TRI-STATE WEBINAR SERIES

Improving Interprofessional Collaborations between School and Clinical/Health Contexts

Presented by:
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Tri-State Autism Spectrum Disorder Webinar Series

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Presenter Information

- Bryn Harris, PhD, NCSP
  - Associate Professor - University of Colorado Denver
    - School of Education and Human Development & Department of Pediatrics (Developmental Pediatrics)
  - Background:
    - PhD - Indiana University
    - Internship - Health Science Center in Memphis, TN
    - Licensed Psychologist (CO) and School Psychologist (CO)
    - Bilingual in Spanish
    - Practicing School Psychologist (part-time) - Denver Public Schools
    - Research focuses on identification of ASD in culturally and linguistically minoritized populations

Learner Objectives

- Understand key service providers in clinical and health settings that often serve children and families with Autism
- Learn research-based strategies for collaborating and aligning with clinical and health providers that will improve school-based assessment and intervention effectiveness
- Recognize common disparities in service provision across systems and how to prevent such challenges and improve coordinated care for children with Autism

Diagnosis of Autism Spectrum Disorder

- 1 in 44 children has ASD (Autism and Developmental Disabilities Monitoring Network, 2021)
- There is no single genetic, behavioral, or physiological marker that distinguishes children with ASD
- Advances in early screening and identification - 18 months old a recommendation (American Academy of Pediatrics, 2020)
- Average age of diagnosis is 4-5 years old (Autism and Developmental Disabilities Monitoring Network, 2021)

autism affects
an estimated
1 in 44
children in the U.S.

ADDM Data – National Disparities (ADDM, 2020)

- Overall, children that are White are 1.2x more likely to receive an ASD identification than Hispanic Children
- In past surveillance years, Black children were also less likely to obtain an ASD identification although no significant differences were found in 2018
- Children from culturally and linguistically minoritized (CLM) groups are, on average, misdiagnosed more often and identified later than non-Hispanic White children (Mandell et al., 2009; Baio et al., 2018)

Bottom Line

This research suggests that professionals are <u>missing</u> behavioral indicators of ASD in CLM children, especially Latinx and Black children; thus, these children are <u>unlikely to receive the appropriate interventions</u> to address ASD symptomatology.

Interprofessional collaboration can improve health disparities!

COVID-19 Considerations

- Disparities have been exacerbated, although were always there
- Access to services is fractured
- These disparities will persist

Common Co-occurring Medical Diagnoses with ASD

- Epilepsy
- Gastrointestinal issues
- Sleep challenges
- Feeding disorders

- Each of these can impact educational performance

Question #1

- What does interprofessional collaboration mean to you, in your own context?

Interprofessional Collaboration (IPC): Professionals from different disciplines work together and learn from each other during service provision
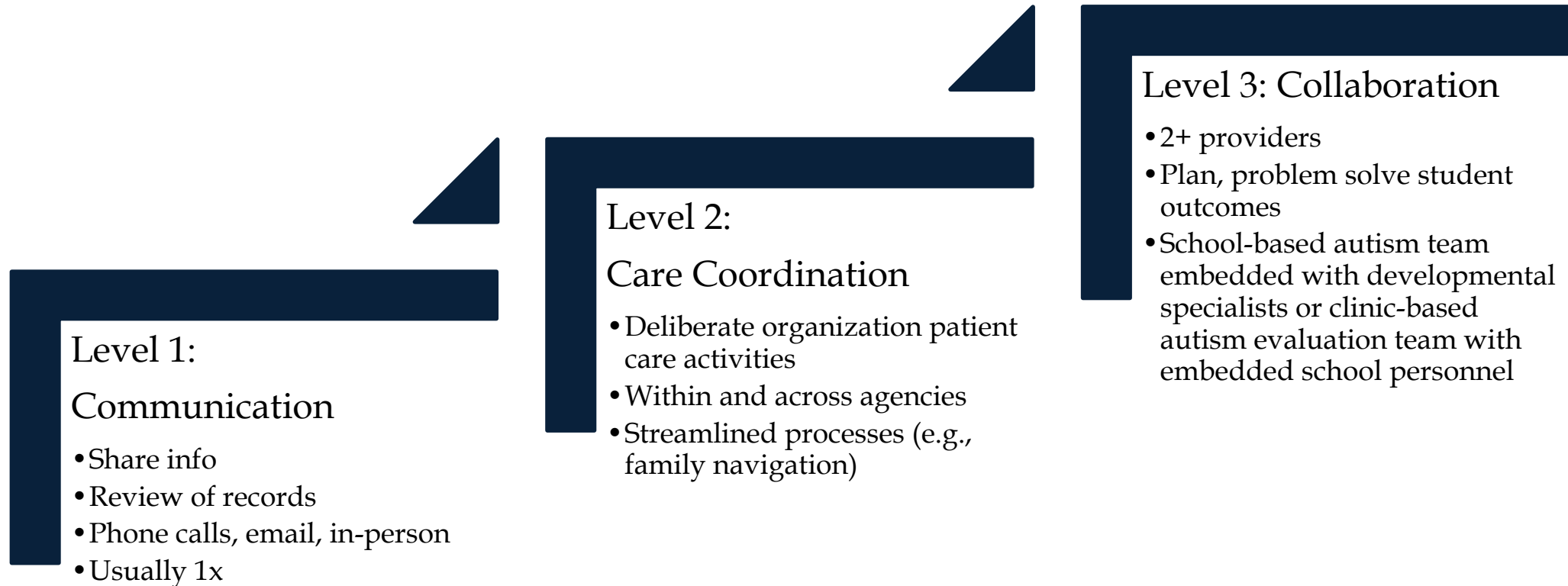
Interagency Collaboration (IAC): Professionals from different agencies collaborate during service provision

Interprofessional Interagency Collaboration (IIC): Professionals from different disciplines *and* agencies collaborate during service provision

Azad et al., 2021; McClain et al., 2021; Shahidullah et al., 2018; WHO, 2010

Why Collaborate?

- More effective, efficient, and family/provider satisfaction
- Professional expectations
- Autism is complex
- Co-occurring concerns
- Improves equity
- Higher quality evaluations

Levels of Collaboration

Level 1:

Communication

- Share info
- Review of records
- Phone calls, email, in-person
- Usually 1x

Level 2:

Care Coordination

- Deliberate organization patient care activities
- Within and across agencies
- Streamlined processes (e.g., family navigation)

Level 3: Collaboration

- 2+ providers
- Plan, problem solve student outcomes
- School-based autism team embedded with developmental specialists or clinic-based autism evaluation team with embedded school personnel

Important Professionals in Autism Evaluations

Table 2 Outside disciplines in which school psychologists engage in collaborations

Disciplines	Across regions				χ^2	p-values	Across participants
	West	South	Midwest	Northeast			
	n=87	n=36	n=65	n=15			
	n (%)	n (%)	n (%)	n (%)			n (%)
Audiologists	13 (54.2)	3 (12.5)	6 (25)	2 (8.3)	1.68	0.64	24 (11.8)
Behavior therapists	52 (46.4)	13 (11.6)	36 (32.1)	11 (9.8)	8.03	0.045*	112 (55.2)
Clinical/counseling psychologists	36 (39.6)	8 (8.8)	36 (39.6)	11 (12.1)	15.71	0.001**	91 (44.8)
Family practitioners	22 (51.2)	6 (14)	12 (27.9)	3 (7)	1.62	0.655	43 (21.2)
Medical doctors	13 (34.2)	5 (13.2)	15 (39.5)	5 (13.2)	4.28	0.232	38 (18.7)
Primary care physicians/nurse practitioners	23 (51.1)	6 (13.3)	14 (31.1)	2 (4.4)	2.24	0.523	45 (22.2)
Psychiatrists	29 (41.4)	10 (14.3)	20 (28.6)	11 (15.7)	11.19	0.011*	70 (34.5)
Registered dieticians	2 (66.7)	0 (0)	1 (33.3)	0 (0)	1.17	0.76	3 (1.05)
Occupational/physical therapists	44 (46.3)	12 (12.6)	31 (32.6)	8 (8.4)	3.4	0.334	92 (45.3)
Social workers	28 (41.8)	6 (9)	25 (37.3)	8 (11.9)	8.05	0.045*	67 (33.0)
Speech and language pathologists	51 (49W.0)	14 (13.5)	31 (29.8)	8 (7.7)	4.45	0.217	104 (51.2)
Other	3 (75.0)	1 (25.0)	0 (0)	0 (0)	2.71	0.438	4 (2.0)

*Significant at 0.05 level, **significant at 0.01 level

Beers et al., 2014; McClain et al., 2020

Barriers

School
• ==Community provider school/SPED system knowledge==
• ==Confidential records sharing==
• Difficulties accessing community supports

Community
• Administration
• Time
• Reimbursement
• School provider autism expertise
• ==Community provider school/SPED system knowledge==
• ==Confidential records sharing==

Azad et al., 2021; McClain et al., 2020

Facilitators

School	Community
• Valuing shared decision-making • Establish collaboration methods • ==Community provider school/SPED system knowledge==	• Administration supports • Easy information sharing • Schedule coordination • School provider training in autism • ==Community provider school/SPED system knowledge==

Azad et al., 2021; McClain et al., 2020

Question #2

- In your own context, what are your barriers and facilitators to interprofessional collaboration?

Successful Engagement: Training

Interprofessional Education Collaborative (IPEC) Core Competencies

1. Interprofessional teamwork and team-based practice
2. Roles and responsibilities for collaborative practice
3. Interprofessional communication practices
4. Values/ethics for interprofessional practice

Graduate training, especially practica experiences

Interprofessional education professional development
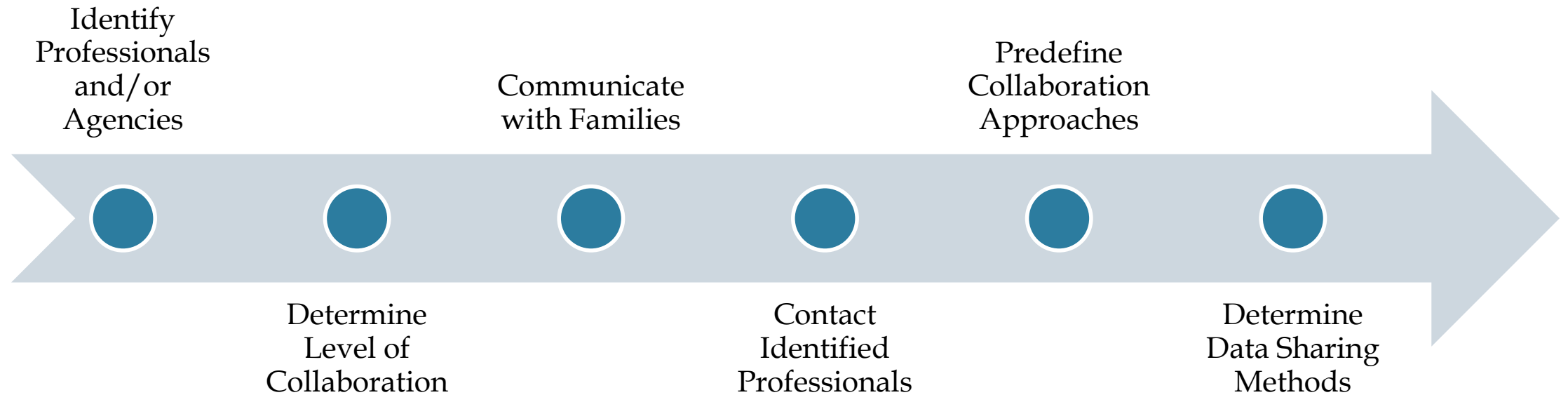
Increase autism evaluation skills

Strong understanding of the roles and contributions of different disciplines

Seek mentorship from more experienced professionals

Azad et al., 2021; McClain et al., 2021; McClain et al., 2020

TeamSTEPPS

- A specific training initiative in team-based care, TeamSTEPPS® 2.0, was developed by the Agency for Healthcare Research and Quality (AHRQ, n.d.) of the US Department of Health and Human Services.

- Evidence-based communication framework commonly used in medical schools and healthcare settings nationally for training in team structure, communication, leadership, situation monitoring, and mutual support

- Efforts are currently underway to adapt TeamSTEPPS for school mental health teams (see Wolk et al., 2019)

Successful Engagement: Steps

Identify Professionals and/or Agencies

Communicate with Families

Predefine Collaboration Approaches

Determine Level of Collaboration

Contact Identified Professionals

Determine Data Sharing Methods

Azad et al., 2021; Gardner et al., in press; McClain et al., 2020; Shahidullah et al., 2018

Know your contexts!

- Community resources
- Community supports
- Populations in your community
- Needs within your community

Families

- Most important!
- A thorough understanding of the child's development is important!
- Families are the experts, how are you ensuring they have this place within your team?

Collaboration with Pediatricians

- Specific to collaborations with medical professionals, although physicians report a desire for more contact with schools in clinical decision-making, only 31% reported receiving information from schools (HaileMariam et al., 2002).

- Often the first provider that the family sees that monitors concerns
- Screening data is useful
- Aligning services across sectors
- Helping pediatricians understand family rights

Collaboration with Early Intervention

- Health disparities and social determinants of health have a greater impact on younger children, particularly those that are between the ages of 0–5 years (Office of Disease Prevention and Health Promotion, 2021)

- Highly family-focused
- Intervention often completed in the home, increasing effectiveness of implementation
- Team approach to intervention planning

Transition from Part C to Part B

- Families often report the least amount of satisfaction with this process, they often report feeling as if they are losing services and individualization

- Transition meetings can allow families to share information about their child and learn more about their goals

- Home-school relationships can improve with better transition planning

Transition Services

- Between schools
- Approaching graduation
- Vocational supports
- Medical waivers

- Many adolescents with ASD who transition to adulthood are at an increased risk of developing multiple health problems, mental illness, and behavioral problems (Cheak-Zamora & Teti, 2015)

School-Based Health Centers

- Underutilized!
- Can be a community gathering place and resource center
- Schools are more likely to be seen as family-serving instead of student-only serving

- What services are available for children with ASD in SBHC in your contexts? Learn more!

Sharing information

- Importance of FERPA and HIPPA compliance

- **Recommended Resource:**

- *Legal Guide to School Health Information and Data Sharing in Colorado,* HSPF Learning Collaborative (2019)

Potential Collaborators

- Other resources: school psychologists, SLPs, nutritionists, OT, PT, ABA therapists, state department of education, professional associations, etc.

- I want you to think about your own contexts – Who would you like to collaborate with when you are working children and families impacted by ASD?

Question #3

- Of the potential collaborators discussed, which three would be the most successful collaborations and why? Of the remaining groups, which ones would you like to develop new collaborations? What steps will you conduct this month and in the next year to advance these collaborations?

Conclusion

- Involvement in and the promotion of interprofessional collaboration has the potential to improve coordination and efficiency of services; reduce disparities; and improve educational, health, and developmental outcomes for children, youth, and families

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THANK YOU!

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