

2021 Gatlinburg Conference Poster Submission

Title: Therapist attitudes towards the implementation of a manualized socioemotional intervention for autistic children in community-based agencies

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Introduction: Manualized psychotherapy interventions integrate research with clinical practice while considering the influence of community and organizational factors (Glisson & Schoenwald, 2005). These evidence-based practices are associated with positive health outcomes for autistic children (Wong et al., 2015). Generally, therapists hold positive attitudes towards implementing evidence-based practices with this population (Brookman-Frazee et al., 2012). However, these attitudes are influenced by individual characteristics such as professional experience and training (Birleson, 1999). Additionally, community-based agencies underutilize evidence-based practices for autistic clients (Pickard et al., 2018). The current research aims to ascertain factors that influence therapist attitudes towards implementing an evidence-based socioemotional intervention, the Secret Agent Society: Small Group Program (SAS: SG; Beaumont, 2013), for autistic children in community-based agencies. This intervention is designed to support social skill development and emotion regulation (Beaumont, 2013).

Method: We followed a sequential explanatory mixed methods research design collecting demographic, quantitative, and qualitative data. Participants were 21 therapists (85.7% female, mean age = 33.57 years, $SD = 9.72$ years) who were aiming to provide SAS: SG across 7 publicly funded community-based agencies in Ontario, Canada, and were undertaking the standardized virtual training for the program. Therapists were required to have some higher-level education in a helping or teaching profession and a minimum of 6 months of professional experience. Two therapists had some college or university experience, 8 therapists had a bachelor's degree, 10 therapists had a master's degree, and 1 therapist had a doctoral degree. Therapist attitudes were assessed using the Evidence-Based Practice Attitude Scale (EBPAS) prior to the training, which measures openness to innovation and new interventions, intuitive appeal, attitudes toward organizational requirements, and perceived divergence of research-based innovation (Aarons, 2004). Therapists reported their attitudes on a Likert scale from 1 (*Not at All*) to 5 (*To a Very Great Extent*). Higher scores on the EBPAS indicated more positive attitudes towards evidence-based practices. Higher scores on the openness, appeal, and requirements subscales indicated more positive attitudes towards evidence-based practices, and lower scores on the divergence subscale reflected more positive attitudes towards evidence-based practices. Post-training surveys were administered to measure satisfaction with virtual training on SAS: SG. Therapists reported on their experience with the training on a scale from 1 (*Very Poor*) to 5 (*Excellent*), with higher scores representing higher satisfaction. Therapists also participated in semi-structured interviews following the training to gather information about attitudes and beliefs surrounding implementing manualized interventions.

Results: Scores on the EBPAS were high ($M = 4.16$, $SD = .37$), indicating positive attitudes towards implementing evidence-based interventions. Scores on the openness ($M = 4.11$, $SD = .58$), appeal ($M = 4.07$, $SD = .71$), and requirements subscales ($M = 3.90$, $SD = .85$) were high. Therapists scored low on the divergence subscale ($M = 1.52$, $SD = .39$), demonstrating that they perceived research-based interventions as clinically useful. Results of an independent samples t-test revealed that individuals with a post-bachelor's degree ($M = 1.32$, $SD = .30$) perceived research-based interventions as more clinically useful than individuals with a bachelor's degree or less ($M = 1.75$, $SD = .37$), $t(19) = -2.947$, $p = .01$. Therapists with a greater number of years of professional experience were less likely to adopt research-based interventions (requirements subscale) if required by their organization, $r = -.45$, $p = .04$. No other therapist demographic was associated with scores on the EBPAS. On the post-training satisfaction surveys, therapists reported high satisfaction towards online delivery of the training ($M = 4.55$, $SD = .69$), duration of the training ($M = 4.05$, $SD = .76$), format of the training sessions ($M = 4.32$, $SD = .75$), knowledge and skill of the trainer ($M = 4.80$, $SD = .41$), and overall ratings of the training ($M = 4.50$, $SD = .61$). Using principles of interpretative description to analyze interviews, preliminary themes indicated that therapists had initial concerns about the virtual training, including learning a new intervention virtually, overcoming technological issues, and eventually delivering the intervention in a virtual format. However, when asked about their experience receiving virtual training, therapists noted that they liked the online delivery and highlighted the importance of breakout rooms in enabling informal discussions. Therapists noted that they had opportunities to connect with therapists at

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different agencies and mentioned that the trainer's proficiency with the online materials contributed to the virtual training's success. Drawbacks of the online delivery included feeling physically disconnected from other therapists within and outside of the agency, technical issues, and length of the training. Therapists expressed concerns with implementing a new manualized intervention virtually, including engaging with parents and children online, covering all the material, and troubleshooting technological issues but were nonetheless excited to implement a new intervention and observe client improvement. Advantages of manualized interventions were saving preparation time, providing structure for autistic children, and ensuring consistency amongst therapists. Disadvantages were the amount of material to cover, lack of experience with research-based interventions, and autistic children's discomfort with structured interventions.

Discussion: Results demonstrate that individual differences such as education and years of professional experience are important considerations in understanding attitudes towards the implementation of evidence-based practices. Moreover, learning and delivering new manualized interventions virtually present unique advantages and disadvantages. These findings have important implications for bridging the research to practice gap when implementing interventions for autistic children. Evidence-based practices for autistic individuals may reduce the prevalence and severity of symptoms, comorbid psychiatric disorders, and co-occurring challenging behaviours (Wong et al., 2015). With the greater implementation of evidence-based practices within community-based settings for this population, the well-being of autistic children and their families will improve. Future research is needed to investigate other contextual and organizational factors that may influence attitudes towards implementing evidence-based practices.

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