Defining the Core Components of Family Navigation for Autism Spectrum Disorder

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Background
- Significant disparities exist in access to diagnostic and treatment services for children with autism spectrum disorder (ASD)1,2,3,4,5,6
- Family Navigation (FN) was developed in 2012 by a team of ASD, disparity, and service researchers and clinicians to reduce diagnosis disparities and improve care coordination to support families of children at risk for ASD.7
- Core components can be defined as unique and essential elements of an intervention that are planned and purposeful to its design and delivery.8
- To date, no studies have published specific data on what the core components of the intervention are, or how they were conceptualized for ASD.

Research Objective
To describe and operationalize the core components of FN in order to facilitate dissemination and implementation in routine care settings.

Methods
- Principal investigator(s), co-investigators, and research staff (n=8) from 4 clinical trials of FN for ASD completed a TIDier checklist between 2017-2018.
- Data from the checklists were analyzed using Intervention Component Analysis to systematically describe FN by:
  1) using an inductive approach to describe an intervention
  2) making use of investigators’ reported experiences

Results

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<thead>
<tr>
<th>Training and Supervision</th>
<th>Navigator Activities</th>
<th>Navigator Tools</th>
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</thead>
<tbody>
<tr>
<td>1. Training</td>
<td>1. Referral to Navigation</td>
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<td>2. Ongoing Supervision and Case Review</td>
<td>2. Linguistic and Cultural Brokering</td>
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<td>3. Fidelity Monitoring</td>
<td>3. Complete Encounters</td>
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<td>5. Emotional Support</td>
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<td>6. Care Coordination</td>
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* Component fell into two domains

Future Directions
- Develop and test quantitative measures of core components that are generalizable
- Determine optimal FN service delivery strategies
- Effectiveness-implementation of FN for children with ASD and co-occurring mental health conditions

Discussion
- This serves as a blueprint for FN implementation in research (e.g., study design, implementation strategies) and practice (e.g., clinical adaptations).
- We recommend teams looking to use FN adapt core components for their particular context, in line with the widely supported tenet in implementation science regarding the importance of adaptable innovations to maximize “fit” with the service context, service providers, and end-users of the intervention.9

References

Correspondence and Funding
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