



Assuring a System of Care for Iowa's Children and Youth with Special Health Care Needs

**Screening Tool for Autism in
Toddlers and Young Children (STAT):**

Project Overview

A Collaborative Project of the
Iowa Department of Education and
Child Health Specialty Clinics

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Project Overview

Participants

There were fifty-two individuals trained in Cohort 2 on the use of the STAT instrument. The providers used the tool with a minimum of three toddlers each over a four month period. Three diagnostic clinicians were also trained. Further disaggregation showed that Cohort 2 trainees represented eight AEAs plus one urban network district. Each of the eight AEAs had a range of four to seven providers trained. All requests for additional trainees were honored. One AEA opted not to train additional staff beyond those in Cohort 1 on the use of the STAT instrument.

Training involved the completion of a four hour online reliability assessment leading to certification in implementation of the STAT instrument through Vanderbilt University. The cohort achieved 95% completion of the reliability testing allowing them to use this tool directly with young children. In reviewing data, it was found that three trainees did not complete their commitment for the online training. An extension of the online training has been arranged and extended to these individuals with a closing date of July 20, 2012.

Findings

In reflection of STAT findings, a majority of the providers found mixed results with some children passing while others failed and were identified as at risk for autism. Several providers commented that having mixed results was actually a positive as it provided them opportunities for comparability of typical and atypical developmental skills. All believed that the individual scores matched the providers' initial predictions of how individual children would score. Moreover, providers were also pleased with the numerical score generated by the STAT screening tasks. Being able to provide families with a concrete score was invaluable in supporting their concerns for their children. Several families shared their plan to share the STAT results and anecdotes with additional professionals involved with their children, such as medical physicians or specialists with Child Health Specialty Clinics.

Impact of results

All of the providers believed that the STAT results directly impacted the drafting of outcomes in targeting areas (functional play, imitation, directing attention, requesting). Nearly all providers commented as to how STAT results will be useful in planning IFSP outcomes for children. Several acknowledged the utility of STAT results in "pinpointing" emerging skills, based on age-appropriate high expectations, which needed more instruction. In addition, several providers mentioned how helpful the results were in informing families, primary care providers, and other early interventionists regarding specific areas of concern for individual children. In most situations, families were present to observe the administration of the instrument which then assisted them in working with their child on specific skills in additional settings.

Communicating with families

When asked about family responses to the STAT assessment and results, few providers identified any unique comments from families. Instead, an overwhelming majority of responses identified an appreciation of the natural conversations that transpired between the assessor and the family members when discussing a child's performance on STAT tasks and scores. Providers were very sensitive to the extremely emotional circumstances that could surface in conversations with families. Many believed that families displayed contradictory feelings of both relief in having some answers and also grief in accepting their child's unique development. Likewise, providers were pleased to find automaticity in how conversations evolved to next steps for children and their families.

Lessons learned

As providers reflected on their learning related to administering the STAT, several common responses were identified. The most frequent response about assessor learning focused on the value of preparing and organizing one's materials before administration. Secondly, the value of using video technology to assist in documenting child performance and in scoring behaviors was identified. Providers also learned to adjust their interaction style to avoiding cueing/prompting in administering the STAT. Many found it helpful to use a familiar toy for rapport building with the child. In considering additional available resources, several of the providers identified the value of having a co-worker available to assist in scoring, debriefing and/or supporting reliability efforts in scoring. Overall, a majority of trainees felt confident that their efficiency in administering the STAT would improve as they use it more frequently.

Overall satisfaction

When asked about their satisfaction with the effectiveness and efficiency with the STAT, 100% of the providers described overall satisfaction with the instrument. Supportive comments in its use included the ease and efficiency of its administration as well as the concrete numerical score which could then be shared with families. In addition, while providers appreciated having an administration kit of materials familiar to children; several also suggested speaking with families ahead of time to identify specific child favorites for further success in child response to certain test items. Most significant were provider comments describing the contribution of STAT assessment data in further referrals to AEA Autism Resource Teams and/or Child Health Specialty Clinics. In contrast, one comment shared dissatisfaction with the narrow age range (24-36 mos.) for test administration. Regarding this comment, project consultants are aware of future work by the STAT author to address a lower age range in a subsequent test version.

Implementation Supports

Cohort I had used a Community of Practice (CoP) website as a portal for communication and electronic resources during the first phase of the project. As Cohort 2 work initiated in 2011, the program consultants were notified of changes being made to the CoP website which resulted in an expectation for additional training for website access and future use with providers. Once trained, the new Shared Work website launched with three types of information available to members: 1) professional literature and readings, 2) resources on development and domain specific milestones and 3) resources for working with families. The Shared Work site allows the project

consultants, who serve as site managers, to monitor the use of the website. As of mid-June, there have been 130 viewers on the website.

Consistent and efficient use of the STAT instrument was also addressed through an additional work project focusing on the incorporation of the STAT tool into the Part C Early ACCESS Procedures Manual. A retired Early ACCESS provider made recommendations in the format of a guidance document specific to autism spectrum disorders and use of the STAT to serve as reference for the field. This work will continue into FFY2012.

Project Challenges

Continual efforts were made to pursue a train-the-trainer model in Iowa. Despite ongoing discussions with the STAT's author and extensive negotiation, there was no resolution to conflicting training expectations between the various parties. This situation was further compounded by the re-location of the author. In an effort to begin the project as well as maintain appropriate use of funds, the project consultants decided to abandon further negotiations and instead initiate the online training with the Cohort 2 participants. In addition, a low response rate to feedback questions (37%) suggests continued follow-up to assure that all Cohort 2 trainees complete the expectation of administration of the instrument to three toddlers.

Next steps

Future plans in addressing statewide capacity building for maintaining STAT trained providers in each region are being developed. A proposal for Part C funds to provide online training to a third cohort of approximately thirty new trainees was made for FFY 2012. Work efforts will also include continued development of the Shared Work website, specifically the inclusion of information on the impact of cultural perspectives on early identification of autism.

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