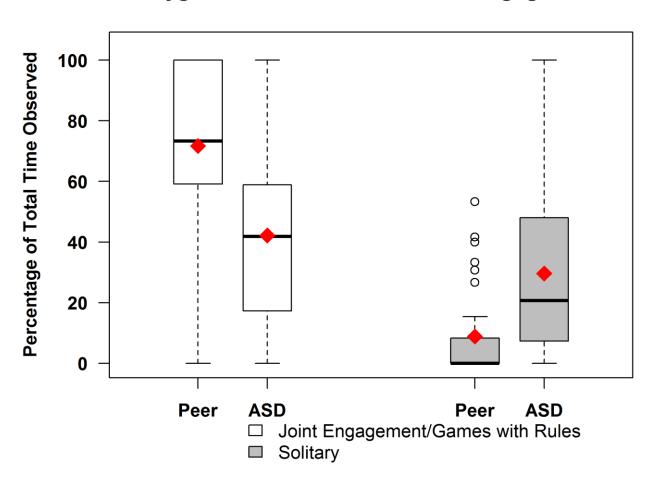
Implementation Outcomes of a Social Intervention for Children with Autism in Public Schools

Jill Locke, PhD, Christina Kang-Yi, PhD, Lindsay Frederick, Julie Caramanico, & David Mandell, ScD Center for School Mental Health 2017

Playground Engagement

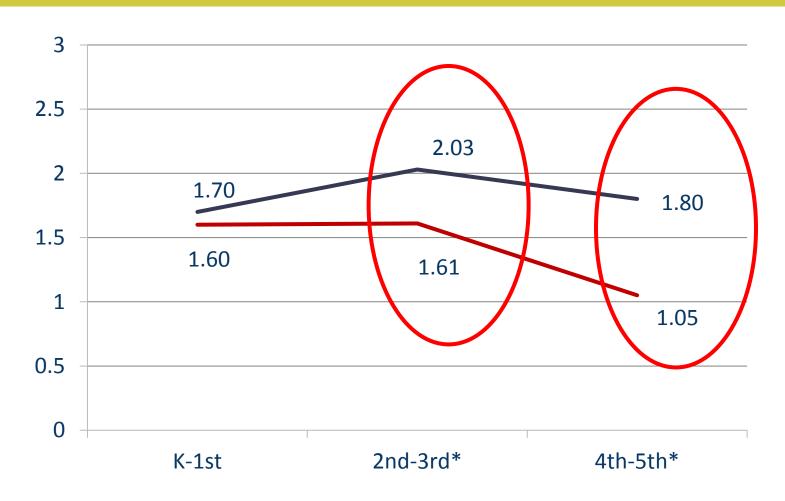
(Locke, Shih, Kretzmann, & Kasari, 2015)

Playground Observation of Peer Engagement



Social Network Inclusion

(Rotheram-Fuller, Kasari, Chamberlain, & Locke, 2010)



- Typical Peers
- Children with ASD

Importance of Working with Schools



Interventions
have largely
been delivered
in clinical and
university-based
settings

Limits generalization and sustainment

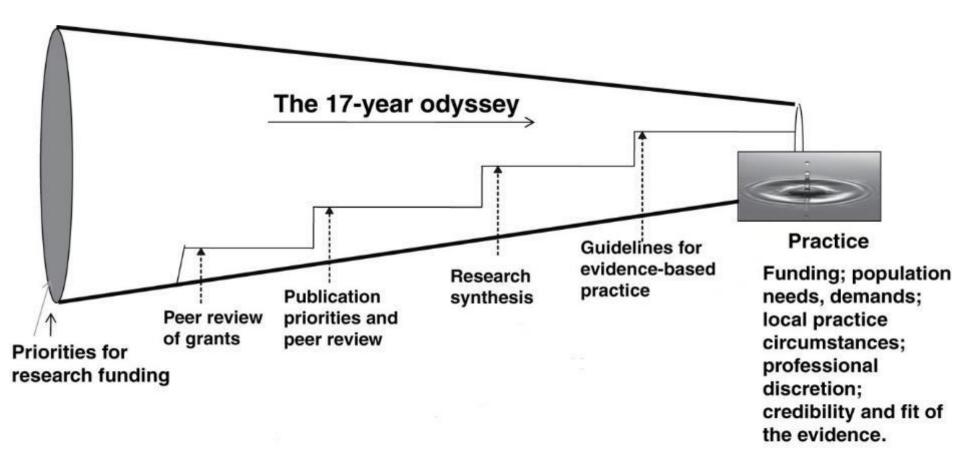
Increases
relevance to the setting, use of the intervention, positive outcomes for students



Conducting research in partnership with schools



Research to.....practice?



Green LW, et al. 2009. Annu. Rev. Public Health. 30:151–74

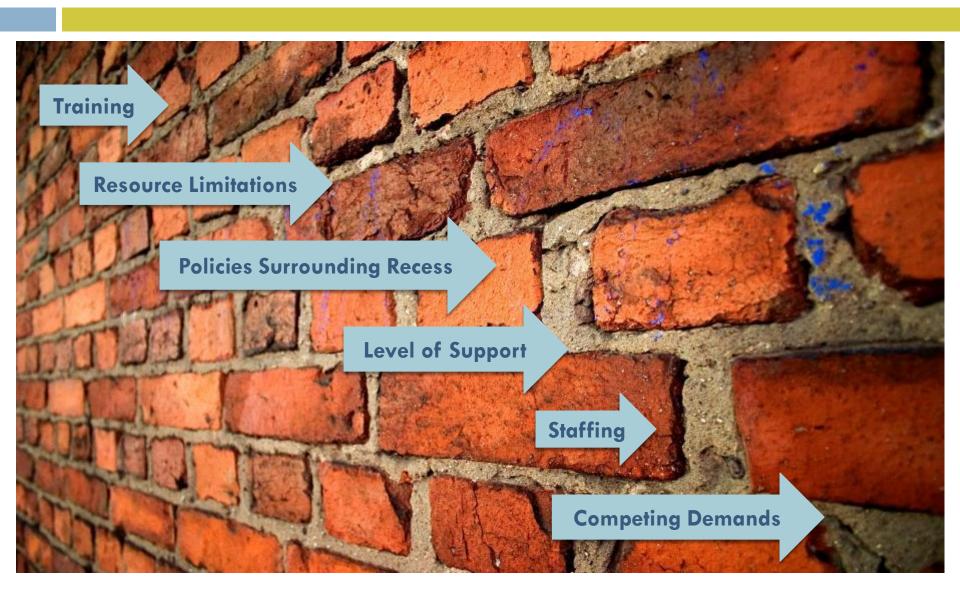


Leaky Pipeline

□ Few evidence based interventions ever make it to practice (Dingfelder & Mandell, 2011)

Barriers to Implementation

(Locke, Olsen, Wideman, Downey, Kretzmann, Kasari, & Mandell, 2015)



Pebbles, Rocks, and Boulders

(Locke, Wolk, Harker, Olsen, Shingledecker, Barg, Mandell, & Beidas, submitted)

- General implementation of evidence-based practices
 - Implementation Process, Staffing, Leadership, Support
- Specific to social engagement intervention
 - Staffing, Barriers, Facilitators



"I believe people fall into three categories: pebbles, rocks, and boulders. The pebbles [are] the "yes" people. They will walk over broken glass or fire to do whatever it is they have to do to get the job or keep the job because they ultimately love the job. The rocks are the people who will sit back and take pause, ask intelligent questions, poke holes in a theory, and question the new curriculum. And the boulders are the people who are not [going to] move."

Current Study

- Stepped-wedge design
- Schools randomized to Remaking Recess with or without implementation support
 - □ Remaking Recess 12 sessions during recess (30-45 minutes each)
 - Remaking Recess with Implementation Support 12 sessions during recess plus three sessions with principals and key stakeholders



Remaking Recess (Kretzmann, Locke, Kasari, 2012)

School-based social engagement intervention to train staff during the recess period to facilitate social opportunities for children

Coaching

Didactic



Model



Feedback



Implementation Strategies

Powell et al. Implementation Science (2015) 10:21 DOI 10.1186/s13012-015-0209-1



RESEARCH Open Access

A refined compilation of implementation strategies: results from the Expert Recommendations for Implementing Change (ERIC) project

Byron J Powell^{1*}, Thomas J Waltz², Matthew J Chinman^{3,4}, Laura J Damschroder⁵, Jeffrey L Smith⁶, Monica M Matthieu^{6,7}, Enola K Proctor⁸ and JoAnn E Kirchner^{6,9}

Implementation strategy is a "method or technique used to enhance the adoption, implementation, and sustainability of a clinical program or practice" — Proctor, Powell, & McMillen (2013), p.2

Implementation Strategy

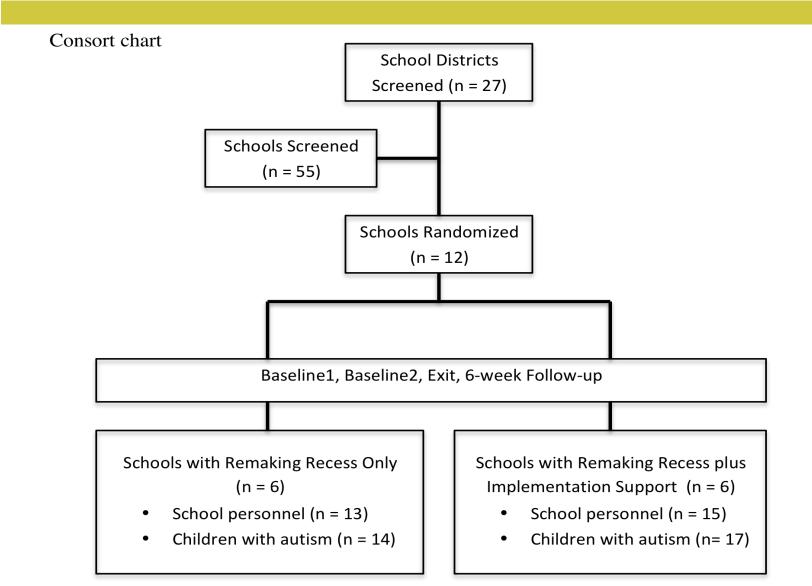
Identify and prepare champions

Tailor strategies

Implementation Support

- 3 Consultation Sessions
 - scheduling staffing during recess
 - building internal capacity
 - amending school-wide policies for recess
 - providing tangible support and resources
 - improving implementation climate
 - adapting and modifying the intervention to fit the needs of the school
 - embedding Remaking Recess within the school culture

Recruitment



Child Characteristics	Remaking Recess (Total N = 14)		Remaking Recess with Implementation Support (Total N = 17)	
	N	Mean/%	N	Mean/%
Age	14	9	17	8.6
Gender				
Male	14	100	13	76.5
Race/Ethnicity				
White	5	35.7	10	58.8
Black	5	35.7	5	29.4
Latino	2	14.3	0	0.0
Asian	T	<i>7</i> .1	2	11.8
Other	1	7. 1	0	0.0
Grade Level				
Kindergarten	0	0.0	4	23.5
First grade	2	14.3	0	0.0
Second grade	3	21.4	2	11.8
Third grade	1	7.1	2	11.8
Fourth grade	1 7. 1		4	23.5

50.0

5

7

Fifth grade

29.4

School-Personnel Characteristics	Remaking Recess (Total N = 13)		Remaking Recess with Implementation Support (Total N = 16)	
	N	Mean/%	N	Mean/%
Age	13	38.3	15	38.0
Gender				
Female	13	100.0	10	68.8
Race/Ethnicity				
Caucasian	8	61.5	10	62.5
African American	5	38.5	4	31.3
Latino	0	0.0	1	6.3
Highest education				
High school	3	23.1	2	18.8
Bachelors	6	46.2	7	43.8
Graduate degree	2	15.4	6	37.5
Associate degree	2	15.4	0	0.0
Years experience	13	4.1	16	6.7
Role				
Teacher	3	23.1	8	50.0
Other school personnel	10	76.9	7	43.8

Implementation Outcomes

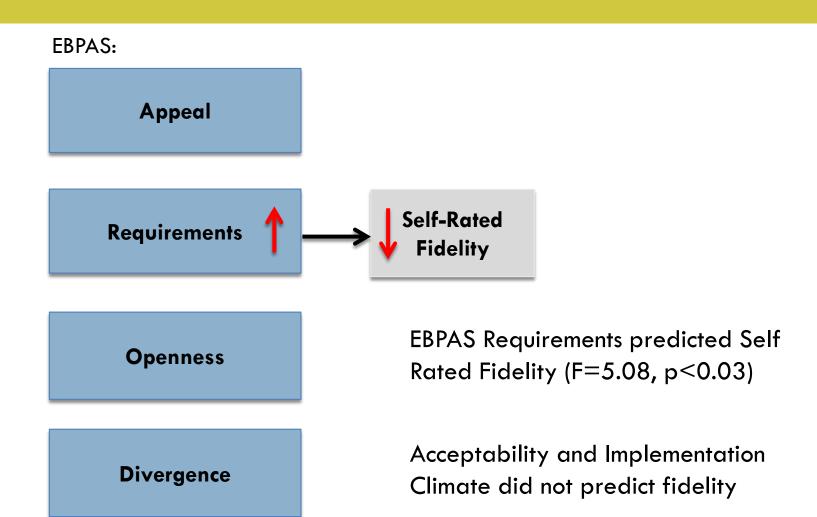
There were no differences between the groups



Evidence-based Practice
Attitude Scale (Aarons, 2004)

Adapted from Program Implementation Climate Scales (Dingfelder, 2012)

EBPAS Results



Organizational Readiness for Change

- Individual Factors
 - Staff Attributes
- Organizational Climate
 - Mission, Autonomy, Stress, Cohesion, Communication, Change

Staff

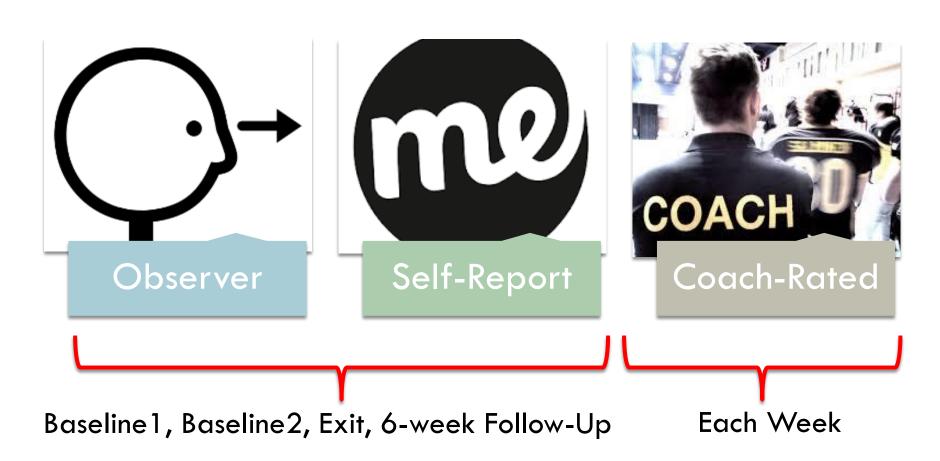


ORC Results

Rater	Domain	Fidelity
Staff	Staffing	↑
Staff	Individual Growth	↑
Staff	Organizational Adaptability	^

Implementation Fidelity

Use and Quality of Intervention Delivery



Implementation Fidelity

Schools did not use any aspect of Remaking Recess prior to receipt of training

Fidelity increased over the six-week training and follow-up periods

Overall use and quality of intervention delivery was low

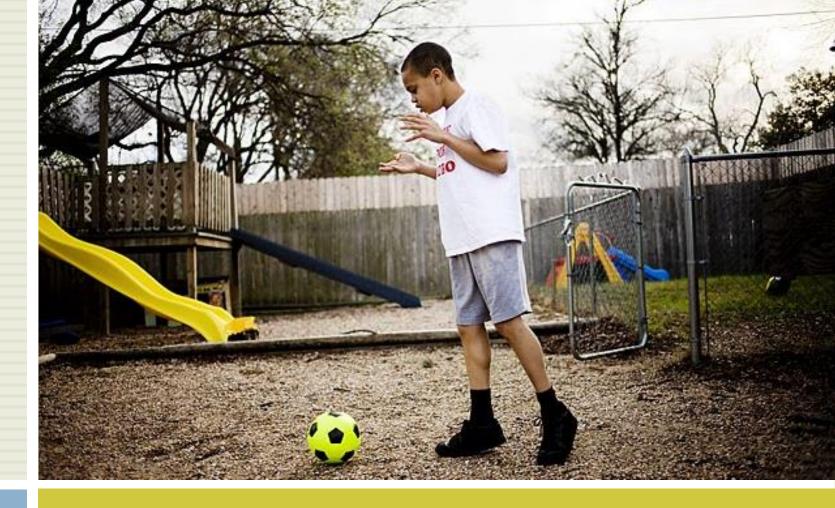
Discussion

Implementation fidelity is low

Individual-level factors may affect implementation in schools more strongly than organizational factors

District and school mandates to use EBPs may result in lower implementation

Teachers/staff ratings may be more proximal to understanding EBP implementation than principals



Child Outcomes

- Playground engagement
- Friendship
- Social network inclusion

Playground Observation

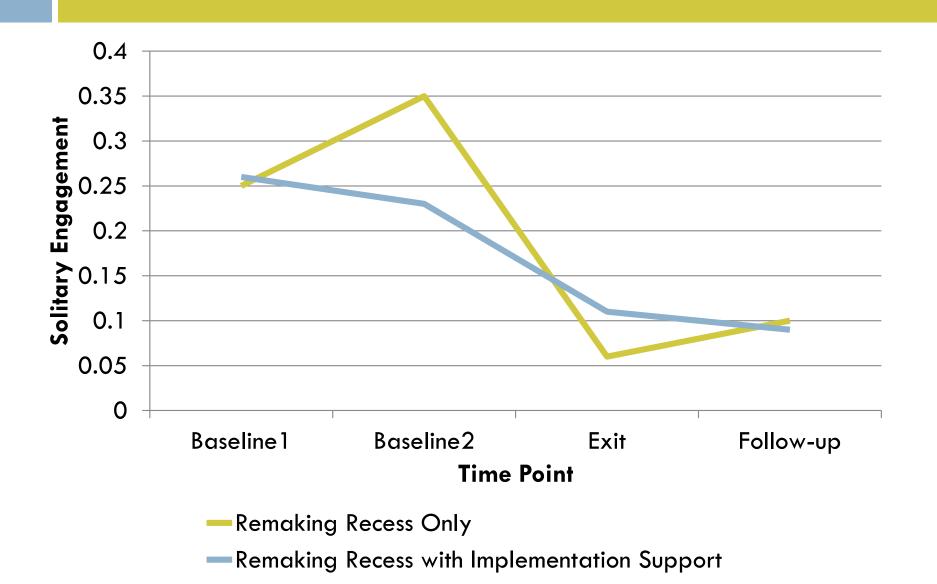
(Kasari, Rotheram-Fuller, & Locke, 2005)

- Independent observers:
 - Conducted observations: baseline1, baseline2, exit, follow-up
- □ Timed interval behavior coding system
- Engagement states
 - Solitary and joint engagement

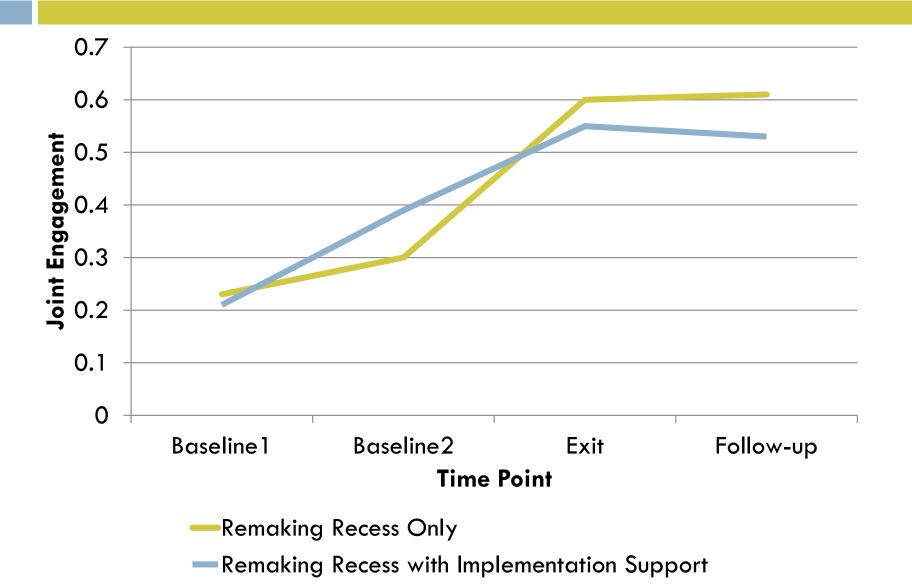
Playground Observation of Peer Engagement

Jn.	t	State	П	Chi Initiations Gen = I, Peer R = +, Peer NR = -	Chi Responses App Res = + Miss opp = -	Comments (note affect, activity, atypical behavior, who the child engages with (aide, adult, peers) and anything of importance or interest)
1						
2						

Solitary Engagement



Joint Engagement



FRIENDSHIPS SURVEY

What is your name? School Name: Birthday:	Date: Teacher Name:	
Are you a BOY or a GIRL? (circle o	one)	
 Are there any kids in your class that Who are they? (Use first names only; plu 		Inform
2. Circle the names of the 3 kids you mo	st like to hang out with.	Frie
 Put a STAR * next to the name of the hang out with. 	ne ONE kid you <u>most</u> like to	
4. Are there any kids in your class that y Who are they? (Use first names only, plu		
5. Are there kids in your class who like Who are they?	e to hang out together?	Inform
Remember to think about Boys and Gir	ls !	Socia
Remember to put yourself if you hang	out with a group!	
Draw a CIRCLE around each gr	roup!	

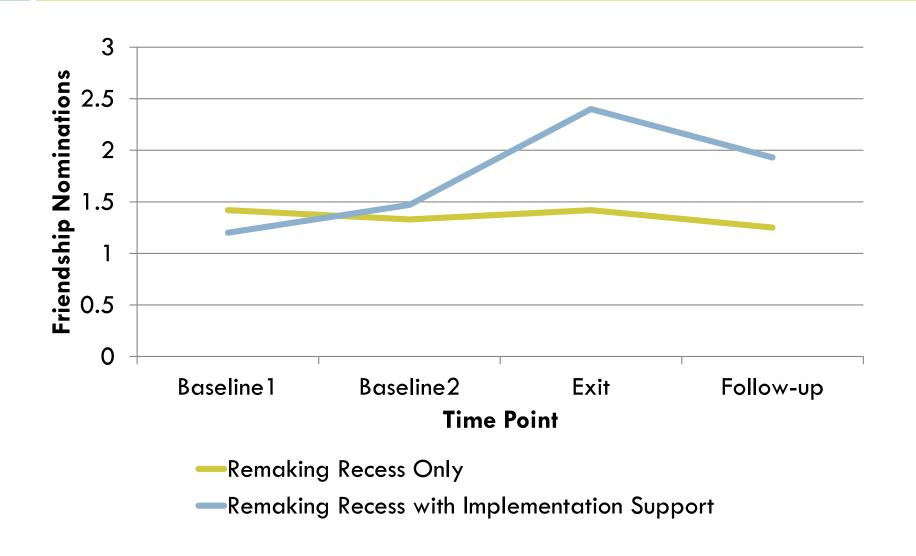
Information We Get:

Friendship Nominations

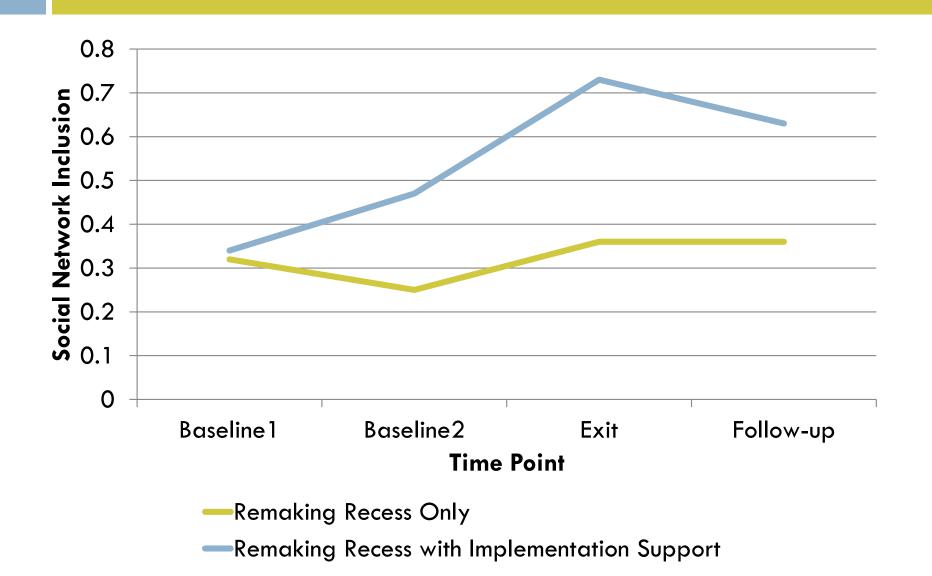
Information We Get:

Social Network Inclusion

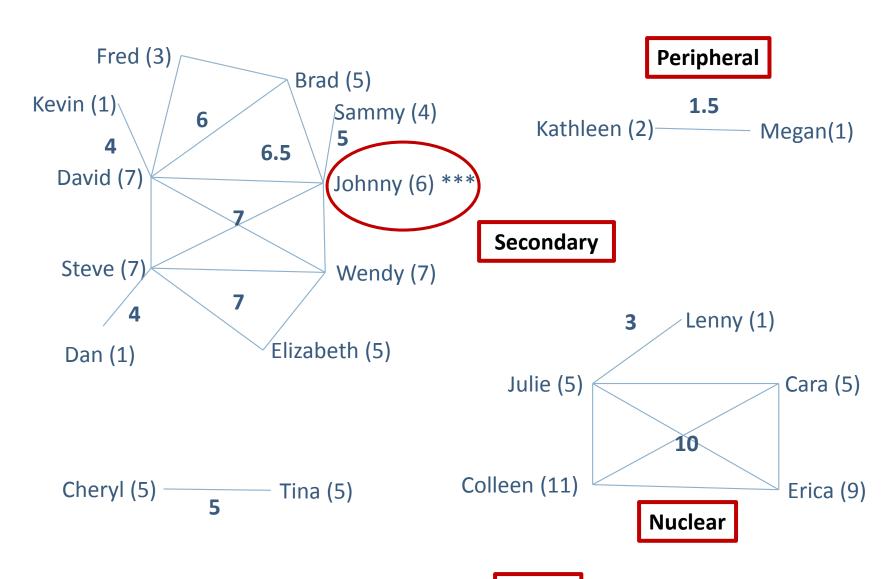
Received Friendship Nominations



Social Network Inclusion



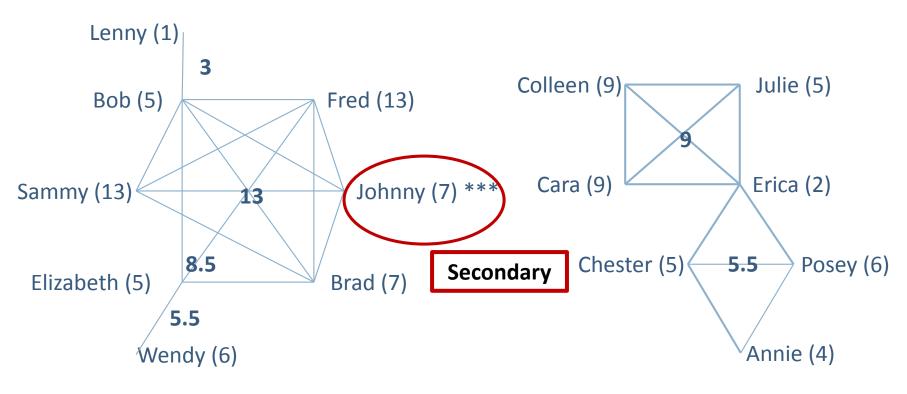
Baseline 1 Social Network

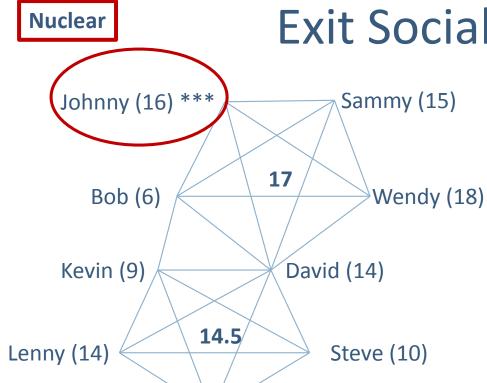


Isolates: Posey (0), Bob (0), Annie (0), Chester (0)

Isolate

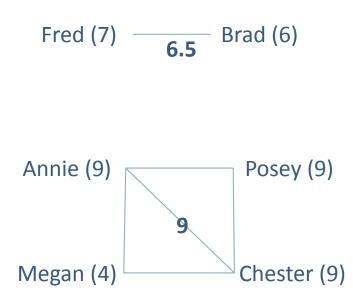
Baseline 2 Social Network

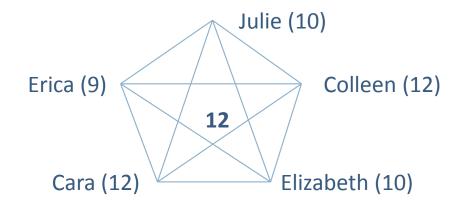




Dan (15)

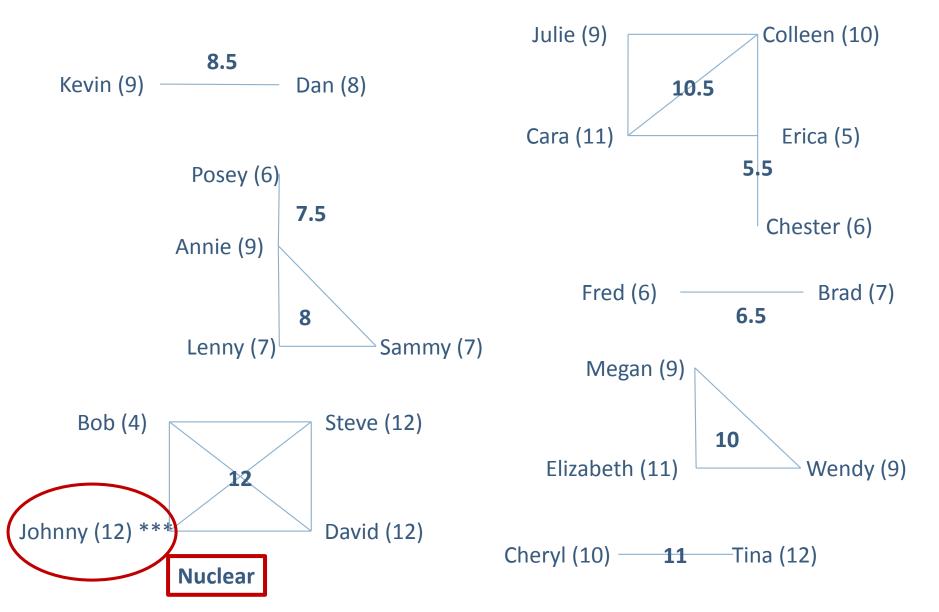
Exit Social Network







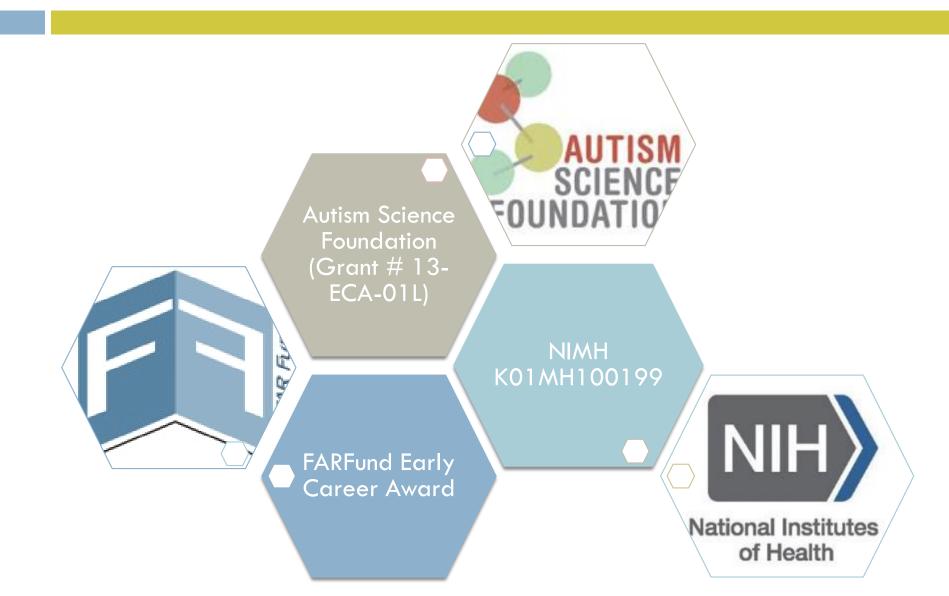
Follow Up Social Network



Discussion

- Remaking Recess improves peer engagement
- Remaking Recess may be necessary but not sufficient in improving friendship nominations and social network inclusion
- Implementation support may be needed
 - May change the classroom context and complement the ways in which Remaking Recess changes the playground context

Acknowledgments

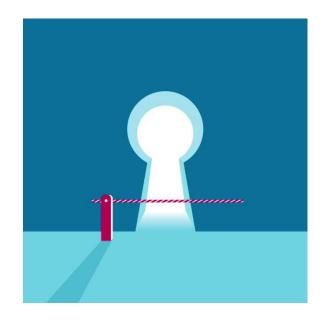


Thank You!

<u>ijlocke@uw.edu</u>

Determinants of Practice

 Factors that obstruct or enable changes in targeted professional behaviors or healthcare delivery processes.





Implementation Outcomes

The effects of deliberate and purposive actions to implement new treatments, practices, and services.

Implementation outcomes

- Acceptability
- Adoption
- Appropriateness
- Costs
- Feasibility
- Fidelity
- Penetration
- Sustainability



Service outcomes

- Efficiency
- Safety
- Effectiveness
- Equity
- Patientcenteredness
- Timeliness



Client outcomes

- Satisfaction
- Function
- Symptomatology

Implementation Strategies

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Individual, School, District Levels

Determinant	Implementation Strategy	Implementation Outcome
Turnover	Use Train the Trainer Strategies	Sustainability
	Train designated school personnel	
	to train others in new practices.	

Determinant	Implementation Strategy	Implementation Outcome	
Provider views EBP	Audit and Provide Feedback	Adoption	
unfavorably	Collect and summarize data		
	regarding implementation of the		
OR	new program or practice over a		
Provider habit	specified time period and give it to Penetration		
(forgets to use EBP)	administrators and school	Tellellalloll	
	personnel to monitor, evaluate, and		
	support implementer behavior.		

Individual, School, District Levels

Determinant	Implementation Strategy	Implementation Outcome

Implementation outcomes:

Acceptability	Costs	Penetration
Adoption	Feasibility	Sustainability
Appropriateness	Fidelity	