Family Training in the Michigan Medicaid System

The 2018 Michigan Autism State Plan emphasizes “direct training and coaching to families to work effectively with the characteristics of ASD (p. 10, 2018).” Many technical review panels consider family training that focuses on coaching parents in a specific set of intervention techniques an evidence-based practice for children with ASD. Family training has multiple benefits for both children and families, such as improving child skills, parents’ mental health, and quality of care. See the next page for a detailed description of this type of family training. Despite the fact that family training is best practice, research shows that it is often underutilized in community settings. This study looks at how family training is used as part of Applied Behavior Analysis (ABA) in the Michigan Medicaid system.

Specific billing codes for family training as a part of Michigan Medicaid ABA services were developed in 2012. These billing codes have allowed for a more objective and systematic examination of family training use in the Michigan Medicaid community.

Analysis of these billing codes and provider’s self-reported family training practice suggests that family training services are not consistent with the frequency or quality of evidence-based family training models. Additionally, providers reported that they did not receive training in evidence-based family training and felt that it wasn’t a priority at their agencies. Providers also had concerns about engaging parents in family training due to limited motivation and ability to participate due to stress and other barriers. These perceived barriers negatively impacted their use of family training with parents.

While provider, agency and policy level barriers influence the use of evidence-based practices, parent perspectives are necessary given the need for parents’ active participation in family training compared to other evidence-based practices for ASD.

When parents in the same Medicaid ABA system were asked about evidence-based family training, they were highly motivated to participate; this was unrelated to parent, child, or service characteristics such as time in ABA or service location; it also wasn’t related to daily stress or barriers to participation like transportation or child care. Parent’s ratings of family-centered care, relationship with their child’s ABA supervisor, and attitudes towards family training were related to their motivation. Interviews with parents found that most parents valued the coaching and feedback components of family training, but shared that current ABA family training services, which were primarily progress monitoring or treatment planning updates, were not worth the burden of regular participation. However, caregivers were willing to prioritize involvement in parent coaching specifically despite the burden.

Taken together, providers within this Medicaid system reported family-level barriers to engagement in current family training services, while parents reported relatively few barriers and high motivation to participate in an evidence-based model of family training. Since both parents and providers reported that current ABA family training experiences were not consistent with evidence-based training, the difference in perspective around engagement within this system may be related to parent’s limited perceived value in current family training services, rather than a lack of motivation to participate overall.

The perspectives of families from underrepresented groups, including those in the Medicaid system who are from lower income backgrounds and may also be of racial or ethnic minority backgrounds, are not frequently reported in ASD research. This study provides an opportunity for these parents to contribute to meaningful changes in their communities that they may directly benefit from. The goals of this project are also closely aligned with quality improvement efforts underway in the Michigan Medicaid system around care for families of children with ASD.
What is Family Training?

Family Training relies on collaboration between you and your child’s therapist. It is when a provider works with you to help you feel more confident and skilled in helping your child. While this looks different depending on your child, common parts of a good program include:

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<tr>
<th>Collaboration</th>
<th>Modeling</th>
<th>Practicing</th>
<th>Feedback</th>
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<td>Works with you to set goals and track child’s progress</td>
<td>Demonstrates the strategies for you with your child</td>
<td>Gives you time to practice strategies together in session</td>
<td>Gives you support as you practice with your child in session</td>
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Planning  
Helps you plan how to practice the strategies at home

Problem Solving  
Helps when using the strategies at home isn’t working

Handouts  
Provides you with written materials to help you learn

What can I expect from Family Training?
Learning and practicing require time and effort, but have lasting benefits for the child and family. For family training to work best, parents attend weekly sessions with a therapist over several months. These sessions are focused on teaching you skills!

What are the benefits?
Supports both the family and the child:
- Transfer skills learned in therapy to the home
- Improve parent-child relationships
- Decrease parent stress
- Increase quality of life

Can help teach your child many skills:
- Problem behaviors
- Talking and listening
- Social skills
- Play and imitation
- Sleeping and eating

Developed by the CDC Autism Lab

[Image: Diagram showing the process of family training]
Meet the MSU Autism Lab

Brooke Ingersoll, PhD
Lab Director
I am an associate professor of Psychology at MSU. I joined MSU in 2007 and founded the MSU Autism Lab. I am interested in research on interventions that can improve the lives of children with ASD and their families.

Kaylin Russell, BA
Lab Manager
I am the lab manager of The MSU Autism Lab. I am interested in how internalizing behaviors are related to ASD symptomatology and also how early intervention strategies can improve social communication skills. In my free time, I love to practice yoga and travel with my family.

Karís Casagrande, MA
Graduate Student
I am a 6th year graduate student in MSU Clinical Psychology program. I am interested in understanding how parents advocate for services and how to address the gaps in service access for families and children with ASD. In my free time, I serve on the board of the Mic-Michigan Autism Association and enjoy playing board games and traveling.

Kyle Frost, MA
Graduate Student
I am a 4th year graduate student in the Clinical Psychology program at MSU. My research interests include measuring and understanding the common elements of ASD interventions, and how intervention strategies lead to child learning. When I’m not in the lab, I spend a lot of time playing with my dog and taking her on hikes!

Diondra Straiton, MA
Graduate Student
I am a 3rd year graduate student in the Clinical Psychology program at MSU. I am interested in improving parent/caregiver engagement in autism-related services for traditionally underserved families. In my free time, I enjoy hiking and listening to live music.

Anamiguel Pomales Ramos, BS
Graduate Student
I just joined the lab as a graduate student in the MSU Clinical Psychology program. I am interested in developing and evaluating intervention tools, as well as facilitating access to evidence-based interventions for children with Autism Spectrum Disorder. In my free time, I enjoy going to the beach and cooking new recipes.
Parent Involvement Project

WHAT IS IT?
Parent involvement in intervention is key to improving outcomes for children with ASD.

This project, funded by the US Health Resources and Service Administration Maternal and Child Health Bureau, is designed to measure the effectiveness of different components of an internet-based program designed to improve parent involvement in intervention for families of young children with ASD.

WHAT WILL YOU DO?
Families will complete the following over a 9 month period:
- An initial intake assessment
- Participation in one of three groups over 4 to 6 months: a web-based information and support group, a self-directed training group, or a therapist-assisted training group
- 3 month follow-up

TO PARTICIPATE, YOUR CHILD MUST
- Have a diagnosis of an autism spectrum disorder
- Be between the ages of 18 and 96 months at intake
- Meet other inclusion criteria

FAMILIES WILL:
- Receive $25 during each assessment period ($75 total)
- Receive an initial and follow-up assessment report
- Be provided all technology if needed at no cost

If you have questions about participation, please contact Kaylin Russell:
autlab@msu.edu
517-432-8031.

Project ImPACT Program, Second Edition:

Project ImPACT is a parent-mediated intervention program developed by Brooke Ingersoll and Anna Dvortscak in 2010. The curriculum is designed to help community providers deliver high quality, evidence-based parent coaching to families of young children with ASD and related developmental delays. We have incorporated new research from MSU Autism Lab members and our collaborators into a second edition of the program and are excited to announce that the second edition is now available.

NEW TO THIS EDITION:
- Reflects latest research and ongoing development of Project ImPACT
- Streamlines the program for teaching parents
- Appropriate for a broader range of children, including those without an ASD diagnosis who have social communication delays
- Optional unit on managing significant behavioral challenges
- Additional visuals, graphics, and forms that facilitate learning

Information on our Spring 2020 Introductory Workshop in East Lansing, MI will be available soon.

If you have questions about Project ImPACT training for your organization, please contact Brooke Ingersoll:
ingers19@msu.edu

The second edition of the Project ImPACT curriculum is now available!!
family tidbits

Below are stories about a few kiddos that have been involved in our lab! Take a look at what they’ve been up to:

Dominic, 15 years old
Dominic's big sister, Lauren, was recently home for the weekend (she lives and works near Detroit). Whenever Lauren visits, Dominic’s family likes to play the Scrabble game. Typically, Dominic will sit on the floor and have zero interest in playing the game with his family. This particular time, Lauren called him over and asked him to think of a word he could put on the board. Dominic took a look at the board, then looked at Lauren's letters and spelled, "RAMP," Dad, mom and Lauren were SO excited!! He has never done that before, EVER. His family was so proud of him!!

Carter, 9 years old
Carter is in 3rd grade and is learning how to play the recorder. He loves music from all decades, and he has been helping out with his two-year-old sister’s music class. This past summer, Carter participated in the PEAC (Programs to Educate All Cyclists) program and now loves to ride his trike around the neighborhood with his brother! Carter’s family is so grateful to the Michigan State University Autism Lab Parent Involvement Project for helping them to develop Carter’s social skills!

Jahfia, 5 years old
Jahfia has been making steady progress with communication and social skills in the past few months. She is now to the point where she can string together a couple words to form basic sentences to request needs and wants, as opposed to only gesturing or using echolalia. Allowing her to ‘take the lead’ while playing has yielded great results including her being able to participate in imaginative play. She has shown excellent social growth this year; she is now in kindergarten and spends partial time in the general education classroom where she is working and interacting with peers. She loves school and is enjoying her friends!!

*Way to help out with music class, Carter! We love your and mom’s matching shirts!

*Great job, Dominic! Family time is so fun!

*Awesome job, Jahfia! Keep working hard at school!