

# ADVANCING YOUR PRACTICE FOR AUTISM INTERVENTIONS USING A COMMUNITIES OF PRACTICE MODEL

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# Communities of Practice (CoP)

- What is it?
- "Groups of people who share a concern, a set of problems, or a passion about a topic, and who deepen their knowledge and expertise in this area by interacting on an ongoing basis" (Wenger et.al., 2002, p. 4).
- Goal to share knowledge, solve problems and advance ideas about a specific topic (Marr, D. (2017).
- Historically not a new idea applied using technology is the new idea
- Based on the concept that knowledge is the key to success
- American Occupational Therapy Association has used CoPs since 2009

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# Communities of Practice (CoP)

- Advance Evidence Based Practice in Autism assessment and Interventions
- Evidence-based practice (EBP)** is essentially a clinical decision making framework that encourages clinicians to integrate information from high quality quantitative and qualitative research with the clinician's clinical expertise and the client's background, preferences and values when making decisions.
   
<http://www.otseeker.com/resources/WhatIsEvidenceBasedPractice.aspx>

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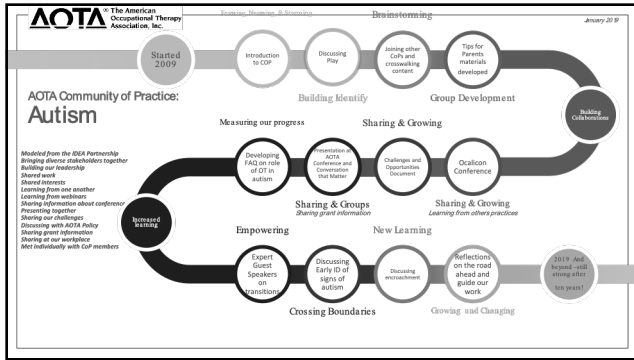
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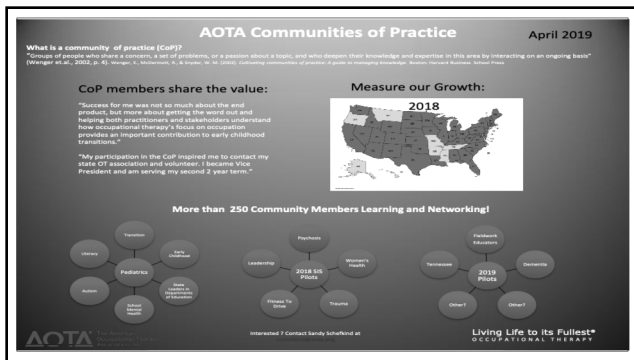
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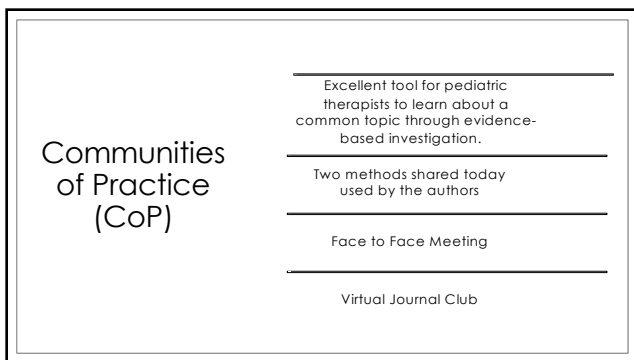
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## Project Objectives

Understand how a CoP model can facilitate the implementation of evidence-based services for individuals with Autism.

### DELIVERY MODELS

- Select tools for on-line platforms, and evidence-based resources for autism interventions to foster collaboration and knowledge translation for developing your own CoP.
- Develop a Face to Face training model for use in clinical practice

### CLINICAL GOAL

- Increase evidence based practice
- Increase interprofessional dialogue
- Promote family centered participation for practitioners serving children with Autism

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## Project Parameters

### ◦ Demographics

- Method 1- 8 OTs in outpatient, home or school-based settings participated in an on-line distance learning journal club
- Method 2- 48 pediatric occupational, physical, and speech therapists, multiple site outpatient facility participated in face-to-face format

### ◦ Clinical Goal

- Encourage knowledge translation of evidence-based practice for practitioners working with individuals with Autism

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## Method 1- Journal Club

### ◦ 8 School-based OTs in multiple sites

- **Journal Club:** Session leader chose article for 1<sup>st</sup> rotation
- 2x per month for 1 hour for 10 weeks met online using a web conferencing tool.
- Week 1 & 2: Process Learning: Review AOTA's *Journal Club Tool Kit* to determine format/guidelines.
- Shared information regarding: levels of evidence, conducting searches, using *AOTA Critical Appraisal Form*, and interpreting statistical results.
- Week 3-10: Article review, completion of *AOTA Critical Appraisal Form*, discussion of implications for practice/take-away messages, & knowledge into practice translation

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## Journal Club Logistics

- Must have a dedicated leader and organizer
- Leader manages the schedule, contacts, article selection for initial session, sets the rules for the group, facilitates and delegates roles as group forms
  - Select web conferencing tool- suggestions?
- Consider cost, frequency, number of participants, what do you plan to do- do you need screen sharing or is audio enough...  
<https://www.owllabs.com/blog/video-conferencing-tools>

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## The Best Free Video Conferencing Tools

1. Zoom
2. Google Hangouts
3. UberConference
4. TrueConf Online
5. Skype
6. FreeConference
7. Appear.in
8. Slack Video Calls
9. Facebook Live

OwlLabs.Com



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## Method 2- Face to Face Training

- **AFIRM Modules** (self-guided training tools). Each therapist reviewed an assigned module prior to in-service.
- Interdisciplinary in-service led by team leaders applied the Module content to center-specific cases.
- 1 hour, 1 x week for 4 months in face to face staff meetings
- Supporting materials, collaboration and dialogue facilitated development of interdisciplinary occupation based goals.
- Electronic documentation templates including intake forms adapted to this new intervention model.
- Unified knowledge and terminology led to cohesive family centered focus.

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## Autism Focused Intervention Recourses and Modules (AFIRM)



Autism Focused Intervention  
Resources & Modules

- In 2014, the National Professional Development Center on Autism Spectrum Disorders (ASD) identified 27 focused interventions as evidence-based practices (Wong et al., 2014; 2015).
- These 27 evidence-based practices (EBP) are effective for students and individuals with ASD.
- These are the AFIRM Modules

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## AFIRM Modules



Autism Focused Intervention  
Resources & Modules

- AFIRM Modules designed to help you learn the step-by-step process of planning for, using, and monitoring an EBP with learners with ASD from birth to 22 years of age.
- AFIRM Modules facilitate learning an evidence-based practice tool through lessons and activities, such as case examples, videos, and knowledge checks
- Designed for family members, school-based personnel, related service providers, and university faculty and students.
- Supplemental materials and handouts are available for download.

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## AFIRM Modules

- Each AFIRM module focuses on an EBP for learners with ASD
  - Engaging case examples demonstrate behavior or practice in use, multimedia presentation of content with audio and video clips, and interactive assessments that provide you with feedback based on your responses.
  - Earn a certificate after completing each module
  - Examples -Video modeling, Picture Exchange Communication System (PECS), Exercise, Visual Supports, Prompting, Reinforcement, Scripting, Social Narratives and Social Skills Training.
  - Other resources include data collection forms, intervention planning and implementation checklists and worksheets and diagrams to support learning and implementation
- <https://afirm.fga.unc.edu/sites/afirm.fga.unc.edu/files/imce/Components%20of%20the%20Autism%20Focused.pdf>

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## Outcome Measures & Conclusion

- Pre-post test for knowledge acquisition
- Self perception of impact on practice using Journal Club or AFIRM Modules and case studies
- Developing and sustaining CoPs enables collaborative learning and knowledge translation.
- Use of CoPs and knowledge translation can guide OTs to develop strategies for implementing evidence based interventions.
- How can we do this in our own practices?
- Which model is a better fit for your practice?
- Do you already have a group?

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## SMALL GROUP ACTIVITY

- Form groups based on the method that matches your practice
- 4 participants per group
- Answer these questions:

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## Small Group Activity

### Method 1 Journal Club

- Why did you select your method?
- What online web conference tool did you select and why?
- Leader?
- How many participants?
- What type articles?
- Your thoughts?

### Method 2 Face to Face Learning

- Why did you select your method?
- Where?
- How many and what disciplines?
- What AFIRM modules look interesting?
- Will you do certificates?
- Your thoughts?

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## Summary & Questions

- Did your groups succeed in a starting point?
- Can you move forward on advancing your own use of evidence into practice?
- Questions

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