Title: The Choice Is Yours: Trainers Vary in Resource and Training Dissemination Methods for Evidence-Based Practices for Students with Autism

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Introduction: Although resources on evidence-based practices (EBPs) for autism spectrum disorder (ASD) exist, there is a persistent lack of knowledge and proper implementation of these interventions within community settings (Vernez, Karam, Mariano, & DeMartini, 2006). The California Autism Professional Training and Information Network (CAPTAIN) is a statewide multi-agency initiative established in 2012 to counteract this issue. CAPTAIN is comprised of over 400 professionals that utilize train-the-trainer methodology to reach individuals at the local level (e.g., teachers and parents) by providing training, coaching, and resources on ASD-specific EBPs. CAPTAIN members have complete autonomy over the training methods and dissemination strategies used to deliver information to the trainees they support. It is possible that the dissemination strategy decisions CAPTAIN members make reflect implementation barriers they or the counties they serve may face, especially regarding technology-based methods. Research has identified income levels, rurality, age, and access to materials or support as common predictors of lower technology use (United States Department of Commerce, 2013; Francom, 2016). This project explores the relation between trainer (i.e., role title, years of experience) and county (i.e., poverty levels, rural status) characteristics and the dissemination methods utilized by CAPTAIN members.

Method: Provider demographics and reported methods of dissemination were drawn from survey responses of 283 CAPTAIN members employed by a special education local planning area (SELPA). Participants included 57 administrators, 67 behavior analysts, 64 program specialists, 25 psychologists, 19 special education teachers working in a single classroom, 34 itinerant teachers or teachers on special assignment, and 17 allied service providers (e.g. speech language pathologists, occupational therapists). The percentage of people living below poverty level for each county was obtained from the United States Census Bureau (United States Census Bureau, 2017). The rural status of each county was obtained from the Office of Rural Health Policy (Office of Rural Health Policy, 2018).

Results: Binary logistic regressions indicate significant differences in dissemination methods used by CAPTAIN members based on several factors. The higher the poverty level in the county they were employed in, the less likely a trainer was to use virtual meet ups to do one-on-one trainings ($p = 0.01$). Additionally, more years of trainer experience was associated with the trainer being less likely to use technology-based group meetings ($p = 0.03$). Job title was also significantly associated with technology-based method use within CAPTAIN. Psychologists were the least likely of any role to use any method involving the use of technology ($p = 0.03$). Program administrators were more likely to conduct technology-based group meetings than special education teachers ($p = 0.04$), more likely to hold professional learning communities than psychologists and special education teachers ($p = 0.02$), and less likely to do group trainings face to face than behavior analysts and program specialists ($p = 0.05$). No differences in the use of technology-based methods or other methods of dissemination were found between rural and non-rural counties ($p$-values > 0.09).

Discussion: Findings indicate that both provider and contextual characteristics can be influential in determining which methods are likely to be used to disseminate information. We found significant differences in the strategies employed by CAPTAIN members, especially in the use of technology-based methods. While the factors we evaluated may not be indicative of barriers, it is also worth exploring factors that may be deterring CAPTAIN members and similar trainers from using certain avenues, particularly those regarding technology. Using this information, we can better tailor future implementation or training efforts and supports.
References:


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