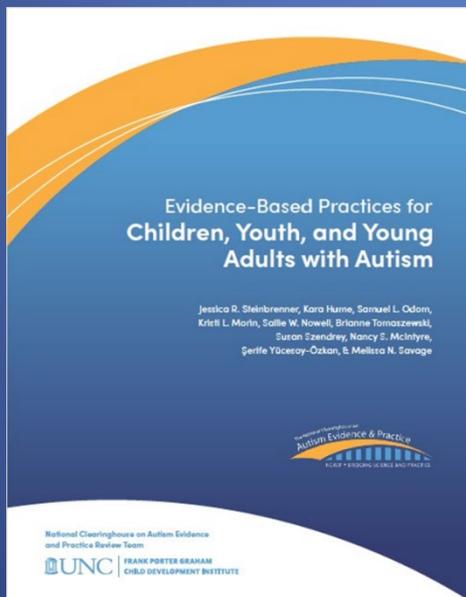




Understanding and Selecting EBPs for Autism



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What is CAPTAIN?

The California Autism Professional Training And Information Network (CAPTAIN) is an interagency network developed to support the understanding and use of evidence based practices (EBPs) for individuals with Autism across the state of California.



www.captain.ca.gov



CAPTAIN Vision

Develop a Statewide Training and
Technical Assistance Network
with a focus on
Evidence-Based Practices
for individuals with **Autism**
inclusive of stakeholder agencies who
will disseminate information
at the **Local Level**



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CAPTAIN Goals

Goal 1: Increase knowledge about Autism and EBPs through systematic dissemination of information

Goal 2: Increase implementation and fidelity of EBPs in schools and communities

Goal 3: Increase interagency collaborations to leverage resources and standardize a process for using EBPs



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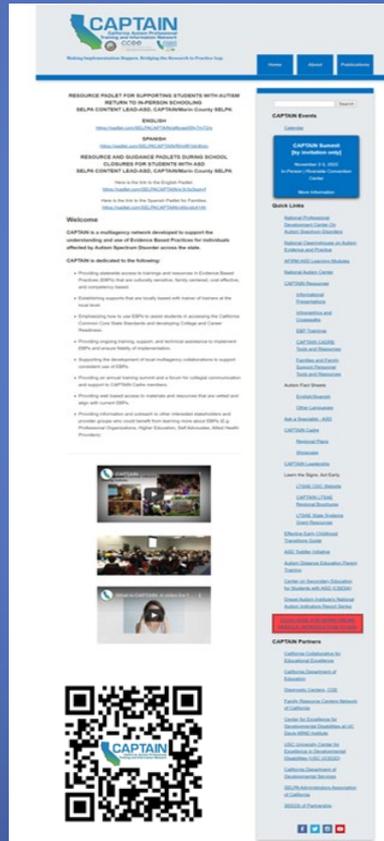




CAPTAIN



@CAPTAIN_EBPS



CAPTAIN_EBPS

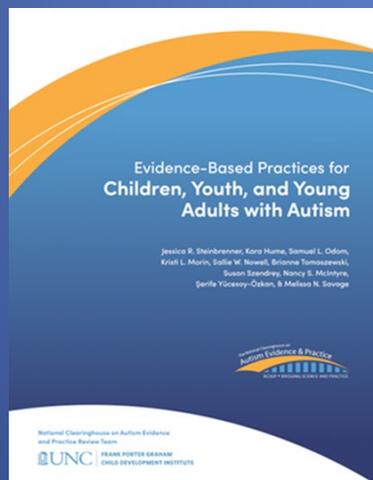


CAPTAIN

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captain@marinschools.org



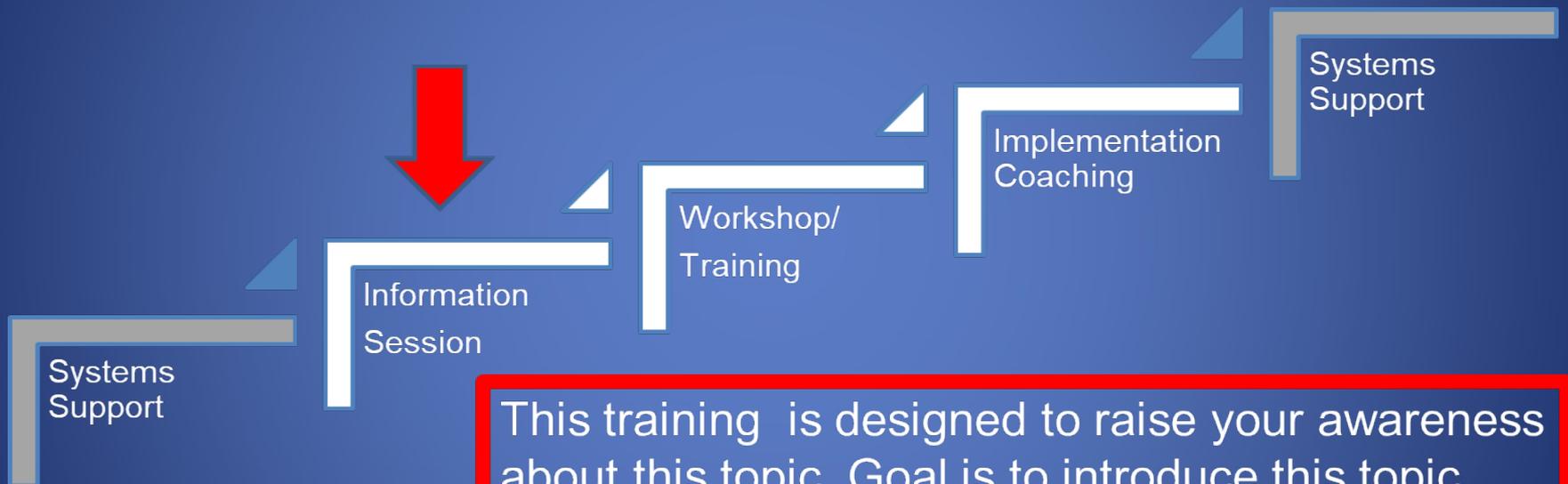
What are Evidence-Based Practices (EBPs) for Autism?



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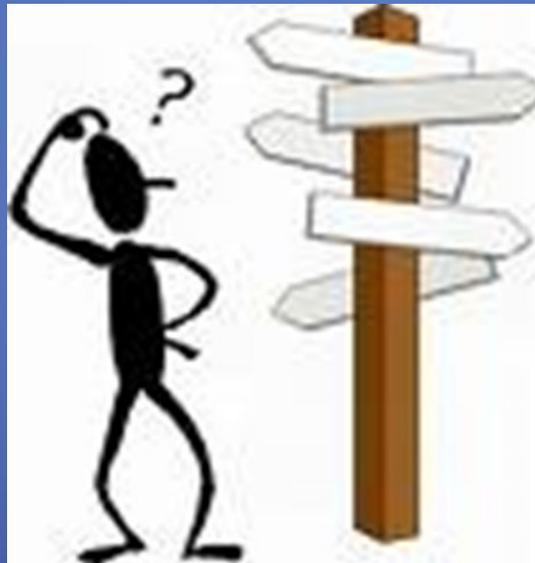
Levels of Professional Development to Reach Implementation



This training is designed to raise your awareness about this topic. Goal is to introduce this topic and share additional resources that you can access to increase your knowledge and use.

How many results do you think you would get if you did a  search for:

“AUTISM TREATMENT”?





autism treatment

 All

 News

 Images

 Videos

 More

About 317,000,000 results (0.84 seconds)

What are the treatments for autism?



**RESULTS FOR AUTISM TREATMENT ON
AUGUST 22, 2022
317, 000,000 !!!!!!!!**



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MYRIAD OF TREATMENTS FOR AUTISM

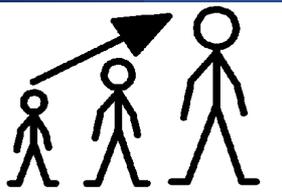
- Treatments for Autism are more diverse than any other known disability
- Treatment claims range from amelioration to recovery
- Many interventions with no scientific evidence have been recommended for individuals with Autism

Why should we know about these EBPs?

Helps us know which treatments have evidence of effectiveness and which treatments do not

Allows us to make informed decisions when we select treatments

Provides us with the opportunity to support autistic individuals in reaching their full potential



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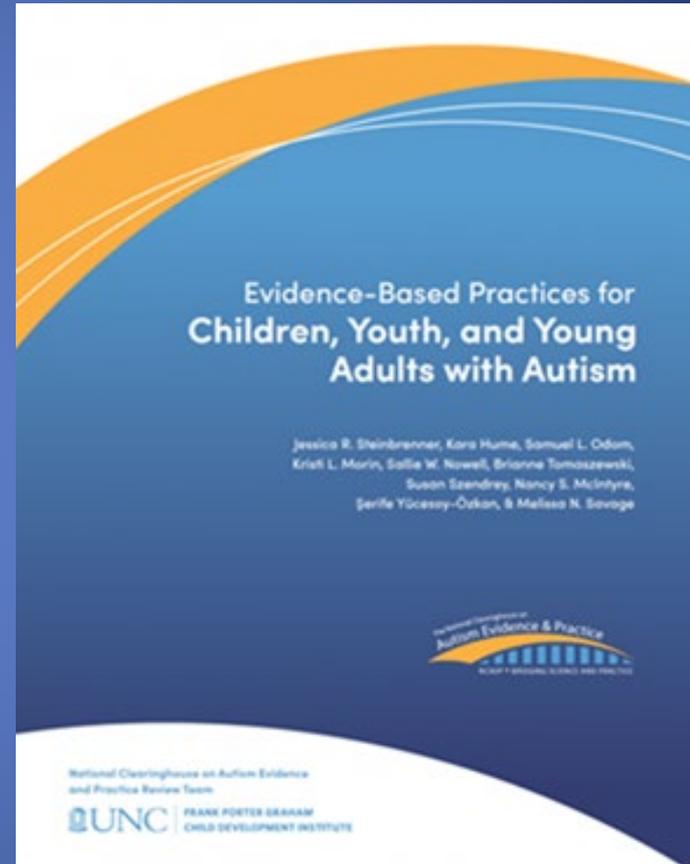


April 2020 Report

National Clearinghouse on Autism Evidence and Practice (NCAEP)

NCAEP updated the previous NPDC report (Wong et al. 2014) and synthesizes intervention research published between 1990 and 2017

“The findings from systematic reviews provide the basis for translation procedures described in the research literature into understandable information that teachers or other practitioners can use.”



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National Clearinghouse on Autism Evidence and Practice

National Clearinghouse on Autism Evidence and Practice (NCAEP) was formed with the purpose of providing a continuation of the NPDC systematic reviews

The screenshot shows the homepage of the National Clearinghouse on Autism Evidence and Practice (NCAEP). The header features the NCAEP logo with the tagline "BRIDGING SCIENCE AND PRACTICE" and a navigation menu with links for Home, About NCAEP, News & Updates, and Research & Resources. A "GIVE NOW" button and social media icons for Facebook and Twitter are also present. A search bar is located in the top right corner. Below the header, a yellow banner contains the text: "Our NEW and much anticipated report on Evidence-Based Practices is complete and ready for you. View Report >". The main content area is divided into three columns. The first column, titled "BRIDGING SCIENCE AND PRACTICE", features a photo of a woman and a child and describes NCAEP as a continuation of the NPDC systematic review. It includes a "LEARN MORE" button. The second column, titled "2020 EVIDENCE-BASED PRACTICES REPORT", features a book cover and describes the report as synthesizing intervention research from 1990 to 2017. It includes a "DOWNLOAD HERE" button. The third column, titled "AUTISM FOCUSED INTERVENTION RESOURCES AND MODULES", features the AFIRM logo and describes it as a free online tool for practitioners and families. It includes a "LOGIN" button.

<https://ncaep.fpg.unc.edu/home>
www.captain.ca.gov

Evidence-Based Practices for Children, Youth, and Young Adults with Autism

Jessica R. Steinbrenner, Kara Hume, Samuel L. Odom,
Kristi L. Morin, Sallie W. Nowell, Brianne Tomaszewski,
Susan Szendrey, Nancy S. McIntyre,
Şerife Yücesoy-Özkan, & Melissa N. Savage

The National Clearinghouse on
Autism Evidence & Practice
NCAEP • BRIDGING SCIENCE AND PRACTICE

National Clearinghouse on Autism Evidence
and Practice Review Team



FRANK PORTER GRAHAM
CHILD DEVELOPMENT INSTITUTE

Released
APRIL 2020

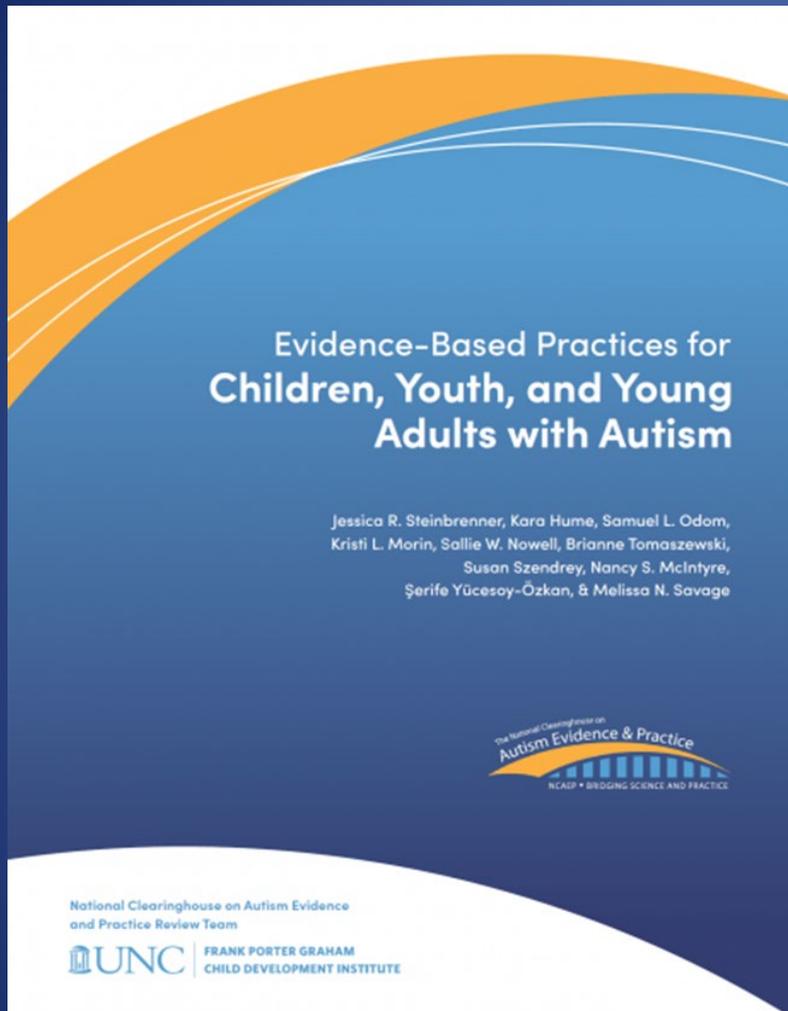
<https://ncaep.fpg.unc.edu/>



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What's in this report?



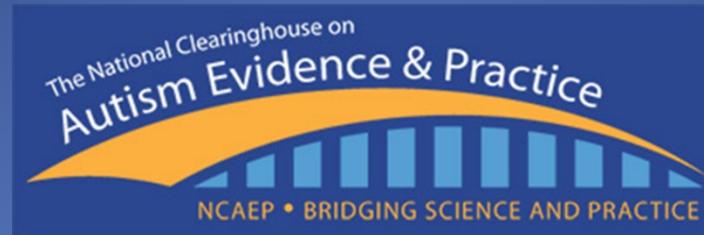
Citation: Steinbrenner, J. R., Hume, K., Odom, S. L., Morin, K. L., Nowell, S. W., Tomaszewski, B., Szendrey, S., McIntyre, N. S., Yücesoy-Özkan, S., & Savage, M. N. (2020). Evidence-based practices for children, youth, and young adults with Autism. The University of North Carolina at Chapel Hill, Frank Porter Graham Child Development Institute, National Clearinghouse on Autism Evidence and Practice Review Team.



www.captain.ca.gov



Definition of EBP (NCAEP)



NCAEP definition of an EBP:

“Focused intervention practices that have evidence of efficacy in promoting positive outcomes for learners with Autism.”

Criteria for Qualification of an EBP

2+ group design studies

Two high quality group design studies conducted by at least two different researchers or research groups

2+

OR

5+ single case design studies

Five high quality single case design studies conducted by three different investigators or research groups and having a total of at least 20 participants across studies

5+

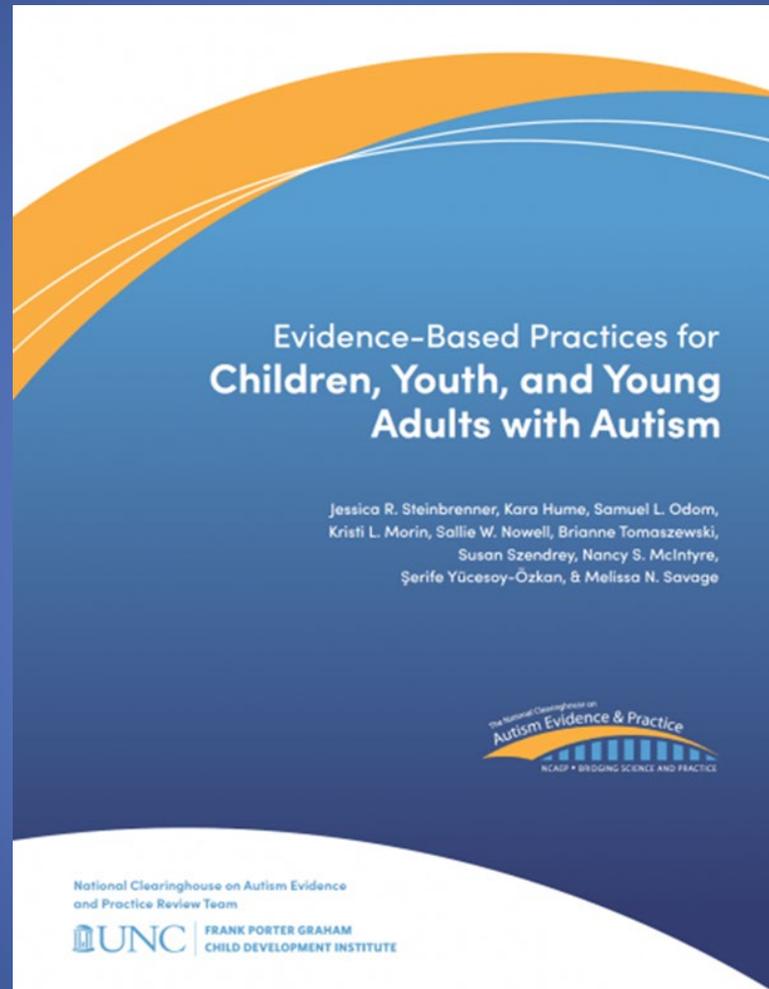
OR

Combination of evidence

One high quality group design study and at least three high quality single case design studies conducted by at least two different investigators or research groups (across the group and single case design studies)

1+3

What are these 28 EBPs?



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28 Evidence Based Practices (2020)

Antecedent-Based Interventions

Augmentative and Alternative
Communication

Behavioral Momentum Intervention

Cognitive Behavioral/Instructional
Strategies

Differential Reinforcement of Alternative,
Incompatible, or Other Behavior

Direct Instruction

Discrete Trial Training

Exercise and Movement

Extinction

Functional Behavioral Assessment

Functional Communication Training

Modeling

Music-Mediated Intervention

Naturalistic Intervention

Parent-Implemented Intervention

Peer-Based Instruction and
intervention

Prompting

Reinforcement

Response Interruption and Redirection

Self-Management

Sensory Integration

Social Narratives

Social Skills Training

Task Analysis

Technology-Aided Intervention and
Instruction

Time Delay

Video Modeling

Visual Supports

6 New Evidence Based Practices Since Last Review

Antecedent-Based Interventions

Augmentative and Alternative Communication

Behavioral Momentum Intervention

Cognitive Behavioral/Instructional Strategies

Differential Reinforcement of Alternative, Incompatible, or Other Behavior

Direct Instruction

Discrete Trial Training

Exercise and Movement

Extinction

Functional Behavioral Assessment

Functional Communication Training

Modeling

Music-Mediated Intervention

Naturalistic Intervention

Parent-Implemented Intervention

Peer-Based Instruction and intervention

Prompting

Reinforcement

Response Interruption and Redirection

Self-Management

Ayres Sensory Integration*

Social Narratives

Social Skills Training

Task Analysis

Technology-Aided Intervention and Instruction

Time Delay

Video Modeling

Visual Supports

*"It is important to note that Sensory Integration refers explicitly to the model developed by Jean Ayers (2005) and not to a variety of unsupported interventions that address sensory issues (Barton et al., 2015; Case-Smith et al., 2015; Watling & Hauer, 2015). " Page 41 of NCAEP Report

Newly Identified:

Manualized Interventions Meeting Criteria for EBPs (MIMCs)

“Interventions that clearly fit the EBP categorical definitions but had themselves enough evidence to be classified as an EBP.”

MIMCs are operationally defined as interventions that:

- are manualized,
- have unique features that create an intervention identity, and
- share common features with other practices grouped within the superordinate EBP classification.

Manualized Interventions Meeting Criteria for EBPs (MIMCs)

MIMC	Found in this Evidence Based Practice
PECS	Augmentative and Alternative Communication
JASPER	Naturalistic Intervention
Milieu Teaching	Naturalistic Intervention
Pivotal Response Training	Naturalistic Intervention
Project ImPACT	Parent-Mediated Intervention
Stepping Stones/Triple P	Parent-Mediated Intervention
Social Stories	Social Narratives
PEERS	Social Skills Training
FaceSay	Technology Aided Instruction and Intervention
Mindreading	Technology Aided Instruction and Intervention

Focused Interventions with Some Evidence from NCAEP Review Period (1990-2011) Now RECATEGORIZED INTO THE 2020 EBP CATEGORIES

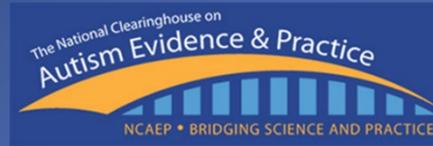
FOCUSED INTERVENTION	FOUND IN EVIDENCE BASED PRACTICE
Aided Language Modeling	Augmentative and Alternative Communication
Cooperative Learning Groups	Peer-Based Instruction and Intervention
Handwriting without Tears	Modeling, Prompting and Visual Supports
Independent Work Systems	Visual Supports
Music Intensity	Antecedent Based Intervention
Reciprocal Imitation Training	Naturalistic Intervention
Schema-Based Strategy Instruction	Cognitive Behavioral/Instructional Strategies
Self-Regulated Strategy Development Writing Intervention	Cognitive Behavioral/Instructional Strategies
Sentence Combining Technique	Visual Supports
Test Taking Strategy Instruction	Cognitive Behavioral/Instructional Strategies
Theory of Mind Training	Social Skills Training
Toilet Training	Antecedent Based Intervention
Touch-Point Instruction	Visual Supports



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Do Not Yet Have Sufficient Evidence to Meet Criteria for an EBP (page 31)



1990-2011 Review Period	Categories for 1990-2011 Review Period	Descriptions
Aided Language Modeling	Augmentative and Alternative Communication	Use of several augmentative and alternative communication strategies (e.g., pointing with fingers, sequential pointing, use of communication symbol and vocalization together)
Cooperative Learning Groups	Peer-Based Instruction and Intervention	Students learning tasks organized around joint activities and goals
Handwriting Without Tears	Modeling, Prompting, and Visual Supports	Multisensory activities promoting fine motor and writing skills
Independent Work Systems	Visual Supports	Organized sets of visual information that inform a learner about participation in an activity, include clear specification of task(s), signals when task is finished, and a cue for the next activity
Music Intensity	Antecedent-Based Interventions	Different levels of music volume used to affect vocal intensity
Reciprocal Imitation Training	Naturalistic Intervention	Therapist or teacher repeats the actions, vocalizations, or other behaviors of the learner to promote learner's imitation and other goals
Schema-Based Strategy Instruction	Cognitive Behavioral/ Instructional Strategies	Cognitive strategy for establishing mental representations to promote addition and subtraction
Self-Regulated Strategy Development Writing Intervention	Cognitive Behavioral/ Instructional Strategies	Instructional package involving explanation of strategy and self-management to teach writing skills
Sentence-Combining Technique	Visual Supports	Instructional package including teacher modeling, student practice, and worksheet to increase adjective use in writing
Text Talking Strategy Instruction	Cognitive Behavioral/ Instructional Strategies	Instructional package involving modeling, rehearsal, feedback, verbal practice sessions, controlled practice sessions, advanced practice sessions
Theory of Mind Training	Social Skills Treatment	Structured training and practice of using theory of mind skills that includes a parent component
Token Training	Antecedent-Based Intervention	Modification of token training program developed by Kuhn and Fox (1977)
Touch-Point Instruction	Visual Supports	Tables and number line materials used to introduce math and numeracy concepts

Animal Assisted Intervention
 Auditory Integration Training
 Collaborative Model for Promoting Competence and Success (COMPASS)/Collaborative Coaching
 Exposure
 Massage/Touch Therapy
 Matrix Training

Outdoor Adventure
 Perceptual Motor
 Person Centered Planning
 Punishment
 Sensory Diet
 Systematic Transition in Education Programme for ASD (STEP-ASD)



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EBPs and DEFINITIONS OF 28 EBPs

Table 3.1 Pages 29-30

Table 3.1 Evidence-based practices, definitions, and number of articles across review periods

Evidence-Based Practice	Definition	Empirical Support		
		1990-2011 (a)	2012-2017 (a)	1990-2017 (a)
Antecedent-Based Interventions (ABI)	Arrangement of events or circumstances that precede an activity or demand in order to increase the occurrence of a behavior or lead to the reduction of the challenging/interfering behaviors.	29	20	49
Augmentative and Alternative Communication (AAC)	Interventions using and/or teaching the use of a system of communication that is not verbal/vocal which can be aided (e.g., device, communication book) or unaided (e.g., sign language).	9	35	44
Behavioral Momentum Intervention (BMI)	The organization of behavior or expectations in a sequence in which low probability or more difficult responses are embedded in a series of high probability or less effortful responses to increase persistence and the occurrence of the low probability responses.	8	4	12
Cognitive Behavioral/ Instructional Strategies (CBIS)	Instruction on management or control of cognitive processes that lead to change in behavioral, social, or academic behavior.	7	43	50
Differential Reinforcement of Alternative, Incompatible, or Other Behavior (DRA)	A systematic procedure that increases desirable behavior or the absence of an undesirable behavior by providing positive consequences for demonstration/non-demonstration of such behavior. These consequences may be provided when the learner (a) engaging in a specific desired behavior other than the undesirable behavior (DRA), (b) engaging in a behavior that is physically impossible to do while exhibiting the undesirable behavior (DRI), or (c) not engaging in the undesirable behavior (DRO).	27	31	58
Direct Instruction (DI)	A systematic approach to teaching using a sequenced instructional package with scripted protocols or lessons. It emphasizes teacher and student dialogue through choral and independent student responses and employs systematic and explicit error corrections to promote mastery and generalization.	2	6	8
Discrete Trial Training (DTT)	Instructional approach with massed or repeated trials with each trial consisting of the teacher's instruction/presentation, the child's response, a carefully planned consequence, and a pause prior to presenting the next instruction.	16	22	38
Exercise and Movement (EXM)	Interventions that use physical exertion, specific motor skills/ techniques, or mindful movement to target a variety of skills and behaviors.	6	11	17
Extinction (EXT)	The removal of reinforcing consequences of a challenging behavior in order to reduce the future occurrence of that behavior.	13	12	25
Functional Behavioral Assessment (FBA)	A systematic way of determining the underlying function or purpose of a behavior so that an effective intervention plan can be developed.	11	10	21
Functional Communication Training (FCT)	A set of practices that replace a challenging behavior that has a communication function with more appropriate and effective communication behaviors or skills.	12	19	31
Modeling (MD)	Demonstration of a desired target behavior that results in use of the behavior by the learner and that leads to the acquisition of the target behavior.	10	18	28
Music-Mediated Intervention (MMI)	Intervention that incorporates lyrics, melodic intonation, and/or rhythm to support learning or performance of skill/behaviors. It includes music therapy, as well as other interventions that incorporate music to address target skills.	3	4	7
Naturalistic Intervention (NI)	A collection of techniques and strategies that are embedded in typical activities and/or routines in which the learner participates to naturally promote, support, and encourage target skill/behaviors.	26	49	75

continued on next page

Evidence-Based Practices for Children, Youth, and Young Adults with Autism

Jessica R. Steinbrenner, Kara Hume, Samuel L. Odum, Kristi L. Morin, Sallie W. Nowell, Brienne Tomaszewski, Susan Szendrey, Nancy S. McIntyre, Şerife Yücesoy-Özkan, & Melissa N. Savage

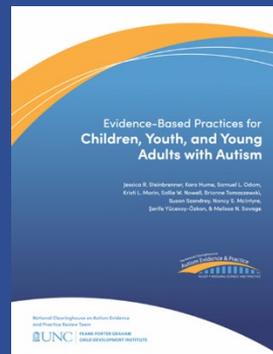


National Clearinghouse on Autism Evidence and Practice Review Team

UNC FRANK PORTER GRAHAM CHILD DEVELOPMENT INSTITUTE

Here's a Closer Look DEFINITIONS OF 28 EBPs

Evidence-Based Practice	Definition	Empirical Support		
		1990-2011 (n)	2012-2017 (n)	1990-2017 (n)
Antecedent-Based Interventions (ABI)	Arrangement of events or circumstances that precede an activity or demand in order to increase the occurrence of a behavior or lead to the reduction of the challenging/interfering behaviors.	29	20	49
Augmentative and Alternative Communication (AAC)	Interventions using and/or teaching the use of a system of communication that is not verbal/vocal which can be aided (e.g., device, communication book) or unaided (e.g., sign language)	9	35	44
Behavioral Momentum Intervention (BMI)	The organization of behavior expectations in a sequence in which low probability, or more difficult, responses are embedded in a series of high probability, or less effortful, responses to increase persistence and the occurrence of the low probability responses.	8	4	12
Cognitive Behavioral/ Instructional Strategies (CBIS)	Instruction on management or control of cognitive processes that lead to changes in behavioral, social, or academic behavior.	7	43	50
Differential Reinforcement of Alternative, Incompatible, or	A systematic process that increases desirable behavior or the absence of an undesirable behavior by providing positive consequences	27	31	58



EBP Definitions Chart

also on CAPTAIN website in English and Spanish

Evidence-Based Practices for Children, Youth, and Young Adults with Autism National Clearinghouse on Autism Evidence and Practice Review 2020		
	Evidence-Based Practices	DEFINITION
ABI	Antecedent-Based Interventions	Arrangement of events or circumstances that precede an activity or demand in order to increase the occurrence of a behavior or lead to the reduction of the challenging/interfering behaviors.
AAC	Augmentative and Alternative Communication	Interventions using and/or teaching the use of a system of communication that is not verbal/vocal which can be aided (e.g., device, communication book) or unaided (e.g., sign language)
ASI	Ayres Sensory Integration	Interventions that target a person's ability to integrate sensory information (visual, auditory, tactile, proprioceptive, and vestibular) from their body and environment in order to respond using organized and adaptive behavior.
BMI	Behavioral Momentum Intervention	The organization of behavior expectations in a sequence in which low probability, or more difficult, responses are embedded in a series of high probability, or less effortful, responses to increase persistence and the occurrence of the low probability responses.
CBIS	Cognitive Behavioral/ Instructional Strategies	Instruction on management or control of cognitive processes that lead to changes in behavioral, social, or academic behavior.
DR	Differential Reinforcement of Alternative, Incompatible, or Other Behavior	A systematic process that increases desirable behavior or the absence of an undesirable behavior by providing positive consequences for demonstration/non-demonstration of such behavior. These consequences may be provided when the learner is: a) engaging in a specific desired behavior other than the undesirable behavior (DRA), b) engaging in a behavior that is physically impossible to do while exhibiting the undesirable behavior (DRI), or c) not engaging in the undesirable behavior (DRO).
DI	Direct Instruction	A systematic approach to teaching using a sequenced instructional package with scripted protocols or lessons. It emphasizes teacher and student dialogue through choral and independent student responses and employs systematic and explicit error corrections to promote mastery and generalization.
DTT	Discrete Trial Training	Instructional approach with massed or repeated trials with each trial consisting of the teacher's instruction/presentation, the child's response, a carefully planned consequence, and a pause prior to presenting the next instruction.
EXM	Exercise and Movement	Interventions that use physical exertion, specific motor skills/techniques, or mindful movement to target a variety of skills and behaviors.
EXT	Extinction	The removal of reinforcing consequences of a challenging behavior in order to reduce the future occurrence of that behavior.
FBA	Functional Behavioral Assessment	A systematic way of determining the underlying function or purpose of a behavior so that an effective intervention plan can be developed.
FCT	Functional Communication Training	A set of practices that replace a challenging behavior that has a communication function with more appropriate and effective communication behaviors or skills.



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INTERVENTION FACT SHEETS AVAILABLE IN THE REPORT FOR EACH OF THE 28 EBPs

Name of EBP	Augmentative and Alternative Communication (AAC)
Definition of EBP	<p>Augmentative and Alternative Communication (AAC) interventions use and/or teach the use of a system of communication that is not verbal/vocal, including aided and unaided communication systems. Unaided communication systems do not use any materials or technology (e.g., sign language and gestures). Aided communication systems include low-tech systems (e.g., attaching objects/pictures or pointing to letters) and aided to high-tech speech-generating devices (SGDs) and applications that allow other devices (i.e., phones, tablets) to serve as SGDs. Methods of teaching AAC were also included in this category (e.g., Aided Language Modeling) which may include other EBPs such as prompting, reinforcement, visual supports, and peer-mediated interventions.</p> <ul style="list-style-type: none"> Manualized Interventions Meeting Criteria: Picture Exchange Communication System® (PECS); Doody and Imitat, 1988).

Outcome Areas		Age Ranges					
		0-2 toddlers	3-6 Preschoolers	6-11 Elementary School	12-16 Middle School	17-21 High School	22-27 Young Adults
	Communication	✓	✓	✓	✓	✓	
	Social	✓	✓	✓		✓	
	Joint attention	✓	✓	✓			
	Play	✓	✓	✓			
	Cognitive						
	School readiness						
	Academic/ Pre-academic		✓	✓			
	Adaptive/ self-help						
	Challenging/ interfering behavior		✓	✓			
	Vocational						
	Motor					✓	
	Mental health						
	Self-determination						

References

1. Agius, M. M., & Vancok, M. (2016). A comparison of PECS and iPad to teach requesting to pre-schoolers with autistic spectrum disorders. *Augmentative and Alternative Communication, 32*(1), 58–68. <https://doi.org/10.1080/07434618.2015.1088363>
2. Ali, E., MacFarland, S. Z., & Umbreit, J. (2011). Effectiveness of combining tangible symbols with the Picture Exchange Communication System to teach requesting skills to children with multiple disabilities including visual impairment. *Education and Training in Autism and Developmental Disabilities, 46*(3), 425–435.
3. Almirall, D., DiStefano, C., Chang, Y.-C., Shire, S., Kaince, A., Lu, X., Nahum-Shani, J., Landa, R., Mathy, R., & Kasari, C. (2016). Longitudinal effects of adaptive interventions with a speech-generating device in minimally verbal children with ASD. *Journal of Clinical Child & Adolescent Psychology, 45*(4), 442–456. <http://dx.doi.org/10.1080/15374416.2016.1138407>
4. Alzway, N. M., Banda, D. R., & Koul, R. (2017). Teaching children with autism spectrum disorder and other developmental disabilities to perform multi-step requesting using an iPad. *Augmentative and Alternative Communication, 33*(2), 65–76. <https://doi.org/10.1080/07434618.2017.1306811>

- Definition of the intervention
- Age Range
- Outcome Areas
- References (specific articles that provide the evidence for the efficacy of the practice)

28 EBPs Matrix

Available on the CAPTAIN Website

www.captain.ca.gov

The screenshot shows the CAPTAIN website header with the logo and tagline "Making Implementation Happen. Bridging the Research to Practice Gap." Navigation links for Home, About, and Publications are visible. The main content area features a section titled "CAPTAIN CADRE Tools and Resources" with a table of links. A red arrow points to the "Matrix of EBPs 2020 NCAEP" link. To the right, there is a search bar, a "CAPTAIN Events" section with a "Calendar" link, and a blue box for the "CAPTAIN Summit [by invitation only]" on November 2-3, 2022, at the Riverside Convention Center, with a "More Information" link. A "Quick Links" section is partially visible at the bottom.

CAPTAIN
California Autism Professional
Training and Information Network

CCEE
California Collaborative
for Educational Excellence

EVIDENCE
Based Practices
Autism
Model

Making Implementation Happen. Bridging the Research to Practice Gap.

Home About Publications

CAPTAIN CADRE Tools and Resources

	Matrix of EBPs 2020 NCAEP
	EBP Matrix Definitions 2020 NCAEP - English
	EBP Matrix Definitions 2020 NCAEP - Spanish
	CAPTAIN Cadre/SELPA Director Check-In Meeting Agenda Guidance

Search

CAPTAIN Events

[Calendar](#)

CAPTAIN Summit
[by invitation only]

November 2-3, 2022
In-Person | Riverside Convention
Center

[More Information](#)

Quick Links

Table 3.7 Matrix of evidence-based practices, outcomes, and age categories

Evidence-Based Practices See Table 3.1 to link abbreviations to EBPs	Academic/ Pre-academic			Adaptive/ Self-help			Challenging/ Interfering behavior			Cognitive			Communi- cation			Joint attention			Mental health			Motor			Play			School readiness			Self- determination			Social			Vocational		
	0-5 years	6-14 years	15-22 years	0-5 years	6-14 years	15-22 years	0-5 years	6-14 years	15-22 years	0-5 years	6-14 years	15-22 years	0-5 years	6-14 years	15-22 years	0-5 years	6-14 years	15-22 years	0-5 years	6-14 years	15-22 years	0-5 years	6-14 years	15-22 years	0-5 years	6-14 years	15-22 years	0-5 years	6-14 years	15-22 years	0-5 years	6-14 years	15-22 years						
ABI	Y	B	B	Y	B	B	Y	B	B	Y	B	B	Y	B	B	Y	B	B	Y	B	B	Y	B	B	Y	B	B	Y	B	B	Y	B	B						
AAC	Y	B	B	Y	B	B	Y	B	B	Y	B	B	Y	B	B	Y	B	B	Y	B	B	Y	B	B	Y	B	B	Y	B	B	Y	B	B						
BMI	Y	B	B	Y	B	B	Y	B	B	Y	B	B	Y	B	B	Y	B	B	Y	B	B	Y	B	B	Y	B	B	Y	B	B	Y	B	B						
CBIS	Y	B	B	Y	B	B	Y	B	B	Y	B	B	Y	B	B	Y	B	B	Y	B	B	Y	B	B	Y	B	B	Y	B	B	Y	B	B						
DR	Y	B	B	Y	B	B	Y	B	B	Y	B	B	Y	B	B	Y	B	B	Y	B	B	Y	B	B	Y	B	B	Y	B	B	Y	B	B						
DI	Y	B	B	Y	B	B	Y	B	B	Y	B	B	Y	B	B	Y	B	B	Y	B	B	Y	B	B	Y	B	B	Y	B	B	Y	B	B						
DTT	Y	B	B	Y	B	B	Y	B	B	Y	B	B	Y	B	B	Y	B	B	Y	B	B	Y	B	B	Y	B	B	Y	B	B	Y	B	B						
EXM	Y	B	B	Y	B	B	Y	B	B	Y	B	B	Y	B	B	Y	B	B	Y	B	B	Y	B	B	Y	B	B	Y	B	B	Y	B	B						
EXT	Y	B	B	Y	B	B	Y	B	B	Y	B	B	Y	B	B	Y	B	B	Y	B	B	Y	B	B	Y	B	B	Y	B	B	Y	B	B						
FBA	Y	B	B	Y	B	B	Y	B	B	Y	B	B	Y	B	B	Y	B	B	Y	B	B	Y	B	B	Y	B	B	Y	B	B	Y	B	B						
FCT	Y	B	B	Y	B	B	Y	B	B	Y	B	B	Y	B	B	Y	B	B	Y	B	B	Y	B	B	Y	B	B	Y	B	B	Y	B	B						
MD	Y	B	B	Y	B	B	Y	B	B	Y	B	B	Y	B	B	Y	B	B	Y	B	B	Y	B	B	Y	B	B	Y	B	B	Y	B	B						
MMI	Y	B	B	Y	B	B	Y	B	B	Y	B	B	Y	B	B	Y	B	B	Y	B	B	Y	B	B	Y	B	B	Y	B	B	Y	B	B						
NI	Y	B	B	Y	B	B	Y	B	B	Y	B	B	Y	B	B	Y	B	B	Y	B	B	Y	B	B	Y	B	B	Y	B	B	Y	B	B						
Pii	Y	B	B	Y	B	B	Y	B	B	Y	B	B	Y	B	B	Y	B	B	Y	B	B	Y	B	B	Y	B	B	Y	B	B	Y	B	B						
PBii	Y	B	B	Y	B	B	Y	B	B	Y	B	B	Y	B	B	Y	B	B	Y	B	B	Y	B	B	Y	B	B	Y	B	B	Y	B	B						
PP	Y	B	B	Y	B	B	Y	B	B	Y	B	B	Y	B	B	Y	B	B	Y	B	B	Y	B	B	Y	B	B	Y	B	B	Y	B	B						
R	Y	B	B	Y	B	B	Y	B	B	Y	B	B	Y	B	B	Y	B	B	Y	B	B	Y	B	B	Y	B	B	Y	B	B	Y	B	B						
RIR	Y	B	B	Y	B	B	Y	B	B	Y	B	B	Y	B	B	Y	B	B	Y	B	B	Y	B	B	Y	B	B	Y	B	B	Y	B	B						
SM	Y	B	B	Y	B	B	Y	B	B	Y	B	B	Y	B	B	Y	B	B	Y	B	B	Y	B	B	Y	B	B	Y	B	B	Y	B	B						
SI	Y	B	B	Y	B	B	Y	B	B	Y	B	B	Y	B	B	Y	B	B	Y	B	B	Y	B	B	Y	B	B	Y	B	B	Y	B	B						
SN	Y	B	B	Y	B	B	Y	B	B	Y	B	B	Y	B	B	Y	B	B	Y	B	B	Y	B	B	Y	B	B	Y	B	B	Y	B	B						
SST	Y	B	B	Y	B	B	Y	B	B	Y	B	B	Y	B	B	Y	B	B	Y	B	B	Y	B	B	Y	B	B	Y	B	B	Y	B	B						
TA	Y	B	B	Y	B	B	Y	B	B	Y	B	B	Y	B	B	Y	B	B	Y	B	B	Y	B	B	Y	B	B	Y	B	B	Y	B	B						
TAii	Y	B	B	Y	B	B	Y	B	B	Y	B	B	Y	B	B	Y	B	B	Y	B	B	Y	B	B	Y	B	B	Y	B	B	Y	B	B						
TD	Y	B	B	Y	B	B	Y	B	B	Y	B	B	Y	B	B	Y	B	B	Y	B	B	Y	B	B	Y	B	B	Y	B	B	Y	B	B						
VM	Y	B	B	Y	B	B	Y	B	B	Y	B	B	Y	B	B	Y	B	B	Y	B	B	Y	B	B	Y	B	B	Y	B	B	Y	B	B						
VS	Y	B	B	Y	B	B	Y	B	B	Y	B	B	Y	B	B	Y	B	B	Y	B	B	Y	B	B	Y	B	B	Y	B	B	Y	B	B						

NCAEP EBP DATABASE



GIVE NOW



Search

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News & Updates

Research & Resources

EBP Database

EBP DATABASE

The EBP database is designed to help you in the EBP selection process. First, select the relevant age range and choose the domain you are targeting. Next, click "Apply". The information will be presented in two ways.

On the right side of the screen you will see all of the included articles that target your selected age range and domain, along with the associated EBPs.

On the left side of the screen you will see the menu of EBPs that have proven effective in addressing the selected outcome for the targeted age range. You will also see the number of articles associated with each EBP in parentheses after the EBP. You can click the EBP to see the articles that contribute to the evidence base for each practice.

Age

- Any - ▾

Domains

- Any - ▾

APPLY

CLEAR

<https://ncaep.fpg.unc.edu/ebp-database>



www.captain.ca.gov



Let's Practice!

You try the EBP Database!



GIVE NOW



Search

About NCAEP

News & Updates

Research & Resources

EBP Database

EBP DATABASE

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Age

6-11.9 years

Domains

Communication

APPLY

CLEAR

EBP

Antecedent-based interventions (3)

Augmentative and alternative communication (24)

Cognitive behavioral instructional strategies (5)

Differential reinforcement (9)

Direct Instruction (2)

Discrete trial training (11)

Displaying 1 - 40 of 181

A Social Stories™ intervention package for students with autism in inclusive classroom settings

Age(s): 36-71.9 months (3-5.9 years), 6-11.9 years

Domain(s): Challenging/interfering behavior, Communication, Social

EBP(s): Social narratives, Social Stories™

A comparison of existing and novel communication responses used during functional communication training

Age(s): 6-11.9 years, 12-14.9 years

Domain(s): Challenging/interfering behavior, Communication

EBP(s): Functional communication training

A comparison of the effects of organismic and setting variables on the social interaction behavior of children with developmental disabilities and autism

<https://ncaep.fpg.unc.edu/ebp-database>



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The AFIRM “IEP to EBP Tool”

How to Select an Evidence-Based Practice

ACKNOWLEDGEMENTS

IEP TO EBP TOOL
Select an Evidence-Based Practice

AFIRM UNC FRANK PORTER GRAHAM
CHILD DEVELOPMENT INSTITUTE

BEGIN

<https://afirm.fpg.unc.edu/selecting-ebp>



www.captain.ca.gov

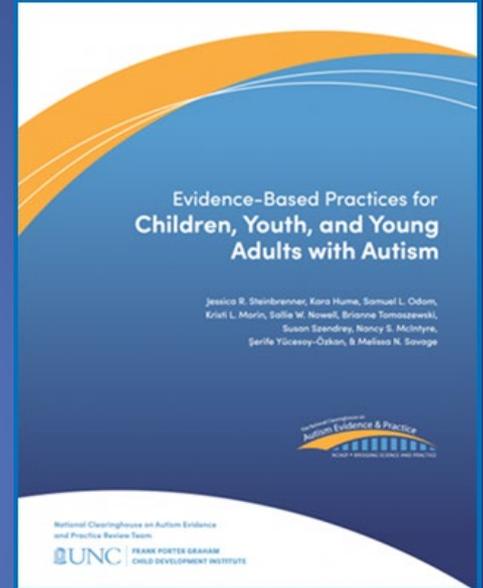


THE NEED FOR IMPLEMENTATION SCIENCE

PAGE 50

“Some practitioners will be able to take the translated information about EBPs and directly apply it in their classrooms, but Implementation Science informs us that additional steps are needed for most practitioners.”

Professional development, such as coaching, and organizational support are all factors that may be necessary for closing the last link of the research to practice gap.”



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Let's
Practice!

GOAL:

Rather than tantrumming or grabbing items that she needs/wants, Lucia (age 5, nonverbal) will request items and assistance from others on 8:10 daily opportunities as measured by teacher collected frequency data.

1. What is the goal targeting?

2. What EBPs are options?
(refer to the EBP matrix and/or
EBP Database)



What EBPs did you select?



Implementation Fidelity is Critical!

What does this mean?



“Implementing an intervention in the same manner in which it was done in the evidence-based research”



THE NATIONAL PROFESSIONAL DEVELOPMENT CENTER ON
AUTISM SPECTRUM DISORDERS

Training Outcomes Related to Training Components

<i>Training Components</i>	Training Outcomes		
	Knowledge of Content	Skill Implementation	Classroom Application
<i>Presentation/ Lecture</i>	10%	5%	0%
<i>Plus Demonstration in Training</i>	30%	20%	0%
<i>Plus Practice in Training</i>	60%	60%	5%
<i>Plus Coaching/ Admin Support Data Feedback</i>	95%	95%	95%



Source:

Joyce, B., & Showers, B. (2002). Student achievement through staff development (3rd ed.). Alexandria, VA: Association for Supervision and Curriculum Development.

Implementation Fidelity is Critical!

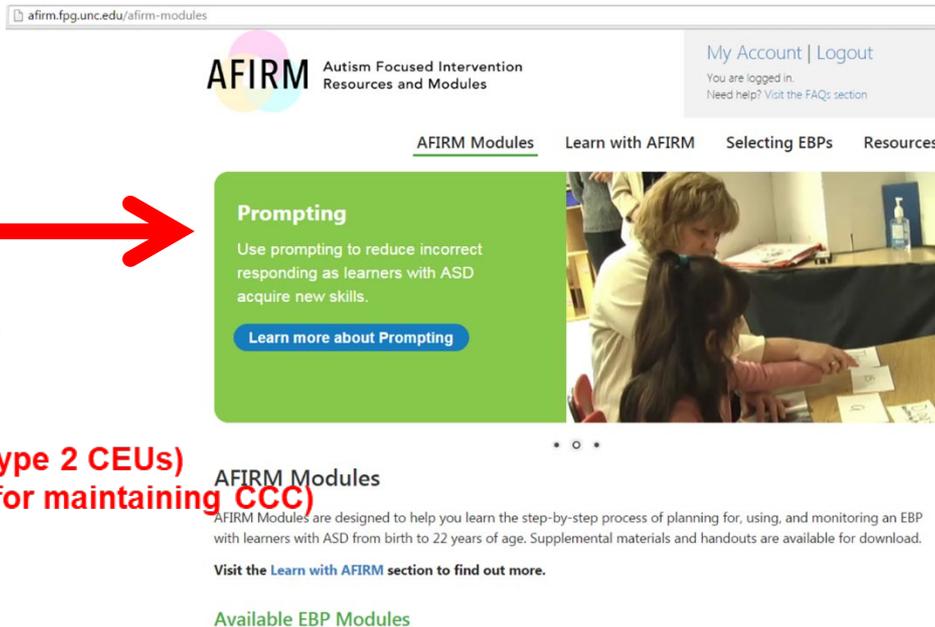


How implementation fidelity achieved:

1. Use Implementation Checklists for the EBP to capture fidelity of implementation by AFIRM
2. Refer to EBP Fact Sheets by NCAEP
3. Use reliable self-learning modules on EBPs-AFIRM
4. Attend training on the EBPs by CAPTAIN Cadre
5. Access coaching on the EBP until fidelity is attained

FREE High Quality Training: Autism Focused Intervention Resources and Modules (AFIRM)

Designed to help you learn the step-by-step process of planning for, using, and monitoring EBPs with learners with Autism from birth to 22 years of age



The screenshot shows the AFIRM website interface. At the top, the URL is afirm.fpg.unc.edu/afirm-modules. The main header includes the AFIRM logo and the text "Autism Focused Intervention Resources and Modules". There are navigation links for "AFIRM Modules", "Learn with AFIRM", "Selecting EBPs", and "Resources". A "My Account | Logout" section is visible in the top right. The main content area features a green card for the "Prompting" module, which includes the text: "Use prompting to reduce incorrect responding as learners with ASD acquire new skills." and a button that says "Learn more about Prompting". To the right of the text is a photograph of a woman interacting with a child at a table. Below the main content, there is a section titled "AFIRM Modules" with a brief description and a link to "Learn with AFIRM".



There's a learning module for most of the 28 EBPs!

BCBA (Approved BACB Type 2 CEUs)
SLP (Approved by ASHA for maintaining CCC)

AFIRM Autism Focused Intervention Resources and Modules

www.captain.ca.gov

<http://afirm.fpg.unc.edu/afirm-modules>

Did you know?

The SELPA Content Lead-Autism funded the development of these four newest EBPs modules.

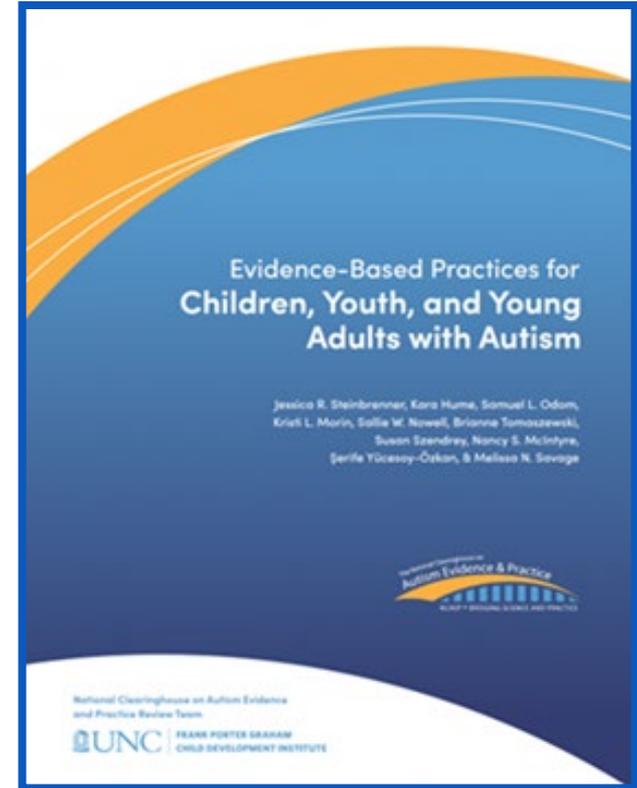
We thank the AFIRM researchers and developers for their amazing work!

AAC **Augmentative & Alternative Communication**
• Hide description
Augmentative and alternative communication (AAC) can be used to increase student communication, socialization, and engagement while reducing interfering behaviors.
Time to complete:
This module will take approximately 1.5 - 2 hours to complete.
[Select Module](#)

ASI **Ayres Sensory Integration**
• Hide description
Ayres Sensory Integration® (ASI) can be used to increase learner communication, socialization, cognitive, and adaptive skills while reducing challenging behaviors in learners with identified challenges in sensory processing.
Time to complete:
This module will take approximately 1.5 - 2 hours to complete.
[Select Module](#)

BMI **Behavioral Momentum Intervention**
• Hide description
Behavioral Momentum Intervention can be used to builds skills and increase compliance by changing the sequence in which skills are taught.
Time to complete:
This module will take approximately 1.5 - 2 hours to complete.
[Select Module](#)

MMI **Music-Mediated Intervention**
• Hide description
Music-mediated intervention (MMI) can be used to increase learner communication, socialization, play, motor, and adaptive skills while reducing interfering behaviors.
Time to complete:
This module will take approximately 1.5 - 2 hours to complete.
[Select Module](#)



Autism Focused Intervention
Resources & Modules

AFIRM

Autism Focused Intervention Resources and Modules

What you'll learn with AFIRM Modules:

- Key components of an EBP
- Behaviors and skills that can be addressed
- A step-by-step process for applying the practice
- Specific resources that you can download and customize for your own use



AFIRM: Professional Development Certificate

**BCBA (Approved BACB Type 2 CEUs)
SLP (Approved by ASHA for maintaining CCC)**

Certificate Track

- Case examples demonstrating the use of the EBP
- Multimedia presentation
- Pre-test required
- Post-assessment required
- Evaluation required



Non-Certificate Track

- Case examples demonstrating the use of the EBP
- Multimedia presentation
 - Pre-test required
 - Post-assessment optional
 - Evaluation optional

Helpful AFIRM Learning Module

How to Select an EBP

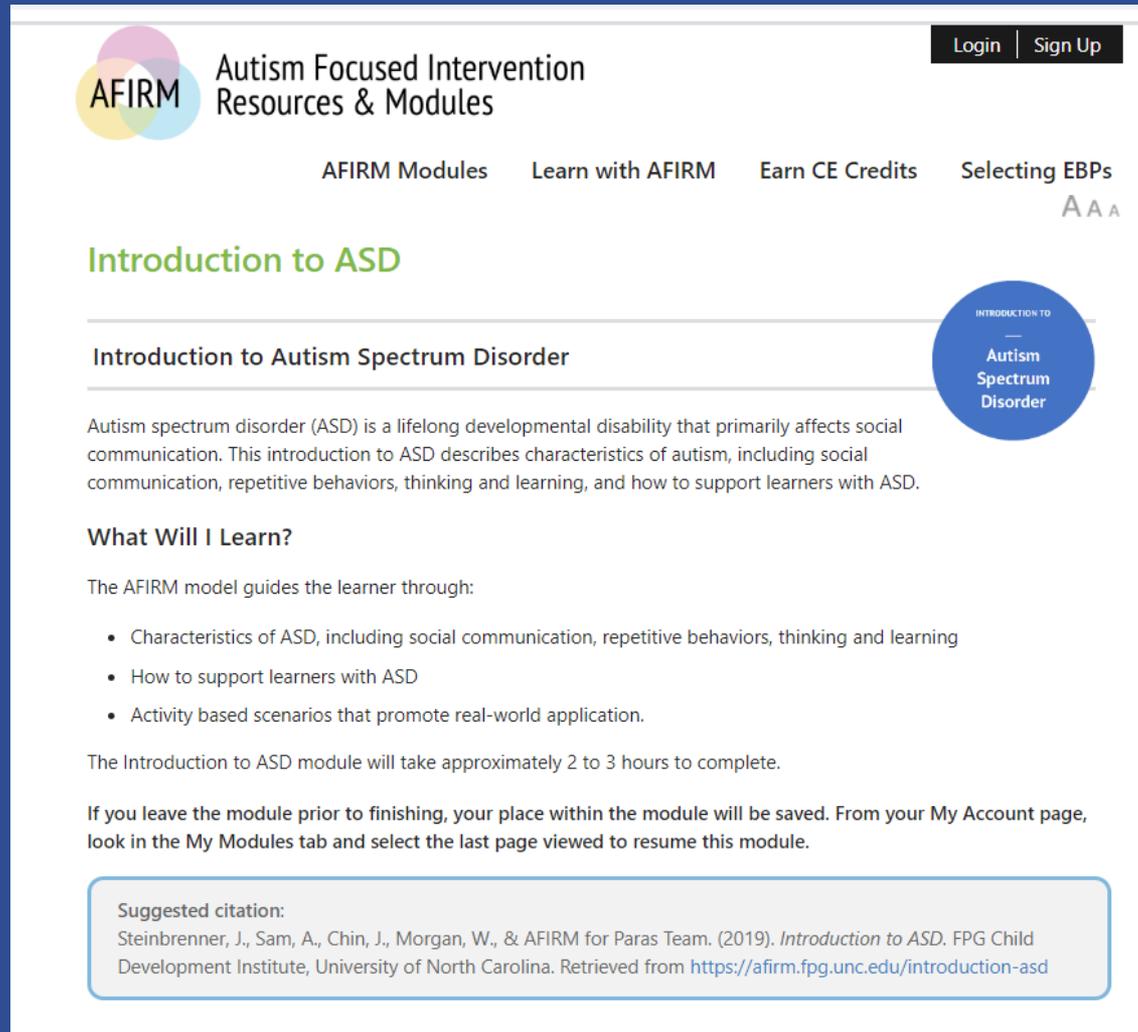
This AFIRM module targets how to select an appropriate EBP to use with a learner based on the target goal, outcome, and additional considerations.



<https://afirm.fpg.unc.edu/selecting-ebp>

Helpful AFIRM Learning Module

Introduction to Autism



The screenshot shows the AFIRM website interface. At the top left is the AFIRM logo, a circle divided into four colored segments (purple, pink, yellow, blue) with the text 'AFIRM' overlaid. To its right is the text 'Autism Focused Intervention Resources & Modules'. In the top right corner, there are 'Login' and 'Sign Up' buttons. Below the logo and text is a navigation menu with links for 'AFIRM Modules', 'Learn with AFIRM', 'Earn CE Credits', and 'Selecting EBPs'. To the right of the menu are three small 'A' icons for accessibility. The main content area features the title 'Introduction to ASD' in green. Below this is a horizontal line, followed by the sub-title 'Introduction to Autism Spectrum Disorder'. To the right of this sub-title is a blue circular icon with the text 'INTRODUCTION TO Autism Spectrum Disorder'. Below the sub-title is a paragraph of text: 'Autism spectrum disorder (ASD) is a lifelong developmental disability that primarily affects social communication. This introduction to ASD describes characteristics of autism, including social communication, repetitive behaviors, thinking and learning, and how to support learners with ASD.' This is followed by a section titled 'What Will I Learn?' and a list of three bullet points: 'Characteristics of ASD, including social communication, repetitive behaviors, thinking and learning', 'How to support learners with ASD', and 'Activity based scenarios that promote real-world application.' Below the list is a paragraph: 'The AFIRM model guides the learner through:'. This is followed by another paragraph: 'The Introduction to ASD module will take approximately 2 to 3 hours to complete.' Below that is a paragraph: 'If you leave the module prior to finishing, your place within the module will be saved. From your My Account page, look in the My Modules tab and select the last page viewed to resume this module.' At the bottom of the page is a light blue rounded rectangle containing a 'Suggested citation:' section with the following text: 'Steinbrenner, J., Sam, A., Chin, J., Morgan, W., & AFIRM for Paras Team. (2019). *Introduction to ASD*. FPG Child Development Institute, University of North Carolina. Retrieved from <https://afirm.fpg.unc.edu/introduction-asd>'.

<https://afirm.fpg.unc.edu/afirm-modules>

ONLINE AFIRM LEARNING MODULES JUST FOR PARAEDUCATORS, TOO!



Autism Focused Intervention Resources & Modules



<https://afirm.fpg.unc.edu/afirm-modules>

AFIRM for Paraprofessionals: Simulated E-Learning



Reinforcement: Introduction & Practice

• Hide description

Reinforcement is used to increase the chances a learner with autism spectrum disorders (ASD) will use a target skill or behavior.

Time to complete:

This module will take approximately 1.5 - 2 hours to complete.

Select Module



Prompting: Introduction & Practice

• Hide description

Prompting is used to help the learner with autism spectrum disorders (ASD) successfully use a target skill or behavior.

Time to complete:

This module will take approximately 1.5 - 2 hours to complete.

Select Module



Supporting Peer Interactions: Introduction & Practice

• Hide description

Supporting peer interactions is a critical component of the learner's ability to engage socially with peers.

Time to complete:

This module will take approximately 1.5 - 2 hours to complete.

Select Module



Time Delay: Introduction & Practice

• Hide description

Time delay is used to systematically fade the use of prompting for a target skill or behavior.

Time to complete:

This module will take approximately 1.5 - 2 hours to complete.

Select Module



Visual Cues: Introduction & Practice

• Hide description

Visual cues are concrete objects used to increase the learner with ASD's ability to complete a target skill or behavior.

Time to complete:

This module will take approximately 1.5 - 2 hours to complete.

Select Module



AFIRM Resources

Select a key word to search for AFIRM resources or filter AFIRM resources by category:

Keyword Search

Apply

IMPLEMENTATION RESOURCES

Browse by Module

- Antecedent-based Intervention
- Cognitive Behavior Intervention
- Differential Reinforcement
- Discrete Trial Training
- Exercise
- Extinction
- Functional Behavior Assessment
- Functional Communication Training
- Modeling
- Naturalistic Intervention
- Parent Implemented Interventions
- Peer-Mediated Instruction and Intervention
- Picture Exchange Communication System
- Pivotal Response Training
- Prompting
- Response interruption and Redirection
- Reinforcement
- Scripting
- Self-management
- Social Narratives
- Social Skills Training
- Structured Play Groups
- Task Analysis
- Technology-aided Instruction and Intervention
- Time Delay
- Video Modeling
- Visual Supports

Browse by Module Lesson

- Lesson 1 - Basics
- Lesson 2 - Planning for the Practice
- Lesson 3 - Using the Practice
- Lesson 4 - Monitoring Progress
- Additional Materials

Browse by Document Type

- Evidence-base
- Implementation checklist
- Parent's guide
- Professional standards
- Step-by-Step practice guide
- Tip sheet for professionals
- EBP Brief Packet

Implementation Checklists

AFIRM Videos

- Browse Videos

EBP Videos

AFIRM VIDEOS of Evidence-Based Practices

AFIRM Autism Focused Intervention Resources & Modules

My Account | Logout
You are logged in.
Need help? Visit the FAQs section

AFIRM Modules Learn with AFIRM Earn CE Credits Selecting EBPs Resources

AFIRM Videos

Select a key word to search for AFIRM videos or filter AFIRM videos by category.

Keyword Search **Apply**

Browse by Module

- Antecedent-based Intervention
- Cognitive Behavior Intervention
- Differential Reinforcement
- Discrete Trial Training
- Exercise
- Extinction
- Functional Behavior Assessment
- Functional Communication Training
- Modeling
- Naturalistic Intervention
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- Self-management
- Social Narratives
- Social Skills Training
- Structured Play Groups
- Task Analysis
- Technology-aided Instruction and Intervention
- Time Delay
- Video Modeling
- Visual Supports

Browse by Module Lesson

- Lesson 1 - Basics
- Lesson 2 - Planning for the Practice
- Lesson 3 - Using the Practice
- Lesson 4 - Monitoring Progress
- Additional Materials

Videos
for most
of the 28
EBPs

AFIRM Autism Focused Intervention Resources & Modules

Login | Sign Up

AFIRM Modules Timely Toolkits Earn CE Credits Selecting EBPs

Username or e-mail

Password

Create new account
Request new password

Log in

Access free AFIRM online modules and resources for evidence-based practices identified by the National Clearinghouse on Autism Evidence & Practice on Autism Spectrum Disorder (ASD). [Sign up now.](#)

Free Timely Toolkits:
The resources included in our **Timely Toolkits** are designed to support autistic individuals, their caregivers, and related professionals as they navigate through specific global and/or local events.

Earn a free professional development certificate for completing each EBP module

Learn with AFIRM through engaging case examples, videos, and interactive assessments

Download resources and materials that support your use of EBPs with children and youth with ASD

View modules **Find out more** **View Resources**

Login to AFIRM to
access free resources
such as EBP Briefs,
Videos, etc.

<https://afirm.fpg.unc.edu/>

Implementation Checklist Ensures Fidelity

- Used to assist with planning for EBP use
- Helps implementers self reflect on fidelity of use
- Helps coaches give objective feedback
- Helps to prevent drift

Visual Supports (VS) ---Implementation Checklist---					
	Observation	1	2	3	4
	Date				
	Observer's Initials				
Before you start:					
Have you...					
<input type="checkbox"/> Identified the behavior?					
<input type="checkbox"/> Collected baseline data through direct observation?					
<input type="checkbox"/> Established a goal or outcome that clearly states when the behavior will occur, what the target skill is, and how the team will know when the skill is mastered.					
<i>If the answer to any of these is "no", refer to the "Selecting EBPs" section on the website.</i>					
Step 1: Planning					
1.1 Identify visual supports needed to acquire or maintain target skills					
1.2 Develop/prepare visual support for learner based on individualized assessments					
1.3 Organize all needed materials					
Step 2: Using					
2.1 Teach learner how to use visual support					
- <i>Boundaries:</i>					
<input type="checkbox"/> Introduce boundary to learner					
<input type="checkbox"/> Use modeling to teach learner to stay within boundary					
<input type="checkbox"/> Use reinforcement to encourage learner to stay within boundary					
<input type="checkbox"/> Use corrective feedback when learner does not stay within boundary					
- <i>Cues:</i>					
<input type="checkbox"/> Show learner visual cue					
<input type="checkbox"/> Stand behind learner when prompting use of visual cue					
<input type="checkbox"/> Use concise, relevant words/terms while teaching visual cue					
<input type="checkbox"/> Assist learner in participating in activity/event with visual cue					
- <i>Schedules:</i>					
<input type="checkbox"/> Stand behind learner when prompting use of visual schedule					
<input type="checkbox"/> Place schedule information in learner's hand					
<input type="checkbox"/> Use concise, relevant words/terms					
<input type="checkbox"/> Assist learner in getting to designated activity/location, and prompt					
<input type="checkbox"/> Ensure learner remains in scheduled location until prompted to use					
<input type="checkbox"/> Repeat steps until learner is able to complete the sequence independently across activities/locations					
2.3 Use visual supports consistently and across settings					
Step 3: Monitoring					
3.1 Collect data on target behaviors and use of visual supports (independence during use and progress through forms/types of supports)					
3.2 Determine next steps based on learner progress					

AFIRM Autism Focused Intervention Resources and Modules



www.captain.ca.gov



SELF LEARNING MODULES FOR TODDLERS! ASD Toddler Initiative – Ages Birth to 3

ASD toddler initiative

THE UNIVERSITY OF NORTH CAROLINA at CHAPEL HILL

AUTISM SPEAKS™ It's time to listen.

Learning Modules About Resources

Search

Promoting evidence-based practices
EBPs for young children, ages birth to 3, with
Autism Spectrum Disorder (ASD)

EBP
Evidence-based Practices

Early Intervention
Professional Development & Coaching

Guide to ASD
Toddler Learning Modules

The Autism Spectrum Disorders (ASD) Toddler Initiative will expand on the work conducted by the [National Professional Development Center on Autism Spectrum Disorders \(NPDC-ASD\)](#) funded by the Office of Special Education Programs. The ASD Toddler Initiative will develop new materials and modify existing processes to support the use of evidence-based practices for young children (birth-3) and for their families.

<http://asdtoddler.fpg.unc.edu>

Evidence-Based Resources for Older Individuals with Autism



← → ↻ csesa.fpg.unc.edu

CSESA LIVE LOGIN

ABOUT THE CENTER RESEARCH RESOURCES MATERIALS

700+ students and families participated in CSESA research activities

60 60 schools currently involved in the CSESA study

20+ resources available for educators, families, and students

The Center on Secondary Education for Students with Autism Spectrum Disorders

The Center on Secondary Education for Students with Autism Spectrum Disorder (CSESA) is a research and development project funded by the U.S. Department of Education that focuses on developing, adapting, and studying a comprehensive school and community-based education program for high school students on the autism spectrum.

[LEARN MORE >](#)

Recent Research Activities

- Transition Planning for High School Students with ASD: Measuring Student, Parent, and Teacher Perspectives**
A poster presentation from the 49th Annual Gattisburg Conference in San Diego, CA
Download: [CSESA_3592_Gattisburg_2016.pdf](#)
- Quality of High School Programs for Students with ASD in the United States**
A poster presentation from the 49th Annual Gattisburg Conference in San Diego, CA
Download: [CSESA_APER3_Gattisburg_2016.pdf](#)
- Transitioning Together: A Family-Centered Transition Intervention for High School Students with ASD**
An oral presentation from the DQGT 2015 conference in Portland, OR
Download: [CSESA_Transitioning Together_DQGT_2015.pdf](#)

[MORE >](#)

Key Resources

- Understanding Autism Professional Development Curriculum**
This presentation is part of a professional development series created specifically for educators in middle and high schools serving students on the autism spectrum
- Autism at-a-Glance: Supporting Functional Communication in High School**
This Autism at-a-Glance was designed to support high school staff and family members in understanding and improving the communication skills of adolescents on the autism spectrum, specifically for students who have more significant communication needs.
Download: [Supporting Functional Communication in High School.pdf](#)
- Secondary School Success Checklist**
The Secondary School Success Checklist (SSSC) is an evaluation of student skills in independence and behavior, transition, social competence, and academic skills completed by staff, families, and students.
Download: [Secondary School Success Checklist_2013.pdf](#)

[MORE >](#)

<https://cesea.fpg.unc.edu/>

Presentation 1:

Characteristics and Practices for Challenging Behavior

Example of Resources



*NOTE: If you are having difficulty with the video links embedded as part of the presentation, link to the videos on this page: <http://cesea.fpg.unc.edu/understanding-autism-presentation-1-videos>

- Facilitator Notes
- Participant Handout
- Activity Worksheet
- At My School Worksheet

Please review this notification of a video change made for Presentation 1, Repetitive Behaviors and Restricted Interests video (slide 17).

Presentation 2:

Strategies for Classroom Success and Effective Use of Teacher Supports

Autism at-a-Glance series

Autism at-a-Glance: Supporting Success and Safety in Relationships

This Autism at-a-Glance was designed to support high school staff, family members, and individuals on the autism spectrum in understanding and supporting success and safety in dating relationships.

Download:  [Supporting Success and Safety in Relationships.pdf](#)

Autism at-a-Glance: Exercise for Adolescents with ASD

This Autism at-a-Glance was designed to support high school staff and family members in understanding the benefits of exercise for adolescents on the autism spectrum, as well as provide tips and resources to help create successful exercise routines.

Download:  [Exercise for Adolescents with ASD.pdf](#)

Autism at-a-Glance: Depression in Adolescents with ASD

This Autism at-a-Glance was designed to support high school staff and family members in understanding and recognizing symptoms of depression, and

Autism at-a-Glance: Supporting Communication in High School

This issue of Autism at-a-Glance focuses on understanding and improving the communication skills of adolescents on the autism spectrum and specifically targets the needs of students who are able to communicate conversationally.

Download:  [Supporting Communication in High School.pdf](#)

Autism at-a-Glance: Supporting Functional Communication in High School

This Autism at-a-Glance was designed to support high school staff and family members in understanding and improving the communication skills of adolescents on the autism spectrum, specifically for students who have more significant communication needs.

Download:  [Supporting Functional Communication in High School.pdf](#)

Autism at-a-Glance: Getting a Driver's License

This Autism at-a-Glance was designed to support parents and other family members in supporting adolescents on the autism spectrum as they learn to drive and eventually take a driver's test for their license.

Download:  [Getting a Driver License.pdf](#)

Example of Resources

Use these Quick Links on the CAPTAIN website to access these **FREE** EBP resources!

CAPTAIN RECOMMENDS

The screenshot shows the homepage of the National Clearinghouse on Autism Evidence & Practice (NCAEP). The header includes the NCAEP logo, a 'GIVE NOW' button, and social media icons for Facebook and Pinterest. A search bar is also present. Below the header, a banner reads: "Our NEW and much anticipated report on Evidence-Based Practices is complete and ready for you. View Report >". The main content area features three prominent cards: 1. "BRIDGING SCIENCE AND PRACTICE" with a "LEARN MORE" button. 2. "2020 EVIDENCE-BASED PRACTICES REPORT" with a "DOWNLOAD HERE" button. 3. "AUTISM FOCUSED INTERVENTION RESOURCES AND MODULES" with a "LOGIN" button. Below these cards, there are two columns of text: "WHY A CLEARINGHOUSE?" and "PROJECT UPDATES".

WHY A CLEARINGHOUSE?
Identifying evidence-based practices is important for the field and provides guidance and support for many, including:

- Individuals on the autism spectrum and their families.** Identification of evidence-based practices (or EBPs) allows individuals and families to better advocate for the best possible support and education based on current research.
- Educators and practitioners in schools and the community.** Identification of EBPs allows educators and practitioners to select the appropriate interventions based on the age, needs, and outcomes of those they serve.
- Researchers.** Identification of EBPs allows researchers to better understand and identify research gaps and plan for future studies.
- Advocacy groups and policy makers.** Identification of EBPs allows advocates and policy makers to make informed decisions about practices and policies that will benefit individuals on the autism spectrum.
- Health care providers and insurance companies.** Identification of EBPs allows health care providers and insurance companies to appropriately identify a range of EBPs that can be provided, funded, and/or reimbursed.

PROJECT UPDATES

- New EBP Report now available!**
A new EBP report updated to include literature from 1990-2017 is now available... [Read More](#)
- New Interactive eLearning AFIRM Module Now Available**
Access your AFIRM account to see the Introduction to Autism Spectrum Disorder... [Read More](#)
- New Research Article about AFIRM**
Want to know more about the impact, usefulness, and relevance of AFIRM? Check... [Read More](#)

[More Updates >](#)

<https://ncaep.fpg.unc.edu/>



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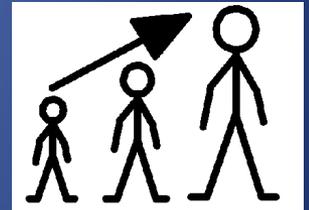
Why is this EBP resource so important?





Knowing of these EBPs:

- helps us know which treatments have evidence of effectiveness and which treatments do not
- allows us to make informed decisions when we select treatments
- provides us with the opportunity to support individuals with Autism in reaching their full potential



Why use evidence-based practices/interventions in special education?



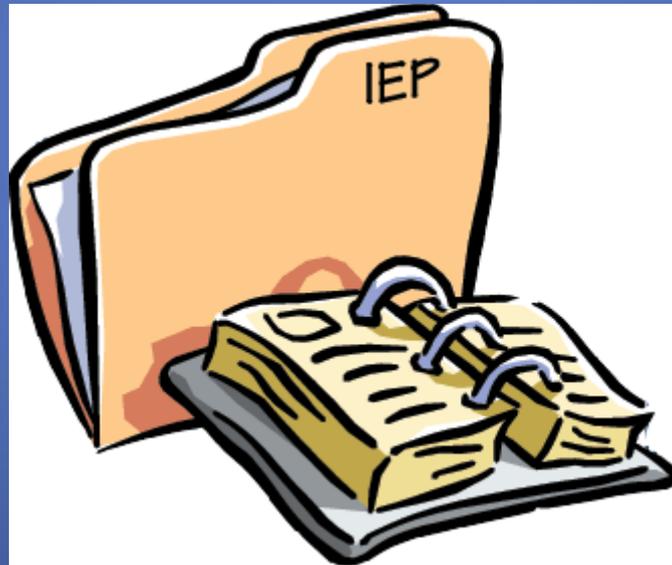
In the U.S., federal law and state education codes requires use of evidence-based practice in general and special education (IDEA, ESSA, CA Ed Code, etc.)

Clinical practice is governed by ethics and insurance



Implementing EBPs goes right along with.....

The Individuals with Disabilities Education Act (IDEA)



IDEA 2004 * Sec. 300.320

Definition of Individualized Education Program.....

,,,,,(4) A statement of the special education and related services and supplementary aids and services, **based on peer-reviewed research** to the extent practicable, to be provided to the child, or on behalf of the child, and a statement of the program modifications or supports for school personnel that will be provided to enable the child--

- (i) To advance appropriately toward attaining the annual goals;
- (ii) To be involved in and make progress in the general education curriculum in accordance with paragraph (a)(1) of this section, and to participate in extracurricular and other nonacademic activities; and
- (iii) To be educated and participate with other children with disabilities and nondisabled children in the activities described in this section;.....

IDEA 2004

Part C: Infants and Toddlers with Disabilities

SEC. 635. REQUIREMENTS FOR STATEWIDE SYSTEM

(a) In General.--A statewide system described in section 633 shall include, at a minimum, the following components:

(2) A State policy that is in effect and that ensures that appropriate **early intervention services based on scientifically based research**, to the extent practicable, are available to all infants and toddlers with disabilities and their families, including Indian infants and toddlers with disabilities and their families residing on a reservation geographically located in the State and infants and toddlers with disabilities who are homeless children and their families.

SEC. 636. INDIVIDUALIZED FAMILY SERVICE PLAN

(d) Content of Plan.--The individualized family service plan shall be in writing and contain--

(4) a statement of specific **early intervention services based on peer-reviewed research**, to the extent practicable, necessary to meet the unique needs of the infant or toddler and the family, including the frequency, intensity, and method of delivering services;

Every Student Succeeds Act (ESSA) S.1177-290

(21) **EVIDENCE-BASED.—**

(A) IN GENERAL.—Except as provided in subparagraph

(B), the term ‘**evidence-based**’, when used with respect to a State, local educational agency, or school activity, **means an activity, strategy, or intervention that—**

(i) **demonstrates a statistically significant effect on improving student outcomes or other relevant outcomes based on—**

I) **strong evidence** from at least 1 well designed and well-implemented experimental study;

II) **moderate evidence** from at least 1 well designed and well-implemented quasi-experimental study; or

(III) **promising evidence** from at least 1 well designed and well-implemented correlational study with statistical controls for selection bias; or

(ii)(I) demonstrates a rationale **based on high quality research findings** or positive evaluation that such activity, strategy, or intervention is likely to improve student outcomes or other relevant outcomes; and

(II) includes ongoing efforts to examine the effects of such activity, strategy, or intervention.

Definition of Evidence-based in ESSA

EVIDENCE-BASED.— (A) IN GENERAL.—Except as provided in subparagraph (B), the term ‘evidence-based’, when used with respect to a State, local educational agency, or school activity, means an activity, strategy, or intervention that—

(i) demonstrates a statistically significant effect on improving student outcomes or other relevant outcomes based on—

(I) strong evidence from at least 1 well-designed and well-implemented experimental study;

(II) moderate evidence from at least 1 well-designed and well-implemented quasi-experimental study; or

(III) promising evidence from at least 1 well-designed and well-implemented correlational study with statistical controls for selection bias; or

(ii)(I) demonstrates a rationale based on high-quality research findings or positive evaluation that such activity, strategy, or intervention is likely to improve student outcomes or other relevant outcomes; and

(II) includes ongoing efforts to examine the effects of such activity, strategy, or intervention.

(B) DEFINITION FOR SPECIFIC ACTIVITIES FUNDED UNDER THIS ACT.—When used with respect to interventions or improvement activities or strategies funded under section 1003, the term ‘evidence-based’ means a State, local educational agency, or school activity, strategy, or intervention that meets the requirements of subclause (I), (II), or (III) of subparagraph (A)(i).

CA ED CODE 56345

- (4) A statement of the special education and related services and supplementary aids and services, based on **peer-reviewed research** to the extent practicable, to be provided to the pupil, or on behalf of the pupil, and a statement of the program modifications or supports for school personnel that will be provided to enable the pupil to do the following:
- (A) To advance appropriately toward attaining the annual goals.
 - (B) To be involved in and make progress in the general education curriculum in accordance with paragraph (1) and to participate in extracurricular and other nonacademic activities.
 - (C) To be educated and participate with other individuals with exceptional needs and nondisabled pupils in the activities described in this subdivision.

Implementing EBPs goes right along with CA Senate Bill 946

Health and Safety Code Section 1374.73 (4)(c)(1)
Insurance Code Section 10144.51 (4)(c)(1)

"Behavioral health treatment" means professional services and treatment programs, including applied behavior analysis and **evidence-based behavior intervention programs**, that develop or restore, to the maximum extent practicable, the functioning of an individual with pervasive developmental disorder or autism and that meet all of the following criteria..."

Implementing EBPs goes right along with the CA Lanterman Act

“4686.2. (b) Effective July 1, 2009, notwithstanding any other provision of law or regulation to the contrary, regional centers shall:

(1) Only purchase ABA services or intensive behavioral intervention services that reflect **evidence-based practices**, promote positive social behaviors, and ameliorate behaviors that interfere with learning and social interactions...”

Implementing EBPs goes right along with CA Lanterman Act...

“4686.2. (d) (3) "**Evidence-based practice**" means a decision making process that integrates the best available scientifically rigorous research, clinical expertise, and individual's characteristics. **Evidence-based practice** is an approach to treatment rather than a specific treatment. **Evidence-based practice** promotes the collection, interpretation, integration, and continuous evaluation of valid, important, and applicable individual- or family-reported, clinically-observed, and **research-supported evidence**. The best available **evidence**, matched to consumer circumstances and preferences, is applied to ensure the quality of clinical judgments and facilitates the most cost-effective care. “

BILL TEXT

PDF Version: 10/02/19 - Chapter 454 Go

AB-1172 Special education: nonpublic, nonsectarian schools or agencies. (2019-2020)

SHARE THIS:  

Date Published: 10/02/2019 09:00 PM

Assembly Bill No. 1172

CHAPTER 454

NPS and NPA now required to have training in use of EBPs

An act to amend Sections 51225.2, 56365, 56366.1, 56366.4, and 56366.10 of the Education Code relating to special education.

(4) (A) (i) Commencing with the 2020–21 school year, documentation that the nonpublic, nonsectarian school or agency will train staff who will have contact or interaction with pupils during the schoolday in the use of evidence-based practices and interventions specific to the unique behavioral needs of the nonpublic, nonsectarian school or agency’s pupil population. The training shall be provided within 30 days of employment to new staff who have any contact or interaction with pupils during the schoolday, and annually to all staff who have any contact or interaction with pupils during the schoolday.

(ii) For a nonpublic, nonsectarian school or agency that was in existence as of the January 1 immediately preceding a school year, documentation that the nonpublic, nonsectarian school or agency’s staff members who will have contact or interaction with pupils during the schoolday have received training that complies with the requirements of subparagraphs (B) and (C).

Even ASHA!

(American Speech Language Hearing Association)



AMERICAN
SPEECH-LANGUAGE-
HEARING
ASSOCIATION

CAREERS | CERTIFICATION | PUBLICATIONS | EVENTS | ADVOCACY | CONTINUING EDUCATION

Position Statement

Evidence-Based Practice in Communication Disorders

Joint Coordinating Committee on Evidence-Based Practice

About this Document

This position statement was developed by the American Speech-Language-Hearing Association (ASHA) Joint Coordinating Committee on Evidence-Based Practice. Members of the committee included Randall R. Robey (chair); Kenn Apel; Christine A. Dollaghan; Wendy Ellmo; Nancy E. Hall; Thomas M. Helfer; Mary Pat Moeller; Travis T. Threats; Celia R. Hooper, 2003–2005 vice president for professional practices in speech-language pathology; Raymond D. Kent, 2004–2006 vice president for research and technology; Janet Brown (ex officio); and Brenda L. Lonsbury-Martin (ASHA staff consultant).

This position statement is an official policy document of the American Speech-Language-Hearing Association (ASHA).

It is the position of the American Speech-Language-Hearing Association that audiologists and speech-language pathologists incorporate the principles of evidence-based practice in clinical decision making to provide high quality clinical care. The term *evidence-based practice* refers to an approach in which current, high-quality research evidence is integrated with practitioner expertise and client preferences and values into the process of making clinical decisions.

What is the most important reason to use EBPs?

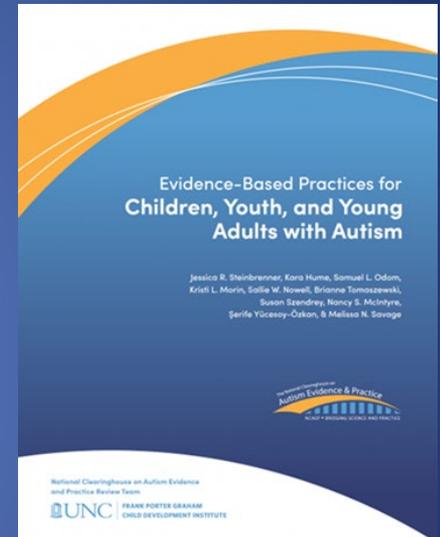


Because they work!!!! 😊

How do we get EBPs implemented by everyone?

“Some practitioners will be able to take the translated information about EBPs and directly apply it in their classrooms, **but *Implementation Science informs us that additional steps are needed for most practitioners.***”

Professional development, such as coaching, and organizational support are all factors that may be necessary for closing the last link of the research to practice gap.”



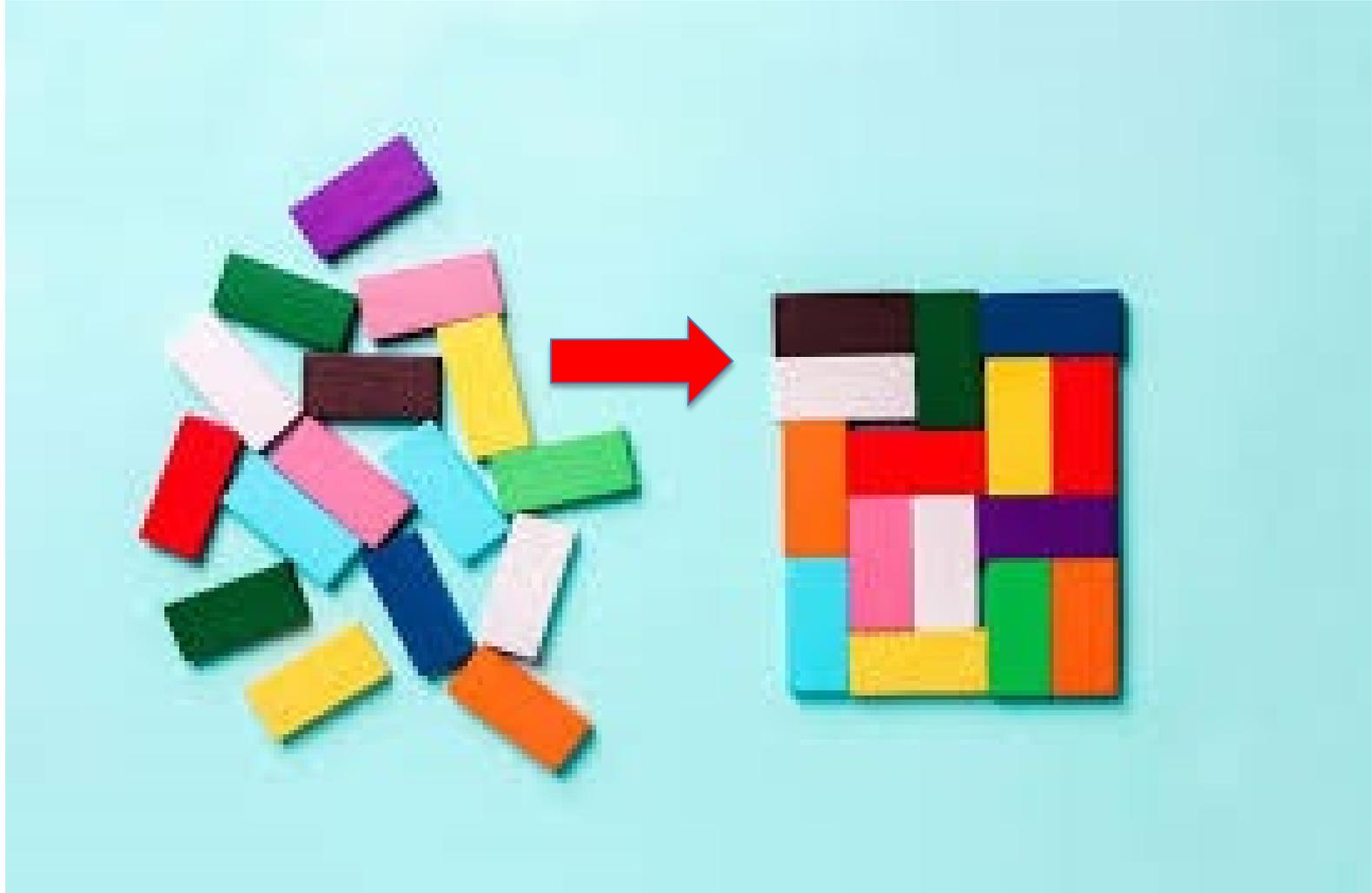
Page 50



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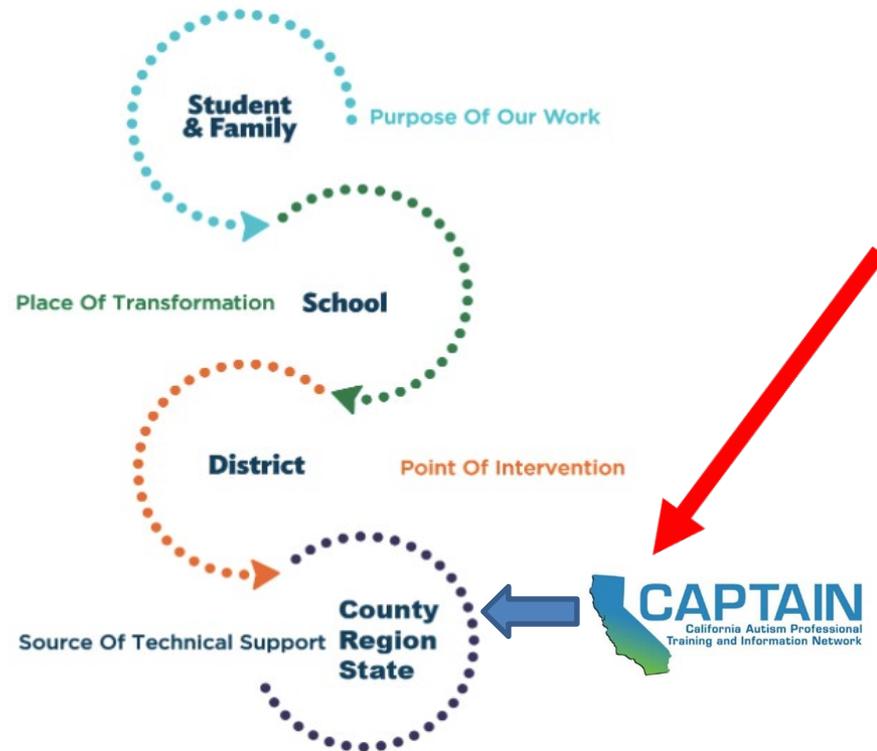
INTEGRATING EBPs WITH INITIATIVES IS NOT ONE MORE THING! 😊



CAPTAIN Aligns with MTSS

California's Multi-Tiered System of Support (CA MTSS) is a comprehensive framework that aligns academic, behavioral, social and emotional learning, and mental health supports in a fully integrated system of support for the benefit of all students.

System of Engagement



EBPs Align with MTSS

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Autism & Multi-Tiered System of Support (MTSS)

California's Multi-Tiered System of Support is a framework that aligns academic, behavioral, social and emotional learning, and mental health supports in a fully integrated system of support for all students.

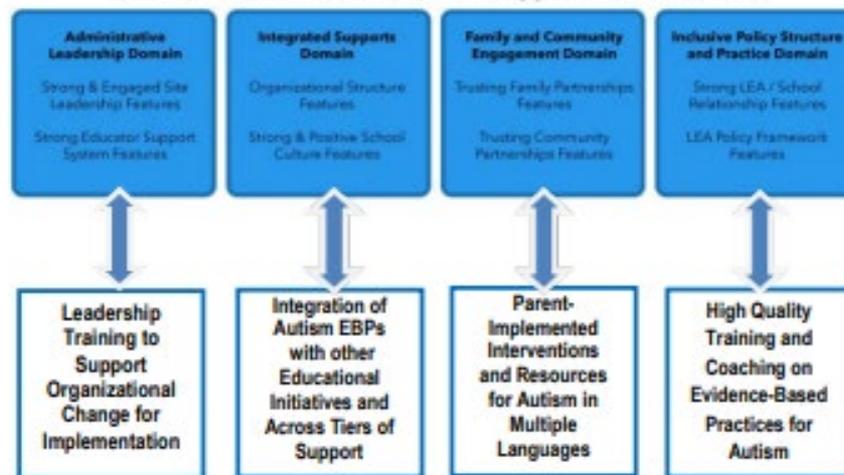
ALL MEANS ALL STUDENTS WITH AUTISM



Whole Child Domain



Essential Domains and Features to Support the Whole Child



To Learn More About EBPs For Autism:
www.captain.ca.gov

To Learn More About CA MTSS:
<https://ocde.us/MTSS/Pages/CA-MTSS.aspx> or <https://www.cde.ca.gov/ci/cr/ri/>

Implementing EBPs Aligns With CCSS Instruction and UDL



The principles of **Universal Design for Learning (UDL)** provide a framework for educators to use:

- **multiple ways to teach the content**
- **multiple ways for students to demonstrate knowledge**
- **multiple ways to engage ALL learners**

EBPs Align with UDL

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Using Universal Design for Learning (UDL) Guidelines & Evidence-Based Practices for Autism

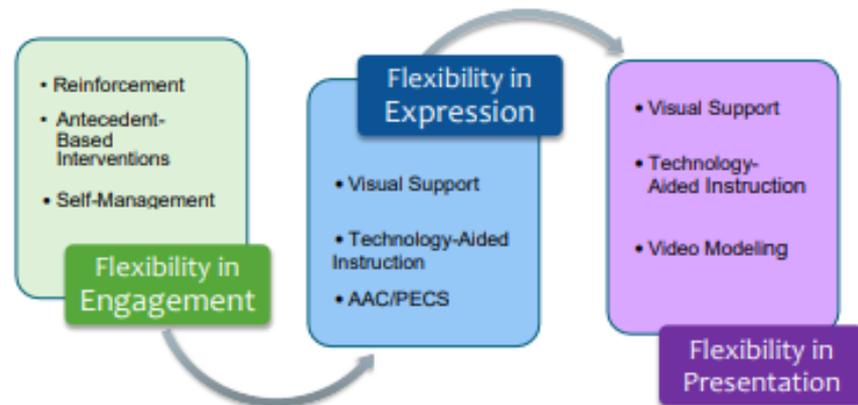


Why?



- There are 125,308 students with Autism in CA Public Schools and that number is steadily growing (CDE, 2021)
- Overall prevalence of Autism in US is 1 in 44 (CDC, 2021)
- Among children identified with Autism, about two-thirds have IQs within the average range (CDC 2021)
- Students with ASD can be supported in accessing the General Education Curriculum and the CA State Standards with the use of Universal Design for Learning (UDL) and Evidence Based Practices (EBPs) for Autism

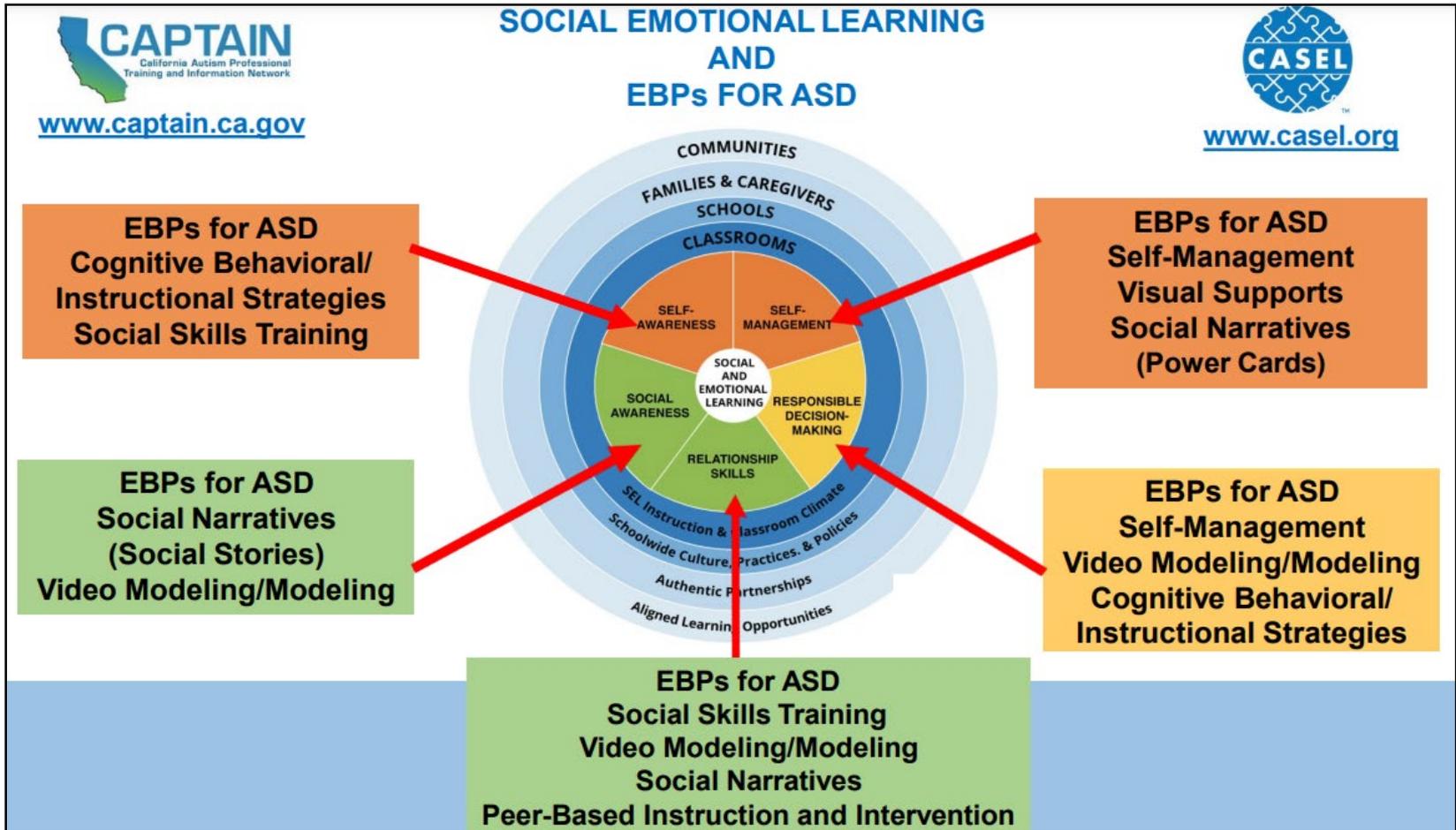
EBPs for ASD in the UDL Guidelines:



To learn more about the EBPs for Autism visit: <https://www.captain.ca.gov>
or participate in the free online learning modules at: <https://afirm.fpg.unc.edu>
Find resources and learn more about UDL through CAST: <https://www.cast.org>



EBPs Align with Social Emotional Learning (SEL)



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EBPs Align with PBIS

(Evidence Based Practices for Behavior)

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EBPs for Behavior*

EBPs for Autism*

Effectively design the physical environment of the classroom; maximize structure in classroom.	<ul style="list-style-type: none"> ✓ Antecedent Based Interventions ✓ Visual Supports
Develop and teach predictable classroom routines. Post, teach, review, monitor, and reinforce a small number of positively stated expectations.	<ul style="list-style-type: none"> ✓ Visual Supports ✓ Task Analysis ✓ Reinforcement
Use active supervision and proximity. Prompt or remind students of expected behavior.	<ul style="list-style-type: none"> ✓ Antecedent Based Interventions ✓ Prompting
Establish a continuum of strategies to acknowledge appropriate behavior.	<ul style="list-style-type: none"> ✓ Reinforcement
Make the problem behavior irrelevant with anticipation and reminders.	<ul style="list-style-type: none"> ✓ Antecedent Based Interventions ✓ Self-Management ✓ Exercise ✓ Cognitive Behavior Intervention
Establish a continuum of strategies to respond to inappropriate behavior.	<ul style="list-style-type: none"> ✓ Differential Reinforcement of Alternative, Incompatible or Other Behavior ✓ Response Interruption/Redirection ✓ Extinction
Help student learn appropriate behaviors	<ul style="list-style-type: none"> ✓ Social Skills Training ✓ Structured Play Group ✓ Functional Communication Training ✓ Discrete Trial Training ✓ Modeling ✓ PECS ✓ Pivotal Response Training ✓ Scripting ✓ Social Narratives ✓ Video Modeling ✓ Parent-Implemented Intervention
Determine the function of the behavior to select a FERB (Functional Equivalent Replacement Behavior)	<ul style="list-style-type: none"> ✓ Functional Behavior Assessment ✓ Functional Communication Training
Expectations and behavioral skills are taught and recognized in the natural context.	<ul style="list-style-type: none"> ✓ Naturalistic Instruction ✓ Pivotal Response Training
Provide a range of evidence based practices that promote active engagement in the classroom	<ul style="list-style-type: none"> ✓ Technology-Aided Instruction and Intervention ✓ Peer-Based Instruction and Intervention ✓ Antecedent Based Interventions (e.g., Special Interests)

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*Simonsen, B., Fairbanks, S., Briesch, A., Myers, D., & Sugai, G. (2008). Evidence-based practices in classroom management: Considerations for research to practice. *Education and Treatment of Children, 31*, 351-380.

* Wong, C., Odom, S. L., Hume, K. A., Cox, C. W., Feltig, A., Kurcharczyk, S., et al. (2015). Evidence-based practices for children, youth, and young adults with autism spectrum disorder: A comprehensive review. *Journal of Autism and Developmental Disorders*.

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EBPs Align with PBIS Prevent-Teach-Reinforce

PTR Prevent Interventions and Definitions	Autism EBPs that Align
Provide Choice: Providing student choices between two or more options (within or between activities).	Antecedent-Based Intervention (Choice)
Transition Supports: Transition Supports assist the student to change activities, settings, or routines and can be verbal, visual or auditory	Antecedent-Based Intervention (Change Schedules or Routines); Visual Supports/Schedules/Work Systems; Music-Mediated Intervention
Environmental Supports: Clear and detailed cues that provide the student with the understanding of his or her environment.	Visual Supports/Schedules/Work Systems, Video Modeling, Social Narratives
Change to Task Demand/Curriculum: Changes in instructional task components such as content, method of presentation, or student outcome	Antecedent-Based Intervention (Alter how instruction is given, using learner preferences); Technology-Aided Intervention and Instruction; Naturalistic Intervention vs Direct Instruction
Noncontingent Attention and Proximity: Strategy designed to build positive relationships and social attention independent of an interfering behavior taking place.	Differential Reinforcement; Reinforcement
Whole Class Management Systems: Refers to the procedures, strategies and instructional methods a teacher uses to enhance appropriate student behavior and engagement in learning activities.	PBIS Tier 1
Increasing Opportunities to Respond: Using direct instructional delivery that provides a high level of student-adult interaction via the use of teacher questioning, student responding and teacher feedback.	Behavioral Momentum Intervention; Direct Instruction; Discrete Trial Training
Setting Event Neutralization/Modification: Responding to fluctuating environmental distal antecedent events that are further away from the time of the interfering behavior by anticipating them and altering the schedule or routine.	Antecedent-Based Intervention (Altering the schedule or routine, changing/altering the sensory environment)
Peer Collaboration and Support/Peer Modeling: Intervention is when same aged peers model appropriate responses or prompts/support to peer to engage in the task/activity appropriately .	Peer-Based Instruction and Intervention



EBPs Align with CEC HLPs



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HIGH LEVERAGE PRACTICES (HLP)	EVIDENCE BASED PRACTICES (EBP)-ASD THAT SUPPORT HLP
HLP 3: Collaborate with families to support student learning and secure needed services.	Parent-Implemented Intervention.
HLP 7: Establish a consistent, organized, and respectful learning environment.	Visual Support and Structure, Antecedent Based Intervention, Reinforcement.
HLP 8: Provide positive and constructive feedback to guide students' learning and behavior.	Reinforcement, Differential Reinforcement.
HLP 9: Teach social behaviors.	Social Skills Groups, Social Narratives, Structured Play Groups, Self-Management Training, Scripting.
HLP 10: Conduct functional behavioral assessments to develop individual student behavior support plans.	Functional Behavior Assessment, Functional Communication Training, Antecedent Based Intervention, Reinforcement, Differential Reinforcement.
HLP 11: Identify and prioritize long- and short-term learning goals.	Task Analysis, Goal Attainment Scaling.
HLP 12: Systematically design instruction toward specific learning goal.	Task Analysis, Goal Attainment Scaling.
HLP 13: Adapt curriculum tasks and materials for specific learning goals.	Antecedent Based Intervention, Technology-Aided Instruction and Intervention, Visual Support.
HLP 14: Teach cognitive and metacognitive strategies to support learning and independence.	Self-Management, Visual Support, Cognitive Behavioral Intervention.
HLP 15: Provide scaffolded supports.	Prompting/Prompt Fading, Time Delay, Visual Support, Antecedent Based Intervention.
HLP 16: Use explicit instruction.	Discrete Trial Teaching, Modeling, Video Modeling.
HLP 17: Use flexible grouping.	Peer-Mediated Instruction and Intervention, Antecedent Based Intervention.
HLP 18: Use strategies to promote active student engagement.	Pivotal Response Training, Antecedent Based Intervention, Peer-Mediated Instruction and Intervention, Self-Management, Technology-Aided Instruction and Intervention, Reinforcement.
HLP 19: Use assistive and instructional technologies.	Technology-Aided Instruction and Intervention, Functional Communication Training, Picture Exchange Communication System.
HLP 20: Provide intensive instruction.	Discrete Trial Teaching.
HLP 21: Teach students to maintain and generalize new learning across time and settings.	Naturalistic Intervention, Pivotal Response Training, Differential Reinforcement.
HLP 22: Provide positive and constructive feedback to guide students' learning and behavior.	Reinforcement, Differential Reinforcement.
High Leverage Practices: https://highleveragepractices.org	EBPs for Autism: https://afirm.fpg.unc.edu/afirm-modules

EBPs Align with Best Practices for Inclusive Education

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SUCCESSFUL INCLUSION FOR STUDENTS WITH AUTISM

WHY?

Improved academic, social and vocational outcomes
Increased social acceptance

HOW?

Use Evidence Based Practices



VISUAL SUPPORTS



PEER-BASED INSTRUCTION AND INTERVENTION



MODELING



REINFORCEMENT



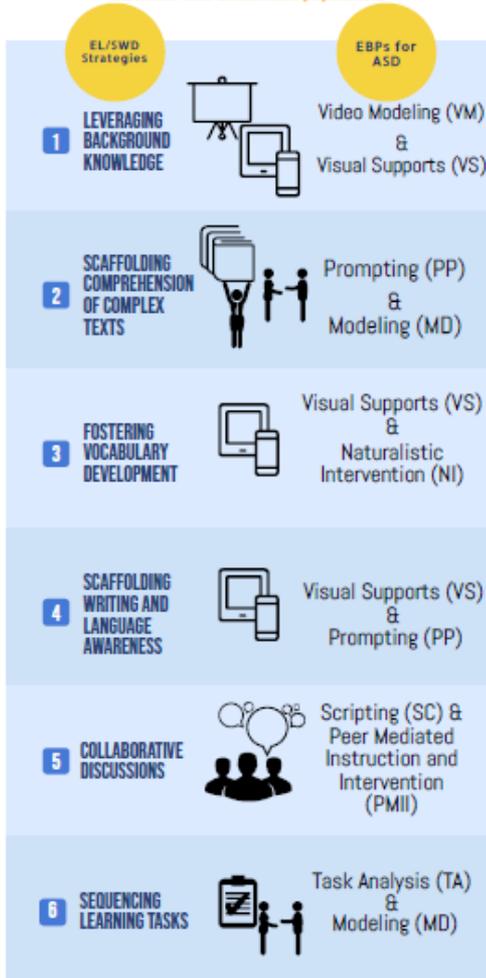
TEAM COLLABORATION

TO LEARN MORE ABOUT SUPPORTING STUDENTS WITH AUTISM
WWW.CAPTAIN.CA.GOV

Alignment of Evidence-Based Practices (EBPs) for English Learners and Students with Autism Spectrum Disorders (ASD)

Some English learner students with disabilities have Autism. These teaching and learning strategies are adapted from California's ELA/ELD frameworks and align with EBPs for students with ASD.

As of Fall 2018, the percentage of English Learners was 19.3% of total enrollment and students with Autism was 15.9% of total students with disabilities population.



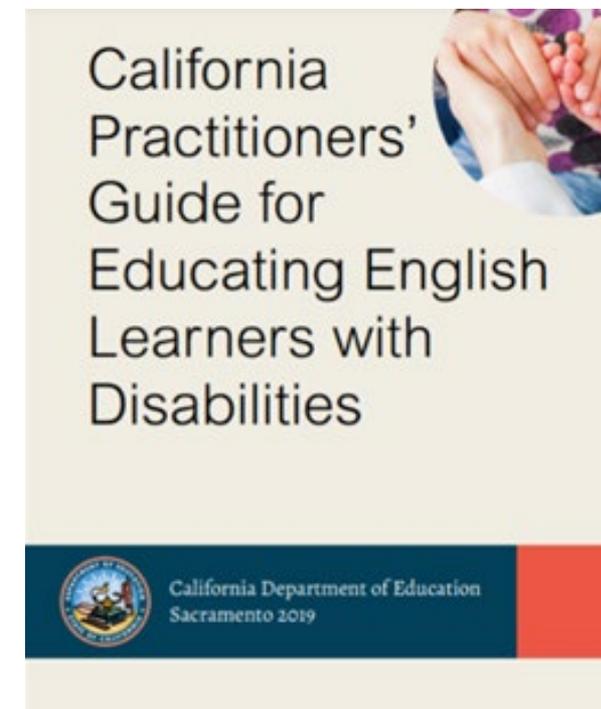
Sources:
Adapted from: California Department of Education, 2018, California Practitioners' Guide for Educating English Learners with Disabilities, Sacramento, CA; California Department of Education.

Wang, C., Dahn, S. L., Hume, K., Cox, A. W., Fetting, A., Kucharsczyk, S., Schultz, T. B. (2013). Evidence-based practices for children, youth, and young adults with Autism Spectrum Disorder. Chapel Hill: The University of North Carolina, Frank Porter Woodruff Child Development Institute, Autism Evidence-Based Practice Review Group.

EBPs Align with Best Practices for English Learners with Disabilities

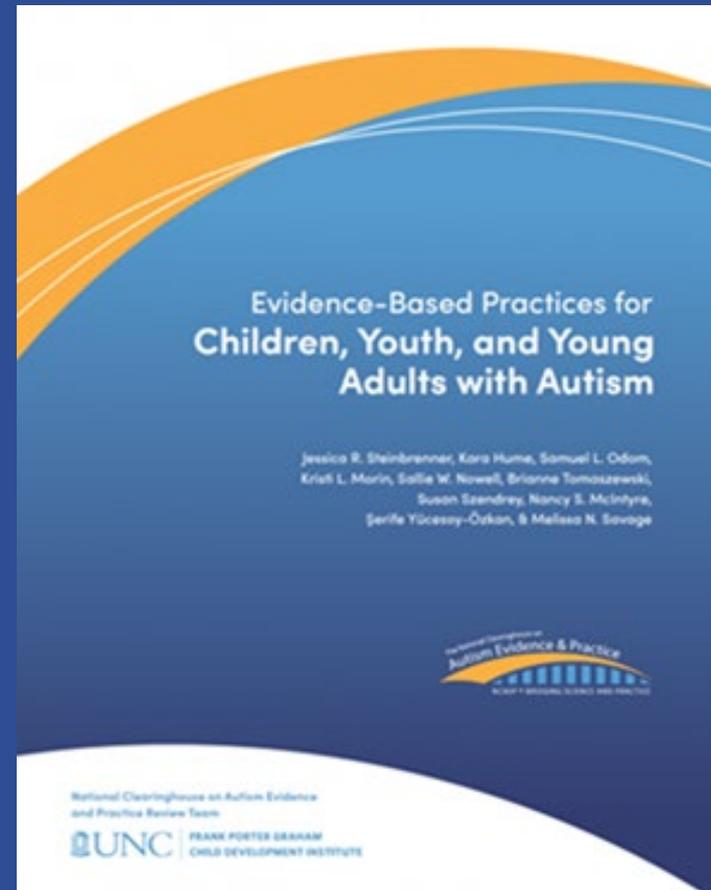
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CAPTAIN Recommends

28 EBPs from NCAEP

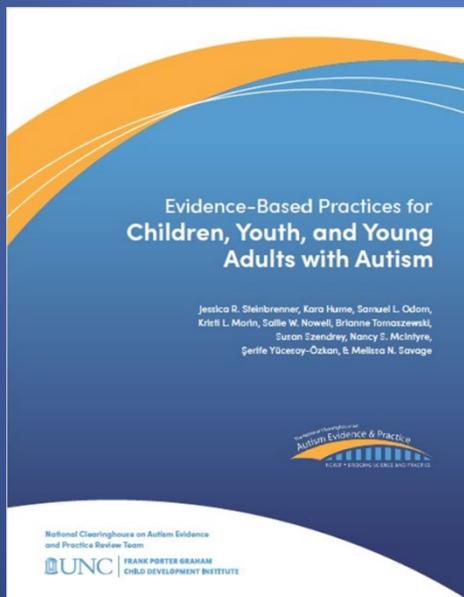


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Selecting Evidence-Based Practices for Autism



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Selecting an Evidence-Based Practice

With a number of potential EBPs to choose from, it is important to follow a process to select the most appropriate practice for your learner.

AFIRM Autism Focused Intervention Resources & Modules

Selecting an Evidence-Based Practice
For more information, please visit: <https://afirm.fpg.unc.edu/>

EBP Selection Checklist

EBP

✓
✓
✓
✓

Learner's Name: _____ Date/Time: _____
Observer(s): _____
Target Goal/Behavior/Skill (short): _____
Directions: Complete this checklist for following steps for selecting an evidence-based practice to use with a learner.

SELECT AN EVIDENCE-BASED PRACTICE:	
1.1	Identify a target skill or behavior based on IEP goal/outcome
1.1a	If applicable, conduct a functional behavior assessment
1.2	Establish an observable and measurable goal/outcome:
1.2a	Collect baseline data
1.2b	Determine context (the 'when' or the antecedent)
1.2c	Determine the target goal/behavior/skill (the 'what' or the behavior)
1.2d	Determine how the team will know when the learner has mastered the target goal/behavior/skill (the 'how' or the criterion)
1.2e	If applicable, complete goal attainment scaling
1.3	Identify potential EBPs based on research:
1.3a	Identify domain outcome for the target goal/behavior/skill
1.3b	Use the NCAEP Domain Matrix to list potential EBPs
1.4	Choose an evidence-based practice based on completed 1.4a-d:
1.4a	Determine learner and/or family's preferences, needs, priorities, and/or other characteristics
1.4b	Determine team and/or teacher characteristics
1.4c	Look for additional clues in the target goal
1.4d	Determine other resources
1.5	Train the team to use the selected evidence-based practice

UNC FRANK PORTER BRANNAN CHILD DEVELOPMENT INSTITUTE

The National Professional Development Center on Autism Spectrum Disorder

Selecting an EBP
Sam et al., 2022
Page 5 of 34



Use the Selecting an EBP Checklist

AFIRM Autism Focused Intervention Resources & Modules Selecting an Evidence-Based Practice
For more information, please visit: <https://afirm.fgcu.edu/>

EBP Selection Checklist

EBP

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1.2c	Determine the target goal/behavior/skill (the 'what' or the behavior)
1.2d	Determine how the team will know when the learner has mastered the target goal/behavior/skill (the 'how' or the criterion)
1.2e	If applicable, complete goal attainment scaling
1.3	Identify potential EBPs based on research:
1.3a	Identify domain outcome for the target goal/behavior/skill
1.3b	Use the NCAEP Domain Matrix to list potential EBPs
1.4	Choose an evidence-based practice based on completed 1.4a-d:
1.4a	Determine learner and/or family's preferences, needs, priorities, and/or other characteristics
1.4b	Determine team and/or teacher characteristics
1.4c	Look for additional clues in the target goal
1.4d	Determine other resources
1.5	Train the team to use the selected evidence-based practice

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Selecting an EBP
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Selecting An Evidence-Based Practice

EBP BRIEF



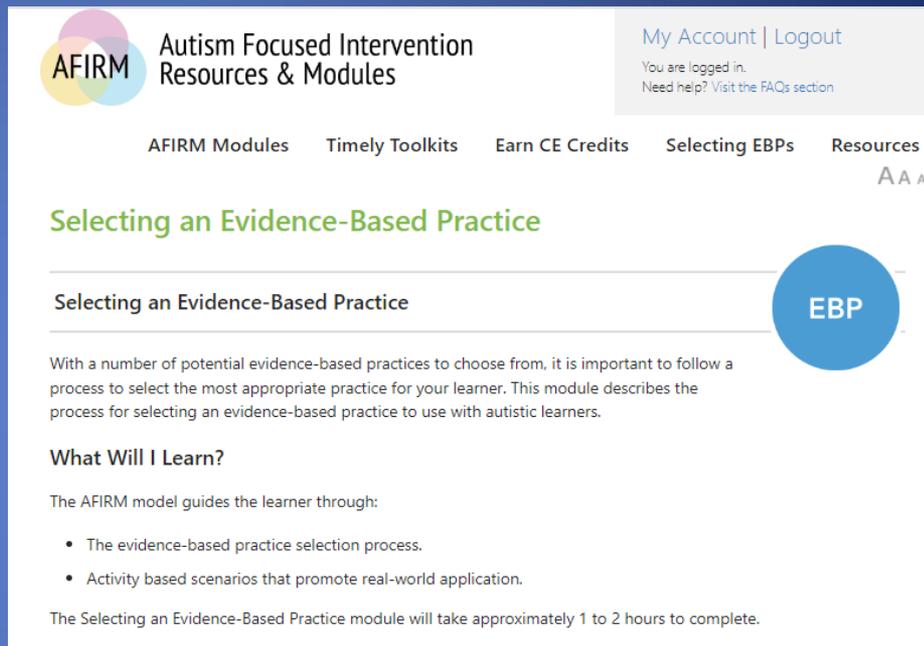
EBP OVERVIEW & RESOURCE PACKET:
SELECTING AN EVIDENCE-BASED PRACTICE

UNC Frank Porter Graham Child Development Institute
Autism Focused Intervention Resources & Modules
Sam, A., Waters, V., Dee, R., & AFIRM Team, 2022



<https://afirm.fpg.unc.edu/sites/afirm.fpg.unc.edu/files/lmce/resources/AFIRM%20Selecting%20an%20EBP%20Packet.pdf>

EBP LEARNING MODULE



<https://afirm.fpg.unc.edu/afirm-modules>



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Selecting an Evidence-Based Practice

Overview

Before implementing a new practice, follow these 4 planning steps:

1. Identify a target skill or behavior based on IEP goal/outcome
2. Establish an observable and measurable goal/outcome
 - Collect baseline data on the behavior
3. Identify potential EBPs based on research (NCAEP 2020 Report)
 - Determine the learner and/or family preferences, needs, priorities, and/or other characteristics
 - Determine the teacher and team characteristics
 - Look for additional clues in the target goal/skill/behavior
 - Determine other resources
4. Train the team to use the selected evidence-based practice

<https://afirm.fpg.unc.edu/selecting-ebp>

Selecting an Evidence-Based Practice

Planning Step 1.1:

Identify a target skill or behavior based on IEP goal/outcome

- Identify the specific target skill or behavior for the learner
- Must be observable and clearly defined in the setting where it occurs
- All team members should be able to identify the behavior (including its frequency and duration) based on the clarity of the definition of the behavior
- If the behavior interferes with the learner's ability to learn and/or is a safety concern, either to themselves or others, then conducting a Functional Behavior Assessment (FBA) can be helpful for clearly defining the target behavior

Selecting an Evidence-Based Practice Planning Step 1.1a:

If applicable, conduct a functional behavior assessment

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Selecting an Evidence-Based Practice
For more information, please visit: <https://afirm.fpg.unc.edu/>

Functional Behavior Assessment

EBP

✓ -
✓ -
✓ -

Learner's Name: _____ Date/Time: _____
Observer(s): _____
Target Goal/Behavior/Skill (short): _____
Directions: Complete this checklist to determine the function of an interfering behavior.

DEFINE INTERFERING BEHAVIOR:

QUESTIONS:

1. How long has the behavior been interfering with the learner's development and learning?	
2. Does the behavior involve aggression or damage to property?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Where is the behavior occurring?	
4. What activities is the learner participating in when the behavior occurs?	
5. What are others (teacher, peer, practitioner) doing when the behavior occurs?	
6. What is the proximity of others (e.g., teacher, peer, practitioner) when the behavior occurs?	
7. What is the noise level in the environment when the behavior occurs?	
8. How many peers and adults are present when the behavior occurs?	
9. What other environmental conditions (e.g., lighting) are present when the behavior occurs?	

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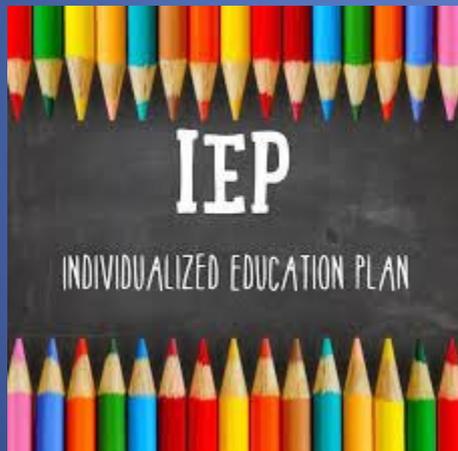
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This form is in the
Selecting an
Evidence-Based
Practice Brief

Remember!

Review the IEP or IFSP goal or outcome
and the collected baseline data



Selecting an Evidence-Based Practice

Planning Step 1.2e:

If applicable, complete Goal Attainment Scaling (GAS)

The National Professional Development Center (NPDC) has used a defined goal/outcome scaling process that incrementally looks at progress toward goal achievement over time.



GOAL ATTAINMENT SCALING

For more information about writing measurable goals and the **Goal Attainment Scaling (GAS)** process, please visit the NPDC on autism.



GAS FORM

Use the **GAS Form** to help you write an observable goal and monitor its progress.

Goal Attainment Scaling (GAS)

Teacher's Name: _____ Date/Time: _____

Observed: _____

Target to address behavior/skill: _____

Directions: Establish performance criteria for each target skill or behavior to monitor progress. Goal Attainment Scaling (GAS) can be used to help establish these performance criteria as objectives.

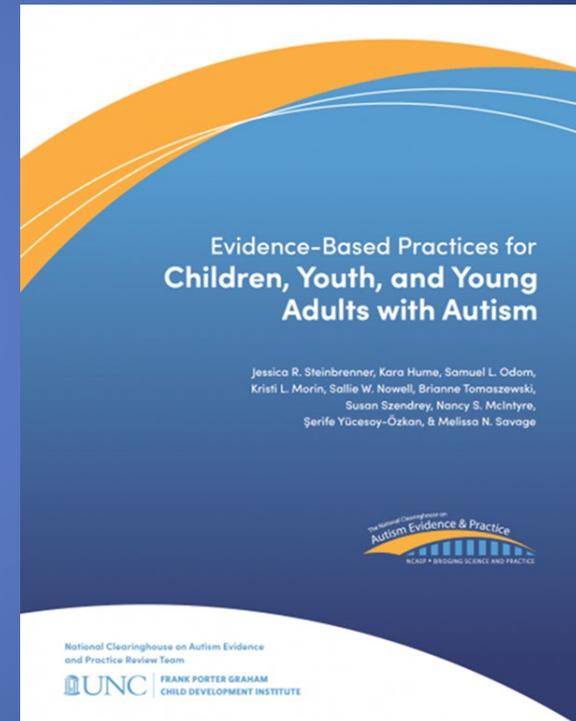
GOAL ATTAINMENT SCALING	
Current Level of Performance Data gathered on: _____	
Initial Objective	
Secondary Objective	
Expected Level of Outcome By when: _____	
Exceeds Outcome	

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Selecting an Evidence-Based Practice Planning Step 1.3: Identify potential EBPs based on research (NCAEP 2020)

28 Evidence Based Practices (2020)

Antecedent-Based Interventions	Parent-Implemented Intervention
Augmentative and Alternative Communication	Peer-Based Instruction and intervention
Behavioral Momentum Intervention	Prompting
Cognitive Behavioral/Instructional Strategies	Reinforcement
Differential Reinforcement of Alternative, Incompatible, or Other Behavior	Response Interruption and Redirection
Direct Instruction	Self-Management
Discrete Trial Training	Sensory Integration
Exercise and Movement	Social Narratives
Extinction	Social Skills Training
Functional Behavioral Assessment	Task Analysis
Functional Communication Training	Technology-Aided Intervention and Instruction
Modeling	Time Delay
Music-Mediated Intervention	Video Modeling
Naturalistic Intervention	Visual Supports



Selecting an Evidence-Based Practice Planning Steps

1.3a Identify domain outcome for the target goal/behavior/skill

Use the Outcomes Table to help you identify goals and/or instructional outcomes to address

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Selecting an Evidence-Based Practice
For more information, please visit: <https://afirm.fgy.edu>

Outcomes

EBP

Learner's Name: _____ Date/Time: _____
 Observer(s): _____
 Interfering Behavior: _____
 Directions: Use this sheet to identify goals and/or instructional outcomes for the learner with autism (Steinbrenner et al., 2020).

OUTCOME	DEFINITION	EXAMPLES (NOT AN EXHAUSTIVE LIST)
Academic/Pre-academic	related to performance on tasks typically taught and used in school settings	matching, sorting, classification, identification of shapes/colors/numbers/letters, sequencing, reading, writing, math, spelling, science, social studies
Adaptive	related to independent living skills and personal care skills	telephone, shopping, transportation, map skills, budgeting, cleaning, cooking, opening containers, eating, dressing, grooming, toileting, safety, health
Behavior	related to decreasing or eliminating behaviors that interfere with the individual's ability to learn, especially those that cause harm to self or others	destructive, self-injurious, aggressive, repetitive, maladaptive
Cognitive	related to performance on measures of intelligence, executive function, problem solving, information processing, reasoning, theory of mind, memory, creativity, or attention	test, achievement tests, early learning scales, Tower of London test, Sally Anne test, Test of Problem Solving
Communication	related to the ability to express wants, needs, choices, feelings, or ideas	language, speech, augmentative communication, sign language, manding, tacting, imitating, gestures and/or symbol use
Joint attention	related to behaviors needed for sharing interests and/or experiences	initiating and responding to eye gaze, coordinated joint looks, showing, pointing

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Selecting an Evidence-Based Practice

Planning Steps 1.4 a-d:

Choose an evidence-based practice based on completed 1.4 a-d:

The list of applicable EBPs can further be narrowed down by considering these four key areas:

1. Determine the learner and/or family preferences, needs, priorities, and/or other characteristics
2. Determine the teacher and team characteristics
3. Look for additional clues in the target goal/skill/behavior
4. Determine other resources available

HOW?



Considerations/Key Questions



Learner's Name: _____ Date/Time: _____

Observer(s): _____

Target Goal/Behavior/Skill: _____

Directions: Collect information child and family characteristics, teacher and/or team characteristics, clues found in the goal, and what other resources are available to inform your selection of an EBP.

LEARNER AND FAMILY PRIORITIES, PREFERENCES, & CHARACTERISTICS	
Learner strengths:	Learner challenges:
Has worked before home:	Has not worked before school:
Learner/Family's needs and/or priorities for target goal:	
Learner/Family's preferences for which EBP(s) to use:	
TEACHER/TEAM CHARACTERISTICS	
Knowledge level:	Successfully used EBPs:
Past EBP trainings:	EBP trainings needed:
CLUES FOUND IN THE TARGET GOAL/SKILL/BEHAVIOR:	
Goal domain:	Potential EBPs (Refer to the Domain Matrix):
Additional EBPs mentioned in the goal:	
OTHER RESOURCES	
Current Learner supports:	Available equipment:
Team members:	Additional learning experiences:

Use this form!



1.4a. Determine the learner and/or family preferences, needs, priorities, and/or other characteristics

Learner/Family Priorities, Preferences, & Characteristics

It is important to consider the learner's and/or family's needs and priorities, preferences, and characteristics when determining which evidence-based practice to use. To select the most appropriate EBP to use, consider the following questions.

LEARNER & FAMILY PRIORITIES, PREFERENCES & CHARACTERISTICS:

- What are the learner's/family's preferences for a particular practice?
- What are the learner's and/or family's priority goals to target?
- What are the strengths of the learner including learning style, temperament, interests and motivators?
- What has and has not worked in the past at home and at school?
- What is particularly challenging for the learner?

1.4b. Determine the teacher and team characteristics

Teacher & Team Characteristics

It is also important to consider characteristics of the teacher and team members who will be using the selected EBP. Consider the following questions.

TEACHER AND/OR TEAM CHARACTERISTICS:

- What is the knowledge and skill level of the teacher and other interveners?
- What EBPs have been used successfully by teachers and team members?
- What trainings on EBPs have the teacher/team had?
- Are additional trainings needed for teacher/team?

Another Resource in How to Determine Teacher/Team Characteristics

Use the CAPTAIN Training and Coaching Confidence Survey on CAPTAIN website


CAPTAIN - Training & Confidence Survey

Name: _____ Position: _____ Date: _____

	Training Received			Level of Confidence			
	No Training	Intro Overview	Hands On	Low	Med	High	Master
Autism Characteristics, learning styles and how disability is identified							
Evidence Based Practices: What Are EBPs, Overview of the EBPs for Autism							
Antecedent-Based Interventions (ABI)							
Augmentative and Alternative Communication (AAC)							
Ayres Sensory Integration (ASI)®							
Behavioral Momentum Intervention (BMI)							
Cognitive Behavioral / Instructional Strategies (CBIS)							
Differential Reinforcement (DRO, DRI, DRA)							
Direct Instruction (DI)							
Discrete Trial Training (DTT)							
Exercise and Movement (EXM)							
Extinction/Behavioral Exinction (EXI)							
FaceSay®							
Functional Behavioral Assessment (FBA)							
Functional Communication Training (FCT)							
JASPER							
Mini Teaching							
Modeling (MD)							
Music-Mediated Intervention (MMI)							
Naturalistic Intervention (NI)							
Parent-Implemented Intervention and Parent Training (PII)							
Peer-Based Instruction and Intervention (PBI)							
PECS®							
Picture Exchange Communication System (PECS)®							
Prosocial Response Training (PRT)							
Project IMPACT							
Prompting and Prompt Fading (PF)							
Reinforcement (R+)							
Response Interruption and Redirection (RIR)							
Self-Management (SM)							

Social Narratives (SN)							
Social Skills Training (SST)							
Social Stories™							
Stepping Stones™/Triple P							
Task Analysis (TA)							
Technology-Assisted Intervention and Instruction (TAII)							
Time Delay (TD)							
Video modeling (VM)							
Visual Supports (Schedules, Work Systems, Physical Structure of the Environment or Activity to Support Independence) (VS)							

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1.3c. Look for additional clues in the target goal/skill/behavior

Clues Found in the Target Goal/Skill/Behavior

Consider clues found in the outcome statement.

Remember to refer to the Domain Matrix for a list of applicable evidence-based practices that can be used according to the learner's age range and the domain/outcome of the target goal.

← DOMAIN MATRIX

CLUES FOUND IN GOAL/SKILL/BEHAVIOR:

- What is the goal trying to accomplish?
- What is the learning domain/outcome of the goal?
- Are there additional evidence-based practices identified in the goal (i.e. prompting, reinforcement, and/or visual supports)?

1.4d. Determine other resources

Other Resources Available

Finally, consider what other resources are available by asking the following questions.

OTHER RESOURCES AVAILABLE:

- What supports are being used effectively with the learner?
- What equipment is needed and available to support implementation of the practice?
- What people and resources can be identified to assist with implementation (related service providers, siblings in the school, peers)?
- What additional learning experiences exist at the school or in the community that would be beneficial in achieving the goal (clubs, sports teams, community-based experiences)?

Selecting an Evidence-Based Practice

Planning Step 1.5:

Train the team to use the selected evidence-based practice

Train the Team

Once an EBP or several EBPs have been selected as probable interventions, the team needs to identify who will implement the practice(s) with the learner. One might start by deciding where the behavior or skill is most often demonstrated or needed and target the teachers in that environment. With time and success in the use of the intervention, others with whom the learner engages could be trained to use the intervention effectively so that consistency across settings is maximized.

AFIRM modules are designed to help you learn the step-by-step process of planning for, using, and monitoring an EBP with learners with autism from birth to 22 years of age.

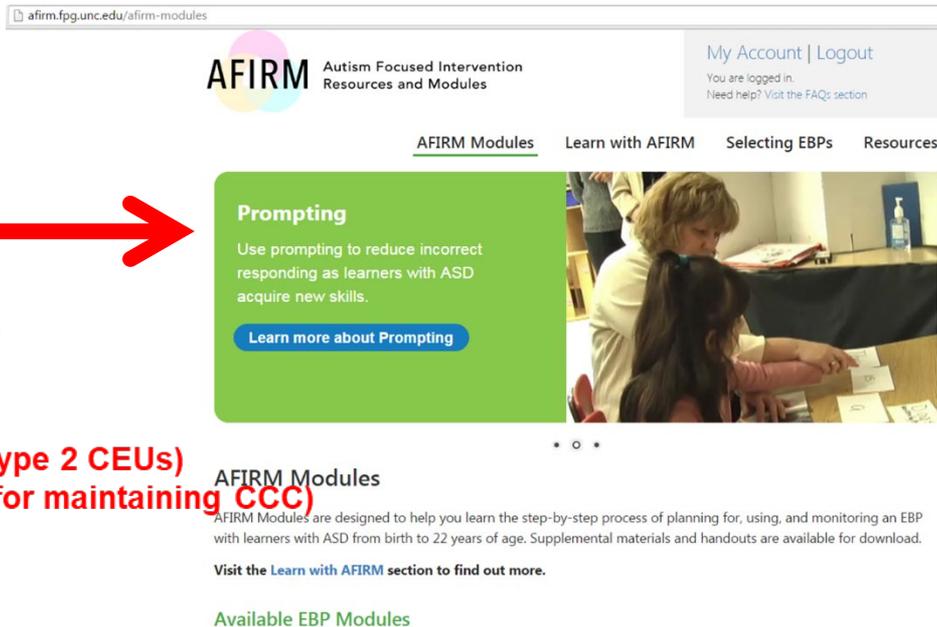
Each AFIRM module focuses on an EBP for learners with autism and includes:

- engaging case examples that demonstrate the behavior or practice in use,
- multimedia presentation of content with audio and video clips, and
- interactive assessments that provide you with feedback based on your responses.



FREE High Quality Training: Autism Focused Intervention Resources and Modules (AFIRM)

Designed to help you learn the step-by-step process of planning for, using, and monitoring EBPs with learners with Autism from birth to 22 years of age



The screenshot shows the AFIRM website interface. At the top, the URL is afirm.fpg.unc.edu/afirm-modules. The header includes the AFIRM logo and navigation links: AFIRM Modules, Learn with AFIRM, Selecting EBPs, and Resources. A 'My Account | Logout' section is visible in the top right. The main content area features a green card for the 'Prompting' module, which includes the text: 'Use prompting to reduce incorrect responding as learners with ASD acquire new skills.' and a button that says 'Learn more about Prompting'. To the right of the text is a photograph of a woman interacting with a child at a table. Below the main content, there is a section titled 'AFIRM Modules' with a brief description and a link to 'Learn with AFIRM'.



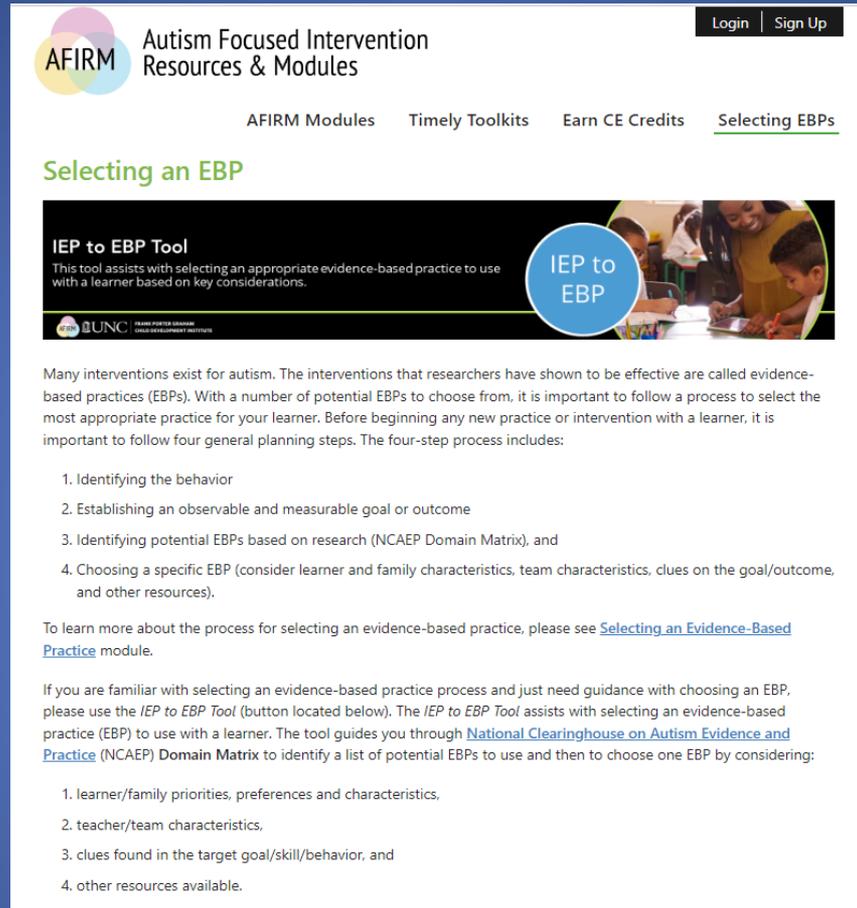
There's a
Learning
Module for
most of the
28 EBPs

BCBA (Approved BACB Type 2 CEUs)
SLP (Approved by ASHA for maintaining CCC)

AFIRM Autism Focused Intervention
Resources and Modules

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<http://afirm.fpg.unc.edu/afirm-modules>

Selecting an Evidence-Based Practice



AFIRM Autism Focused Intervention Resources & Modules

Login | Sign Up

AFIRM Modules | Timely Toolkits | Earn CE Credits | Selecting EBPs

Selecting an EBP

IEP to EBP Tool

This tool assists with selecting an appropriate evidence-based practice to use with a learner based on key considerations.

IEP to EBP

Many interventions exist for autism. The interventions that researchers have shown to be effective are called evidence-based practices (EBPs). With a number of potential EBPs to choose from, it is important to follow a process to select the most appropriate practice for your learner. Before beginning any new practice or intervention with a learner, it is important to follow four general planning steps. The four-step process includes:

1. Identifying the behavior
2. Establishing an observable and measurable goal or outcome
3. Identifying potential EBPs based on research (NCAEP Domain Matrix), and
4. Choosing a specific EBP (consider learner and family characteristics, team characteristics, clues on the goal/outcome, and other resources).

To learn more about the process for selecting an evidence-based practice, please see [Selecting an Evidence-Based Practice](#) module.

If you are familiar with selecting an evidence-based practice process and just need guidance with choosing an EBP, please use the *IEP to EBP Tool* (button located below). The *IEP to EBP Tool* assists with selecting an evidence-based practice (EBP) to use with a learner. The tool guides you through [National Clearinghouse on Autism Evidence and Practice](#) (NCAEP) [Domain Matrix](#) to identify a list of potential EBPs to use and then to choose one EBP by considering:

1. learner/family priorities, preferences and characteristics,
2. teacher/team characteristics,
3. clues found in the target goal/skill/behavior, and
4. other resources available.



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The AFIRM “IEP to EBP Tool”

How to Select an Evidence-Based Practice

ACKNOWLEDGEMENTS

IEP TO EBP TOOL
Select an Evidence-Based Practice

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CHILD DEVELOPMENT INSTITUTE

BEGIN

<https://afirm.fpg.unc.edu/selecting-ebp>



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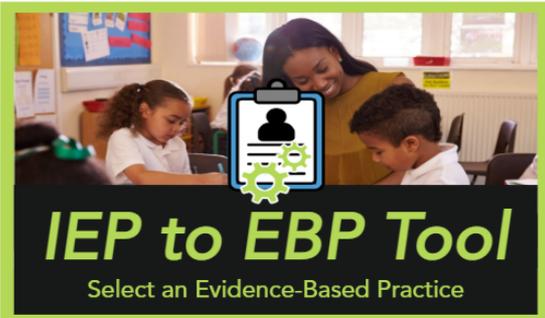
Learn How to Use the IEP to EBP Tool

SELECTING AN EBP IDENTIFY BEHAVIOR ESTABLISH GOAL IDENTIFY EBPS CHOOSE AN EBP TRAIN THE TEAM CASE STUDIES RESOURCES ? X

Resources & Tools

After this module, you will be able to:

- Download materials to support your selection of an evidence-based practice.
- Use the *IEP to EBP Tool* to help you navigate the NCAEP Domain Matrix to select a practice that will be most appropriate to use with a learner.



IEP to EBP Tool
Select an Evidence-Based Practice

- *IEP to EBP Tool*
- **Monitoring Progress**
- **References for Selecting an EBP**
- **Resources for Selecting an EBP**
- **Glossary**
- **Return to AFIRM**

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Let's
Practice!

Additional Resources

EBP

IEP to EBP Tool:

The IEP to EBP Tool is designed to support your selection of an evidence-based practice for a learner with autism.

For more information, please visit: <https://afirm.fpg.unc.edu/iep-to-ebp-tool>

NCAEP EBP Database:

The EBP database is designed to help you in the EBP selection process.

For more information, please visit: <https://ncaep.fpg.unc.edu/ebp-database>

AFIRM Modules:

AFIRM Modules are designed to help you learn the step-by-step process of planning for, using, and monitoring an EBP with learners with ASD from birth to 22 years of age. Supplemental materials and handouts are available for download.

For more information, please visit: <https://afirm.fpg.unc.edu/>

2020 NCAEP EBP Report:

National Clearinghouse on Autism Evidence & Practice team at the Frank Porter Graham Child Development Institute has completed a report on Evidence Based Practices (EBPs). The report includes literature published from 2012-2017 and the findings are combined with the literature from the previous review (NPDC) from 1990-2011.

Steinbrenner, J. R., Hume, K., Odom, S. L., Morin, K. L., Nowell, S. W., Tomaszewski, B., Szendrey, S., McIntyre, N. S., Yucesoy-Ozkan, S., & Savage, M. N. (2020). *Evidence-based practices for children, youth, and young adults with autism*. The University of North Carolina at Chapel Hill, Frank Porter Graham Child Development Institute, National Clearinghouse on Autism Evidence and Practice Review Team. <https://ncaep.fpg.unc.edu/research-resources>

CAPTAIN Website

www.captain.ca.gov

You can easily access all these EBPs,
NPDC, NCAEP tools and EBP
Resources through the CAPTAIN
website!



Making Implementation Happen.
Bridging the Research to Practice Gap



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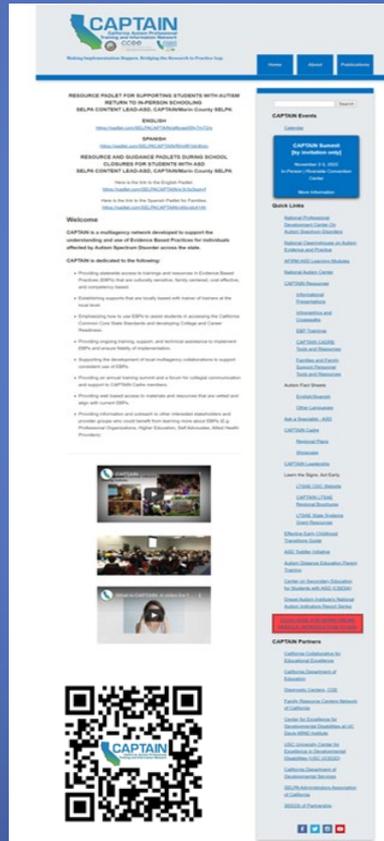




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captain@marinschools.org

***“Children and families
cannot benefit from
evidence-based practices
that they do not experience.”***

-Dean Fixsen, NIRN, 2006



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