

Setting the Standard for Statewide Training: California Autism Professional Training And Information Network

“It was a challenging time for educators and practitioners,” says Ann England when describing the world of treatments and interventions for autism spectrum disorders (ASD) prior to 2009. As the assistant director of the Diagnostic Center, Northern California, England is in a position to know. Before that year, an Internet search for “autism treatments” could yield more than several million hits—and no protocols for filtering them. Some treatments promised full recovery, even as the FDA described autism as having no cure¹; others claimed remarkable levels of amelioration, but were expensive and offered no scientific evidence to back up their claims. And there were millions and millions of them.

Contributing to the challenge was the known importance of early intervention for young children with autism, especially when interventions are delivered within inclusive settings. There was already ample “data indicating that inclusion can lead to excellent outcomes for preschoolers with ASD.”² Yet what those interventions were remained a puzzle until 2009.

In 2009 and 2010, the National Professional Development Center on Autism Spectrum Disorder (NPDC-ASD) and the National Autism Center (NAC) conducted critical reviews of the ASD research literature. These reviews identified evidence-based practices for ASD for children ages 3 to 21.

Then in 2012 the Frank Porter Graham Child Development Institute at the University of North Carolina at Chapel Hill expanded on the work of NPDC-ASD with its *ASD Toddler Initiative: Promoting*

the Use of Evidence-Based Practices for Toddlers With Autism Spectrum Disorders. This initiative developed online materials and training modules to support the use of evidence-based practices for young children, their families, and service providers.³

Parents and educators started breathing a collective sigh of relief. But the number of students diagnosed with autism was rapidly increasing, and the next question was how to train professionals in the use of the proven practices.

Using What Works

California was ahead of the game. In 2008 the state had launched CAPTAIN—California Autism Professional Training And Information Network. From the beginning, the initiative applied the principles of implementation science, with the goal of spreading evidence-based practices statewide and ensuring that they were used appropriately and as designed, i.e., with fidelity. CAPTAIN is garnering state and national attention, as much for its use of implementation science as for the practices it is teaching others to use.

“People are starting to take notice of what we are doing because they see it working,” says Patty Schetter, project manager at the UC Davis MIND Institute. She and England are co-coordinators of CAPTAIN. “The important thing for people to see is that implementation requires more than just training. It does not matter what innovation or practice we are talking about—inclusion, co-teaching, evidence-based practices for reading and literacy, or schoolwide positive behavior interventions and supports. The key to implementing the *what*—in our case, evidence-based practices for autism—is using the frameworks and practices from implementation science. It is the *how*. It takes the guesswork out of getting things done, because if you use it, it works!”

The Institute of Education Sciences

3. For more about the ASD Toddler Initiative, go to <http://fpg.unc.edu/node/3896>

(IES), the research arm of the U.S. Department of Education, has recently funded a \$1.4 million, three-year grant to study CAPTAIN, “looking at factors that influence the effectiveness of a collaborative statewide network for sharing information about evidence-based practices.” Aubyn Stahmer, researcher from the UC Davis MIND Institute, is the primary investigator for this study. “The CAPTAIN statewide implementation effort provides a natural vehicle for examining facilitators and barriers to training and support for educators in the use of evidence-based practices,” says Stahmer. “Outcomes will inform scale-up efforts for EBP [evidence-based practices] implementation more broadly.”⁴

Attention to evidence-based practice has become ubiquitous, and not just because the practices work. Using evidence-based practices is also the law, mandated by the Individuals with Disabilities Education Act, the Every Student Succeeds Act, and the Office of Special Education Programs’ monitoring approach: Results-Driven Accountability; they are also strongly recommended in numerous national education guidelines. What the IES study identifies as particularly effective from the CAPTAIN efforts could have broad-reaching implications for current educational initiatives in the state, particularly the California SUMS Initiative: Scale-Up MTSS Statewide, which is also built on evidence-based practices.

The good news is that there is already much to learn from CAPTAIN’s successes and its use of implementation science.

4. Holzer, H. (2017). UC Davis MIND Institute receives \$1.4 million grant to improve effectiveness of evidence-based practices for individuals with autism spectrum disorders. *The California Aggie*. Retrieved from <https://theaggie.org/2017/09/04/uc-davis-mind-institute-receives-1-4-million-grant-to-improve-effectiveness-of-evidence-based-practices-for-individuals-with-autism-spectrum-disorders/>

1. LeMieux, J. (2017). The FDA Warns About Fake Autism Treatments. American Council on Science and Health. <https://www.acsh.org/news/2017/04/17/fda-warns-about-fake-autism-treatments-11143>
2. Stahmer, A. C., Akshoomoff, N., Cunningham, A. (2011). Inclusion for Toddlers with ASD. *Autism*, 15(5): 625–641. <http://journals.sagepub.com/doi/pdf/10.1177/1362361310392253>

Build Carefully

Implementation science has identified three things as central to successfully installing any initiative: the leadership, the organization of the effort, and the competency of the people involved. These are called the “drivers.” CAPTAIN attended to these drivers from the beginning, choosing its leadership and creating its organization slowly and carefully at multiple levels. It started with a planning group in 2008, then a working group in 2009. From there, a two-year grant made it possible for state and local training and technical assistance (TTA) providers to receive coaching and feedback on their use of ASD tools and resources—enhancing their competency. The CAPTAIN Leadership Team then spent 17 months developing CAPTAIN as it currently exists: a statewide training and technical assistance network for treatments and interventions for ASD.

Create the Right Groups

To further its organizational effectiveness, the project developed implementation teams that operate at state, regional, district, and site levels. The state-level multi-agency leadership team communicates monthly by phone and meets twice annually for strategic planning, also meeting annually with and surveying the 17 CAPTAIN regional teams to update them on new advancements in the field and to learn from them what is working and what needs to be improved. These regional teams are also multi-agency, made up of representatives from SELPAs, regional centers, and family resource and family empowerment centers. They meet quarterly to solve local problems and to develop collaborative plans for disseminating information about ASD and evidence-based practices. The regional teams ensure that the strategies and interventions are delivered to children and families with fidelity, using hands-on coaching and technical assistance best practices.

Select the Right People

According to Schetter, “We focused a great deal of time and energy getting the buy-in of the right people.” The group of CAPTAIN “cadre members” are these

people, and they serve as the linchpin for the organization’s work. Nominated by their regional agencies, cadre members directly serve their communities as “trainers of trainers,” disseminating information about evidence-based practices, providing hands-on coaching and TTA, and ensuring fidelity. Their job is to build expertise among the professionals who serve children and families and to increase the capacity of their agency to use evidence-based practices.

Schetter said, “We went to the organizations and helped them understand how critical it is that they support the personnel requirements to be a part of CAPTAIN. ‘You want people who know the content and are available to do the training, coaching, and information dissemination. You then need to free these people up to do the work.’ In response, some administrators changed job descriptions or realigned responsibilities to make this happen. Sometimes they even changed their minds about the people they originally chose because they realized that getting the right fit of personnel was critical to success.”

When asked how they were able to get this level of commitment and response, England said, “Some LEA administrators were frustrated. They told us they were paying thousands and thousands of dollars year after year for professional development—‘stand and deliver’ or ‘sit and get’ trainings, for example—and getting no real results in the classrooms. We were there at the right time.”

Schetter added, “And some were hit hard with the growth in the number of kids they had with autism—and the amount of litigation they had to face when not using evidence-based practices. Avoiding litigation and seeing better outcomes for kids are great motivators!”

Both England and Schetter agree that the most important focus has been on how the CAPTAIN model supports fidelity of practice. This effort “requires more than just attending a training. Coaching and a supportive context that includes administrative support” are essential.

They both also see CAPTAIN’s success as due to an “amazing” leadership team, the

support of the state SELPA organization, the 500-plus members of the CAPTAIN cadre who are “passionate about what they do for individuals with ASD, and the administrators who support them in carrying out this important work,” say England and Schetter.

There are numerous additional layers and nuances to CAPTAIN: an annual summit, professional learning communities, community conferences, community-based resource and referral brochures and handbooks, cross-agency training, and more. The messaging of CAPTAIN is coordinated and controlled, the standards for training at all levels are high, the connection and coordination within and across groups is frequent and ongoing. The network’s flexibility allows regions to address local challenges at their own pace. The CAPTAIN Web site, hosted by Diagnostic Center, Northern California, serves as a statewide clearinghouse to provide evidence-based and research-based information.

More to Come

As with any large-scale initiative, questions and challenges remain. For example, why is there a great deal of ongoing commitment in some organizations and not much in others? Are there reliable ways to secure buy-in? What works best at what level? How does an initiative survive key personnel changes to become a permanent part of the system? Co-investigator for the IES study, Jessica Suhrheinrich from San Diego State University, plans to find answers to these questions and more. “Our goal is to identify factors that support state-level implementation,” says Suhrheinrich. “By the end of the grant we are hoping to know more about factors that improve the dissemination of evidence-based practices in the state. CAPTAIN is focused on services for autism, but we’re hoping that this model may be helpful for other statewide collaboration efforts that are focused on the needs of other groups or on other disability services.”

Stay tuned! ◀

Resource

▶ To visit the CAPTAIN Web site, go to <http://www.captain.ca.gov/about.html>