The epidemic rise in the number of identified children with autism represents an urgent public health issue.

• About 1/150 children have an ASD.
• Although the focus on early identification efforts in recent years has been effective in sharply increasing the number of children receiving services in schools, those services are of uneven quality.
• There is a critical need to improve receipt of high quality early intervention services that are equally available regardless of family income, race, or geographic location.

A consultation intervention - the Collaborative Model for Promoting Competence and Success (COMPASS) was evaluated.

Objectives

• To evaluate the impact of a conjoint parent-teacher consultation intervention COMPASS vs. "usual" educational program development practice.
• To identify active ingredients of the intervention.

Methods

• A single blind randomized controlled design was applied.
• A evaluator unaware of group assignment used curriculum based assessment of goal attainment scaling (CBGAS) to evaluate child outcomes at Time 2.
• To establish proof of concept, putative mechanisms of change also were analyzed, i.e., quality of the educational plans and teacher adherence to coaching.
• Thirty-five teachers and a randomly selected student with autism (Mage = 6.1 years) from each teacher’s classroom participated.

Results

• Parent / teacher satisfaction was high (Mean 3.7 out of 4).
• After controlling for pretest (CBGAS) scores (Mpre = 31.38), there was a statistically significant group difference in change from pretest to posttest scores, F(1, 29) = 11.08, p = .002, indicating greater improvement in scores for children in the experimental group (Madjusted = 60.87) relative to the control group (Madjusted = 46.63) (Fig 2).
• Only treatment fidelity at coaching session four correlated with child outcomes (r = .59, p = .006).
• IEP quality correlated with child outcomes for the experimental but not control group (p=.01).

Discussion

• Preliminary evidence suggests consultation can be effective for improving child outcomes.
• Replication of study findings are necessary.

This work was supported by Grant Number R34MH073071 from the National Institute of Mental Health. The content is solely the responsibility of the authors and does not necessarily represent the official views of the National Institute of Mental Health or the National Institutes of Health.