

# Applying Evidence Based Approaches Internationally

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# A personal quest - The case of Greece

The facts in 2009...

- Average time of therapy per week in 2009
- 4 hours per week
- Low income
- Lack of specialists trained in Evidence Based Practices
- Lack of standardized tests
- Stigma in accessing therapy, even diagnosis

# How you get them interested?

- From my personal experience, private initiatives were almost always the norm

Eg.

- A family who was doing online therapy
- A family who visited a center in the US or elsewhere, where EBPs were available
- A physician who had personal experience from the US or elsewhere
- A therapist who had been trained abroad
- The internet
  - Eg the pandemic!!!
- Seldom government involvement or NGOs

# Can money buy, what it doesn't exist?

- It is said that less of 10% of the world's population has access to EBPs like PRT or ABA
- Language barriers
- Cultural barriers

# Personal experience

- I have trained people in Greece, Cyprus, Turkey, Armenia, Argentina, Albania, and also
- Russian, Italian, French, Polish, Japanese, Portuguese and German speaking families.
- I'm also contacting online trainings and supervision in about ten other countries, like USA, Australia, Saudi Arabia, Sweden, Belgium, Egypt

# When going global, never take anything for granted...

- In some countries, certain disciplines have taken over the autism therapy in its whole eg Special Education Teachers
- So cognitive goals “hijacked” communication goals.
- Not all therapies are necessarily available in a new country eg Speech-therapy, Occupational Therapy

# So how do we go into a country and change things?

- First of all:
  - tackle the Language barrier:

- Especially in methods like PRT, which is mainly using Verbal abilities
- It is important in some cases to know the language structure in order to advance the children
- English is a very straightforward language,
- Whereas Turkish is an agglutinative language
- Russian lacks verbs like “Iam”
- Other languages may not have plural or may have inclinations
- In other languages, their written forms may differ significantly than their spoken ones.
- Knowledge of these languages is necessary at least to a basic or intermediate level.

# Challenges

- There was in many cases a disconnection between the medical aspect and the intervention goals
- Expertise by US standards could be limited
- Age of diagnosis significantly impacts the results of the intervention
- Cost of training per country

# Gender and Cultural barriers:

- may include difficulty in gender issues eg women therapists may not always be as valued as men therapists

- Or men trainers are thought of as more qualified trainers than women.

In some cases, on the contrary, men may not be considered suitable trainers as they are considered in some cultures to “lack empathy towards children in the same way that women can give motherly love”.

# Challenges

- Intergenerational family involvement as in many countries and cultures, eg. many different generations, live in the same house.
- Lack of continued and sustained supervision and increase of expertise in PRT
- “Competition!”  
Once we trained some therapists, they wouldn't actually let other people go get trained in order to keep PRT as a monopoly...

# Experience on the field

- PRT or any evidence based method can be used as a well meant “Trojan Horse”
- We should choose an EBP which is easily adaptable in almost any setting
- Sometimes an EBP may fail, not because its not good, but it requires many resources, which are not available like money, time, expert trainers and knowledge of languages

# Together with the introduction of an Evidence Based Practices

we should emphasize the need of

- Early Intervention and therefore
- early screening and
- diagnosis
- Family training

- Involvement of different disciplines
  - such as speech therapists and Occupational Therapists that are not always the norm in treating autism in many countries
- Increase in the hours involved
  - Always inquire what is the norm in each country and how this is distributed
- Setting of therapy
  - Before PRT, the only way to do therapy was at centers. Now with PRT, the hours of therapy have been increased at almost no additional cost.

# Experience from Greece and Turkey

- The introduction of PRT in Greece, Cyprus and Turkey, has brought or is bringing change
  - in the way autism is viewed and
  - what tests and tools and
  - Which interventions are being used generally
  - Age of diagnosis
  - Time spent in therapy
  - Quality of life of families and children

# Training of families and community

- Since PRT strongly involves the family and the community
- It was probably the most positive contribution as it made adaptation to the techniques easier, wider generalization and increase in collateral gains

# Conclusion

- When applying and drawing strategies for EBP internationally, we should know well
  - the health system locally
  - The resources available like therapists, money needed, average income
  - The language, as much as for training as for applying the EBPs.
  - The average age of diagnosis may be crucial
  - Supporting tests and long term goals
  - Include families and therapists alike
- Cultural and language barriers need to be taken in mind before starting to train compact regions

# Thank you – Επαινώ(ερενο:anc.Greek)

- Ευχαριστώ [谢谢] (xièxie)
- Vielen Dank! arigatō
- Gracias! Toda
- Merci! धन्यवाद (dhanyavāda)
- Grazie! Dziękuję bardzo
- Falimin-nerit Obrigado!
- (shukrān) شکرا Mersi!
- ұтпуһ (Mersi) Спасибо!
- Moltes Gracies! Hvala lepo