategies that use prompting and reinforcement to teach new skills. Future analyses will examine strategy use by provider background and county. Within focus groups, providers reported varying levels of familiarity with NDBI strategies and packaged programs that employ these strategies. They also reported the following factors as impacting their use of NDBI strategies: (1) the service delivery model within their county; (2) the level of ongoing support for training and consultation, and (3) their own efficacy in using these strategies. Participants also shared that when first learning to support young children with ASD, it may be helpful to have training in intervention packages that are easy to use. However, once familiar with these interventions, providers shared that they would prefer to use a blend of NDBI strategies. Finally, participants in specific counties described a significant need for better training in how to support young children at-risk for ASD.

Conclusions: Preliminary findings from the present study suggest that providers have varied levels of training and experience supporting young children at-risk for ASD using specific NDBI strategies. The findings also highlighted a number of factors that impact EI provider use of these strategies, as well as ways to increase provider knowledge of and training in these strategies.

Next Steps: Once data collection is complete, this abstract will be submitted for a conference presentation (likely at INSAR). Additionally, the final project will be written up into a manuscript and submitted to a peer-reviewed journal. I will likely try to submit it to either an ASD-specific journal or an Early Intervention journal.