Autism spectrum disorder (ASD) is currently the fastest-growing developmental disability in the United States with a prevalence of 1 in 50 (Centers for Disease Control and Prevention, 2013). This increase has likewise affected education agencies as the educational classifications of ASD have grown in frequency (Loscalzo & Palumbo, 2011). Due to the significant role of schools in the education and support of students with ASD, it is crucial to ensure that school professionals are trained in evidence-based practices (EBPs). Additionally, it is clear that in order to be effective school personnel must not only have a foundation in EBPs, but have the level of knowledge necessary to implement such strategies with fidelity (Fisler, Nacon, Bas, Freeman, & Wallace, 2005). Though intensive training and hands-on experience has been confirmed by various researchers to lead to effective implementation of EBPs and application of knowledge (Gray, Hanon, McClain, & Daly, 2005; Parsons & Reid, 1995), few programs have been established nationwide to support staff in this manner.

The HANDS in Autism® Interdisciplinary Training & Resource Center was created with a mission to fulfill this need and further bridge the research to practice gap through the development of a curriculum and training process that provides effective and efficient educational and technical support to professionals working with and supporting individuals with an ASD across multiple settings. Directed with the aim of the HANDS in Autism® Center, implementation and development of collaborative classrooms and programs consist of a hands-on learning and training process in the naturalistic educational setting guided by a comprehensive curriculum rooted in applied behavior analysis (ABA) and built from EBPs in the field of autism spectrum disorder (1). Such premises underlie the HANDS in Autism® Model and associated Training Program both of which are used in the development of demonstration classrooms that serve as training hubs within local regions for which school personnel, community providers, medical professionals, parents, and caregivers can witness such practices in action. Currently, there are nine collaborative classrooms in various stages of implementation across Indiana.

### Demonstration Classroom Development and Sustainability: HANDS in Autism® Model

Sustainable project implementation requires a multi-layered approach that revolves around systemic and systematic change of the teaching environment. Fig. 1 outlines the main concepts of such environment.

**Core components and focus of the training program:**

- **Fidelity of implementation:** is met when the program is delivered as planned and staff are trained and support primary responsibilities as they are designed.
- **Interactivity—format of training opportunities based upon standardized strategies:** is essential in engaging all participants in the training process and ensuring the transfer of knowledge.
- **Functional domains:** are essential in understanding the context and applicability of the strategies being taught.
- **Implementation:** is crucial in ensuring the successful application of skills and knowledge.
- **Sustainability:** is important in ensuring the long-term success of the program.
- **Evaluation:** is necessary to determine the effectiveness of the program.

### HANDS in Autism®: Theory of Change Logic Model

**Theory of Change Logic Model**

Changes are driven by two main forces, the implementation team and the recipient team. Through a multi-year iterative process of change implementation, we have found the following components to be integral within an implementation team such as that of the HANDS in Autism® Model: (1) trained interdisciplinary staff—extensive background and experience in psychology and education with concurrent education and certification in ABA; (2) training of school personnel, professionals from other related fields (e.g., medical, families, and individuals on the spectrum); (3) evolving curriculum, assessment, and accompanying resources—a comprehensive curriculum with focus on EBPs and collaborative approach to students’ needs; (4) development of a hands-on, hands-in, no less “ABA,” the implementation model is one at the concretion of this project, blending a number of EBPs to ultimately support the implementation of practical standards. This document provides several examples of EBPs that culminates in both improved staff and student outcomes. Future directions involve evaluation of the training model and process supporting a multidisciplinary, school-based team approach in the effective implementation of the HANDS in Autism® intensive summer training program is offered as a Master’s level course through several major universities.

**Evaluation of success**

Finally, program implementation requires ongoing evaluation at multiple levels, each of which is important for overall success and sustainability. The following evaluation distribution implemented by the HANDS in Autism® Model is based on Krippendorf’s model (Krippendorf & Krippendorf, 2004) (see Table 1).

### Evaluation Alignment Examples

- **Knowledge of AAS:** Assessment of knowledge and understanding of AAS accessed via the internally developed Autism Knowledge Survey-Refreshing (AKS-R) or AAS in Autism®, ©2005
- **Application of evidence-based practices for students with ASD:** Assessment of school personnel's application of HANDS in Autism® Model training and curriculum knowledge via the Autism Knowledge Survey-Expanded (AKS-E) or HANDS in Autism® Model, ©2007
- **Fidelity of implementation:** Measurement of the fidelity of implementation by teachers through the use of internally developed HANDS (Model). Training Checklist HANDS in Autism®. ©2006 specific to the context of each module within the HANDS in Autism® Model, and structured observations via the use of the internally developed Classroom-wide Data Rating Scale (CDRS) or HANDS in Autism® Model, ©2009

### References