Bridging for Success – Revisited.
Training and Collaboration across Medical, Educational, and Community Systems

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Introduction
When the estimated number of affected children is one in 110 nationally, it is very likely that even care providers without specialization in Autism Spectrum Disorders (ASD) will encounter individuals and families affected by the spectrum in more than one setting. More so, the rapidly growing body of knowledge in evidence-based practices may often present a challenge for these care providers for whom working with individuals with an ASD is not the primary area of expertise. The need for shared community responsibility in addressing the issues relating to care is essential for the success of individuals (and families) with an ASD. Efforts at improved training and increased collaboration can facilitate increases in consistency in implementation rather than disjointed services across multiple stakeholders.

To better understand the general challenges encountered by care providers and other providers, we have analyzed the following groups by settings (Fig. 1). One of our recent successes aimed at expanding statewide stakeholder collaboration is the facilitation of Local Community Coordination (LCC) chapters; community networks of families and professionals with a common mission to bridge across settings and enable greater community systems of support for and information pertaining to individuals with an ASD. LCC members are active participants in their local communities and are most invested and knowledgeable of localized needs, effective partnerships and general culture that will impact the process and ultimate success with building increased local capacity to support individuals and families affected by ASD in the home, school, medical, and community settings (Fig. 3). HANDS provides a framework for facilitating networking and cooperation as well as providing resources to enable the caregivers to experience successes through collaboration. By networking across systems, LCC members are able to more effectively collaborate, coordinate, and build upon the strengths of one another to address local needs and foster success in attaining targeted and effective goals for individuals with an ASD and their families. Upon this foundation, LCC chapters are becoming increasingly active across the state of Indiana and are addressing the areas of key need as established by their members. The needs are being addressed at a pace and with community involvement unique to each of their own area. Current initiatives include raising awareness about local resources, distributing evidence-based information and materials across settings, and providing multidisciplinary trainings to a range of community members inclusive of those within family, school and medical systems.

Training: Guidelines and Difficulties
Just as interventions and services are individualized based upon individual needs, adult learning requires considering the unique processing and learning needs of the individual learner (Bryan, Kreutzer, & Brownlow, 2008). The HANDS in Autism Program provides a continuum of training formats to address this continuum of need. The continuum is reminiscent of Bloom’s Taxonomy (Krathwohl, 2002) and ranges from a framework of basic knowledge to demonstration of the ability to evaluate and make judgments based on existing knowledge and evolution of a number of training options provided to learners state-wide (Fig. 2).

Additionally, researchers have traditionally noted increased benefits from learning in hands-on and interactive training formats as opposed to more traditional and passive learning formats. Moreover, Joyce and Showers (1983) indicate that training improves their skills, knowledge, and ability to implement the newly learned skills to their settings when coaching and feedback are utilized. Simpson (2003) highlights the importance of teaching, modeling, and practicing skills that can be potentially used when working with individuals with an ASD. Simpson (2003) highlights the importance of teaching, modeling, and practicing skills that can be potentially used when working with individuals with an ASD.

Continuous challenge for all three groups: lack of mutual understanding and collaboration between caregivers, educators, and service providers aimed at the support and betterment of the individual with an ASD.

Collaboration: Guidelines and Difficulties
Given the need for more effective training and expansion of collaboration, the HANDS in Autism Program was developed to provide an innovative evidence-based approach focused on systems change and reinvention with efforts to close the gap in knowledge and increase effective implementation and collaboration amongst stakeholders. The following factors play a crucial role in the success of the program and evolution of a number of training options provided to learners state-wide (Fig. 2):

1. Training focused on building strengths and successes of individuals with an emphasis on proactive planning and teaching skills (Lovsvik, Dunlap, Huber, & Kincaid, 2003, National Research Council (NRC), 2001).
2. Premise of collaboration and training across community systems for consistency, coordination, and positive outcomes for individuals with ASD and all individuals with disabilities (Baker, Bauman, Bishop, DiMauro, Finlayson, et al., 2005; Swiezy, Stuart, & Korakiewicz, 2008).
3. Teaching of data-driven decision making practices across all community systems to effect best outcomes through systematic planning and individualization of efforts (Lovsvik, Dunlap, Huber, & Kincaid, 2003, NRC, 2001).
4. Content of information and training is based upon current research in special education, psychology and other related fields with relevance to ASD and other developmental disabilities and with focus on effectively blending evidence-based strategies (Horner, Carr, Sund, & Reed, 2002; Matson, Benedix, Compton, Paclawskj, & Bagilo, 1996; National Autism Center (NAC), 2009; Odom, Brown, Frey, Karasu, Smith-Carter, & Strain, 2003).
5. Format of training opportunities are based upon implementation systems training research indicating the need to signal to varied learning styles (Downs, Hanon, Blase, Friedman, & Wallis, 2002) and the need for more interactive strategies in training to ensure use in the natural setting (e.g., McClannahan, & Krantz, 1993; Joyce & Showers, 2002).
6. Provision of access to free materials, training, technology and consultative staff in efforts to decrease barriers, increase support and improve implementation and utilization of the strategies taught.
7. Emphasis on understanding the fluid and integrated process for effectively educating all students by incorporating data-driven strategies, research-based methods, collaboration and individualized student needs to develop effective programming (Lovsvik, Dunlap, Huber, & Kincaid 2003; Kazdin, 2001, NRC, 2001).

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References