

It ain't what you do it's the way that
you do it:
Examining the delivery components of
treatment evaluation



Vicky Slonims
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Evelina Children's Hospital

Visiting Reader in Complex Communication disorders (KCL)



Evidence-Based Practice (EBP) (Sackett D, 2002)

- “the conscientious, explicit and judicious use of current best evidence in making decisions about the care of the individual patient. It means integrating individual clinical expertise with the best available external clinical evidence from systematic research.” (Sackett D, 1996)



Clinical Expertise



- Skill of professional
 - Training
 - Clinical experience
 - Continuing Professional Development
 - Other influences?
 - Preferences
 - Other staff
 - Context in which you work

Who is the client?



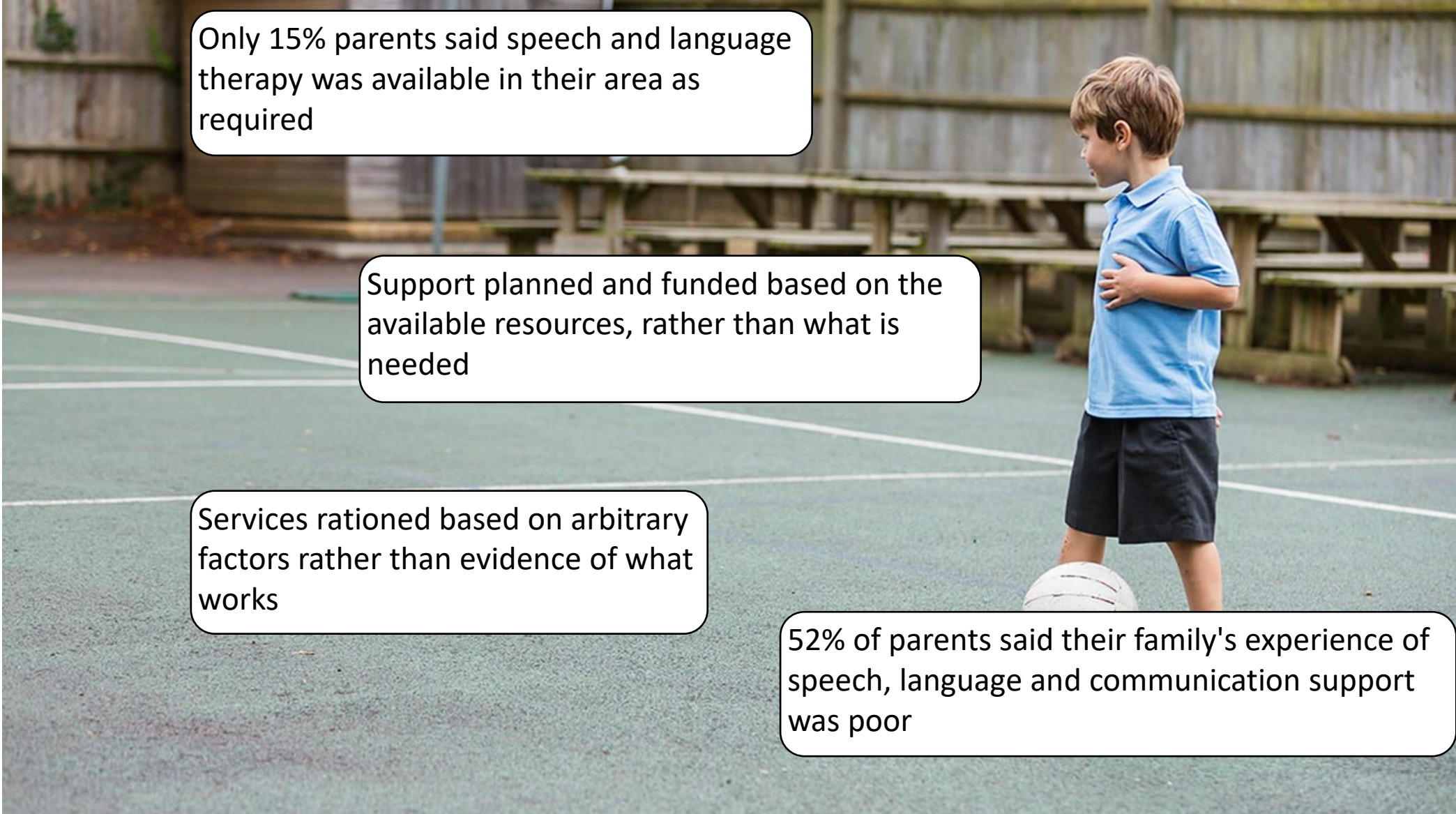
- Families perceived that intervention had been successful when their needs had been met (Boyd & Corley 2001, Dunst 2000)
- Would this be true of school staff?
- What about the child?
- What if perspectives differ?

Roles and missions of the Family in communication intervention

Mats Granlund et al (2001)

Focus	Goal objective	Professional role in intervention	Role assigned to Family	Family task
● Family as decision makers	● Family actively involved and perceived control over intervention process	● Provide opportunities for involvement and control ● Teach problem solving strategies	● Decision maker ● Service coordinator	● Express needs ● Design goals and methods ● Select from service options ● evaluate
● Family as communicative environment	● Child interacts optimally with people in Family environment	● Supervision and interaction coaching ● Parents advised	● Providers of rich environment ● Interaction partners	● Stimulate child ● Adapt environment to meet child's needs
● Family as consumers	● Decrease in perceived Family need	● Assess needs ● Fulfil needs	● Recipient of services	● Identify needs and problems ● Use available services
● Family in crisis	● Family accepts child	● Redefine behaviour of child	● Patient ● Client	● Solve/cope with problems ● Adjust to child in a realistic fashion
● Family as trainers	● Optimal child development in a specific area	● Teach training programme ● Supervise parents	● Student ● Trainer	● Implement programme ● Designed by professionals

Bercow 10 years on



Only 15% parents said speech and language therapy was available in their area as required

Support planned and funded based on the available resources, rather than what is needed

Services rationed based on arbitrary factors rather than evidence of what works

52% of parents said their family's experience of speech, language and communication support was poor

The Communication Trust - What Works

Find guidance | NICE

https://www.nice.org.uk/guidance

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[BMJ](#). 2004 Jan 3; 328(7430): 39–41.

doi: [\[10.1136/bmj.328.7430.39\]](https://doi.org/10.1136/bmj.328.7430.39)

PMCID: PMC313908

PMID: [14703546](https://pubmed.ncbi.nlm.nih.gov/14703546/)

Assessing the quality of research

[Paul Glasziou](#), reader,¹ [Jan Vandenbroucke](#), professor of clinical epidemiology,² and [Iain Chalmers](#), editor, James Lind library³

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Short abstract

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Inflexible use of evidence hierarchies confuses practitioners and irritates researchers. So how can we improve the way we assess research?

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[Lancet. 2014]

The methodological quality assessment tools for preclinical and clinical studies, systematic r
[J Evid Based Med. 2015]

[The PRISMA Statement - what should be reported about systematic reviews?].
[Dtsch Med Wochenschr. 2009]

The Steps in the EBP Process:

ASSESS the patient	1. Start with the patient -- a clinical problem or question arises from the care of the patient
ASK the question	2. Construct a well built clinical question derived from the case
ACQUIRE the evidence	3. Select the appropriate resource(s) and conduct a search
APPRAISE the evidence	4. Appraise that evidence for its validity (closeness to the truth) and applicability (usefulness in clinical practice)
APPLY: talk with the patient	5. Return to the patient -- integrate that evidence with clinical expertise, patient preferences and apply it to practice
Self-evaluation	6. Evaluate your performance with this patient

Process of goal setting

- Establishing current skills
- Evaluating possible strategies
 - Predictors of success
- Deciding on achievable targets with the recipient of the treatment – who is this?

Establishing current skills

- Detailed diagnostic history
- Information from other sources e.g. psychology, occupational therapy etc
- Formal assessments of language competence
- Informal observations and language samples
- Social communication assessment
- Scholastic assessments

All these are general information gathering not problem specific

Will not necessarily lead to goal setting

Possible strategies -

Is the research relevance to your context?

- Participants in the study
 - Do they have the same diagnosis, age etc?
- Location of intervention
 - Research university,
 - School or home based
 - Clinic based
- Personnel involved in intervention
 - SALT or Teacher
 - SALT assistant/LSA
 - Research assistant
 - Family
- Dosage and type
 - Individual, group,
 - Length and duration

Predictors of success

- Child factors
 - Diagnosis, implications for prognosis, known trajectory of disorder
 - Age and environment (risk and protective factors)
- Skills of professionals/ Quality of input
 - Motivation
- Parental contribution
 - Health beliefs, family circumstances etc
- Environment (i.e. school setting, peers)
 - Consistency of staff

Directly delivered evidenced interventions for families

Dosage

- Hanen More than Words: 8 sessions plus 3 individual home visits
- PACT Autism Communication Therapy: 12x 2hr sessions initially over a year
 - (now trying 6 months)
- PECS no dosage recommendations –
 - 2 day training for teachers + 6 ½ day sessions with experts (Howlin et al)
- Parent training programmes – VIPP iBASIS: 6-7 home based sessions of 2hrs

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Cochrane Database Syst Rev. 2013 Apr 30;(4):CD009774. doi: 10.1002/14651858.CD009774.pub2.**Parent-mediated early intervention for young children with autism spectrum disorders (ASD).**Oono IP¹, Honey EJ, McConachie H.

+ Author information

OBJECTIVE: To evaluate a training course for parents, used to facilitate social communication with their young child.

STUDY DESIGN: Controlled trial for 51 children aged 24 to 48 months with or delayed access to the course. Outcome was measured 7 months later: parent stress, adaptation to the child; and in children's vocabulary size.

RESULTS: Taking into account scores at recruitment, child's baseline assessments, a significant advantage was found for the intervention group in children's vocabulary size.

CONCLUSIONS: The training course is well received by parents and improves children's communication skills.

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Toward better evidence for parent training programs for autism

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METHODS: Sixty-two children (31 boys and 31 girls, mean age = 20 months, SD = 2.0) who met criteria for autism spectrum disorders (ASD) and their parents participated in the study. The HMTW intervention was provided over 3.5 months. There were three measurement periods: prior to randomization (Time 1) and at 5 and 9 months post enrollment (Times 2 and 3). Children's communication and parental responsivity were measured at each time point. Children's object interest, a putative moderator, was measured at Time 1.

RESULTS: There were no main effects of the HMTW intervention on either parental responsivity or children's communication. However, the effects on residualized gains in parental responsivity from Time 1 to both Times 2 and 3 yielded noteworthy effect sizes (Glass's $\Delta = .71, .50$ respectively). In contrast, there were treatment effects on child communication gains to Time 3 that were moderated by children's Time 1 object interest. Children with lower levels of Time 1 object interest exhibited facilitated growth in communication; children with higher levels of object interest exhibited growth attenuation.

CONCLUSIONS: The HMTW intervention showed differential effects on child communication depending on a baseline child factor. HMTW facilitated communication in children with lower levels of Time 1 object interest. Parents of children who evidence higher object interest may require greater support to implement the HMTW strategies, or may require different strategies than those provided by the HMTW curriculum.

© 2011 The Authors. Journal of Child Psychology and Psychiatry © 2011 Association for Child and Adolescent Mental Health.

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Editorial: the first cut is the deepest: why do the reported effects of treatments decline over trials? [J Child Psychol Psychiatry. 2011]

PMID: 21418212 PMCID: [PMC4783130](#) DOI: [10.1111/j.1469-7610.2011.02395.x](#)

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Lancet. 2010 Jun 19;375(9732):2152-60. doi: 10.1016/S0140-6736(10)60587-9. Epub 2010 May 2

Lancet. 2016 Nov 19;388(10059):2501-2509. doi: 10.1016/S0140-6736(16)31229-6. Epub 2016 Oct 25.

Parent-mediated communication-focused treatment in a controlled trial.

Green J¹, Charman T, McConachie H, Aldred C, Slonims V, Howlin P, Le Couteur A, Lead
Pickles A; PACT Consortium.

Parent-mediated social communication therapy for young children with autism (PACT): long-term follow-up of a randomised controlled trial.

Pickles A¹, Le Couteur A², Leadbitter K³, Salomone E¹, Cole-Fletcher R⁴, Tobin H³, Gammer I¹, Lowry J⁴, Vamvakas G¹, Byford S¹, Aldred C³, Slonims V⁵, McConachie H⁴, Howlin P¹, Parr JR⁴, Charman T¹, Green J⁶.

+ Collaborators (14)

⊕ Author information

Author information

Abstract

BACKGROUND: Results of small trials suggest that early interventions for social children. We therefore investigated the efficacy of such an intervention in a large

Abstract

BACKGROUND: It is not known whether early intervention can improve long-term autism symptom outcomes. We aimed to follow-up the Preschool Autism Communication Trial (PACT), to investigate whether the PACT intervention had a long-term effect on autism symptoms and continued effects on parent and child social interaction.

METHODS: Children with core autism (aged 2 years to 4 years and 11 months) were randomised to a parent-mediated communication-focused (Preschool Autism Communication Trial [PACT]) or a parent-mediated social-communication-focused (Preschool Autism Social Communication Trial [PAST]) intervention, delivered by trained parents in their homes. Those assigned to PACT were also given treatment as usual. The primary outcome was the marginal distribution of treatment centre, age (≤ 42 months or >42 months), Schedule-Generic [ADOS-G] algorithm score 12-17 or 18-24). Secondary outcomes were communication algorithm items from ADOS-G, higher score indicating greater severity. Other outcomes were measures of parent-child interaction, child language, and adaptive function. The trial was registered as an International Standard Randomised Controlled Trial, number ISRCTN14550029.

METHODS: PACT was a randomised controlled trial of a parent-mediated social communication intervention for children aged 2-4 years with core autism. Follow-up ascertainment was done at three specialised clinical services centres in the UK (London, Manchester, and Newcastle) at a median of 5.75 years (IQR 5.42-5.92) from the original trial endpoint. The main blinded outcomes were the comparative severity score (CSS) from the Autism Diagnostic Observation Schedule (ADOS), the Dyadic Communication Assessment Measure (DCMA) of the proportion of child initiations when interacting with the parent, and an expressive-receptive language composite. All analyses followed the intention-to-treat principle. PACT is registered with the ISRCTN registry, number ISRCTN58133827.

RESULTS: 152 children were recruited. 77 were assigned to PACT (London [n=26], Manchester [n=26], and Newcastle [n=23]), and 75 to treatment as usual (London [n=26], Manchester [n=26], and Newcastle [n=23]). Children in the PACT group showed a mean reduction by 3.9 points (SD 4.7) on the ADOS-G algorithm in the group assigned to treatment as usual, representing a between-group effect size of -0.24 (95% CI -0.59 to 0.11), for non-verbal abilities. Treatment effect was positive for parental systematized interactions (0.41, 0.08 to 0.74), and for parent-child shared attention (0.21, 0.00 to 0.42). Effects on verbal and adaptive functioning in school were small.

FINDINGS: 121 (80%) of the 152 trial participants (59 [77%] of 77 assigned to PACT intervention vs 62 [83%] of 75 assigned to treatment as usual) were traced and consented to be assessed between July, 2013, and September, 2014. Mean age at follow-up was 10.5 years (SD 0.8). Group difference in favour of the PACT intervention based on ADOS CSS of log-odds effect size (ES) was 0.64 (95% CI 0.07 to 1.20) at treatment endpoint and ES 0.70 (95% CI -0.05 to 1.47) at follow-up, giving an overall reduction in symptom severity over the course of the whole trial and follow-up period (ES 0.55, 95% CI 0.14 to 0.91, $p=0.004$). Group difference in DCMA child initiations at follow-up showed a Cohen's d ES of 0.29 (95% CI -0.02 to 0.57) and was significant over the course of the study (ES 0.33, 95% CI 0.11 to 0.57, $p=0.004$). There were no group differences in the language composite at follow-up (ES 0.15, 95% CI -0.23 to 0.53).

INTERPRETATION: On the basis of our findings, we cannot recommend the addition of omega-3 fatty acids to the diet of children with autism to reduce the severity of autism symptoms; however, a clear benefit was noted for parent-child interaction.

INTERPRETATION: The results are the first to show long-term symptom reduction after a randomised controlled trial of early intervention in autism spectrum disorder. They support the clinical value of the PACT intervention and have implications for developmental theory.

FUNDING: UK Medical Research Council, and UK Department for Children, Schools and Families.

FUNDING: Medical Research Council.

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Supporting insensitive mother randomized control trial of video intervention to promote maternal infant attachment security

Video-feedback Intervention to promote Positive Parenting adapted to Autism (VIPP-AUTI): A randomized controlled trial

Irina E Poslawsky, Fabienne BA Naber, Marian J Bakermans-Kranenburg, Emma van Daalen, Herman van Engeland and Marinus H van IJzendoorn
Autism published online 11 June 2014
DOI: 10.1177/1362361314537124

The online version of this article can be found at:
<http://aut.sagepub.com/content/early/2014/06/10/1362361314537124>

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**The Journal of Child
Psychology and Psychiatry**

Journal of Child Psychology and Psychiatry 58:12 (2017), pp 1330–1340



doi:10.1111/jcpp.12728

Randomised trial of a parent-mediated intervention for infants at high risk for autism: longitudinal outcomes to age 3 years

**Jonathan Green,^{1,2} Andrew Pickles,^{3,4} Greg Pasco,^{3,5} Rachael Bedford,³ Ming Wai Wan,⁶
Mayada Elsabbagh,^{5,7} Vicky Slonims,⁸ Teea Gliga,⁵ Emily Jones,⁵  Celeste Cheung,⁵
Tony Charman,³ Mark Johnson,⁵ and The British Autism Study of Infant Siblings (BASIS)
Team***

STUDY PROTOCOL

The effectiveness of for parents of young

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BMC Psychol. 2018 Aug 3;6(1):38. doi: 10.1186/s40359-018-0246-z.

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Evid Based Child Health. 2013 Mar 7;8(2):318-692. doi: 10.1002/ebch.1905.

Cochrane review: behavioural and cognitive-behavioural group-based parenting programmes for early-onset conduct problems in children aged 3 to 12 years (Review).

Furlong M¹, McGilloway S, Bywater T, Hutchings J, Smith SM, Donnelly M.

DISCUSSION: Examining the effectiveness of VIPP-FC contributes to the knowledge of evidence-based prevention and intervention programs needed in foster care practice.

TRIAL REGISTRATION: NTR3899 .

KEYWORDS: Attachment; Coercion theory; Early childhood; Foster care; Intervention; RCT; Sensitivity; Video feedback

PMID: 30075813 PMCID: PMC6091108 DOI: 10.1186/s40359-018-0246-z



[Pediatrics](#). Author manuscript; available in PMC 2016 Jul 19.

Published in final edited form as:

[Pediatrics](#). 2010 Jan; 125(1): e17–e23.

Published online 2009 Nov 30. doi: [\[10.1542/peds.2009-0958\]](#)

PMCID: PMC4951085

NIHMSID: NIHMS797407

PMID: [19948568](#)

Randomized, Controlled Trial of an Intervention for Toddlers With Autism: The Early Start Denver Model

[Geraldine Dawson](#), PhD,^{a,b,c} [Sally Rogers](#), PhD,^d [Jeffrey Munson](#), PhD,^{e,f} [Milani Smith](#), PhD,^e [Jamie Winter](#), PhD,^e [Jessica Greenson](#), PhD,^e [Amy Donaldson](#), PhD,^g and [Jennifer Varley](#), MS^e

- 20 hours/ week of the ESDM intervention from clinicians,
- AND parent training/ delivery for 5 or more hours/week, over 2 year period or TAU



[J Am Acad Child Adolesc Psychiatry](#). Author manuscript; available in PMC 2015 Jun 1.

PMCID: PMC4030683

Published in final edited form as:

NIHMSID: NIHMS576113

[J Am Acad Child Adolesc Psychiatry](#). 2014 Jun; 53(6): 635–646.

PMID: [24839882](#)

Published online 2014 Mar 12. doi: [\[10.1016/j.jaac.2014.01.019\]](#)

Communication Interventions for Minimally Verbal Children With Autism: Sequential Multiple Assignment Randomized Trial

[Dr. Connie Kasari](#), PhD, [Dr. Ann Kaiser](#), PhD, [Dr. Kelly Goods](#), PhD, [Ms. Jennifer Nietfeld](#), MA, [Dr. Pamela Mathy](#), PhD, [Dr. Rebecca Landa](#), PhD, [Dr. Susan Murphy](#), PhD, and [Dr. Daniel Almirall](#), PhD.

- JASPER (Joint Attention Symbolic Play Engagement and Regulation) and Enhanced Milieu Training (EMT) with or without the addition of a SGD
- SMART design
- Assessments: 6 months with a 3-month follow-up
 - Stage 1 all children received two sessions per week for 3 months.
 - Stage 2 intervention increased sessions or adding the SGD based on the child's early response

The added impact of parenting education in early childhood education programs: A meta-analysis,
Children and Youth Services Review
Grindal, T., Bowne, J.B., Yoshikawa, H., Schindler, H.S., Duncan, G.J., Magnuson, K. & Shonkoff, J.P., (2016), doi:
10.1016/j.chilgyouth.2016.09.01

- Adding parenting education to ECE programs not beneficial unless:
 - Parents given **opportunities to practice parenting skills.**
 - Support comprised **one or more home visits a month**

Is it possible to deliver EBP in schools?

Looking at delivery and dosage effects

The SCERTS model: Implementation and

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[J Autism Dev Disord.](#) 2018 Nov;48(11):3794-3807. doi: 10.1007/s10803-018-3794-3.

Effectiveness of a SCERTS Model (ASD) in Hong Kong: A Pilot Study

[Yu L](#)¹, [Zhu X](#)².

[+ Author information](#)

Abstract

A SCERTS model-based intervention with diff disorder (ASD) (age = 53.43 ± 9.05 months) in Psychoeducational Profile-Third Edition (CPE views toward the intervention in focus groups and emotional behavior after the intervention, the intervention and noted the children's impr communication, emotional regulation, and oth

KEYWORDS: Chinese children with ASD; Evaluati

Publication date: 01 May 2010

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[J Consult Clin Psychol.](#) 2018 Jul;86(7):631-644. doi: 10.1037/ccp0000314.

Cluster randomized trial of the classroom SCERTS intervention for elementary students with autism spectrum disorder.

[Morgan L](#)¹, [Hooker JL](#)², [Sparapani N](#)², [Reinhardt VP](#)³, [Schatschneider C](#)⁴, [Wetherby AM](#)¹.

[+ Author information](#)

Abstract

OBJECTIVE: This cluster randomized trial (CRT) evaluated the efficacy of the Classroom Social, Communication, Emotional Regulation, and Transactional Support (SCERTS) Intervention (CSI) compared with usual school-based education with autism training modules (ATM).

METHOD: Sixty schools with 197 students with autism spectrum disorder (ASD) in 129 classrooms were randomly assigned to CSI or ATM. Mean student age was 6.79 years (SD 1.05) and 81.2% were male. CSI teachers were trained on the model and provided coaching throughout the school year to assist with implementation. A CRT, with students nested within general and special education classrooms nested within schools, was used to evaluate student outcomes.

RESULTS: The CSI group showed significantly better outcomes than the ATM group on observed measures of classroom active engagement with respect to social interaction. The CSI group also had significantly better outcomes on measures of adaptive communication, social skills, and executive functioning with Cohen's d effect sizes ranging from 0.31 to 0.45.

CONCLUSION: These findings support the preliminary efficacy of CSI, a classroom-based, teacher-implemented intervention for improving active engagement, adaptive communication, social skills, executive functioning, and problem behavior within a heterogeneous sample of students with ASD. This makes a significant contribution to the literature by demonstrating efficacy of a classroom-based teacher-implemented intervention with a heterogeneous group of students with ASD using both observed and reported measures. (PsycINFO Database Record

(c) 2018 APA, all rights reserved).

School based interventions

- A multi-centre RCT with children aged 6–11 years tested (Boyle et al 2011)
 - Mode of delivery i.e. SLT or SLT assistant and individual or group did not make a difference
 - Children with expressive but **not receptive language problems** improved.
- **Results were not replicated** in a cohort study (McCartney et al 2011)
 - Delivery was via school based staff
 - Less language-learning activity was recorded and delivered
 - Implications for ‘consultancy’ speech and language therapist service delivery models in mainstream schools

School based interventions

- Talk of the Town evaluation
 - Ongoing support from SLT 1 day per week
 - 10 twilight whole school training sessions at the start of each half term
 - Initial context analysis to understand pupils and current practice
 - Selection of EB targeted and universal interventions
 - Observation using Communication Supportive Classroom Observation Took (Dockerell) and support for staff in identifying and providing intervention for children with SLCN) (Thurston et al., 2016)

Key Conclusions

6. There is no evidence that *Talk of the Town* had an impact on pupil's reading comprehension.
7. There is no evidence that *Talk of the Town* had an impact on oral language skills for children identified as having weaker reading comprehension skills.
8. Teachers valued the input and resources provided by The Communication Trust.
9. Teachers reported that the targeted interventions did not always provide the right level of challenge to the selected students.
10. There is scope for further research on the fact that those with low literacy were more likely to move schools.

Oral language supports early literacy: a pilot cluster randomised trial in disadvantaged schools
Snow P, Eadie P, Connell J, Dalheim B, McCusker H, Munro J *International Journal of Speech-Language Pathology*,
(2013)

- RCT in schools in Australia
 - treatment (8 schools 602 pupils) control arm (6 schools 652 pupils).
- The intervention
 - 6 days of teacher and principal professional development (delivered by language and literacy experts),
 - School-based continuing contact with the research team
 - Completion by one staff member of each research school of a postgraduate unit on early language and literacy.
- Gains in treatment schools on formal tests of Language and Reading
- Non significant improvement on narrative assessment.

The effects of language- and literacy-focused professional development on early educators and children: A best-evidence meta-analysis.

Markussen-Brown, J, Juhl, C B. Piasta, S B. Bleses, D, HÃjen, A, Justice, LM. Early Childhood Research Quarterly vol 38 (97-115) 2017 <https://doi.org/10.1016/j.ecresq.2016.07.002>

- Which features of the Professional Development (PD) are associated with improved educator outcomes?
- Better outcomes for PD of longer duration and greater intensity (the average amount of PD was around 50-60 hours).
- Courses alone had no significant effects
- Best predictor of good outcome = PD course + another component
 - (e.g., course plus coaching and feedback, addition of a language curriculum or use of assessment data to guide lesson planning digitally).

- Dockrell presentation at SIG 2013
 - Personal communication:
Recommendations from SLTs to teachers
and LSA's are not carried out in classroom
- Danish study (Bleses et al., in press)
 - Significant effect on pre-literacy skills
 - No effect on language skills
 - BUT, only 25/40 planned sessions actually provided
 - Gains correlated with number of sessions provided....!

**2012
BETTER
COMMUNICATION
RESEARCH
PROGRAMME**

Developed by CsC Team:
Dockrell, J. E., Bakopoulou, I., Law, J., Spencer, S. & Lindsay, G.

**Communication Supporting
Classroom Observation Tool**

Effects of treatment may
not be sustained after
intervention ends

The effectiveness of Picture Exchange Communication System (PECS) training for teachers of children with autism: a pragmatic, group randomised controlled trial

Patricia Howlin,¹ R. Kate Gordon,² Greg Pasco,² Angie Wade,³ and Tony Charman³

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Objective: To assess the effectiveness of expert training and consultancy for teachers of children with autism spectrum disorder in the use of the Picture Exchange Communication System (PECS). **Method:** Design: Group randomised, controlled trial (3 groups: immediate treatment, delayed treatment, no treatment). Participants: 84 elementary school children, mean age 6.8 years. Treatment: A 2-day PECS workshop for teachers plus 6 half-day, school-based training sessions with expert consultants over 5 months. Outcome measures: Rates of: communicative initiations, use of PECS, and speech in the classroom; Autism Diagnostic Observation Schedule-Generic (ADOS-G) domain scores for Communication and Reciprocal Social Interaction; scores on formal language tests. **Results:** Controlling for baseline age, developmental quotient (DQ) and language; rates of initiations and PECS usage increased significantly immediately post-treatment (Odds Ratio (OR) of being in a higher ordinal rate category 2.72, 95% confidence interval 1.22–6.09, $p < .05$ and OR 3.90 (95%CI 1.75–8.68), $p < .001$, respectively). There were no increases in frequency of speech, or improvements in ADOS-G ratings or language test scores. **Conclusions:** The results indicate modest effectiveness of PECS teacher training/consultancy. Rates of pupils' initiations and use of symbols in the classroom increased, although there was no evidence of improvement in other areas of communication. Treatment effects were not maintained once active intervention ceased. **Keywords:** Randomised controlled trial, PECS, autism, intervention, communication.

- ..in the majority of cases SLT is educational provision and therefore ultimate responsibility for ensuring that the SLT specified in an EHC... continues to rest with the LA
- However the CCG still has a duty under the NHS mandate to arrange appropriate levels of healthcare provision for its population

What about families and communication skills for life?

- Over 5's most intervention is delivered via education
 - Families do not receive SLT advice specific to their needs
 - Delegation of treatment is often unsuccessful
 - Insufficient contingencies for children who do not benefit from this level of intervention
- Some schools do not commission SLT
 - What happens to children with SLCN in these circumstances?



- Invited all stakeholders in school district
 - What was wanted
 - Review of evidence base
 - Selection of preferred interventions
- Train individuals across all related stakeholders + at least 3 education staff
- Training = 3 months
 - Included coaching, practice and direct feedback
- Pilot trial including 30 children
 - Not randomised (preference of stakeholders)
 - Assignment of pre-schools based on resources and interest
 - Intervention utilised fidelity measures on several domains
 - Checking sustainability – are trainers continuing to train staff?
 - Check if parents think the intervention is being delivered

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BUILDING A RESEARCH-COMMUNITY COLLABORATIVE TO IMPROVE
 COMMUNITY CARE FOR INFANTS AND TODDLERS AT-RISK FOR
 AUTISM SPECTRUM DISORDERS

[Lauren Brookman-Frazee](#), [Aubyn C. Stahmer](#), [Karyn Lewis](#), [Joshua D. Feder](#), and [Sarah Reed](#)

Model of school based intervention

- EBPs that fit within the school context and align with the priorities and diverse philosophies of schools and districts may have the greatest likelihood of success
- (Atkins, Rusch, Mehta, & Lakind, 2015)

Final thoughts...

- There are many EB interventions to choose from
 - My selection was not limited to literature on speech and language therapy
 - What problem are you helping to resolve?
 - Who is the recipient of your intervention?
 - What is the context and anticipated form of delivery?
 - Are there other studies using that context and form of delivery?
 - What is the recommended dosage?
- Can I use the format of delivery for my purposes?

If you deliver an EB intervention

- You don't have to prove efficacy (GP example)
 - You do have to evaluate outcome
- If you alter the content and/or delivery from the published format
 - You do have to demonstrate efficacy for your population/style of delivery
- If you decide on a treatment plan and delegate delivery
 - You need to ensure that the individuals delivering the treatment are fully trained and continuously supported
 - You'll need to measure outcomes for the children and family

