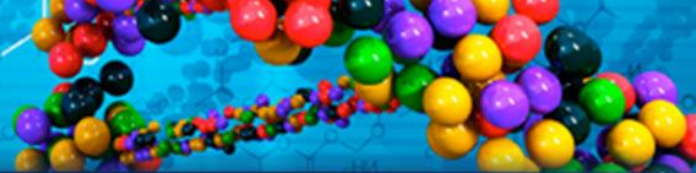




VANDERBILT KENNEDY CENTER

TREATMENT & RESEARCH INSTITUTE FOR AUTISM SPECTRUM DISORDERS



# Family-Centered Early Intervention Services for Children Evaluated for Autism: Developing a State-Wide Model to Build Capacity

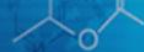
Kathleen Simcoe, M.Ed., BCBA

Alacia Stainbrook, Ph.D., BCBA-D



## Objectives for this talk

- Overview a collaborative early identification and intervention model in Tennessee
- Discuss rationale for the development of each component
- Share family, child and provider impact data
- Consider next steps for Tennessee



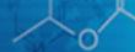
# What was the problem?

1. Improve access to diagnostics and services
2. Improve access to intervention services
3. Improve capacity of local providers



# Program Development Timeline

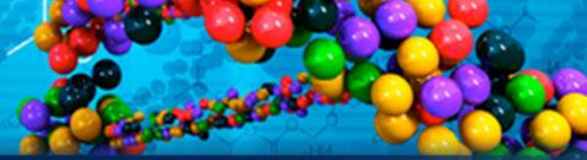
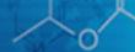




# Increasing Access to Early Identification

- Piloted novel assessment methods utilizing telemedicine to connect psychologists at Vanderbilt with local clinics





# Increasing Access to Specialized Early Intervention Services

- Caregiver training
- Telemedicine services
- Curriculum modules



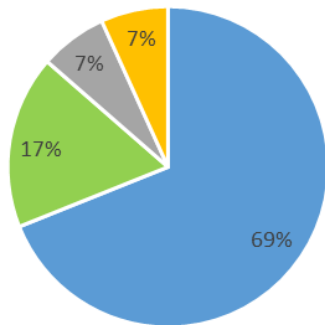
# Capacity Building

- Provider notes for curriculum modules
- Professional development
- Co-treatment



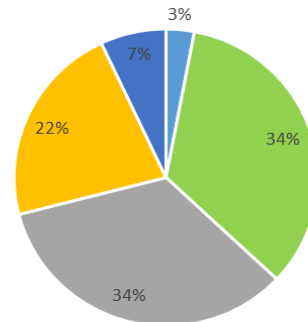
# Family Demographics

Race/Ethnicity



■ White, Non-Hispanic (69%) ■ African American (17%) ■ Hispanic (7%) ■ Other (7%)

Primary Caregiver Education



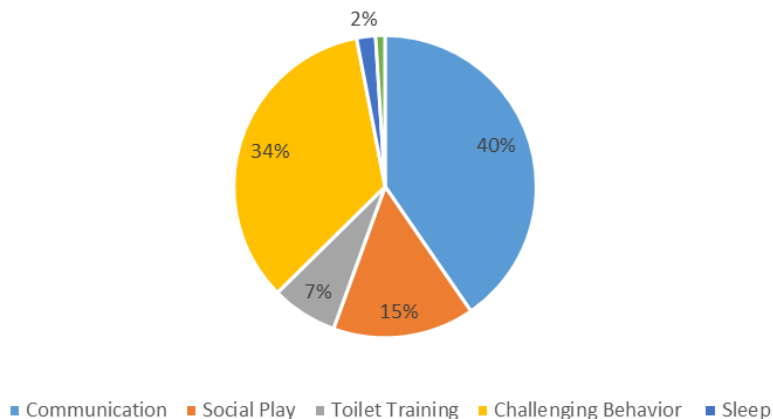
■ Less than High School Diploma (3%) ■ High School Graduate (or GED Equivalent) (34%)  
■ Some College or Associates Degree (34%) ■ College Degree (22%)  
■ Graduate Degree(s) (7%)



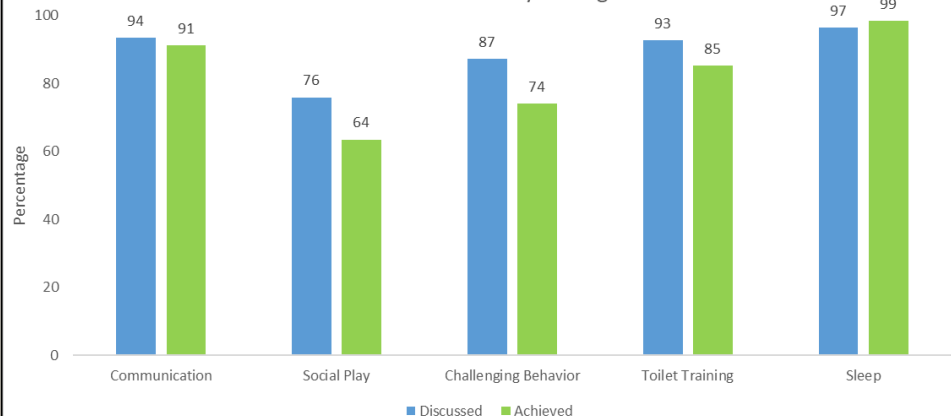


# Curriculum Use

Curriculum Totals

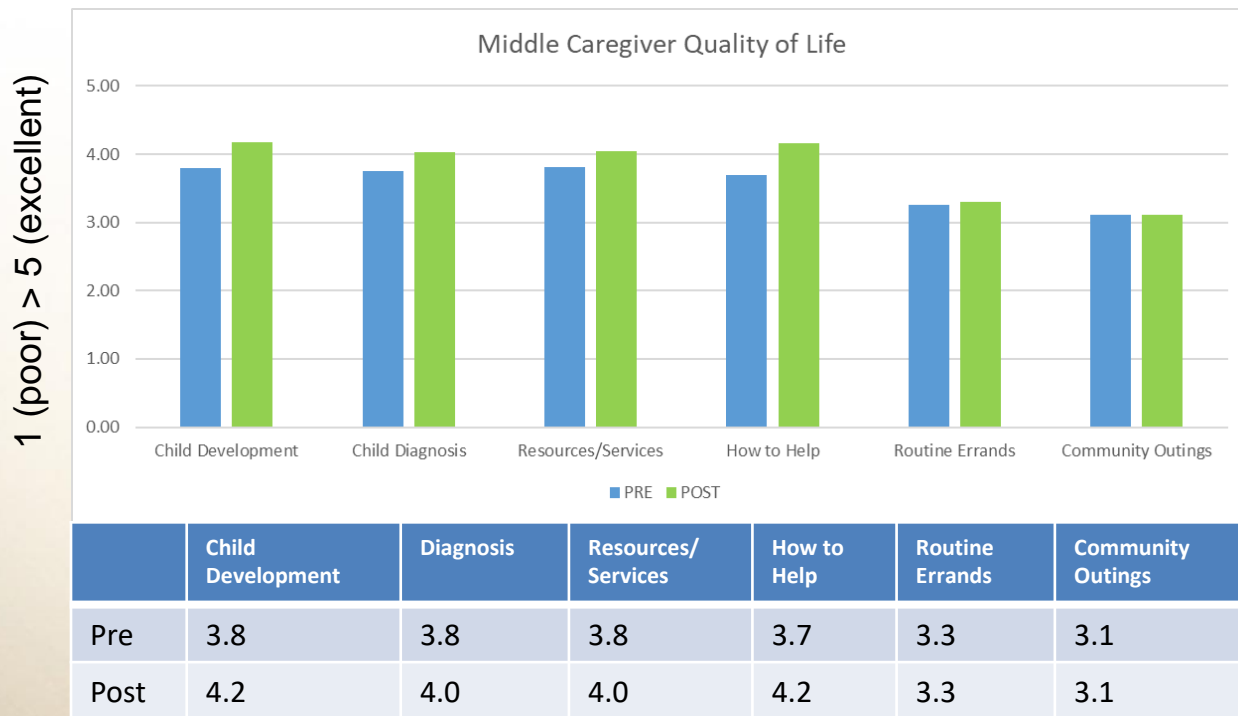


Treatment Fidelity Average



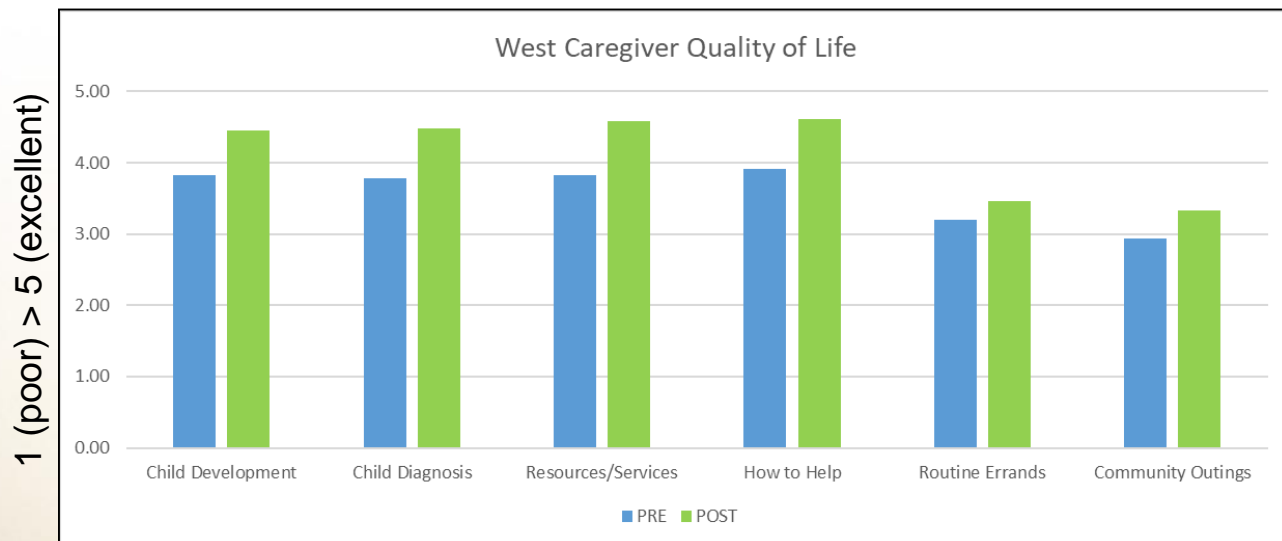


# Family Functioning





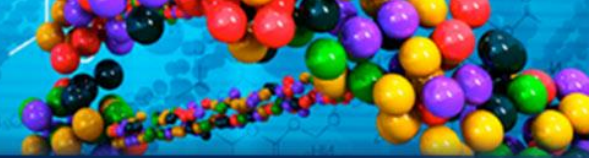
# Family Functioning



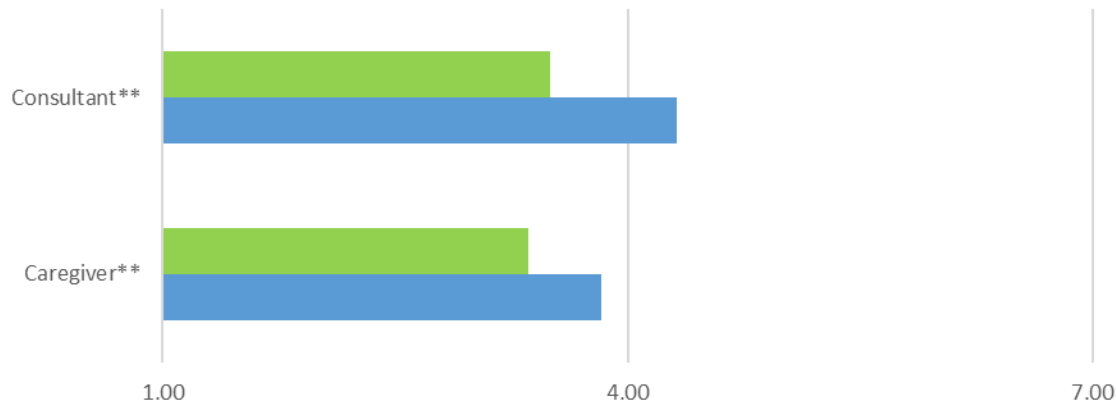
	Child Development	Diagnosis	Resources/ Services	How to Help	Routine Errands	Community Outings
Pre	3.8	3.8	3.8	3.9	3.2	2.9
Post	4.5	4.5	4.6	4.6	3.5	3.3



# Child Growth



Child Severity (CGI-S)



- 1 = no challenges
- 2 = some challenges
- 3 = mild challenges
- 4 = moderate challenges
- 5 = marked challenges
- 6 = severe challenges
- 7 = very severe challenges

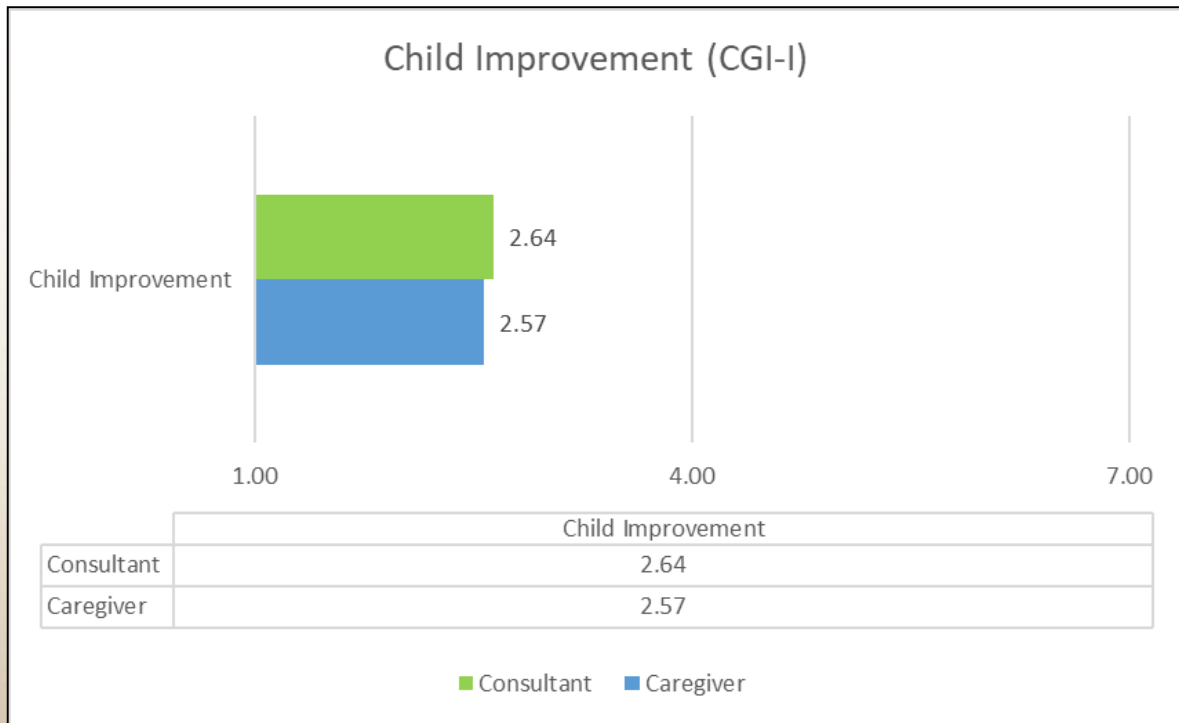
	Caregiver**	Consultant**
Post	3.36	3.50
Pre	3.83	4.32

\*\*Significant at the .01 level

■ Post ■ Pre



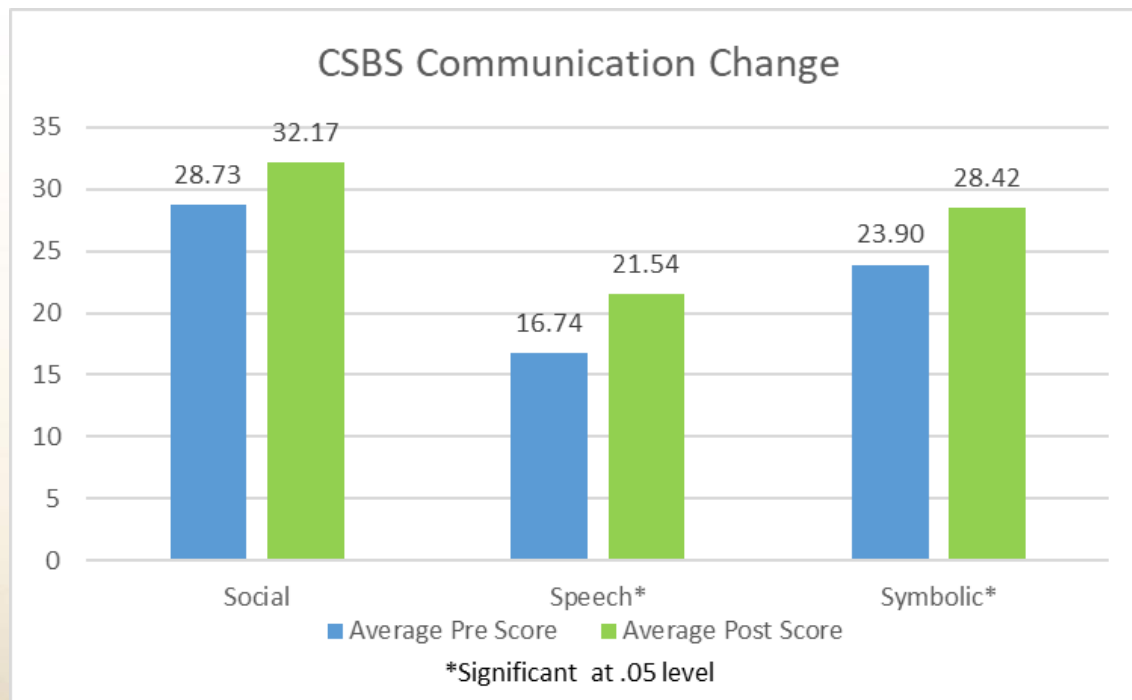
# Child Growth



- 1 = very much improved
- 2 = much improved
- 3 = minimally improved
- 4 = no change
- 5 = minimally worse
- 6 = much worse
- 7 = very much worse



# Child Growth

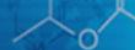






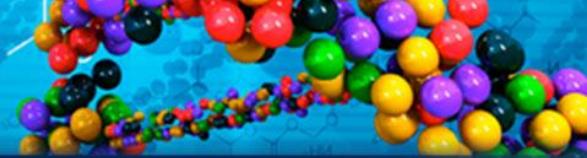
# Provider Impact

Satisfaction/Impact Category	Average Score
Satisfaction with consultants	3.95
Satisfaction with service model	3.80
Satisfaction with family and child outcomes	3.70
Impact on service provision	3.34



## Why does it work?

- Close collaboration with the Part C service system
- Development of scalable pilot programs
- Emphasis on program evaluation
- Ongoing assessment of community specific needs



# Program Development Timeline





# QUESTIONS?

**Kathleen Simcoe, M.Ed., BCBA**

**[Kathleen.Simcoe@vumc.org](mailto:Kathleen.Simcoe@vumc.org)**

**Alacia Stainbrook, Ph.D., BCBA-D**

**[Alacia.Stainbrook@vumc.org](mailto:Alacia.Stainbrook@vumc.org)**