

## 2018 ANNUAL MEETING



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states' overall Medicaid generosity.

Results: Analyses are ongoing.

Conclusions: The results will identify waiver characteristics that are associated with cost containment and increased use of community care. These results will be the first step towards helping states develop efficient and effective waivers to support children with ASD and their families.

## 203 **130.203** Embodied Empowerment Design: Reframing the Problem through Co-Design *J. van Dijk,* Twente University, Enschede, Netherlands

Background: As health-care policy increasingly focuses on 'empowerment', assistive technologies are developed to help persons with Autism Spectrum Condition (ASC) in independent living. Most technologies quite straightforwardly provide 'solutions' to aid with daily tasks, or to train certain skills.

Objectives: Given the poor success-rates of assistive technologies in general, our co-design approach aims first to explore instead in more detail what the actual problems are, as seen from the lived, embodied and situated experiences of the people involved.

Methods: We work closely together with a small number of people on the spectrum, over a longer period of time. Through a series of design cycles involving contextual interview, role-play, collaborative brainstorming, prototyping, and evaluation of experience prototypes, we develop a designerly understanding of the details of their lifeworlds, along with a final product proposal. Reflecting on this process and the design outcome with stakeholders (people with ASC, family, care-professionals), we uncover implicit assumptions that may actually get in the way of designing truly empowering technologies, and we envision what alternative conceptualizations may look like.

Results: In this talk I present two cases. The first concerns a system of wireless lamp-bodies that provide situated hints to help structure the day. The second is a smartwatch allowing users to record their own relaxing messages to be played in response to situations of stress. Using these cases I develop the vision of Embodied Empowerment. This vision on empowering technologies critically reframes several conventional interpretations of assistive technology. First: our designs never directly address 'the disorder'. Straightforward attempts at 'solving problems caused by autism', I claim, are always potentially misguided. Instead, Embodied Empowerment calls for technology that enables people first and foremost to be and become most fully themselves. Second, our systems do not 'take over': they provide scaffolds with which people may regain control over their lives, recruiting their skills and available resources in the environment. Third, our technologies are not 'monitoring' or 'training' tools used by care-givers, nor are they replacing real people: instead they mediate in social relations with significant others, towards more empowered interactions. Fourth: while we use information technology, we do not use it to 'remind', 'instruct' or 'inform' the user about what to do. Rather, we design objects and spaces with interactive properties to catalyze and transform sensorimotor routines, such that the user can find (his own) information, by taking action. Finally, we envision not finished solutions, but open platforms. which can be tailored by people in use to their individual needs, interests and talents.

Conclusions: To conclude, we used a co-design research approach as a method to critically reframe some implicit assumptions in present-day assistive technology. The resulting vision of Embodied Empowerment opens up a large, unexplored design potential, promising new personally meaningful devices, to empower persons with ASD in living their everyday lives, on their own terms, in their own unique ways.

130.204 Examining the Relationship between Educator Knowledge, Implementation Frequency, and Perceived Feasibility of Utility of Evidence-Based Practices Following a Training Paradigm of in-Person and Teleconferenced Training, Coaching, and Mentorship W. Loring<sup>1</sup>, C. McQueen<sup>1</sup>, T. E. Foster<sup>2</sup>, A. Dubin<sup>2</sup> and P. Juárez<sup>1</sup>, (1)Vanderbilt University Medical Center, Nashville, TN, (2)Nemours/Alfred I. duPont Hospital for Children, Wilmington, DE

Background: Federal legislation calls for educators serving students with autism spectrum disorder (ASD) to use evidence-based practices (EBPs). Educator feedback indicates that correctly identifying and implementing EBPs has become increasingly challenging, and the amount of preservice information regarding EBP's and ASD varies greatly. Therefore, training in EBPs for educators is a pressing national need. In response, we partnered with our state's Department of Education in which collaborative planning of systems of professional development and program evaluation result in opportunities for students and educators to receive best-practice support and training. Through this, three-day workshops are provided in a fixed-model, experiential training paradigm designed for the unique support needs for staff educating students with ASD and provides in-person and teleconferenced training, coaching, and mentorship. During the year examined for this poster, 6 workshops were conducted in 3 versions for early childhood, elementary/middle, or high school educators. These workshops focus on the impact of ASD on learning and strategies to implement EBPs feasibly and successfully in optimizing learning.

Objectives: 1. To assist school districts statewide in moving towards more inclusive and evidence-based practices, 2. To develop nationally replicable models of high-quality educator professional development, 3. To advance policies and practices related to successfully building capacity and sustainability in educating students with ASD

Methods: Data collected evaluates: 1. Increased knowledge of targeted EBPs, 2. Implementation frequency and fidelity of targeted EBPs and 3. Perceived satisfaction, feasibility, and utility in optimizing student outcomes post-workshop. Knowledge and satisfaction data are collected immediately post-workshop. Reported implementation, feasibility, and utility are collected immediately post-workshop, during a classroom consultation 2 months post-workshop, and via survey 6 and 12 months post-workshop. Implementation fidelity is coded by consultants during the classroom consultation. The focus on this poster is examining the correlation between EBP knowledge and reported implementation, feasibility, and utility 2 months post-workshop.

Results: Across all workshop versions, there was a significant increase in EBP knowledge post-workshop. There was a significant correlation between EBP knowledge and reported implementation in one EBP in the High School version. There were no significant correlations between EBP knowledge and reported feasibility, utility, or implementation for any other EBPs across workshops. Reported implementation and perceived feasibility and utility were high 2 months post-workshop and implementation fidelity was moderate. There were significant correlations between feasibility and utility for all EBPs and between both feasibility and implementation and implementation and utility for 86% of targeted EBPs (see table).

Conclusions: This training paradigm results in increased EBP knowledge with moderate levels of implementation fidelity 2 months post-workshop.