Policy Opportunities and Barriers to the Implementation of Evidence-Based Practices
The Example of Interventions for Severe Aggression

Peter Doehring, PhD
ASD Roadmap

SCSU Center of Excellence in Autism
Yale Child Study Center Autism Center of Excellence
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SC SU
Center of Excellence
Autism Spectrum
Disorders

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My background

Clinician, educator, researcher, author, & program leader

Autism Services Across America
Road Maps for Improving State and National Education, Research, and Training Programs

UNITED

PETER DOEHRING
Foreword by Fred Volkmar

DREXEL UNIVERSITY
A.J. Drexel
Autism Institute

Delaware Autism Program

CAR
Center for Autism Research

Douglas
INSTITUT UNIVERSITAIRE EN SANTÉ MENTALE
MENTAL HEALTH UNIVERSITY INSTITUTE

Brian Reichow
Peter Doehring
Domenic V. Cicchetti
Fred R. Volkmar
Editors

Evidence-Based Practices and Treatments for Children with Autism

Foreword by Alan E. Kazdin

Springer

FOUNDATIONS
BEHAVIORAL HEALTH

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My background

KAN

KENNETT OUTDOORS

OPEN
TO
ALL

A disability inclusion guide for land trusts

Members of the Disability Network Northern Michigan make their way to the overlook at Grand Traverse Regional Land Conservancy's Arcadia Dunes: The C.S. Mott Nature Preserve.
Credit: Art Bukowski.

Community leader and advocate

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My background

Father

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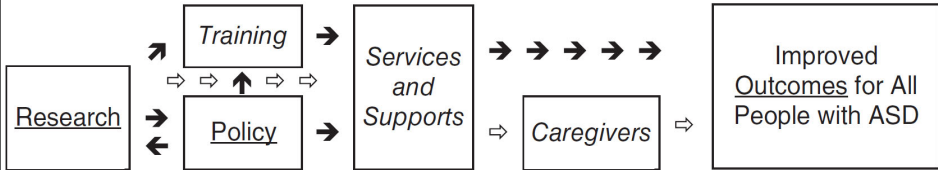
POLICY
The Roadmap to Outcomes

❖ Research
❖ Training
❖ Services
❖ Advocacy

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POLICY
Dimensions that can be addressed

❖ Practice Standards
❖ Infrastructure
  − Funding
  − Mandates
  − Oversight
❖ Planning and coordination

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POLICY
Levels of Policy

❖ **National / Federal**
  - Government
  - Professional Practice
❖ **State**
❖ **Local (school, hospital, comm. program)**
❖ **Private (Insurance)**
❖ **Can have higher level set broad standards, and lower provide more detail**
  - Broad federal regulations, state practices, local operational decisions

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POLICY
Pulling it together

Elements

Dimensions	Services	Training	Research	Advocacy
Standards				
Planning				
Infrastructure				
- Funding				
- Mandates				
- Oversight				

<u>National</u> *State* Local

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POLICY
Setting policies around IEPs

Elements

| Dimensions	Services	Training	Research	Advocacy
Planning	**Meetings** **Transitions**			**Meetings**
Standards	*Regs*			*Public comment*
Infrastructure - Funding - Mandates - Oversight	Staffing *Scope of practice* **Audits** Direct supervision	*Improve-ment grants*		

National *State* Local **All three**

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Evidence-Based Practices
What are EBPs?

1. Practices resulting in outcomes that are
   a) Clinically / educationally significant AND
   b) Superior to "treatment as usual"
2. Practices that specify
   a) The methods used
   b) The target of intervention
   c) The population who will benefit
3. Effectiveness is demonstrated via a series of outcome studies that are
   a) Well-controlled
   b) Peer-reviewed

❖ Broad policy statements about importance of EBPs BUT many barriers to implementation

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EBPs FOR SEVERE BEHAVIOR
What is clearly effective

- ❖ Plans informed by <u>Functional Behavioral Assessment</u> reduce many problem behaviors
- ❖ <u>Differential reinforcement</u>: Very effective in replacing problem behavior
- ❖ <u>Antecedent-Based Interventions</u>: Very effective in preventing problem behavior
- ❖ All of these can be used effectively across settings, when delivered with right training, supervision, intensity, & oversight

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EBPs FOR SEVERE BEHAVIOR
What is less effective

- ❖ Reactive strategies like "No", Response cost, Over-correction, Contingent work
- ❖ Seclusion and Restraint
- ❖ Some medications commonly used to target aggression and self-injury
- ❖ One or more of these are frequently used across different settings

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EBPs FOR SEVERE BEHAVIOR
A Policy Standard

❖ For reducing severe aggression & self-injury
  A. Set standards derived from ABA-based, positive & proactive interventions
  B. Informed by functional behavioral assessment
  C. Instead of reactive strategies,
  D. Before relying solely on medication
  E. To prevent seclusion /restraint and removal from home/community, or when injuries occur
  F. Across school, hospital, and community settings
  — **A & B drive research and training**
  — **C-F trigger planning and oversight**

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EBPs FOR SEVERE BEHAVIOR
Why these are needed

❖ Two generations of inclusion have
  — Transformed the lives of people with I/DD and related conditions
  — But stigmatized the specialized programs needed by those with the most severe deficits
  — They are isolated and, in some cases, institutionalized

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POLICY BARRIERS
Research: Identifying EBPs

- ❖ No national initiative to increase relevant outcome research on practices related to severe aggression and self-injury
  - — High risk groups under-represented in <u>all</u> research
- ❖ No research indicating extent of the problem
  - — Frequency of institutionalization unknown
- ❖ Federal / state reviews of seclusion /restraint
- ❖ A National Policy solution: Fund research on outcomes, institutionalization, restraint

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POLICY BARRIERS
Research: Fundamental changes

- ❖ Accept that single subject designs are the ONLY option for researching such behaviors
- ❖ Shift towards functional improvements based on systematic application of simple packages
- ❖ Review how researchers are trained to ensure meaningful real-world experience in delivering services
- ❖ Develop true partnerships between research and intervention settings

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POLICY BARRIERS
Training in EBPs: Licensure

- ❖ Training programs are not rigorous in assuring that courses emphasize EBPs
  - Few practitioners and leaders are trained in what EBPs are or how to identify them
- ❖ Solution across agencies: Adopt policies that
  - Train all staff in understanding what EBPs are
  - EBPs be taught first, and in the greatest detail
  - Level of evidence is clearly stated for each intervention covered in training
- ❖ Apply this across agencies to
  - university courses for licensure
  - Local/state/federal continuing ed requirements

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POLICY BARRIERS
Services: EBP Standards

- ❖ Some broad policy statements
  - Use of restraint (federal /state, health / education)
  - General statement on use of EBPs (federal education)
  - Use of FBA (federal education)
  - Prioritize behavioral treatment before medication (UK Health services, AAP)
- ❖ Solution across service providers: Clear policy statement implemented to promote EBPs for aggression/self-injury

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POLICY BARRIERS
Oversight: EBP Standards

❖ Use of seclusion /restraint specifically reviewed in hospitals and some schools
  — But does not always trigger review of the quality of behavior planning
❖ Solution: State / Local policy to commit to (independently?) review plans triggered
  — When seclusion/restraint used
  — When medication prescribed off-label
  — When moving to remove from community

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POLICY BARRIERS
Planning: Targeted strategic plan

❖ Most behavior problems require multiple agencies, professionals, and settings
  — A State-level inter-agency plan or team can develop/implement strategy and oversight
  — State level networks of professionals also increase collaboration and training
❖ Solution: State policies to coordinate planning across agencies
  — To monitor extent of problem
  — To grow training and services together
  — To ensure cross-agency collaboration

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POLICY BARRIERS
Coordination across agencies

❖ Active coordination across home, school, and community is very rare
  – Leads to very inefficient and ineffective implementation
❖ Solution: State policy naming lead agency to facilitate communication
  – When triggers are evident
  – Or even upon request of any parent or agency

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POLICY BARRIERS
Funding: Flexibility & targeting

❖ Intensity of services at home and school increases when behaviors are severe
  – Small school districts and even county-level programs may struggle to adjust
  – Low frequency of cases means that specialized services are never developed
❖ Solution: Local and state policies that pool money to
  – Support more intensive services when needed
  – Seed hospital-based behavioral stabilization programs

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