

Developing an Effective International Model for Family Education and Support: Trinidad and Tobago, a Case Example

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Introduction

- Feedback from caregivers following the receiving of their child's diagnosis often indicate feeling overwhelmed and frustrated at the task of securing these services.
- This is exacerbated in countries with little funding for these services and in insufficient number of specialized providers.
- In response to this, the Vanderbilt Kennedy Center's Treatment and Research Institute for Autism Spectrum Disorders (TRIAD) entered into a partnership with regional health providers in Trinidad and Tobago to develop a train the trainer model to be used throughout the country and structured in a way to be replicated with other countries.
- The primary goal of this partnership is rooted in an effort to achieve inclusive communities in Trinidad, both for young children with autism spectrum disorder and their families.

Training Paradigm



Modeling of 8 live workshops

- Intended for primary caregivers of children with autism
- Large group instruction, modeling, and discussion
- Small group application and role play activities
- Planning with TRIAD Educational Consultants
- Observed live by regional health providers



3 Train-the-trainer live workshops

- Intended for regional health providers who observed live workshops
- Included role playing, modeling, action planning, adapting of materials to address cultural considerations, goal setting, and regional problem solving
- Materials necessary for conducting workshops were provided at the conclusion



Distance support

- Offered via email or teleconferencing to trained regional health providers in order to further support implementation of goals created during live planning
- Periodic teleconferencing meetings with the funding source (Rotary Club Port of Spain West) to discuss focus of next live session

Results

Demographics of Participants

- **Number of regional health providers trained: 54**
- **Professions represented: physicians, psychologists, registered nurses, social workers, house/medical officers, coordinators, tutors, an SLP, an art therapist, and a special education teacher**
- **96% had at least a bachelors/secondary degree**
- **69% had a post-secondary/masters/doctorate degree**
- **89% currently work with patients with ASD ranging in age from birth-40, with 79% working with children 18 years old and younger**
- **43% have less than 5 years of experience with patients with ASD.**

Learning activity ranked from most to least beneficial in preparing to implement workshops

- 1.) Didactic instruction
- 2.) Observing the workshops being conducted
- 3.) Role play/live practice following workshops
- 4.) Other small group activities
- 5.) Debriefing discussions following workshops

Perceptions Immediately Post-Workshop (across time points)

Question	Rating (1: strongly disagree-4: strongly agree)
The objectives were clear.	3.94
The presentations were clear and understandable.	3.92
The presenters were knowledgeable about the material.	3.99
The presenters were effective speakers and listeners.	3.95
The presenters were well prepared and well organized.	3.97
The presenters provided practical relevant ideas.	3.94
The information presented in this training was beneficial.	3.82
Overall rating of training	3.89
Understanding material	3.47
Comfort presenting	3.39
Comfort coaching	3.80

Summary and Future Directions

- Data from this partnership indicated high levels of satisfaction with this training model, high levels of understanding the material, of feeling comfortable presenting the content to patients, and of coaching colleagues in presenting the content to patients.
- Through the live modeled workshops, the goal was to provide practical strategies to promote successful home routines and community outings in which caregivers are often hesitant to engage for fear of not knowing how to best structure or respond in these situations.
- Through the train the trainer model, the goal was to educate and equip regional health care providers with strategies to use to better serve families given the paucity of specialized interventions available and the reliance on regional health care providers for the majority of their care. In doing so, the goal was to cultivate a more inclusive perspective and approach across health care providers for all patients served.
- Through evaluating the model, the goal was to develop and evaluate effective models of supporting international efforts in inclusion with the hope of promoting inclusive environments through further international collaboration.

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