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**Incredible
Years®**



Helping Preschool Children with Autism: Teachers and Parents as Partners Program

Workshop Handouts

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**NOTE: This manual is for workshop purposes only. Full program set can be purchased from The Incredible Years®*

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Helping Preschool Children with Autism Teachers and Parents Program Workshop

Agenda Day One

Welcome, introductions, ground rules, agenda

Overview of ASD Partnership Teacher/Parent program objectives, format & how different from TCM or Parent Autism programs

Buzz characteristics of children with ASD

Brainstorm what it is like to be a teacher or parent of a child with ASD

Review IY group leader principles for delivering program

Buddy up to complete communication checklist on one child; categorize language and play types in large group; break up small groups to begin development of 3-4 sample child typologies/ levels 1-4 (see handout)

Part 1: Promoting Language Development

- Leader modelling benefits, brainstorm, buzzes, mediating vignettes
- Large group practice using visual prompts and process IY role play strategies; discuss closing & home activities

Evaluation and Close





Helping Preschool Children with Autism Teachers and Parents Program Workshop

Agenda Day Two

Model beginning a new session & home activities review

Part 2: Promoting Social Interactions

- dramatic play to prompt verbal social interactions & joint play
- coaching listening, asking and sharing
- using visual sequenced play scripts to promote joint play

Agenda Day Three

Part 3: Promoting Emotional Literacy and Self-Reflection

- helping children stay regulated
- using puppets in pretend play
- teaching children how to calm down
- emotion coaching

Summary, evaluation and close



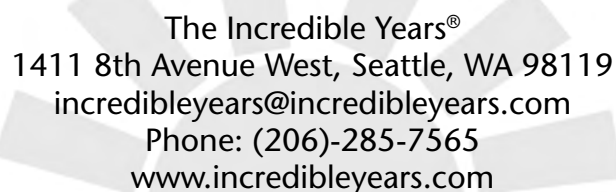
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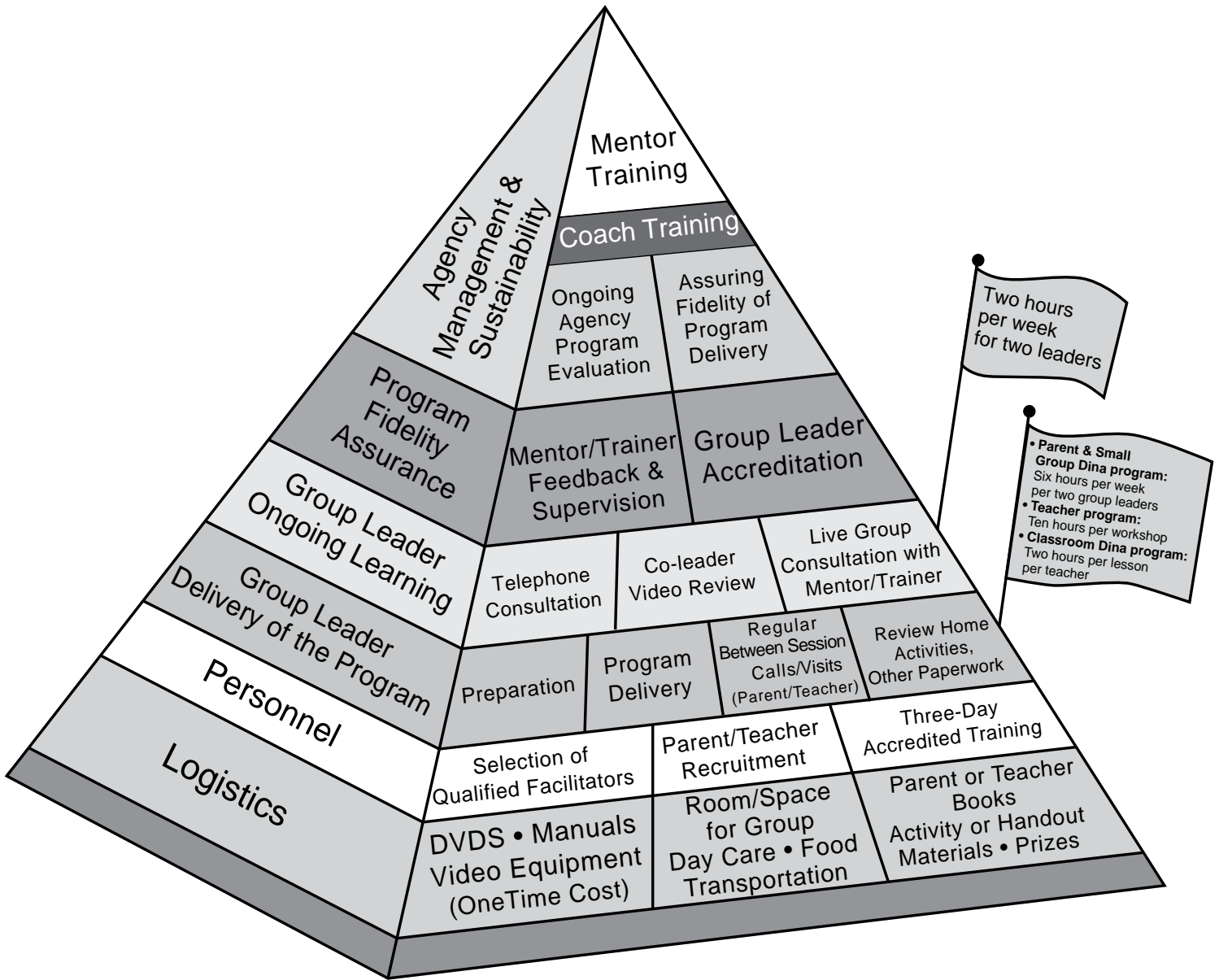
Some General Guidelines:

- If your agency plans to implement an Incredible Years® Program, they must purchase the program set from The Incredible Years® office. A program set includes all the main components to run your groups. A leader’s manual, DVD set with vignettes to show, and other “extra” items are included.
- In the leader’s manual, you MAY photocopy the handouts and different evaluation forms for parents to use and fill out. You may keep the master copies in your leader’s manual so that you can reuse them for each group.
- You may not make any alterations to these handouts, evaluations, or any of the other forms in the leader’s manual. This includes removing copyright information, recreating materials without permission from The Incredible Years® and/or translating any of the materials without permission.
- You may not photocopy the entire leader’s manual to create new manuals. If you need additional manuals, they can be purchased from The Incredible Years® office.
- You may access select materials from our website, in the “Group Leader Resources” section.
- The DVD set that comes with each program is copyright protected. Burning the dvd discs or making “back up” copies is not allowed. If a disc is lost or broken, replacements can be purchased from The Incredible Years® at a low cost. Full sets of the DVD are typically not sold separately from the full program set - if you require multiple DVD sets, we suggest purchasing multiple sets of the program, which qualifies you for discounting.
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IY Implementation Pyramid: Assuring Fidelity of Program Delivery



Content and Objectives of the Helping Preschool Children with Autism: Teachers and Parents as Partners Program

Part One: Promoting Language Development

- Value of teachers and parents giving focused child-directed narrated play as a way of promoting joint play and social communication.
- Understanding how to get in child's attention spotlight and not letting the child exclude parent or teacher.
- Appreciating the importance of gesturing, imitation, modeling, and face to face interactions.
- Assessing child's sensory likes (and dislikes) and developing sensory routines, songs and games to motivate the child's communication.
- Using communication checklist with adults and peers to determine child's communication goals.
- Determining appropriate developmental goals and adjusting verbal and nonverbal language according to the children's communication stage.
- Using visual prompts and supports such as snack talk cards, signals, and concrete objects to promote social communication and language understanding.
- Tailoring pace, amount, and complexity of language modeled according to child's communication stage.
- The modeling principle and importance of positive affect and exaggerated facial responses.
- Understanding how to set up practices to prompt social communication.

Part Two: Promoting Social Interactions

- Understanding how to model, prompt, and coach children's social skills.
- Understanding the ABCs of behavior change.
- Importance of responding enthusiastically with praise and gestures when child shares, helps or tries to interact with another child.
- Encourage back and forth communication by pausing to wait for child's response or signal before giving child what he/she wants.
- Understanding how to use intentional coaching communication.
- Understanding how to set up drama pretend play and cooperative play activities with 3 children to teach them to cooperate in joint play and work together.
- Setting up behavior plans for individual children for target social coaching.
- Understanding how to model, prompt, and coach children's social behaviors (waiting, helping, sharing) and social communication.
- Importance of responding enthusiastically with praise and gestures when child shares, helps or tries to interact with another child.
- Understanding how to use picture play scripts to promote joint play.
- Understanding how to set up more structured play scenarios with picture cue cards and rewards to help two children practice social skills.

Part Three: Promoting Emotion Literacy and Self-Regulation Skills

- Emotion coaching promotes children's emotion language skills and empathy.
- Emotion language is a precursor to self-regulation.
- The "attention rule" – the principle of paying attention to more positive than negative emotions and modeling positive expression of emotions.
- Learning how to combine emotion coaching with social coaching.
- Using feeling picture cards to promote children's understanding of feelings words and beginning empathy.
- Understanding how to use pretend play and puppets to practice self-regulation skills.
- Practicing using the calm down thermometer to teach calm down skills.
- Determining when children are receptive to learning about calm down teaching or self-regulation prompts (e.g., positive self-talk, deep breathing, happy images).
- Understanding when the ignore strategy is a better response than giving the behavior attention.
- Importance of modeling self-control and calm-down strategies for children.



Who Should Participate in this Program?

This program was developed for preschool teachers and parents who have young children on the Autism Spectrum. The focus is on helping them **work together as partners** to provide children with one-on-one and small group coaching during play interactions at school and at home in order to promote their language development, social skills, and emotion regulation skills. Preschool teachers and parents learn about the importance of behavior change strategies such as: modeling, prompting, partial prompting, imitation, descriptive commenting, singing, ABC sequences, and scaffolding child-directed play with pre-academic, social and emotion coaching. They also learn how to use nonverbal gestures, signals, picture cue cards, books, sensory routines and play scripts, along with pretend play, puppets and motivating rewards to engage children in social communication. The goal for teachers and parents is to get into children's **attention spotlight**. They do this by engaging in joint play with their favorite activities, upping the impact of their communication and becoming a more rewarding playmate so as to maximize the children's learning opportunities. When teachers and parents work together and use similar strategies across the school and home settings, the impact of these consistent approaches enhance children's learning and development. Finally, teachers and parents are encouraged to become a team where they can support and learn from each other.

Recommendations for Parents

It is recommended that parents first complete the *Incredible Years® Autism Spectrum and Language Delays Program for Parents*. This 12–16 week program helps parents understand their child's communication and stage of play development, set goals, and determine the most appropriate strategies for their child given their developmental stage. The program focuses on one-to-one parent-child play interactions designed to both enhance their relationship as well as to promote language development, social skills and emotion regulation. It *does not*, however, focus on ways parents can coach peer interactions and help their children engage in joint play experiences with other children (which is where this program will be useful as a supplement!).

It is recommended that after completing the parent program, this 4-6 session program be offered to help the parents engage in coaching 2–3 children at a time and promote their children's peer relationships and friendships. With this understanding, parents can help teachers in the classroom and/or manage inviting classmates for a peer play date at home. It is important that parents receive the longer parenting program first (focusing on one-on-one interactions), before participating in this program (focused on peer coaching and interactions).

Recommendations for Preschool Teachers

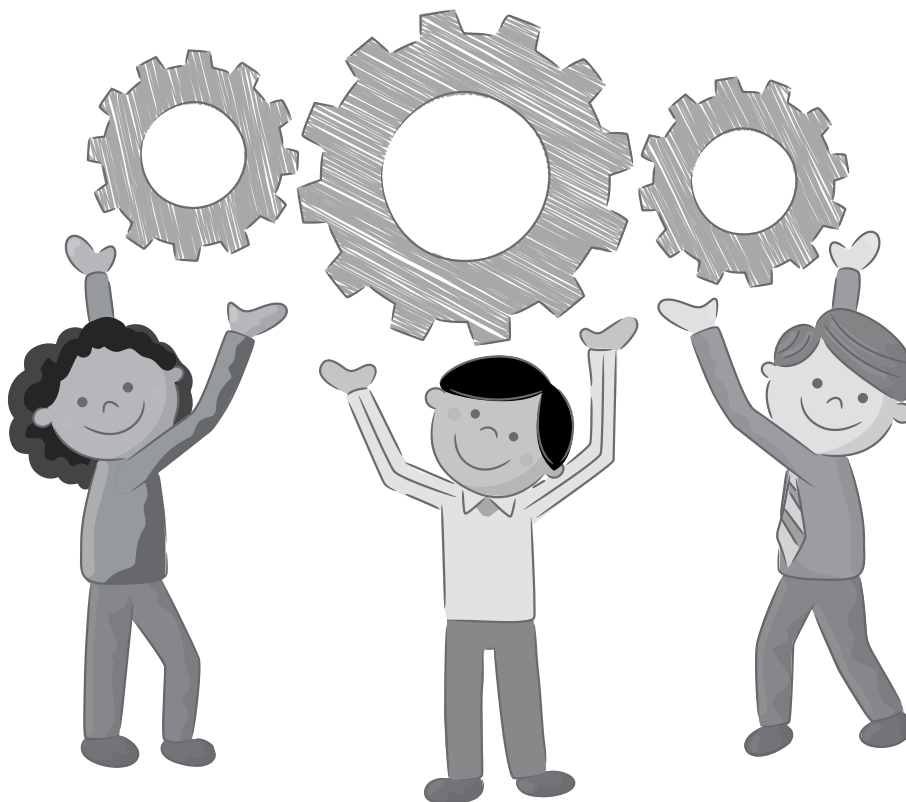
It is recommended that teachers first complete the *IY Teacher Classroom Management Program (TCM)* (for teachers of children 3–8 years old). This program is 6 full-day workshops in length. It focuses on topics such as: building positive relationships with students and parents, academic, persistence, social and emotion coaching methods, motivating children through incentives, limit setting, managing misbehavior, and emotion regulation and problem solving.

After completing the Teacher Classroom Management Program, the teachers may be shown some of these vignettes to refine their approaches when working with children on the Autism Spectrum or with language delays.

An Incredible Idea



This training program can be offered in 6, 2-hour long sessions to **BOTH** preschool teachers *and* parents together. The DVD narrations are written in such a way that they refer to anyone who is taking care of children on the Autism Spectrum. The advantage of this approach is the ability to promote supportive teacher-parent partnerships and collaborative work in developing behavior plans and approaches that will be carried out both at home and at school.



Parents and Teachers collaborate!

The Incredible Years®

Helping Preschool Children with Autism: Teachers and Parents as Partners

Agendas, Checklists and Handouts for Each Program

The content covered in each program needs to be paced according to the group's particular needs for discussion and content, level of participation, and prior familiarity with the behavior change and child development concepts. In general, we suggest that you try to cover 5–7 vignettes per two-hour program.

Part One

Promoting Language Development
Vignettes 1–13 (Sessions 1 & 2)

Part Two

Promoting Social Interactions and School Readiness
Vignettes 1–23 (Sessions 3 & 4)

Part Three

Promoting Emotional Literacy and Self-Regulation
Vignettes 1–14 (Sessions 5 & 6)



NOTE: It will take 6 sessions to complete this program, with 2 sessions for each “Part”



**USE VIDEOS IN A COLLABORATIVE WAY TO
ENHANCE TEACHING**



Outline—Part One

Promoting Language Development

Sessions 1 & 2

I. Welcome

Leaders introduce themselves.

Review agenda for program.

II. Introductions

Participants introduce themselves and goals.

Talk about children’s classrooms and peer relationships. Share children’s stage of communication and play level development. (See Communication Checklist Handout.)

III. Ground Rules

Ask teachers/parents for ideas on group rules.

IV. Program Goals and Topics

Give an overview of the program, its general goals, topics and format.

Show introductory overview and videos of teacher goals and parents recognizing their children’s difficulties.

V. Topic of Day: Promoting Language Development

- A. Show introductory narration and pause to highlight children on the spectrum
- B. Vignette 1: Child-directed Narrated Play (hexagons)
- C. Brainstorm/Buzz: Benefits of teacher & parent child-directed play for children on the spectrum; share how these children’s play is unconventional and different from typical children; share variety of ways these children communicate and how to respond to nonsensical words.
- D. Vignette 2: Adding Interactive Interest to Play
- E. Buzz: Social sensory likes and dislikes and share sensory routines, songs, and games.
- F. Explain use of the “Communication Checklist” by using for Hudson vignette and then complete form for one child and determine child’s communication goals.
- G. Vignette 3: Descriptive Commenting & Visual Prompts (playdough)
- H. Buzz: Break into pairs to discuss ways they use visual prompts, gestures, and encouraging words in their setting (see handouts).
- I. Vignette 4: Child-directed Play and Pre-academic Coaching (hammer and balls)
- J. Role Play/Practice: Large group and small group practice descriptive commenting and pre-academic coaching; alter practices according to different children’s communication levels.
- K. Vignette 5: Avoiding Question Asking with Nonverbal Children
- L. Role Play/Practice: Compare question asking without object vs question asking with object or picture
- M. Vignette 6: Joint Play Sharing (bumpy road)

- N. Vignette 7: Encouraging Asking for Help (Amelia opening bottle)
- O. Vignette 8: Encouraging Social Communication – Asking and Answering (milk box refusal to share)
- P. Vignette 9: Encouraging Social Communication – Listening (lunch time sandwiches)
- Q. Vignette 10: Teacher Directed Practices – Asking and Sharing (asking for apples, water)
- R. Role Play/Practice: In triads practice setting up snack practice opportunity for children to ask for what they want and share using prompts and modeling. Explain ABC of behavior learning (see handout of ABC chart).
- S. Vignette 11: Using Snack Talk Cards to Promote Social Communication (favorite toy pictures)
- T. Brainstorm/Buzz: Pair up with buddy to talk about ways to use visual prompts (snack cards) in classroom to enhance social communication.
- U. Vignette 12: Using Snack Cards to Promote Social Communication (favorite characters)
- V. Vignette 13: Snack Menus to Enhance Language (cereal toddlers)
- W. Role Play/Practice: Set up role play with 4 group participants to practice snack menus; one child has no language, one has single words and one has sentences.
- X. Teacher and Parent Reflections Vignettes
- Y. Role Play/Practice: Break up with buddies to practice reading to children using gestures, animations, face-to-face interactions and adapting reading to child’s stage of communication.
- Z. Show Teacher Reflections – language development

Key Concepts:

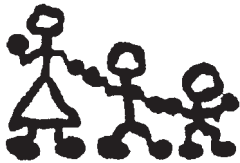
- Value of teachers and parents giving focused child-directed narrated play as a way of promoting joint play and social communication
- Understanding how to get in child’s attention spot light and not letting the child exclude parent or teacher
- Appreciating the importance of gesturing, imitation, modeling, and face to face interactions
- Determining appropriate developmental goals and adjusting verbal and nonverbal language according to the children’s communication stage
- Using visual prompts and supports such as snack talk cards, signals, and concrete objects to promote social communication and language understanding
- Tailoring pace, amount, and complexity of language modeled according to child’s communication stage
- The modeling principle – and importance of positive affect and exaggerated facial responses
- Understand how to set up practices to prompt social communication

VI. Review Practice Activities, Handouts and Set Personal Goals

- Summarize key points
- Spotlighting Key Tips
- Review suggested activities
- Set personal goals by using self-monitoring checklist

VII. Teacher/Parent Evaluation

VIII. Closing



LEADER CHECKLIST

Part One

Sessions 1 & 2

Topic: Promoting Language Development

Vignettes: 1–13, Teacher & Parent Reflections

SITE: _____ **DATE:** _____

LEADER NAMES: _____ **TIME:** _____

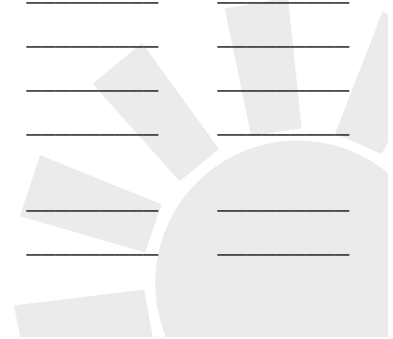
VIGNETTES COVERED: Child-directed Narrated Play:

Intro* 1 2 3* 4 5 6* 7* 8 9 10* 11*
 12* 13 Teacher & Parent Reflections*

Circle vignettes shown. Vignettes with an asterisk (*) are for those who did the IY Parent Autism Program first before this program.

DID I

	YES	NO
1. Write the agenda on the board	_____	_____
2. Welcome, make introductions, set goals	_____	_____
3. Brainstorm: group ground rules	_____	_____
4. Explain format for meetings, program goals, and topics	_____	_____
5. Talk about children’s classroom, stage of communication, and play level. Explain Communication Checklist & “How I am Incredible” handout.	_____	_____
6. Buzz: social sensory routines, songs, and games	_____	_____
7. Buzz: use of visual prompts	_____	_____
8. Buzz: child’s likes and dislikes/use of picture choice boards	_____	_____
9. Role play/practice: child-directed play & descriptive commenting and how varies according to child’s communication stage	_____	_____
10. Break out for “practice” in dyads or triads	_____	_____
11. Role Play/Practice: Question asking with and without objects and pictures	_____	_____
12. Role Play/Practice: In triads practice setting up practice for children to ask for what they want.	_____	_____
13. Buzz: Use of snack cards to promote social communication	_____	_____
14. Role Play/Practice: Using snack cards	_____	_____
12. Explain importance of practice activities	_____	_____
13. Highlight key principles from discussion	_____	_____
14. Review this week’s practice activity and participants set personal goals (play record sheet)	_____	_____
15. Evaluations	_____	_____



Copy:

Practice Activities for the Week

Behavior Plan Record Sheet: Promoting Language Development

Behavior Plan Record Sheet: Promoting Peer Social Communication

"How I Am Incredible!" Handout

Spotlighting Handouts: Coaching children with limited language; Pre-Academic Coaching for Children with some language; Coaching Language during Reading; Connecting with Children through Music

Buzz: Nonverbal Cues

Buzz: Encouraging Words

Teachers and Parents as "Pre-Acadmic Coaches" Checklist

Communication Checklist with Adults

Communication Checklist with Peers

Sample Activity Choice Cards

Sample Snack Talk Cards - Favorite food or toy, Favorite character

Sample Song Cue Cards

ABC Chart

Self-Evaluation

"Gems" of Program—Reminder of things to pursue next session



Outline—Part Two

Promoting Social Interactions

Sessions 3 & 4

I. Welcome

Greet families.

Review agenda.

II. Report on Practice Activities

Buzz experiences with narrated child-directed play and successes at getting in child's spotlight with modeling, prompting, gesturing, imitation; share experiences using visual cue cards, prompts, and setting up social communication practices.

III. Program Goals and Topic

Give an overview of the topic. (Show introductory narration.)

IV. Topic of Day: Promoting Social Interactions

- A. Show narration to first vignette.
- B. Vignette 1: *Getting in Your Child's Attention Spotlight (balloon)*
- C. Role Play/Practice: In large group choose a participant to demonstrate how to blow up balloon and wait for child to indicate through gestures or words what he wants. Model, blow and wait for response. Once balloon is blown up, teach turn taking through gestures, prompts, modeling and rewards (ABCs).
- D. Vignette 2: *Prompting, Waiting, Asking and Turn Taking (squirrel)*
- E. Buzz: Target social behaviors.
- F. Vignettes 3–8: *Dramatic Play to Prompt Verbal Social Interactions*
- G. Role Play/Practice: Set up dramatic play practice with groups of four to help one reluctant child respond to initiations and to initiate social communication and share in joint play.
- H. Buzz: In groups of 3–4, teachers work on a behavior plan record sheet for helping a target child learn target social skills and social communication.
- I. Vignettes 9–11: *Coaching Amelia with 2 children (play dough)*
- J. Role Play/Practice: Set up practice with 3 children and one teacher with play dough. Encourage children to participate in a joint activity.
- K. Understanding the ABCs of behavior change.

Key Concepts:

- Understanding how to model, prompt, and coach children’s social skills.
- Understanding the ABCs of behavior change.
- Importance of responding enthusiastically with praise and gestures when child shares, helps or tries to interact with another child.
- Encourage back and forth communication by pausing to wait for child’s response or signal before giving child what he/she wants.
- Understanding how to use intentional coaching communication.
- Understanding how to set up drama pretend play and cooperative play activities with 3 children to teach them to cooperate in joint play and work together.
- Setting up behavior plans for individual children for target social coaching.

V. Review Practice Activities, Handouts and Set Personal Goals

Summarize Key Points.

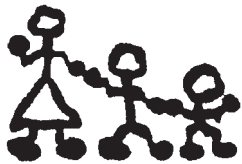
Spotlighting Key Tips.

Review suggested activities.

Set personal goals by using self-monitoring checklist.

VI. Teacher/Parent Evaluations

VII. Closing



LEADER CHECKLIST

Part Two

Session 3

Topic: Promoting Social Interactions

Vignettes: 1–11

SITE: _____ DATE: _____

LEADER NAMES: _____ TIME: _____

VIGNETTES COVERED:

Intro* 1 2* 3* 4* 5 6 7* 8* 9* 10 11A
11B

Circle vignettes shown. Vignettes with an asterisk (*) are for those who did the IY Parent Autism Program first before this program.

DID I	YES	NO
1. Write the agenda on the board	_____	_____
2. Review practice activities, elicit reactions	_____	_____
3. Discuss ABCs of behavior change	_____	_____
4. Role Play/Practice: ABCs of behavior change and partial modeling with balloon	_____	_____
5. Buzz: Target social behavior	_____	_____
6. Role Play/Practice: dramatic play with three children/teacher	_____	_____
7. Buzz: Group 3-4 teachers to work on behavior plan	_____	_____
8. Role Play/Practice: cooperative play activity (playdough)	_____	_____
9. Highlight key principles from discussion	_____	_____
10. Explain this week’s practice activity, set goals	_____	_____
11. Evaluations	_____	_____

Copy:

- Practice Activities for the Week
- Behavior Plan Record Sheet: Peer Social Coaching
- Spotlighting: Coaching children’s social peer interactions, Facilitating children’s social learning
- Brainstorm/Buzz: Social Coaching, Dramatic Play
- Teacher-Child Social Coaching (Levels 1-3)

Self-Evaluation

“Gems” of Program—Reminder of things to pursue next session





Outline—Part Two

Promoting Social Interactions cont'd

Session 4

I. Welcome

Greet families.

Review agenda.

II. Report on Practice Activities

Buzz experiences with dramatic play and setting up cooperative practices using modeling, prompting and praising strategies.

III. Program Goals and Topic

Give an overview of the topic.

IV. Topic of the Day: Promoting Social Interactions

- A. Review prior session learning.
- B. Vignette 12: *Encouraging helping behaviors (Amelia)*
- C. Buzz: Practices to promote helping, sharing, and social communication.
- D. Vignette 13: *Using Books to Teach Social Skills*
- E. Role Play/Practice: Pair up participants to practice reading to a child using face to face reading with prompts, gestures and modeling to promote social communication and back and forth joint interaction.
- F. Vignette 14–15: *Using Play Scripts to Promote Joint Play (racing cars)*
- G. Buzz: Break into pairs to plan picture scripts they could use with children.
- H. Vignette 16–17: *Using Play Scripts to Learn New Play Options (snowman)*
- I. Buzz: Pair participants to share ways they could encourage Hudson to be involved in joint play with Peyton.
- J. Vignettes 18 A, B, C, D: *Social Coaching on the Playground*
- K. Role Play/Practice: Re-enact playground scene with visual cue cards.
- L. Buzz: Sensory physical routine to promote social interactions.
- M. Vignettes 19–23: *Practice Exercises (baby care)*
- N. Buzz: Break up into pairs to discuss rewards and picture choice rewards for target children.
- O. Buzz: In pairs, talk about selected children who may need slightly more structured play practice activities. Afterwards, in groups of four re-enact one of the scenes (taking care of baby, pizza making, pop up pirate, fishing game).
- P. Show *Teacher and Parent Reflections*

Key Concepts:

- Understanding how to model, prompt, and coach children’s social behaviors (waiting, helping, sharing) and social communication.
- Understanding the ABCs of behavior change.
- Importance of responding enthusiastically with praise and gestures when child shares, helps or tries to interact with another child.
- Understanding how to use picture play scripts to promote joint play.
- Understanding how to set up more structured play scenarios with picture cue cards and rewards to help two children practice social skills.

VI. Review Home Activities, Handouts and Set Personal Goals

Summarize Key Points.

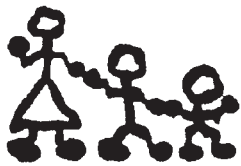
Spotlighting Key Tips.

Review suggested activities.

Set personal goals for using self-monitoring checklist.

VII. Teacher/Parent Evaluation

VIII. Closing



LEADER CHECKLIST

Part Two

Session 4

Topic: Promoting Social Interactions

Vignettes: 12-23, Teacher Reflections

SITE: _____ **DATE:** _____

LEADER NAMES: _____ **TIME:** _____

VIGNETTES COVERED:

Intro 12 13 14 15 16 17 18A 18B 18C 18D 19 20
 21 22 23 Teacher Reflections

Circle vignettes shown. Vignettes with an asterisk (*) are for those who did the IY Parent Autism Program first before this program.

DID I	YES	NO
1. Write the agenda on the board	_____	_____
2. Review practice activities; elicit reactions & experiences (to using ABCs, dramatic play, cooperative play practices)	_____	_____
3. Buzz: ways to promote helping behavior	_____	_____
4. Practice interactive reading skills (large & small group)	_____	_____
5. Buzz: picture scripts	_____	_____
6. Practice social coaching on playground	_____	_____
7. Buzz: Rewards for target children	_____	_____
8. Buzz: Planning for more structured practices	_____	_____
9. Highlight key principles from participants' discussion	_____	_____
10. Explain this week's practice activity & set goals	_____	_____
11. Evaluations	_____	_____

Copy:

Practice Activities for the Week

Behavior Plan Record Sheet: Peer Social Coaching

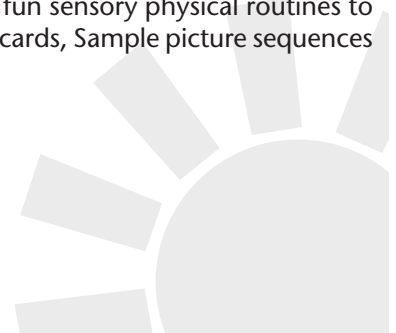
Spotlighting Handouts: Coaching children's social peer interactions, Using fun sensory physical routines to motivate social interactions, Sample picture play sequences, Sample reward cards, Sample picture sequences (animals)

Building Blocks for Reading with CARE with preschoolers

Tips for Using Puppets

Self-Evaluation

"Gems" of Program—Reminder of things to pursue next session





Outline—Part Three

Promoting Emotion Literacy and Self-Regulation

Sessions 5 & 6

I. Welcome

Review Agenda.

II. Report on Practice Activities

Buzz experiences using books to teach social skills and communication; using play scripts to promote joint play and use of social coaching and/or play scripts on the playground; experiences with slightly more structured play practice scenarios (e.g., taking care of baby).

III. Program Goals and Topic

Give an overview of topic. (Show introductory narration.)

IV. Topic of the Day: Promoting Emotion Literacy and Self-Regulation

- A. Show narration of first vignette.
- B. Vignette 1: *Using Pictures to Teach Emotions*
- C. Vignettes 2–3: *Reading to Build Emotion Literacy*
- D. Role Play/Practice: Pair up participants to practice face to face reading using emotion coaching and partial prompts.
- E. Buzz: Break into pairs to share key emotion words and ways to teach emotion language through books and pictures.
- F. Vignette 4: *Modeling, Naming and Prompting Emotion*
- G. Role Play/Practice: Large group demonstrate emotion coaching and break into small groups for further practice.
- H. Brainstorm: Show feeling cards and discuss ways to use feeling cards and demonstrate.
- I. Vignettes 5–6: *Self-regulation*
- J. Role Play/Practice: In small groups or pairs, practice teaching self-regulation skills such as blowing out candle and smelling flower (use pictures cards).
- K. Vignettes 7–8: *Using Puppets in Pretend Play*
- L. Role Play/Practice: Break into pairs or triads to practice using puppets to teach self-regulation skills such as breathing, happy place visualization, and positive self-talk.
- M. Buzz: Break out with buddy to share ideas for teachers or parents staying calm with children and modeling self-reflection strategies.
- N. Buzz: Break out with buddy to share ideas for using puppets to promote social and language skills.
- O. Vignette 9: *Managing Frustration with Words*
- P. Vignettes 10 (A, B)–12: *Using the Calm Down Thermometer to Help Tiny*

- Q. Role Play/Practice: Large group demonstration of using thermometer to teach child calm down skills followed by small group practices.
- R. Vignettes 13–14
- S. Role Play/Practice: In large group demonstrate ignoring followed by teaching calm down strategy when the child is calmer.
- T. *Show Teacher and Parent Reflections and Series Summary*

Key Concepts:

- Emotion coaching promotes children’s emotion language skills and empathy.
- Emotion language is a precursor to self-regulation.
- The “Attention Rule” – the principle of paying attention to more positive than negative emotions and modeling positive expression of emotions.
- Learning how to combine emotion coaching with social coaching.
- Using feeling picture cards to promote children’s understanding of feelings words and beginning empathy.
- Understanding how to use pretend play and puppets to practice self-regulation skills.
- Practicing using the Calm Down Thermometer to teach skills.
- Determining when children are receptive to learning about calm down teaching or self-regulation prompts (e.g., positive self-talk, deep breathing, happy images).
- Understanding when the ignore strategy is a better response.
- Importance of modeling self-control and calm down strategies.

VI. Review Home Activities, Handouts and Set Personal Goals

Summarize Key Points.

Spotlighting Key Tips.

Review suggested activities.

Set personal goals for using self-monitoring checklist.

VII. Teacher/Parent Evaluations

VIII. Closing



LEADER CHECKLIST

Part Three

Sessions 5 & 6

Topic: Promoting Emotion Literacy and Self-Regulation
Vignettes: 1–14, Teacher & Parent Reflections, Summary

SITE: _____ **DATE:** _____

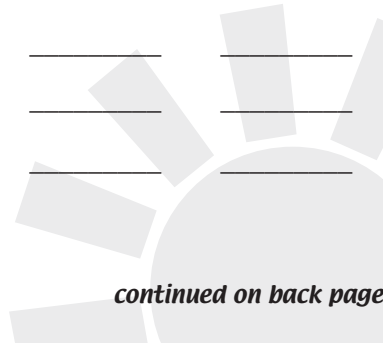
LEADER NAMES: _____ **TIME:** _____

VIGNETTES COVERED:

Intro 1 2 3 4 5 6 7 8 9 10 11 12
 13 14 Teacher & Parent Reflections

Circle vignettes shown. Vignettes with an asterisk (*) are for those who did the IY Parent Autism Program first before this program.

DID I	YES	NO
1. Write the agenda on the board	_____	_____
2. Review practice activities; elicit reactions & experiences to social coaching	_____	_____
3. Role Play/Practice: reading with emotion coaching and partial prompts	_____	_____
4. Buzz: emotion words and picture card use	_____	_____
5. Role play/practice: emotion coaching (large groups)	_____	_____
6. Role play/practice: social and emotion coaching (dyads/triads) and using feeling picture cards	_____	_____
7. Role play/practice: Pair practice of self regulation skills and using picture cards	_____	_____
8. Role play/practice: Using puppets to teach self regulation skills	_____	_____
9. Role play/practice: Using Calm Down Thermometer	_____	_____
10. Discuss emotions/behaviors to ignore and when to give attention to and prompt self regulation strategy	_____	_____
11. Highlight key principles from discussion	_____	_____
12. Explain this week's practice activity, set personal goals	_____	_____
13. Evaluations	_____	_____



continued on back page

Copy:

Practice Activities for the Week

Behavior Plan Record Sheet: Emotion Coaching, Coaching Self-Regulation,
Teaching Emotion Self Regulation

Spotlighting Handouts: Emotion Coaching, Self-Regulation Coaching,
Coaching children's self-regulation skills, Teachers and Parents as
Emotion Coaches, Sample self-regulation cue cards, Scenarios for
teaching children emotion self-regulation skills

Calm Down Thermometer Handout

Brainstorm/Buzz: Promoting self-regulation, Emotion literacy

Getting in Your Child's Attention Spotlight to Promote Social, Emotional, and Language Development

Self-Evaluation

"Gems" of Program



Certification/Accreditation

Group Leader Certification: We highly recommend certification/accreditation for group leaders to enhance the quality and integrity of the programs. This certification requires participants to attend authorized training workshops which are offered regularly in Seattle. Certified trainers are also available to train leaders on-site if there are a minimum of 15 participants. Certified group leaders may become certified as “coaches” and “mentors” to mentor new group leaders and eventually offer introductory workshops (see below).

Group leader certification is required if the program is to be evaluated as part of a research program. This certification requires successful completion of:

- Application and background questionnaire
- 3–day training in this program from a certified trainer or a certified mentor
- Completion of two 6 week groups; submission of session checklists
- Peer review of groups by co-leader and feedback from certified mentor
- DVD review conducted by IY Certified Trainer/Mentor (up to two sessions)
- Submission of weekly evaluations and final cumulative evaluations from two groups (Evaluation materials are included in this manual)
- Self-evaluation of each group and group summaries
- Two professional letters of recommendation from those familiar with your work

Certified Peer Coach and Mentor: Once a person has become certified as a group leader in this program, he or she is then eligible to be invited to become a peer coach and then mentor of group leaders. Certification as a peer coach and mentor requires:


- Nomination by a mentor/trainer
- Application
- Complete multiple groups (8+)
- Video feedback from certified trainer
- Additional training to be a coach and then a mentor
- Complete group leader trainings with a certified trainer
- Ongoing trainer supervision and observations of groups
- Mentor six group leaders and submit group leader evaluations
- Attend annual mentor meeting
- Agree to IY Mentor Agreement

Introductory training includes teaching regarding engaging participants (for review see Webster-Stratton, 1998a) and methods and assessment tools to evaluate program effectiveness. Once training has been completed, certified coaches, mentors and trainers provide ongoing technical assistance. A detailed description of our dissemination strategies can be found in the following book:

Webster-Stratton, C. (2012). *Collaborating with Parents to Reduce Children’s Behavior Problems: A Book for Therapists Using the Incredible Years® Programs*. Seattle, WA: The Incredible Years.

Benefits of Certification as an Incredible Years® Group Leader

The IY certification process is of value for the following reasons: first, the certification process maximizes the quality of the performance of the group leader. We believe certified leaders implementing the full program will achieve results similar to those in the published literature. The process of certification is considered part of the training process in that the leader will get feedback from parents, teachers and peers on his/her leadership ability. Second, certification allows the individual to be listed as a certified group leader with Incredible Years Headquarters. This certification permits us to give out your name for possible employment as a leader of a particular IY program. Third, certified leaders will be invited to workshops updating our programs and sharing ideas with other group leaders nationally or internationally.



Note: Certification is required for this program to be used as part of a research project.

Background Requirements to be Eligible as a Group Leader in Helping Preschool Children with Autism: Teachers and Parents as Partners Program

1. Experience with young children with ASD (this may include being a parent, working with children as a health care provider, mental health provider, teacher, or parent educator). Two years experience minimum requirement.
2. Experience with parenting and/or teaching skills and family interactions (this may include being a parent, working with families as a health care provider, psychiatrist, psychologist, social worker, nurse, teacher, or parent educator).
3. Involvement with group activities and awareness of group dynamics (ranging from having participated in PTA committee work to having led a group).
4. Educational course in child development required (credited course).
5. Understanding of social learning theory.



Application Process

Checklist of Items Submitted for Certification

- _____ Letter discussing your interest in becoming certified; your goals, plans, and philosophy of effective parenting/teaching and your clinical experience (one page)
- _____ Application form (see attached form)
- _____ Background Questionnaire
- _____ Two professional letters of reference
- _____ Weekly and final evaluations for two groups (minimum 6 participants finishing) (see appendix)
- _____ Session checklists for all sessions from two groups (see this manual, agendas and checklists section)
- _____ Two co-leader peer evaluations
- _____ Two self-evaluations
- _____ Certified mentor supervisory report or approved DVD of group session by certified trainer

There is a certification fee which includes DVD review and supervisory report, registration process, and certificate of certification. If the supervisory report has been approved by a certified mentor (rather than through the main Incredible Years® headquarters in Seattle) then there is an alternate fee. Contact The Incredible Years® Headquarters for current fee.

Send to:

Incredible Years, Inc.
Certification Committee
1411 8th Avenue West
Seattle, WA 98119
Email: incredibleyears@incredibleyears.com

See www.incredibleyears.com for more information.



Helping Preschool Children with Autism Program
Self-Monitoring Checklist
Children 2-5 Years

Please fill out this checklist each week indicating your personal goals for what you would like to achieve. The following week check if you have achieved your personal goals and make your new goals for the week. (This checklist is kept in a file folder for each parent.)

Name: _____

<i>Sessions 1 & 2: Promoting Language Development</i>	<i>Goals I met:</i>
My goal for the coming weeks:	
Read Chapters 1, 2, & 3 in <i>Helping Preschool Children with Autism: Parents and Teachers As Partners</i>	
Review my goals for myself and children	
Play using child-directed approach with descriptive commentary, imitation, and repetition	
Use non-verbal signals or visual prompts with verbal communication	

<i>Session 3: Promoting Social Interactions</i>	<i>Goals I met:</i>
My goal for the coming week:	
Read Chapters 4 & 6 in <i>Helping Preschool Children with Autism: Parents and Teachers As Partners</i>	
Review my goals for myself and children	
Play using peer social coaching methods and dramatic play experiences with 2-3 children	
Model and prompt social skills such as sharing and turn taking	

Session 4: Promoting Social Interactions	Goals I met:
My goal for the coming week:	
Read Chapters 6 & 10 in <i>Helping Preschool Children with Autism: Parents and Teachers As Partners</i>	
Play using pretend play with puppets or props with 2-3 children	
Use the ABC sequence	
Practice using intentional commentary to promote child's awareness of other children	

Session 5: Promoting Emotion Literacy and Self-Regulation	Goals I met:
My goal for the coming weeks:	
Read Chapters 5 & 7 in <i>Helping Preschool Children with Autism: Parents and Teachers As Partners</i>	
Use emotion coaching during play	
Teach children some self-regulation skills (e.g., calm down thermometer, breathing, happy thoughts)	

Session 6: Promoting Emotion Literacy and Self-Regulation	Goals I met:
My goal for the coming weeks:	
Read Chapters 8 & 9 in <i>Helping Preschool Children with Autism: Parents and Teachers As Partners</i>	
Use emotion coaching during play	
Use visuals (schedules, rules, and command cards), wait for a response and praise compliance. Ignore misbehavior and redirect. Use ABCs	

Teachers and Parents Partnership Program for Children with ASD Collaborative Process Checklist

(Supplemental form)

This checklist is designed as a supplement/addendum to the full Teacher Group Leader Collaborative Process Checklist. See web site <http://www.incredibleyears.com/resources/gl/teacher-program/> for full checklist.

Leader Self-Evaluation (name): _____

Co-leader Evaluation: _____

Certified Trainer/Mentor Evaluation: _____

Date: _____

Session Topic: _____

ASSESS CHILD'S DEVELOPMENTAL LEVEL

Did the leader(s):

YES NO N/A

- | | | | |
|---|-------|-------|-------|
| 1. Ask teachers in first session to complete assessment checklists on their children's communication stage (doesn't understand or is uninterested in verbal language, uses physical gestures to communicate, uses visual prompts, makes sounds, uses one word, echolalic, complete sentences etc.)? | _____ | _____ | _____ |
| 2. Understand each individual child's unique play developmental level (no play, repetitive play, unconventional play, functional play, pretend play, rules based play)? | _____ | _____ | _____ |
| 3. Explore with teachers children's sensory motor needs (likes and dislikes inventory)? | _____ | _____ | _____ |
| 4. Help teachers have a realistic understanding of each child's developmental abilities and short term goals? | _____ | _____ | _____ |

EXPAND TEACHERS' ABILITY TO ENGAGE CHILDREN IN VERBAL AND NONVERBAL COMMUNICATION

Did the leader(s):

1. Help teachers understand how to use gestures, visual helpers and pictures and concrete objects to enhance interpersonal communication?
- | | | | | |
|-------|--------|-----------|------------|-----------------|
| 1 | 2 | 3 | 4 | 5 |
| Never | Rarely | Sometimes | Frequently | Very Frequently |
2. Work with teachers to know when to physically guide their children's hands and movements to respond to their suggestions and requests?
- | | | | | |
|-------|--------|-----------|------------|-----------------|
| 1 | 2 | 3 | 4 | 5 |
| Never | Rarely | Sometimes | Frequently | Very Frequently |

3. Help teachers learn to communicate with their children by simplifying language according to each child's language level, slowing down their rate of talking, stressing & exaggerating key words with enthusiasm and gestures, and using repetition and modeling?

1	2	3	4	5
Never	Rarely	Sometimes	Frequently	Very Frequently

4. Help teachers make activity choice boards and picture schedules of daily activities?

1	2	3	4	5
Never	Rarely	Sometimes	Frequently	Very Frequently

HELP TEACHERS UNDERSTAND THE PRINCIPLES OF BEHAVIOR CHANGE

Did the leader(s):

1. Help teachers understand the ABC'S to bring about teaching learning opportunities for children to learn new skills and behaviors?

1	2	3	4	5
Never	Rarely	Sometimes	Frequently	Very Frequently

2. Help teachers to gently persist with interactions with children using motivating antecedents and prompting children to replace unwanted negative behaviors (which are ignored) with positive social behaviors to get what they want?

1	2	3	4	5
Never	Rarely	Sometimes	Frequently	Very Frequently

3. Help teachers understand the importance of modeling, prompting and imitating children's targeted behavior goals during child-directed play and other social interaction times?

1	2	3	4	5
Never	Rarely	Sometimes	Frequently	Very Frequently

4. Help teachers understand how to use "prompt fading" to develop more independent behavior?

1	2	3	4	5
Never	Rarely	Sometimes	Frequently	Very Frequently

5. Help teachers understand how to get in children's attention spotlight in order to engage child in learning opportunities?

1	2	3	4	5
Never	Rarely	Sometimes	Frequently	Very Frequently

6. Help teachers identify key rewards which will motivate or cue their children's positive communicative behavior?

1	2	3	4	5
Never	Rarely	Sometimes	Frequently	Very Frequently

7. Help teachers ignore unwanted behaviors while holding back on what child wants and only rewarding his/her behavior after behaving in desired way?

1	2	3	4	5
Never	Rarely	Sometimes	Frequently	Very Frequently

EXPAND TEACHERS' ABILITY TO TEACH THEIR CHILDREN SOCIAL SKILLS AS WELL AS BUILD THEIR EMOTION LITERACY, SELF-REGULATION, AND CALM DOWN STRATEGIES

Did the leader(s):

1. Increase teacher understanding how to use social and emotional coaching with children during play interactions; individualize according to child's developmental and communication level?

1	2	3	4	5
Never	Rarely	Sometimes	Frequently	Very Frequently

2. Increase teacher understanding how to teach their children self-regulation and calm down strategies; and making use of visual cue self-regulation cards for this teaching?

1	2	3	4	5
Never	Rarely	Sometimes	Frequently	Very Frequently

3. Teach teachers how to prompt and partially prompt children's verbal and nonverbal social interactions and communication during play times and games?

1	2	3	4	5
Never	Rarely	Sometimes	Frequently	Very Frequently

4. Help teachers use dolls and doll clothing, stuffed animals, fake food, tea sets, wash clothes, hair brushes, toothbrushes, etc. to practice conventional self-care and actions such as getting ready for bed, washing, dressing, and eating?

1	2	3	4	5
Never	Rarely	Sometimes	Frequently	Very Frequently

5. Help teachers be aware of how the environment can be used to increase or reduce a child's level of arousal (e.g., use of lights, tactile and sensory activities)?

1	2	3	4	5
Never	Rarely	Sometimes	Frequently	Very Frequently

INDIVIDUALIZE ROLE PLAY PRACTICE FOR TEACHERS

Did the leader(s):

- Engage in role plays which are individually tailored according to individual children’s developmental abilities and language skills. These should include use of visual prompts, gestures, imitation, simple language, songs and interactive reading with books?

1	2	3	4	5
Never	Rarely	Sometimes	Frequently	Very Frequently

- Increase focus on role play practice involving pretend play such as the use of puppets, character objects and imaginary worlds?

1	2	3	4	5
Never	Rarely	Sometimes	Frequently	Very Frequently

- Support teachers understanding of the importance of predictable routines and what behaviors can be ignored?

1	2	3	4	5
Never	Rarely	Sometimes	Frequently	Very Frequently

- Set up some individual coaching times (at school) between teachers and their children in order to give them feedback on their coaching methods during play times?

1	2	3	4	5
Never	Rarely	Sometimes	Frequently	Very Frequently

BUILD TEACHERS’ UNDERSTANDING OF CHILDREN’S WORLD VIEW

Did the leader(s):

- Help teachers know how to get in their children’s attention spotlight?

1	2	3	4	5
Never	Rarely	Sometimes	Frequently	Very Frequently

- Help teachers be aware of children’s sensory likes and dislikes (auditory, visual, tactile, smell taste/oral, proprioception [body space/balance/need for movement or stillness]).

1	2	3	4	5
Never	Rarely	Sometimes	Frequently	Very Frequently

- Help teachers develop empathy for their children’s unique world view?

1	2	3	4	5
Never	Rarely	Sometimes	Frequently	Very Frequently

BUILD TEACHERS' SUPPORT NETWORKS

Did the leader(s):

1. Allow time during group sessions for teachers to support each other and to share personal experiences and difficulties in order to build social support in group and reduce stress?

1	2	3	4	5
Never	Rarely	Sometimes	Frequently	Very Frequently

2. Emphasize teachers supporting each other and sharing successful strategies.

1	2	3	4	5
Never	Rarely	Sometimes	Frequently	Very Frequently

3. Help teachers understand the importance of partnering with parents to provide consistent approaches at home and school and collaborative behavior plans?

1	2	3	4	5
Never	Rarely	Sometimes	Frequently	Very Frequently

Additional Comments:

Assessing Children's Play and Language Levels

Level One



Name of Child: _____

Age of Child: _____

Family Context <i>(e.g., partnered or single; level of support; siblings; depressed mom)</i>	
Language Level <i>(e.g., screams, grunts, no signing, no babbling)</i>	
Play Level <i>(e.g., grabs toys, not interested in other children)</i>	
Sensory Likes <i>(auditory, visual, tactile, smell, taste/oral, proprioception)</i>	
Sensory Dislikes <i>(e.g., upset with loud noise, loves running and being thrown)</i>	
Behavior Problems	Positive Opposite Behaviors
Goals for Parents	Goals for Child

Assessing Children's Play and Language Levels

Level Two



Name of Child: _____

Age of Child: _____

Family Context	
Language Level	
<i>(e.g., no spoken language, can point, leads parent by hand, vocalizes)</i>	
Play Level	
<i>(e.g., plays alone, anxious and withdrawn)</i>	
Sensory Interests	
Behavior Problems	Positive Opposite Behaviors
Goals for Parents	Goals for Child

Assessing Children's Play and Language Levels

Level Three



Name of Child: _____

Age of Child: _____

Family Context	
Language Level	
<i>(e.g., short phrases, 3-4 words, lots of sounds, delayed echoes, gestures)</i>	
Play Level	
<i>(e.g., simple pretend play, aggressive with peers)</i>	
Sensory Interests	
<i>(e.g., upset with loud noise, loves running and being thrown)</i>	
Behavior Problems	Positive Opposite Behaviors
<i>(e.g., escapes to avoid demands, easily overstimulated)</i>	
Goals for Parents	Goals for Child

Incredible Years®

Teacher Strategies Questionnaire for Children with Autism (2-5 years)

Teacher/Childcare Provider (name): _____

Promoting Social, Emotional, Language and Academic Development in Children with Autism

In this section we would like to get your idea of how confident you are in using the following strategies.

	Very Unconfident	Somewhat Unconfident	Neutral	Confident	Very Confident
1. Supporting language development for students with autism?					
2. Simplifying and tailoring your language according to each student's individual language development?					
3. Identifying the specific ABCs: antecedents (A) that will motivate and prompt an individual child's learning of specific target behaviors or words (B) and rewarding its occurrence with positive consequences (C).					
4. Being able to get in your students' attention spotlight to engage him or her in social and emotional learning opportunities?					
5. Being able to ignore and redirect unwanted behaviors, giving your attention back when the student behaves in the targeted way?					
6. Helping students with autism regulate their emotions?					
7. Using puppets and pretend play to teach your students social and emotional skills and to enhance communication?					
8. Using students' sensory likes and dislikes such as auditory, tactile, visual, smell, taste/oral, proprioception (body space/balance/need for movement or stillness) to enhance learning opportunities?					
9. Adapting instruction and materials through using children's most effective learning mode (visual, auditory, motoric, sensory/tactile)?					
10. Managing challenging behavior of children with autism and following through with behavior plans?					
11. Working with parents of students with autism in your classroom or early childhood center?					
12. Setting up structured opportunities to help students with autism practice and develop specific social skills?					
13. Developing and using visual supports, choice boards and sequenced pictures to enhance the student's learning of social, emotional and language development?					



A. Specific Teaching Techniques to Enhance Language Development

In this section we'd like to get your idea of how often you use the following strategies to promote your students' language learning.

	Rarely/Never	Sometimes	Half the Time	Often	Very Often
1. Participate in student-directed, narrated play to increase interactive involvement and joint attention.					
2. Use enthusiastic voice tone, songs, imitation, modeling, simple language, repetition and commenting using the "one up rule" to increase the students' verbal communications.					
3. Use descriptive academic coaching language to promote language skills (e.g., colors, shapes, positions, names of objects)					
4. Use visual prompts, gestures, preferred objects, books, and sensory likes, to strengthen language communication and joint interaction.					
5. Use verbal prompts, partial prompts, and pauses to wait for the student to look, gesture or respond verbally before continuing.					
6. Use puppets to model and engage children in social communication.					

B. Specific Teaching Techniques to Enhance Social Development

In this section we'd like to get your idea of how often you use the following strategies to promote your students' social learning.

	Rarely/Never	Sometimes	Half the Time	Often	Very Often
1. Use social coaching to model, prompt practice, label, and praise social behaviors such as sharing, waiting, eye contact, helping, listening, asking, and initiating an interaction.					
2. Use puppets to model, prompt, label, and practice social behaviors.					
3. Praise and reward children for using appropriate social friendship skills.					
4. Individualize and identify specific social behavior goals to be taught for each child according to his/her play stage.					
5. Use books, games, and visual pictures to prompt, signal, and practice targeted social behaviors.					
6. Use prosocial peer models to increase child's focus on appropriate social behavior.					
7. Use normal social routines such as circle time, snack time, beginning and end of day rituals to promote and practice targeted social behaviors					

C. Specific Teaching Techniques to Enhance Emotional Development and Self-regulation

In this section we'd like to get your idea of how often you use the following strategies to promote your students' emotional development.

	Rarely/Never	Sometimes	Half the Time	Often	Very Often
1. Use emotion coaching to model, prompt, and label emotion language.					
2. Use persistence coaching language to encourage a child's continuous effort to do a task. (e.g., "that's hard, but you keep trying!")					
3. Use pictures and photographs that portray people in various feeling states to teach emotion vocabulary and prompt children to use these visuals to express their emotions.					
4. Help students understand how others feel through modeling, acknowledgement, mirroring back, labeling feelings, voice tone, and intentional communication.					
5. Recognize early cues of emotional dysregulation and prompt student's use of calm down strategies.					
6. Focus more teacher attention on positive emotions than on negative emotions.					
7. When coaching negative emotions, also coach appropriate coping strategies (e.g, you are feeling mad, but you are taking three deep breaths to calm your body down).					

continued on next page

C. Specific Teaching Techniques to Enhance Emotional Development and Self-regulation *(continued)*

In this section we'd like to get your idea of how often you use the following strategies to promote your students' emotional development.

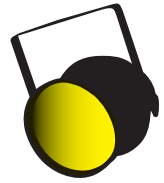
	Rarely/Never	Sometimes	Half the Time	Often	Very Often
8. Use story books to teach emotion words and promote empathy and guided practice.					
9. Use puppets that share their feelings to prompt student's emotional language, social responses and empathy for others.					
10. Use visual self-regulation cards such as calm down thermometer, breathing, or turtle picture.					

D. Strategies for Promoting Parent Involvement

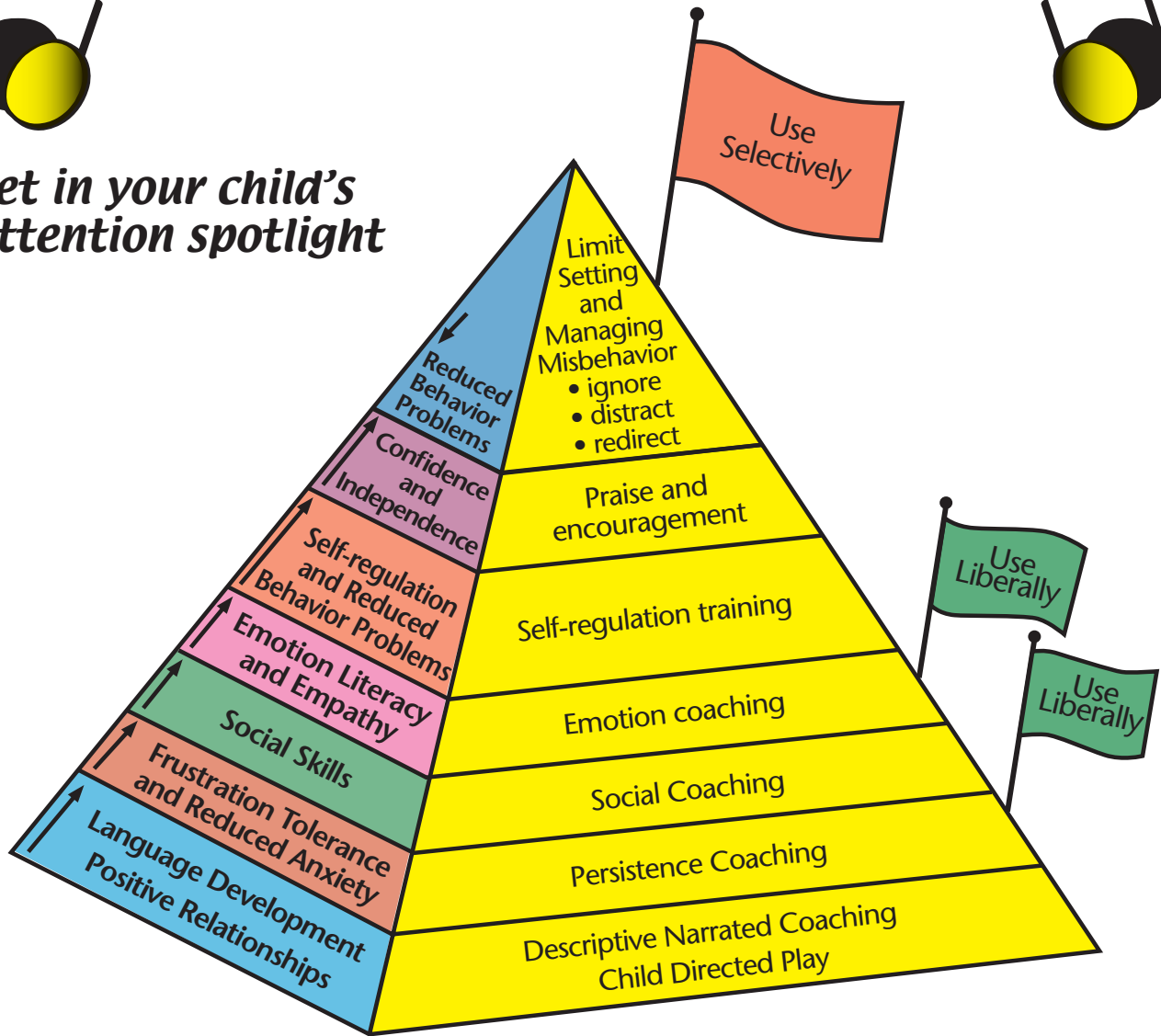
	Never	1-2 Times a Year	Once a Month	Once a Week	Daily
1. Use a system for regular communication with parents (face-to-face communication, texts, notes home, telephone hours, bulletin board, newsletters).					
2. Focus on giving positive feedback to parents about their child's achievements and progress, however small.					
3. Ask parents how they want to be involved.					
4. Ask parents to tell you about their child and his or her sensory likes and dislikes.					
5. Set up opportunities for parents to observe in the classroom and participate in classroom activities.					
6. Teach parents how to do academic, social, persistence, and emotional coaching at home to reinforce their child's learning in the classroom or early childhood center.					
7. Involve parents as a source for ideas, materials, and support for early childhood center activities.					
8. Share with parents your awareness of their child's sensory likes and dislikes and how these can be used to help motivate their child's learning.					
9. Teach parents the ABC of behavior change.					
10. Collaborate with parents on a home-school behavior plan and share goals for student.					
11. Make home visits.					
12. Make parents aware of local opportunities to attend parent groups specifically for parents of children with autism.					

E. Planning and Support

	Never	1-2 Times a Year	Once a Month	Once a Week	Daily
1. Review my progress in achieving goals for individual student behavior plans.					
2. Collaborate with other teachers for solutions and support.					
3. Read the <i>Incredible Years Teacher Book</i> and <i>Parent book</i> .					
4. Manage my stress level utilizing positive cognitive strategies and gaining support when needed.					



Get in your child's attention spotlight



Autism Program Pyramid





Incredible Years Buzz!



Leader's Name:

E-mail:

Date:

Check what we've accomplished!

Child Directed Play

Preacademic Coaching

Persistence Coaching

Social Coaching

Emotion Coaching

Pretend & Puppet Play

Interactive Reading

Self-Praise

Praise & Rewards

Songs & Gestures

Self-Care

Using Visual Cue Cards

Social, Sensory Likes

Limit Setting

Ignore, Redirect & Distract

Staying Calm

Getting Support

Teach Children to Calm Down & Self-Regulate

Practice Exercises

Reminders

Get in your child's attention spotlight



Principles

Personal Goals and Planned Practices

How I am Incredible!



My support people:

My Language Level (*e.g., no spoken language, visual language, 1-2 words, echolalic, good language*):

My Play Level (*e.g., play alone, anxious or withdrawn, want to initiate play with others but don't know how, initiate but inappropriate*):

My Sensory Likes (*e.g., trucks, swinging, music, water play, bananas*):

My Sensory Dislikes (*e.g., loud noises, certain smells*):

My Parent's Goals for Me: (*e.g., make a friend, more words, follow directions*):

How I am Incredible!

The "***How I am incredible!***" handout is used to help teachers share information about their student's developmental level including language and play level, and sensory likes and dislikes. In addition, teachers share their goals for their students. This form is completed in the first IY teacher group meeting and helps the group leader and other teachers learn about the students in the group. During the first workshop teachers jot down what they know about their student at that time and share it with other teachers. At subsequent meetings, teachers add details about their student's specific developmental needs and make notes of any new discoveries they are making as they engage in child-directed play, coaching and develop strategies that they find helpful in supporting their goals. This form is also referred to by IY group leaders when tailoring role play practices geared towards each child's unique developmental level and language level. It is recommended that the template for this form be copied onto a large flip chart page, one for each student, and then placed on the wall so that it can be easily added to each week. It is also fun to put a picture of each child at the top of the roof so everyone can get to know each other's incredible student.

Sample “How I am Incredible!” form for Hudson

My support people:

Hudson.. 3 years old 9 months

Family.. father primary caregiver; mother works full time; no other siblings

My Language Level (*e.g., no spoken language, visual language, 1-2 words, echolalic, good language*):

Limited eye contact
Points to visual
Sometimes echo’s what is said
Nods agreement –responds to verbal partial prompts for food & preferred toys
Does not talk to peers and withdraws from their verbal overtures

My Play Level (*e.g., play alone, anxious or withdrawn, want to initiate play with others but don’t know how, initiate but inappropriate*):

Some functional solo play – cars
Play repetitive with no variation
Doesn’t seem interested and/or is anxious with peers
Supported with play scripts reluctantly
Reciprocal play with one child can be encouraged with social coaching, prompts & imitation (2 peers is too much stimulation and he withdraws)

My Sensory Likes (*e.g., trucks, swinging, music, water play, bananas*):

Enjoys spinning, being swung in a blanket
Loves small skittles and will work for them
Avoids social interaction
Flaps when excited
Withdraws in certain social situations - pulls clothing over head and is anxious

My Sensory Dislikes (*e.g., loud noises, certain smells*):

Doesn’t like loud noises
Upset when routine changes or his asked to stop spinning

My Parent’s Goals for Me: (*e.g., make a friend, more words, follow directions*):

Sample "How I am Incredible!" form for Amelia

<p>My support people:</p> <p>AMELIA'S FAMILY ~ 2 parents, younger toddler sibling, supportive parents</p>	<p>My Language Level (<i>e.g., no spoken language, visual language, 1-2 words, echolalic, good language</i>):</p> <p>Responds to greetings from parents Speaks in 3-4 word sentences when prompted at centre. Does not initiate verbal exchanges with other children and does not respond to their overtures No emotion language</p>
<p>My Play Level (<i>e.g., play alone, anxious or withdrawn, want to initiate play with others but don't know how, initiate but inappropriate</i>):</p> <p>Some parallel play Needs adult support to model and prompt co-operative play with 1-2 peers or sibling Limited self directed social interaction with peers Interested in peers</p>	<p>My Sensory Likes (<i>e.g., trucks, swinging, music, water play, bananas</i>):</p> <p>Likes play dough, reading books, games, puppets, running and jumping Likes long, thin plant leaf which is with her constantly and she spins it Joins mat times, sits with others in classroom Does not like fine motor activities (some delays)</p>
<p>My Sensory Dislikes (<i>e.g., loud noises, certain smells</i>):</p> <p>does not like fine motor activities</p>	<p>My Parent's Goals for Me: (<i>e.g., make a friend, more words, follow directions</i>):</p>

Child's Name: _____

Date: _____



Child Communication Checklist (With Adult)

	Doesn't understand/ ignores/blank stare	Looks at parent	Protests/ Refuses/ Tantrums	Pulls parent arm/ gestures	Points/ Reacts/ Nods	Uses visual pictures	Shares/ Offers things	Makes sounds	Immediate Echoes/ copies	Delayed echoes*	Uses 1-3 words/ signs	Whole sentence/ signs
Wants something from parents (food, toy, help, play etc.)												
Wants to continue playing/reading/singing with parent												
Not getting what s/he wants												
Wants to stop activity												
Response to parent one-step direction												
Response to parent multi-step direction												
Response to parent offering choices												
Response to parent greeting (hello, bye-bye)												
Feelings expression												

Reason Child Communicates

*"Delayed Echoes" defined as copies from TV shows, common expressions

Child's Name: _____

Date: _____



Reason Child Communicates

Child Communication Checklist (With Peers)

	Doesn't understand/ ignores/blank stare	Looks at child	Protests/ Refuses/ Tantrums	Pulls child's arm/ gestures	Points/ Reacts/ Nods	Uses visual pictures	Shares/ Offers things	Makes sounds	Immediate Echoes/ copies	Delayed echoes*	Uses 1-3 words/ signs	Whole sentence/ signs
Wants something from peers (food, toy, help, play etc.)												
Wants to continue playing/reading/singing with peer												
Not getting what s/he wants												
Wants to stop activity												
Response to peer request												
Response to peer initiation												
Response to peer greeting												
Feelings expression												

*"Delayed Echoes" defined as copies from TV shows, common expressions

Promoting Language Development

Practice Activities

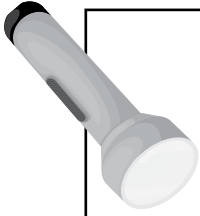
To Do:

- **ENGAGE** in child-directed play interactions with 2-3 children and get into their attention spotlight by using descriptive commenting, imitation, practice repetition, and sensory routines, songs and games to enhance communication.
- **PRACTICE** using two different non-verbal signals, gestures, or visual picture prompts with your verbal communication.
- **PROMPT** children's nonverbal and verbal responses and praise their responses.
- **SET UP** play practices with 2-3 children to promote verbal and nonverbal social communication. (See record sheet.)
- **USE** pre-academic coaching for children with verbal language skills.
- **COMPLETE** Behavior Plan Record Sheet.

To Read:






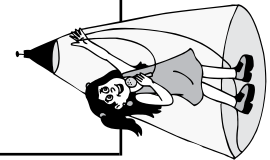
Chapters 1, 2, & 3 in *Helping Preschool Children with Autism: Parents and Teachers as Partners* book.



Child's Name: _____
Date: _____

BEHAVIOR PLAN RECORD SHEET *Promoting Language Development*

 <p>Child Behavior I want to see less of:</p> <p><i>Examples: Seth engages in solitary play, no response to peers, no peer social communication. (Does have language skills but doesn't use them to interact with others.)</i></p> <p>Target Child (nature of language problem):</p>	 <p>Positive Opposite Language Behavior I want to see more of:</p> <p><i>Example: Seth plays sitting next to 1-2 children, notices what another peer is doing, initiates social communication to ask for help.</i></p> <p>Developmentally Appropriate Language Goal for Child:</p>	 <p>Language Scripts:</p> <p><i>Example: When sitting next to Seth use intentional commenting to help him listen to a peer's request or notice what another child is doing. Model and prompt social communication he can imitate and use with peers. Praise social language.</i></p> <p>Language Building Strategies:</p>
---	---	--



Getting in your child's spotlight with verbal and nonverbal language

Child's Name: _____
 Date: _____

Handout

BEHAVIOR PLAN RECORD SHEET Promoting Peer Social Communication

Instructions: Record two times you played with two children, what you did, and any reaction or response you noticed in the children.



Coaching
 I want to do more of:

Example: Spend more time telling a child what his friend has said or wants and praising them when they share ideas.

1.

2.



Parent-Child Activities
 Sample Script:

Example: We played in the drama kitchen. I imitated their actions and helped one child pay attention when her friend was talking to her by repeating the question.

1.

2.

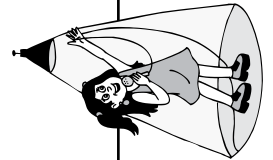


Child's Response:

Example: Amelia answered her friend's request for pizza and I praised her for listening.

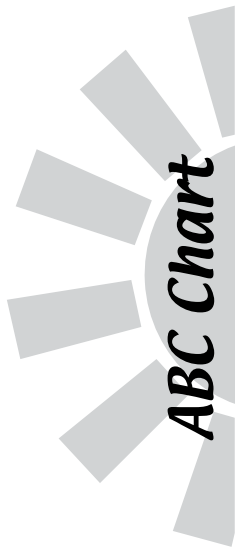
1.

2.



Spotlight your child's successes

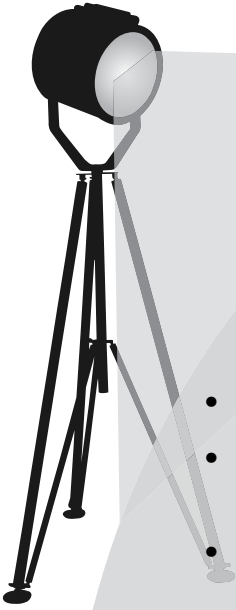
Child's Name: _____
 Date: _____



Write two examples of setting up an ABC learning opportunity for a child to practice a target behavior.

Setting / Activity / Goal	Antecedent (A) What happened first?	Behavior (B) Child's behavior	Consequence (C) How did you respond?
<p><i>Example:</i> Snack time, verbal asking</p>	<p>Teacher: Identifies what food child wants Prompts: You can ask your friend, "Animal crackers please."</p>	<p>Child: "Crackers please." (learns to verbally ask for what s/he wants)</p>	<p>Teacher: "Good job, that's a friendly way to ask!" (and makes sure child gets crackers from friend or helps child ask a second time if friend doesn't respond.)</p>

SPOTLIGHTING



Coaching Children with Limited Language

- Try to get face-to-face contact and gain your child's attention before talking.
- Use simple, short words to describe what the child is doing, seeing and experiencing. Limit instructions and questions. Follow the child's lead.
- Wait and pause for the child's turn to respond with a gesture, or look, or word before speaking and narrating again.
- Imitate and repeat your child's sounds, gestures, behaviors, and words (sound effects such as animal or engine noises help promote sound production).
- Try to sustain back and forth verbal interchange as long as your child is interested by reinforcing verbal and nonverbal responses.
- If the child is just speaking with one word, start by adding a second word. Keep it simple, slow down, and build repetition.
- Combine your words with nonverbal gestures and songs and imitate your child's words and actions.
- Narrate your child's activities during play times as well as daily routines such as mealtimes, bedtime, getting dressed, hand washing, and following your instructions.
- Use visual supports or concrete objects along with words.
- Encourage your child to look at you by putting the desired object next to your face and waiting for a response.

Note: You don't need to focus on describing numbers, letters and colors for children who are just beginning to talk. These can be described once your child can name some basic objects and actions.



Remember: Your child is not deliberately trying to exclude you. S/He just doesn't know how to communicate yet!

SPOTLIGHTING



Pre-Academic Coaching for Children with some Language Ability

- Be child-directed and combine descriptive commenting with social interaction experiences.
- Describe the objects, shapes, numbers, letters and colors of things children are playing with; avoid too many questions.
- Listen to the child and imitate or mirror his/her sounds and/or words.
- Talk about positions of objects (e.g., inside, under, beside, next to, behind).
- Describe the child's actions, body parts, and clothing.
- Use the "one up rule" of adding one word longer than the child's current word production.
- Prompt the child to communicate by modeling words for him/her to copy.
- Use new and more complex words to expand the child's vocabulary even if you know (s)he won't understand at first.
- Chant, sing rhymes and teach the child body movements that go with the words.
- Describe your own actions to a child.
- Describe the child's actions during everyday activities such as dressing, eating, or putting away toys.
- Match real objects with words and pictures.
- Use "teacher-ese" language, which is words spoken slowly, in a higher pitched, exaggerated, playful voice with enthusiasm and lots of repetition.
- Help children pay attention to the larger group of peers and make sense of their interaction by repeating what another child says (intentional commenting).
- Encourage children to practice telling peers what they want verbally or nonverbally with visual pictures to share ideas.



"Tell your friend, 'Please come for lunch.'"



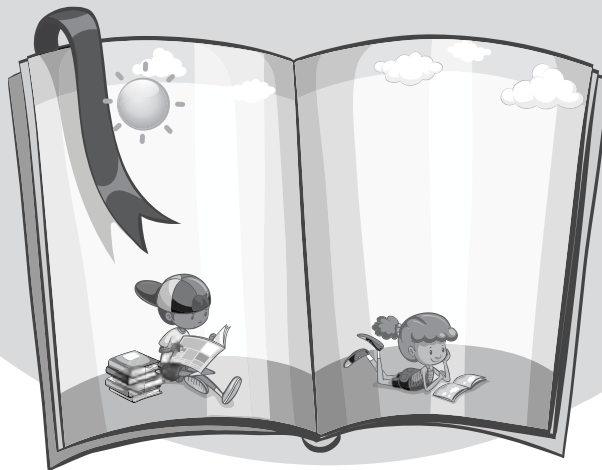
Getting in your child's attention spotlight!

SPOTLIGHTING



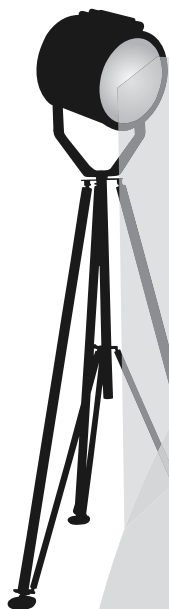
Coaching Children's Language During Interactive Reading

- Place children in front of you during reading so you have face-to-face contact when possible.
- Use books with hidden objects and flaps and let children choose book.
- Adapt reading to your child's stage of communication.
- Use physical hand signals, pointing gestures, sign language, and animal sounds when looking at pictures.
- Be animated, exaggerated, and pause between words and offer child a turn.
- Respond immediately to children's verbalization or gestures.
- Prompt and imitate children's word use.
- Re-read books the children like many times. Read slowly. Be animated.
- Praise and give positive feedback ("that's right!").
- Slide your finger under the picture, words, or letters on the page and show left to right movement. Draw attention by guiding child's finger under words you read.
- Encourage children to make their own book with pictures and drawings.
- End reading with repetitive "all done" signal.



Getting in your child's attention spotlight!

SPOTLIGHTING



Connecting with Children through Music

Many children on the Autism Spectrum are more responsive to music, even if they don't react to the sound of your regular voice. Songs can be the first place your child begins to pay attention to you, use words, and join in activities with you. Here are some tips to using music and songs to teach your child about communication.

- Sing songs slowly and repeat often.
- Pair your song words with gestures, large motor movements, and other sensory stimulation such as rocking, jumping, or clapping.
- Choose short songs with a small number of familiar words repeated over and over. For example, sing “row, row, row your boat” and mimic a rowing action.
- Show child what to do by physically guiding him/her through movements.
- Sing face-to-face.
- Adjust number of words and actions in a song to child’s communication level.
- Pause songs and offer your child turns with words and actions.
- Make up songs using your child’s name and other family member’s names.
- Use song picture cards so your child can choose the song to sing.
- Use instruments and props such as a toy drum, tambourine, or harmonica when singing.
- Introduce pretend play into songs. (Example: Use puppets to sing.)
- Remember to say “all done” when the singing is over.
- Remember these old stand by songs: *The Wheels on the Bus Go Round and Round, If You’re Happy and You Know It, Ring Around the Rosy, Old MacDonald Had a Farm, Twinkle, Twinkle Little Star, and Humpty Dumpty.*



Getting in your child’s attention spotlight!



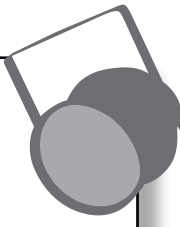
BRAINSTORM/BUZZ

Nonverbal Cues

Write down some nonverbal cues, gestures, and picture cards you can use with children to promote communication.



Goal:



BRAINSTORM/BUZZ

Encouraging Words

Write down some encouraging words and visual prompts you can use with children to strengthen their ongoing language and social communication.



Goal:
I will commit to using more encouraging words/visual prompts _____ times this week with the following children:

Teachers and Parents “Pre-Academic & Persistence Coaching” Checklist



Pre-academic and persistence coaching are powerful ways to strengthen a child’s school readiness skills. The following is a list of academic concepts and behaviors that can be commented upon when playing with a child. Modulate the number of words and complexity of your language according to the child’s language development. Combine physical gestures with animated language. Remember to keep your language simple, slow down, and build repetition. Write down the the verbal and nonverbal communication approaches you will use to achieve your goals.

Academic Concepts	Goals
<input type="checkbox"/> colors <input type="checkbox"/> number counting <input type="checkbox"/> shapes <input type="checkbox"/> letters <input type="checkbox"/> sizes (long, short, tall, smaller than, bigger than, etc.) <input type="checkbox"/> positions (up, down, beside, next to, on top, behind, etc.)	
Persistence Skills (Preschoolers)	
<input type="checkbox"/> working hard <input type="checkbox"/> concentrating, focusing <input type="checkbox"/> persistence, patience <input type="checkbox"/> following teacher’s directions <input type="checkbox"/> problem solving <input type="checkbox"/> trying again <input type="checkbox"/> reading <input type="checkbox"/> thinking skills <input type="checkbox"/> listening <input type="checkbox"/> working hard/best work <input type="checkbox"/> independence	



Teachers and Parents “Descriptive Commenting” Checklist

Descriptive Commenting is a powerful way to strengthen a child’s language skills. The following provides some examples of actions, objects, prepositions or sounds you can comment upon when interacting with a child on the Autism Spectrum. Modulate the number of words and complexity of your language according to the “one up” rule. Combine physical gestures with animated language. Remember to keep your language simple, slow down, and build repetition. Write down the the verbal and nonverbal communication approaches you will use to achieve your goals.



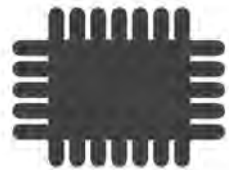

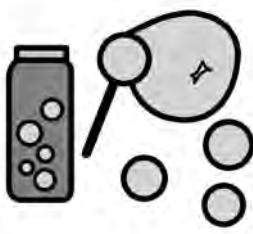




Actions	Goals
<input type="checkbox"/> walk <input type="checkbox"/> wash hands <input type="checkbox"/> run <input type="checkbox"/> bye <input type="checkbox"/> finished <input type="checkbox"/> hi <input type="checkbox"/> sit <input type="checkbox"/> break <input type="checkbox"/> stop <input type="checkbox"/> quiet <input type="checkbox"/> stand <input type="checkbox"/> shoes off/on <input type="checkbox"/> wait <input type="checkbox"/> your turn	
Objects	
<input type="checkbox"/> books <input type="checkbox"/> clothing items <input type="checkbox"/> animals, puppets, or stuffed animals <input type="checkbox"/> transport toys (tricycle, truck, boat) <input type="checkbox"/> art supplies (crayons, play dough) <input type="checkbox"/> foods & drinks, food utensils <input type="checkbox"/> body parts (ear, nose, arm)	
Prepositions	
<input type="checkbox"/> up <input type="checkbox"/> behind <input type="checkbox"/> down <input type="checkbox"/> in front <input type="checkbox"/> inside <input type="checkbox"/> next to <input type="checkbox"/> on top <input type="checkbox"/> below	
Sounds	
<input type="checkbox"/> loud <input type="checkbox"/> crash <input type="checkbox"/> quiet <input type="checkbox"/> zip zip <input type="checkbox"/> funny <input type="checkbox"/> choo choo <input type="checkbox"/> whee <input type="checkbox"/> animal sounds <input type="checkbox"/> zoom <input type="checkbox"/> letters	



Spotlighting Sample Activity Choice Cue Cards

If teachers or parents have access to the program BoardMaker™ or a similar symbol generating program, they can use this to create their own activity boards customized to their child's particular interests. These boards can be found pre-made from some educational retailers online. Or, they can take pictures of children's favorite activities and laminate them for use as the child's personalized communication cards.

Example choice activity cards:

<p>Friend</p> 	<p>Train</p> 	<p>Bristle Blocks</p> 
<p>Ball</p> 	<p>Bubbles</p> 	<p>Book</p> 
<p>Take a Deep Breath</p> 	<p>Sing Songs</p> 	<p>Crafts</p> 

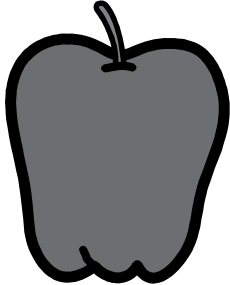

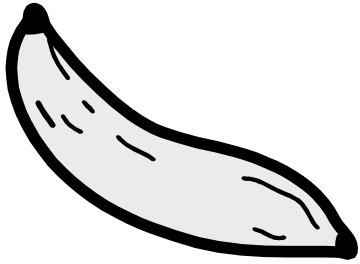
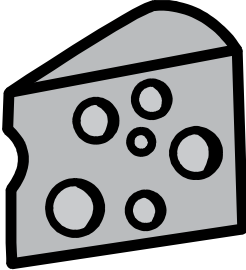
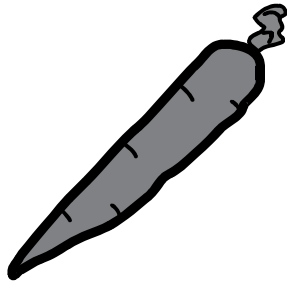
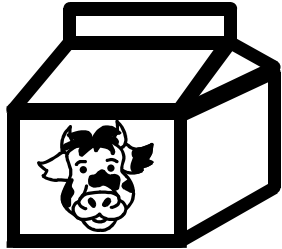
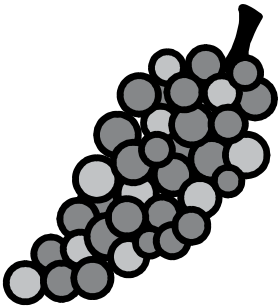
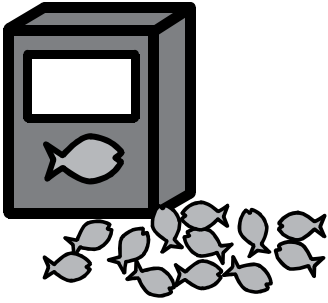
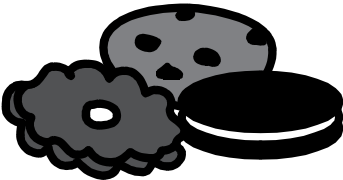
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Spotlighting Sample "Snack Talk Cards"



Parents/Teachers may take pictures of child's favorite healthy foods and laminate them for more personalized communication.

What is your favorite food?

<p>Apple</p> 	<p>Cereal</p> 	<p>Banana</p> 
<p>Cheese</p> 	<p>Carrots</p> 	<p>Milk</p> 
<p>Grapes</p> 	<p>Crackers</p> 	<p>Cookies</p> 

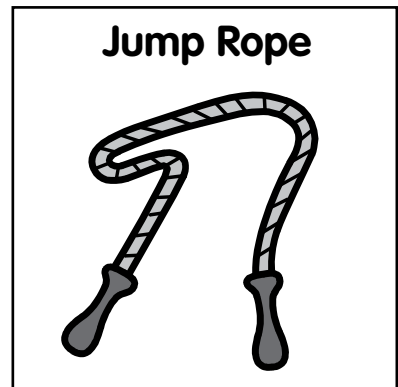
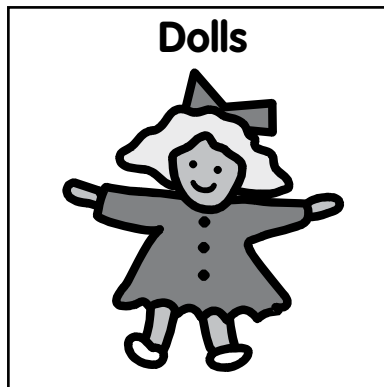
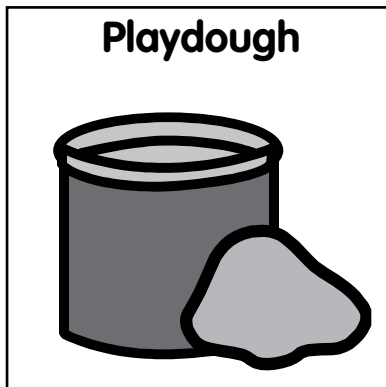
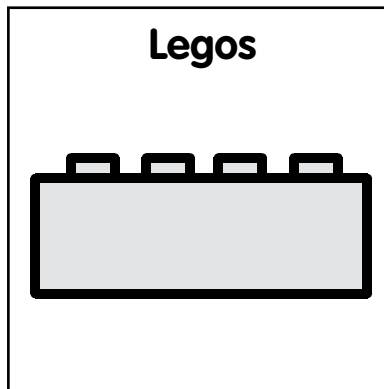
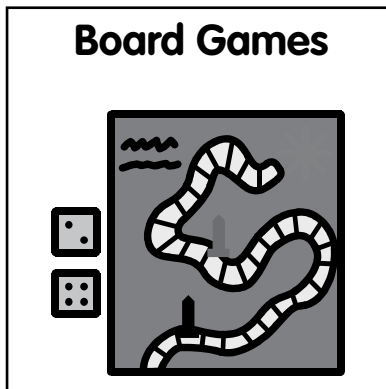
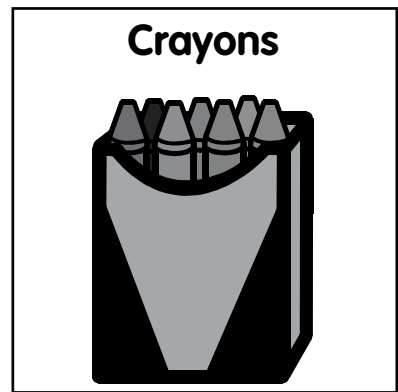
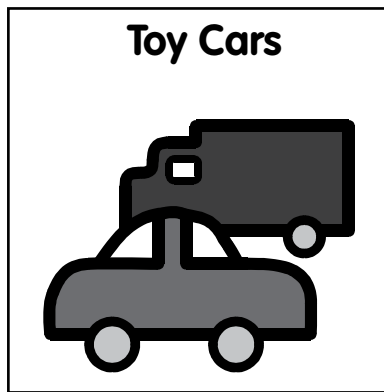
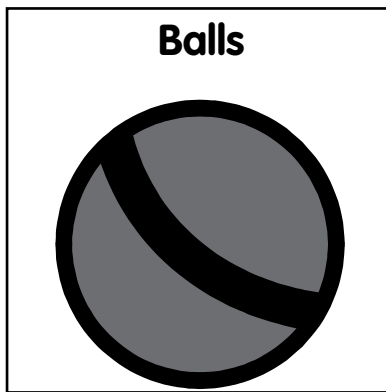
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Spotlighting Sample "Snack Talk Cards"



Parents/Teachers may take pictures of child's favorite toys and laminate them for more personalized communication.

What is your favorite toy?



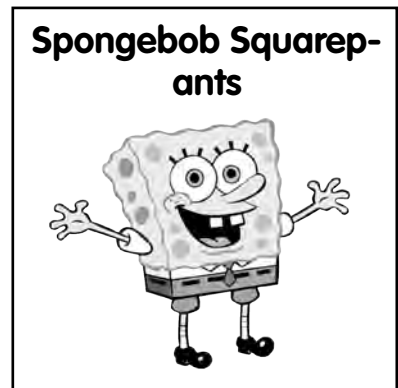
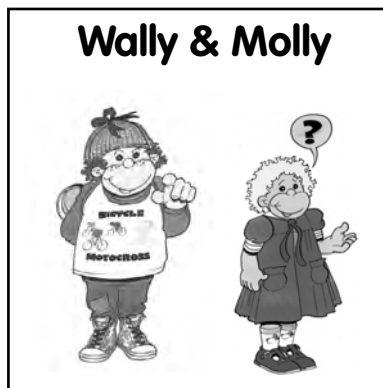
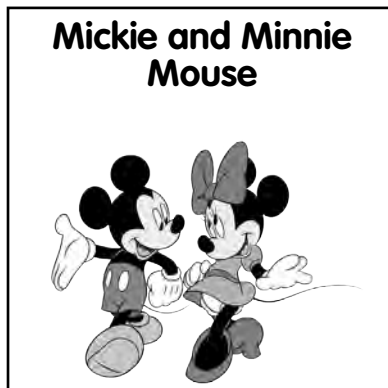
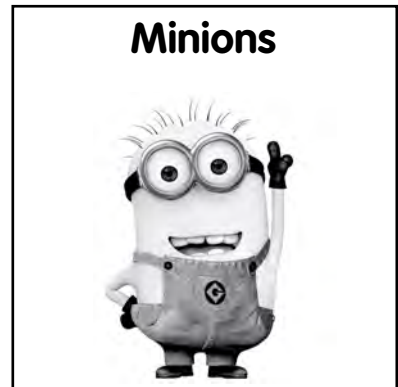
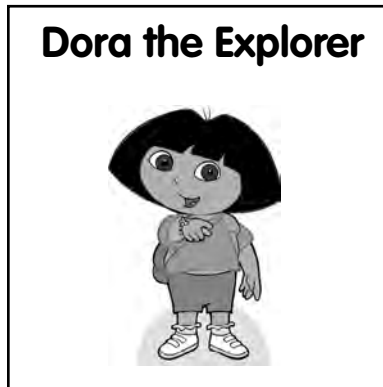
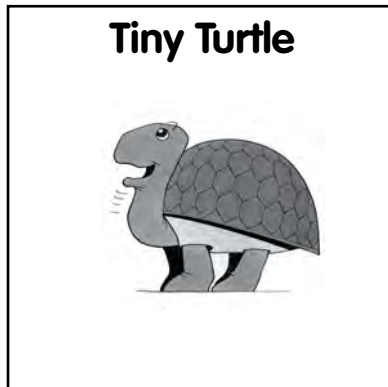
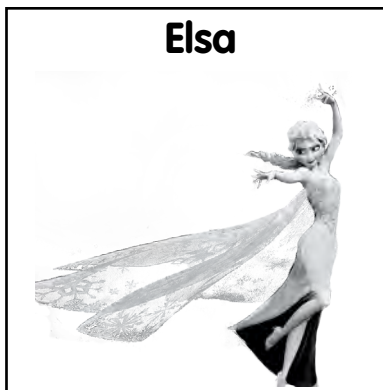
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Spotlighting Sample "Snack Talk Cards"



Teachers and parents can create their own character cards using characters their children enjoy.

Who is your favorite character?

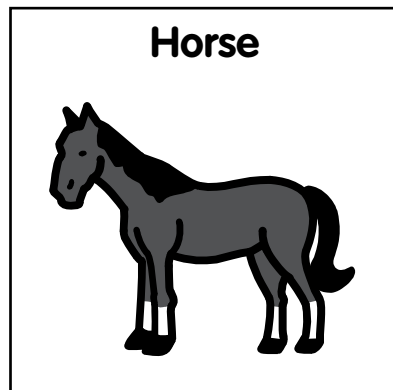
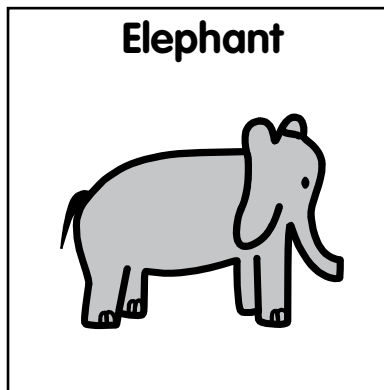
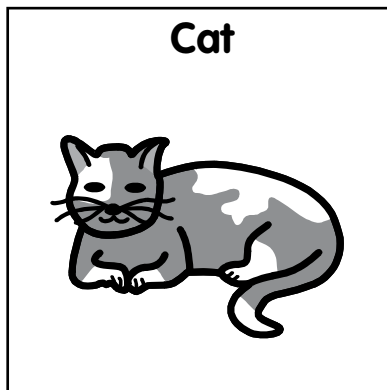
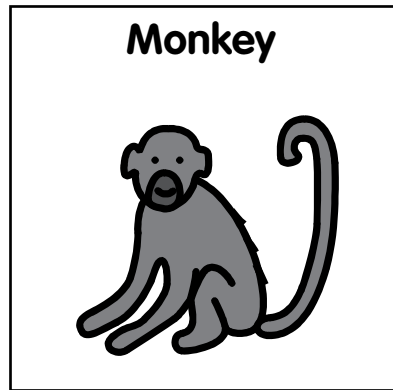
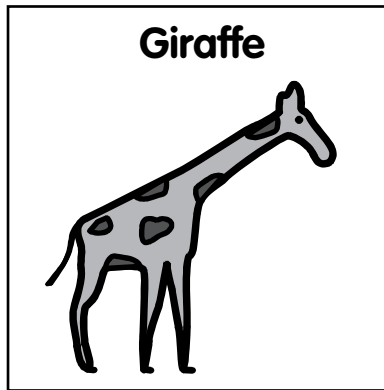
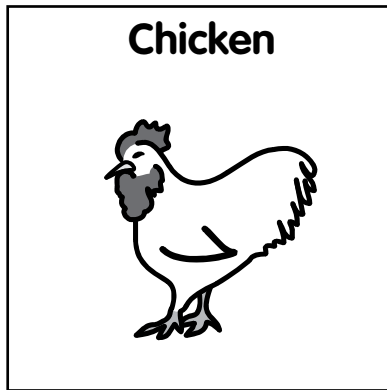
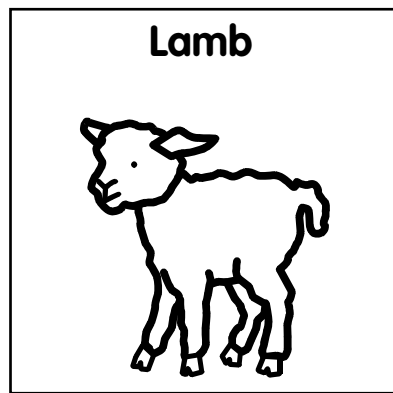
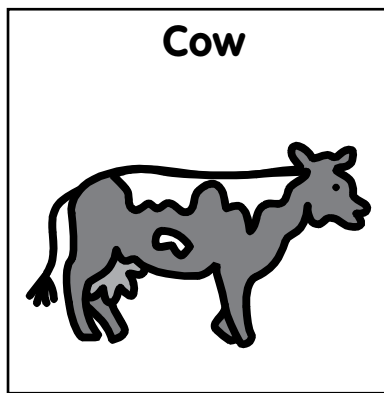
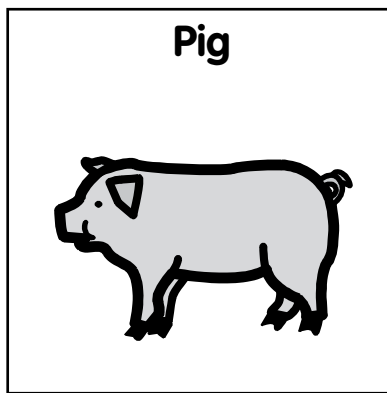


Spotlighting Sample Picture Cards



Parents/Teachers may take pictures of child's favorite animals and laminate them for more personalized communication.

Animal choices for singing "Old MacDonald"



Spotlighting Sample Song Choice Cards





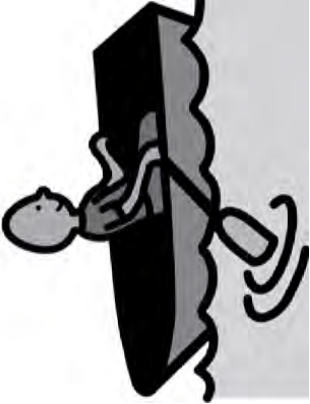
If parents have access to the program BoardMaker™ or a similar symbol generating program, they can use this to create their own song choice cards customized to their child's favorite songs.

For the sample cards, *cut* along the dotted line and then *fold* in the middle to make your own song card with the song title/picture on one side and the lyrics on the other side.

Sample song cards:



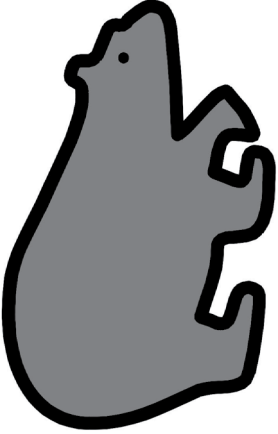


Row Your Boat

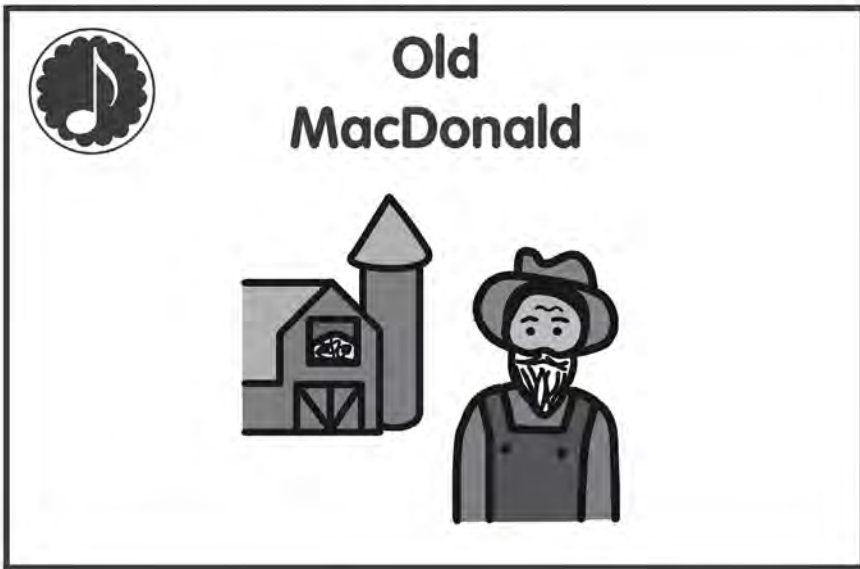


(Sitting face to face on floor hold
your child's hands and rock back and forth.)
**Row, row, row your boat
Gently down the stream
Merrily, merrily, merrily, merrily
Life is but a dream.**


**We're Going
On a Bear Hunt**



**We're going on a bear hunt!
We're going on a bear hunt!
We're going to catch a big one!
We're going to catch a big one!
I'm not afraid! I'm not afraid!
Are you? Are you?
Not me! Not me!**



Old MacDonald had a farm,
Ee-ee-ee-ee-o!
And on his farm he had a cow,
Ee-ee-ee-ee-o!
With a moo, moo here
And a moo, moo there
Here a moo, there a moo
Everywhere a moo moo
Old MacDonald had a farm
Ee-ee-ee-ee-o!
(pig, oink; duck, quack; lion, roar)





BRAINSTORM/BUZZ

Sensory Likes

Write down your child's sensory likes in each of the sensory categories listed below.

Child's Name: _____



Auditory

Visual

Tactile

Smell

Taste/oral (chewing/sucking)

**Proprioception (body space/balance/
need for movement/stillness)**

BRAINSTORM/BUZZ

Sensory Dislikes

Write down your child's sensory dislikes in each of the sensory categories listed below.

Child's Name: _____



Auditory

Visual

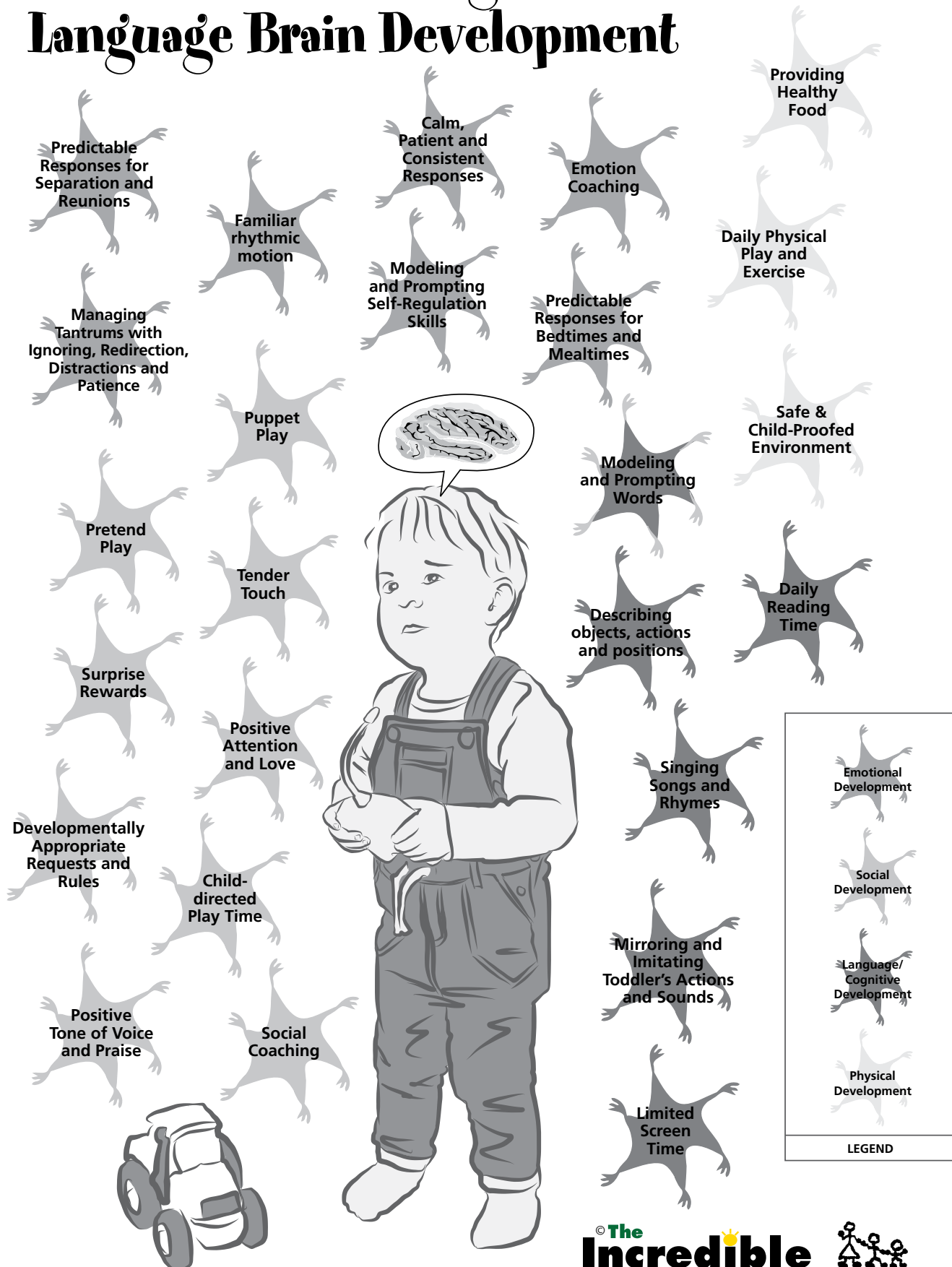
Tactile

Smell

Taste/oral (chewing/sucking)

**Proprioception (body space/balance/
need for movement/stillness)**

Promoting Your Toddler's Optimal Emotion, Social, Cognitive and Language Brain Development



Part Two, Session Three

Promoting Social Interactions

Practice Activities

To Do:

- **USE** Social Peer Coaching during child-directed play with 2-3 children by modeling, describing, prompting and rewarding children's social behaviors such as turn taking, sharing, waiting, and asking.
- **ENGAGE** in pretend play using puppets or props to practice modeling and prompting appropriate social skills. (Use intentional commenting to promote awareness of peer's intentions.)
- **SET UP** dramatic play experiences with three selected children to promote social communication interactions, sharing and cooperative play.
- **PRACTICE** using nonverbal visual gestures and picture prompts to promote social coaching. (See handouts.)
- **COMPLETE** Behavior Plan Record Sheet.

To Read:



Chapters 4 & 6 in *Helping Preschool Children with Autism: Parents and Teachers As Partners*



Child's Name: _____
Date: _____




Handout

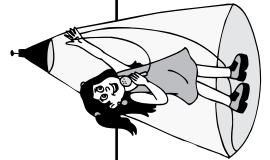
BEHAVIOR PLAN RECORD SHEET

Peer Social Coaching

Date: _____

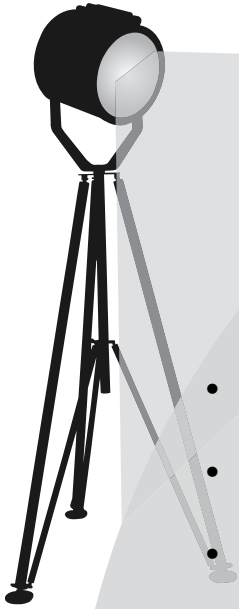
Instructions: Record two times you played with 2-3 children, what social coaching you did, and any response you noticed in the children.

 Child social behaviors I want to describe:	 Parent-child activity and social script:	 Child's response:
<p><i>Example: Looking at adult or peer when child communicates or shares something.</i></p> <p>1. _____</p> <p>2. _____</p>	<p><i>Example: "You are looking at your friend and that is so friendly." I used picture card of two eyes and smiled as I looked at child.</i></p> <p>1. _____</p> <p>2. _____</p>	<p><i>Example: Robbie smiled.</i></p> <p>1. _____</p> <p>2. _____</p>



Spotlight your child's successes

SPOTLIGHTING



Coaching Children's Social Peer Interactions

- Model social skills such as offering to share, wait, take turns, asking for help, pointing/gesturing, eye contact and praise.
- Prompt children to ask for help, share, or take a turn; let it go if child does not respond to prompt.
- Encourage pretend play with puppets or action figures to model social skills such as asking to play, offering to help, taking a turn, giving a compliment, and sharing.
- Model the words and nonverbal gestures for the child to say and copy (ex. "my turn" and patting chest to indicate your turn).
- Occasionally prompt child to notice what another child is doing or to help him or her understand what another child said. (*Intentional Commenting*)
- Imitate, prompt, coach and praise social behaviors whenever you see them.
- Help children accept a peer's refusal to share by reinforcing their waiting and patience and by distracting them with other interesting activities.
- Use books in interactive ways to talk about social skills and set up practices.
- Use visual prompts and play scripts for children with language delays.
- Give more attention to positive social behaviors than to inappropriate behaviors.
- Help the child understand that when she/he shares or helps, the other child feels happy. This helps the child see connection between social behavior and a peer's feelings.
- Use brief teacher-directed play scripts with social coaching to help children practice target social behaviors.

Teachers and Parents "Social Skills Coaching"



Describing, modeling, prompting, and praising children’s friendly behaviors is a powerful way to strengthen children’s social skills. Social skills are the first steps to making close friendships. The following is a list of social skills that you can both model and comment on when playing with your child or when your child is playing with a friend. Combine picture prompts with physical gestures when social coaching and reduce the number of words according to child’s communication level. Use this checklist to target the skills you want to focus on and write down the verbal and nonverbal communication you will use.

Social/Friendship Skills	Goals
<input type="checkbox"/> helping <input type="checkbox"/> sharing <input type="checkbox"/> teamwork <input type="checkbox"/> using a friendly voice (quiet, polite) <input type="checkbox"/> eye contact <input type="checkbox"/> listening to what a friend says <input type="checkbox"/> taking turns <input type="checkbox"/> asking <input type="checkbox"/> trading <input type="checkbox"/> waiting <input type="checkbox"/> responding to a friend’s suggestion <input type="checkbox"/> gesturing (e.g., pointing) <input type="checkbox"/> smiling at peer <input type="checkbox"/> using soft, gentle touch <input type="checkbox"/> asking or gesturing to use something a friend has <input type="checkbox"/> cooperating <input type="checkbox"/> including another in play	

Prompting

- “Your friend is asking for a block. Can you give him that block?” (Praise child if s/he tries to help and/or point to yellow block, or put block in child’s hand and give to other child)
- “Oops. You can say ‘I am sorry’ to your friend.”

Modeling Friendly Behavior

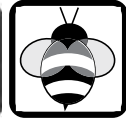
- Parents and teachers can model asking, waiting, taking turns, helping, and complimenting, so children know what these social skills look like. For example, “I’m your friend (pat your chest) and share my block with you.” (give block to child & show Sharing picture cue card.)



BRAINSTORM/BUZZ

Social Coaching

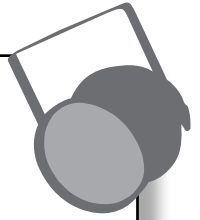
Write out the scripts you will use for social coaching. Think about the social behavior you want to describe and then how you will say it and how you will use a picture cue card and gesture along side verbal social coaching.



For example: "For this nonverbal child, I will imitate his sounds and actions or say one word while I show him a picture of the actual object."

Goal:

I will commit to using social coaching _____ times this week for _____ minutes, with the following children:



BRAINSTORM/BUZZ

Dramatic Play

Think about a dramatic play experience you could set up either one-on-one with a child using a puppet or with a group of two-three children to help coach their social skills. Write down your ideas.



One-On-One Puppet Scenarios:

Dramatic Play Plan for 3-4 Children:

Goal:



Spotlighting Social Cue Cards

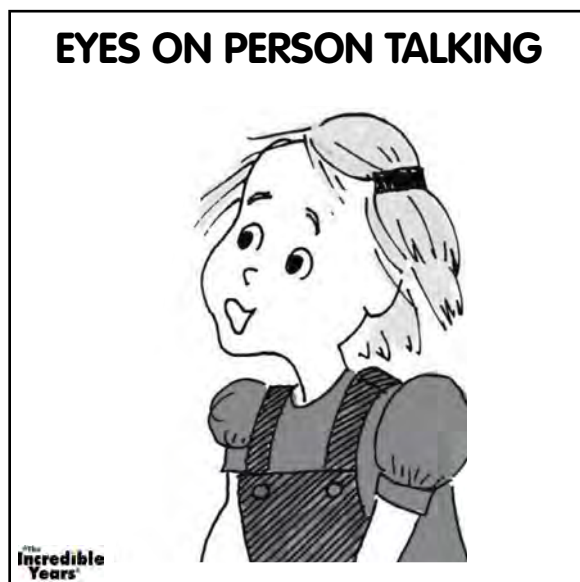
Teachers/Parents can make copies of these pages and cut out the cards (and laminate them!) to use with their children. They can also create their own cards with BoardMaker™ or other images to create their own visual cue cards customized for social goals they have for their children.



Spotlighting Social Cue Cards Continued



Spotlighting Social Cue Cards Continued



Part Two, Session Four

Promoting Social Coaching

Practice Activities

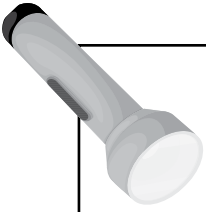
To Do:

- **USE** Social Peer Coaching during child-directed play with 2-3 children by modeling, describing, prompting and using picture cards and gestures to encourage children's social behaviors such as turn taking, sharing, waiting, and asking.
- **ENGAGE** in pretend play using books to practice social skills.
- **SET UP** group cooperative activities with three selected children to promote social communication interactions and cooperative play. (E.g., playdough, art project, game.)
- **TRY** using a teacher-directed visual play script to practice asking, sharing and waiting in joint play for two children.
- **USE** social coaching on the playground or at lunch time.
- **COMPLETE** Behavior Plan Record Sheet.

To Read:






Chapters 6 & 10 in *Helping Preschool Children with Autism: Parents and Teachers As Partners*

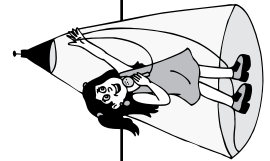


Child's Name: _____
Date: _____

BEHAVIOR PLAN RECORD SHEET

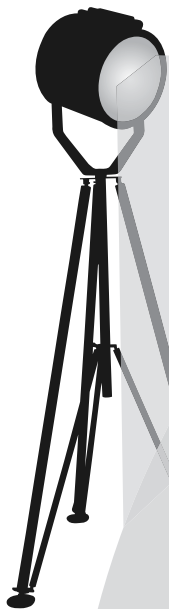
Peer Social Coaching

 <p>Child behavior I want to see less of:</p> <p><i>Example: Anna ignores other children's requests to play or to share a toy, grabs desired toy from others.</i></p> <p>Target Child (nature of problem):</p>	 <p>Positive Opposite Social Behavior I want to see more of:</p> <p><i>Example: Asks verbally or nonverbally for a turn, willing to share in play with one other child, begin to make a friend.</i></p> <p>Developmentally Appropriate Social Goal for Child:</p>	 <p>Social Coaching Scripts:</p> <p><i>Example: "You are sharing (or asking for a turn), that is so friendly." "When you used your words to ask, you solved your problem." I showed Sharing picture card.</i></p> <p>Social Coaching Scripts:</p>
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Get into your child's Attention Spotlight!

SPOTLIGHTING



Coaching Children's Social Peer Interactions

- Prompt child to notice what another child is doing or to help a peer or sibling.
- Help a child understand sharing or helping makes other children happy, so the child can see the connection between their behavior and other's feelings.
- Praise a child for initiating interactions or noticing what a peer is doing.
- Use social coaching instead of asking questions.
- Model, prompt, coach, and praise child's friendly behaviors (e.g., sharing, helping, taking turns, being polite, apologizing, giving compliments).
- Use picture cards and gestures to promote social behaviors.



"Your friend is looking for a red block, can you help him?" (Prompt.)

"That's so friendly. You are sharing your cars and waiting your turn. Your friend looks happy." (Connect behavior to feeling.)

"You are both helping each other like a team." (Show Helping card.)

"You waited and asked first if you could use that. Your friend listened to you and shared." (Connect behaviors to positive outcome.)

"You both worked together to put those blocks together. That was great cooperation." (Enthusiastic response.)

"You could give your friend a compliment and say, 'I like your picture.'" (Prompt and model words.)



Getting your child's attention spotlight on other children!

SPOTLIGHTING

Tips for Using Puppets to Promote Children's Social and Emotional Development

Preschool children are working to accomplish the important developmental milestones of learning social and friendship skills including beginning to share, help others, initiate social interactions, listen, and cooperate with peers. They are also working on emotion regulation skills including emotion literacy, self-control over aggressive behaviors, ability to wait and accept limits, and beginning problem solving skills.

One of the ways to promote a preschool child's social and emotional skills is through the use of puppet play. Puppet play is effective because it helps the teacher/child care provider enter the child's imaginary world and allows children to experience the feelings of other characters (early empathy development) and learn important social behaviors and conversation skills.

With puppets, dolls, or action figures you can act out stories you are reading with children, make up fantasies, and explore solutions to pretend problems. You may be nervous at first using puppets, but try it out and before long you will experience the joy of entering into a child's thoughts, feelings and imagination, one of the most intimate places you can be with a child at this age.

Puppet Scenarios for puppet time with children:

- **Puppet models greeting child.** For example, "Hi I am Tiny Turtle. What is your name?" When child tells your puppet his/her name, puppet thanks child for being so friendly. (*Modeling friendly social greetings.*)
- **Puppet models interest in child.** For example, "What do you like to do?" When the child tells your puppet his/her interests, puppet also shares his/her own interests. (*Learning how to get to know someone.*) You can also prompt the child to ask the puppet what s/he likes to do. (*Learning how to show interest in someone else.*)
- **Puppet asks for help.** For example, "I can't get this block to go together, can you help me?" When the child helps your puppet, the puppet compliments his/her helping behavior. (*Learning to ask for help as well as how to help a friend.*)
- **Puppet shares emotions.** For example, "I am embarrassed because I can't ride my bike. Do you know how to ride a bike?" Ask the child what your puppet is feeling. Encourage or prompt the child to say something to make the puppet feel better. (*Learning to express emotions and think about another person's emotions.*)
- **Puppet shares something with child.** For example, "I see you looking for green blocks, would you like my green block?" (*Modeling sharing.*) If child takes the puppet's block, say "I'm happy to help you." (*Connecting sharing action with emotion.*)
- **Puppet waits for his turn.** For example, "I am going to wait until you finish that game, then can I have a turn?" If child gives your puppet a turn, puppet thanks the child and tells him it makes him feel happy to have such a friend.

SPOTLIGHTING

- **Puppet uses picture cue cards.** For example, shows “Wait” cue card and says “I am waiting for my turn with the computer.” Or, shows “Asking” cue card and says, “My turn.” Adults using the puppets can also use the “My turn” gesture by patting their chest.

Note: If the child does not have the language skills to respond verbally to the puppet, it is still good for the puppet to model the words involved in the social interaction. You can also structure interactions that involve nonverbal responses from the child. “Would you share that with me?” “Would you like to shake the puppet’s hand?” “Can you help me build this tower?” This way, the focus is on the child’s friendly behavioral response to the puppet. You and the puppet can provide the verbal structure. This will support the child’s eventual language development in these social situations.

Teacher/Child Care Provider Praise: Teachers can use a silly/different voice for the puppet character and then go out of role as teacher to praise the child for his or her social skills. Teachers can look for opportunities to comment and praise the child for waiting, taking turns, helping, offering a friendly suggestion, asking for help, showing interest or empathy, being gentle and listening well with the puppet.

Teacher/Child Care Provider Prompts: In these puppet plays teachers can prompt their children’s appropriate social responses by whispering some ideas for what to say to the puppet. For example, “you can tell the puppet you like to play with trucks.” Or, “you can say please can I have that book?” Don’t worry if the child doesn’t use your suggestion, just move on to something else as compliance is not required. Often times children will copy your suggestion and then you can praise them for such nice asking or sharing.

Remember: Keep it simple, have fun, and do not have your puppet model negative behaviors. When reading stories, try using puppets to act out the character’s feelings and communication.



SPOTLIGHTING



Using Fun Sensory Physical Routines to Motivate Social Interactions

Face-to-face sensory physical routines can motivate children to laugh and have fun interacting for longer periods of time. This means you will have optimized your child's energy level and increased learning opportunities for more durable social learning. Here are some tips for increasing the fun factor between children.

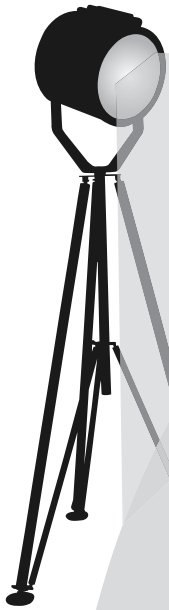
When a child seems withdrawn, uninterested, unresponsive or bored, use the following techniques to increase their energy and motivation:

- Exaggerate your fun responses and gestures with big smiles, laughter, silly faces, tickles, funny noises and bigger voices with more emotion. Draw attention to your face.
- Play games with several children such as name the hidden object, peek-a-boo, pattycake, finger play, or build a fort.
- Determine the child's favorite rhythmic song or physical game such as Ring around the Rosy, When You're Happy and You Know It, or the Chase Me Game. Use song choice cards to help children make choice of song.
- Surprise children occasionally with a variation of routine such as new sound effects, new verse, or new steps. Or, do something unexpected and funny, such as have the cow meow!
- Pause or freeze sensory routine often to prompt children to signal you for what he or she wants next.
- Once you get the signal (verbal or nonverbal), continue the game and then pause again, waiting for another signal.
- Make sure there is back and forth communication throughout movements and you are not simply entertaining children without requiring them to stay connected with you by responding.



Getting in your child's attention spotlight!

SPOTLIGHTING



Using Fun Sensory Physical Routines to Motivate Social Interactions

Use the following techniques to avoid overarousing children:

- Pay attention to the children's arousal level.
- Make the play softer, gentler, and quieter as soon as you notice the children becoming overly aroused.
- Sing calmer songs to help children slow down.
- Freeze the play for taking deep breaths or positive imagery.
- Redirect the play before the children shut down or dysregulate.
- Once the children have calmed down, don't be afraid to increase your enthusiasm and optimize their energy levels again.



Getting in your child's attention spotlight!



SPOTLIGHTING



Building Blocks for Reading With Extra CARE for Young Children with Autism and Language Delays



Extra care reading involves providing children with autism and language delays with added opportunities for language development, joint attention and social interaction. To start with take extra care to choose a book with your student that is a topic s/he is emotionally interested in, perhaps something from your student's "like list".

For example, if your student likes planes, trains, cooking, or a particular animal, pick a book on this topic. This will help you to enter your student's interest spotlight. Choose books with pictures, very few words and sensory activities, if possible, with flaps and hidden objects that allow the child to open and close flaps, to touch different textures and provide different smells.



Comment strategically according to the child's language level.

The amount of commenting you do will depend on extra-care you take in first understanding the child's receptive and expression language ability.

For a child with no language, start by making the appropriate sound effects that match the book pictures of the animals, trains, or birds and imitate the child's attempts to copy these sounds or gestures s/he makes. Name the object when you make the sounds and, when possible, also include the actual object that matches the picture in the book. For example, have a toy train, animal, or bird puppet while you are reading the related book. Pace slowly and repeat 1-2 words with hand signals, pointing gestures, funny noises, and enthusiastic tone. Read the book so that the child can see your face and emotions.

For the child with a few more words, you can increase your word content using the "one-up rule", that is, if the child uses two to three word sentences, you can add another word. For example, if the child says: "polar bear grows," describe the animal by saying, "a huge, polar bear who grows like..." accompanied by the gesture for huge. Start with naming words of objects, feelings and actions before progressing to pre-academic words of colors, shapes, numbers and letters. Continue using gestures, sound effects, and songs or rhymes to stay in the child's attention spotlight.

Children will lose interest if your verbal language is too advanced or hurried. Remember this is all about encouraging joint attention and showing you are attentive to the child's interests and are keeping the communication interaction going. Try using partial prompts by giving the child part of a sentence or word you have modeled often to see if s/he can fill in the missing word. For example, "it is a huge, polar..." and see if child can complete the word bear.

For the child with more language and sentences and who understands word objects and actions, add descriptions of colors, shapes, positions, numbers, letters and run your finger under the lines of the words as you read them. Start with modeling a full sentence and then after the child copies, try partial prompts by giving 2-3 words, and let child complete the sentence. Bring in a puppet or special sensory character your child likes, have the puppet describe the picture using modeling and prompts to enhance the child's responses.



Ask open-ended questions, pace your commenting, and repeat often.

For children with receptive and expressive language delays, asking questions when reading can be intimidating and cause withdrawal, anxiety and confusion because the child doesn't understand and may think you don't understand him. Instead strategically decide what words you want to encourage, allow time for the child's response (verbally or nonverbally) and then imitate their response. This will show the child you are interested in him. If the child repeats your sound effects, or gesture, or word, imitate that again so the child sees how his response is affecting your response. Be sure to smile and have eye contact when you do this.



Respond and listen with interest. Wait and pause before talking again so the child had time to respond.

When the child responds with a smile, or gesture, or sound effect, or words, enthusiastically respond to these responses verbally and nonverbally whether or not the child seems to be making sense. Always act as if you understand what the child is saying! Imitate your child's gestures, sounds and words. The goal here is to not only encourage the child's interest in books and to get into his or her spotlight, but also to engage in joint attention and positive interactions.



Expand on what the child says.

For a child with no language you can use hand signals to model the action, or use the actual object as you name it, or use one of your child's likes (song, touch or favorite object) to add more excitement to the joint reading interaction. For children with some words use the one-up rule and add an additional word. To combine social interactions with reading, read to two children at the same time and prompt language in both children. Occasionally surprise children by doing something unexpected such a variation on the story such as a different and humorous word, or naming the object or feeling incorrectly, and then correct yourself. "Oops my mistake!" Make games out of a book by covering up a picture with sticky notes and guessing what is under there, or what comes on the next page. Sing a song using the word you are encouraging. End the reading with the routine of an "all done" and hand signal.

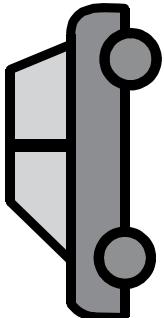
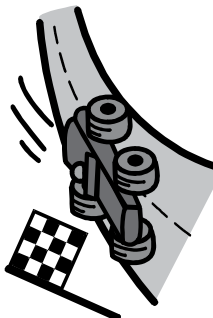
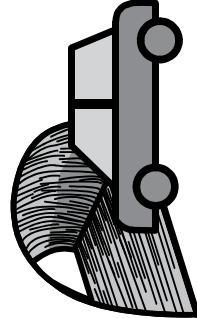
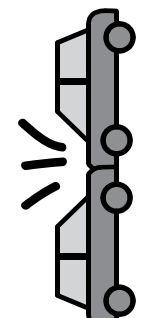
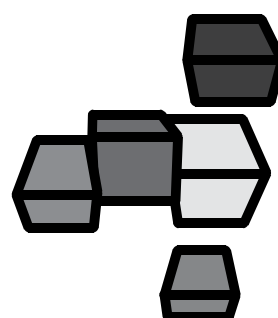
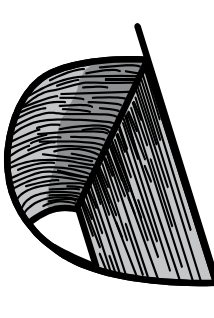
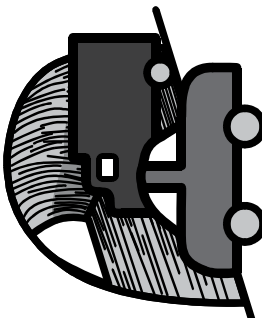
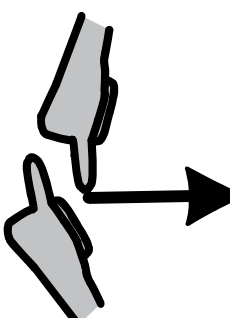
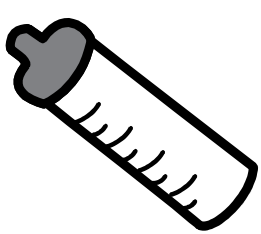
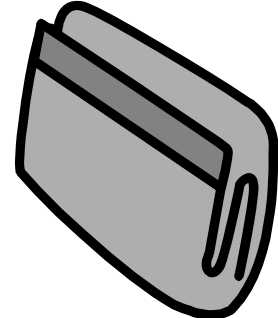
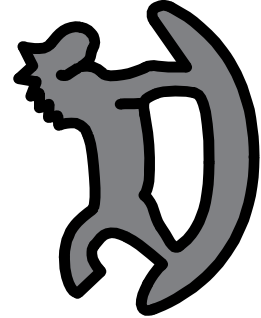
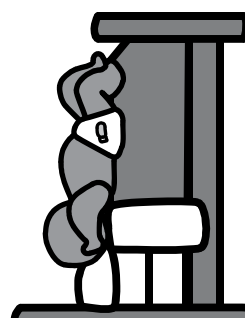
REMEMBER EXTRA-CARE IS:

- **Keeping the reading fun and simple using the “one up” principle** to decide how much language to use when reading.
- **Showing kindness and avoiding commands and criticism** when children are reading.
- **Allowing children to reread stories as often as they wish.** This is a pre-reading skill and leads to mastery and confidence. Once they have learned the story you can add partial prompts to see if they will fill in the blank.
- **Slowing down** and building repetition.
- **Reading** so children can see your face and expressions.
- **Singing** at times during reading.
- **Using hand signals, gestures, sound effects, and objects** to enhance reading understanding.
- **Making sure there is a back and forth quality** to the reading and you are not simply reading without requiring some response or connection with the child before continuing to read.



Spotlighting Sample Picture Play Sequence

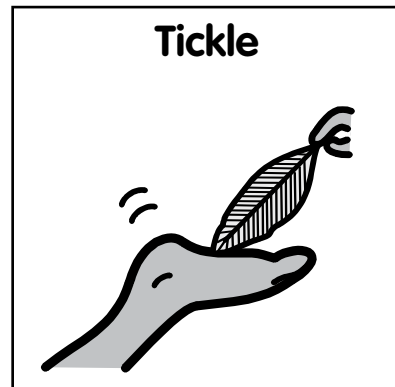
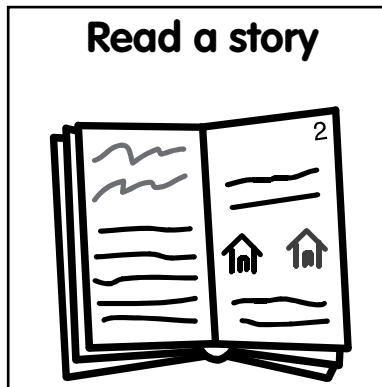
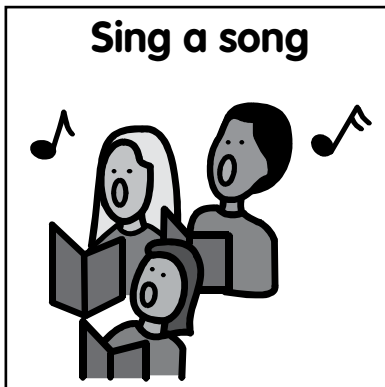
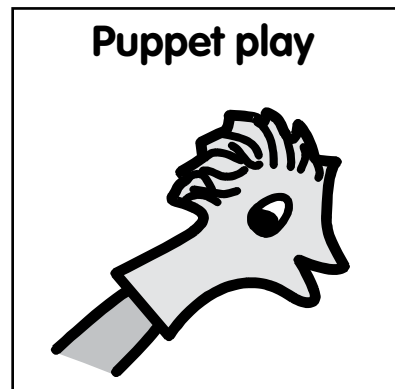
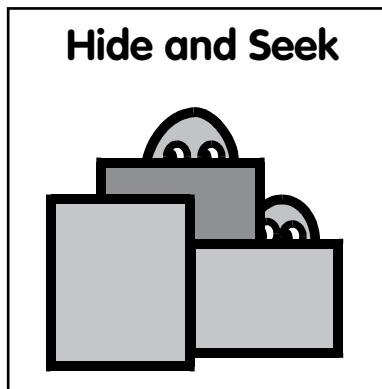
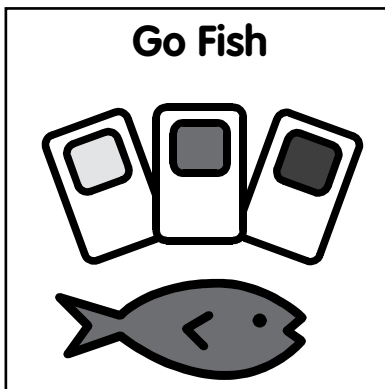
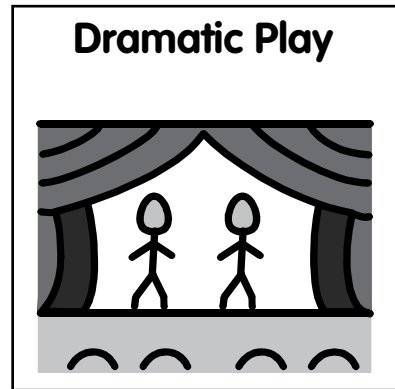
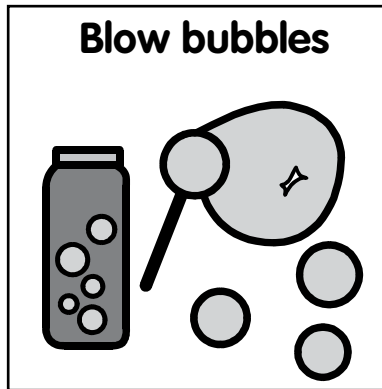
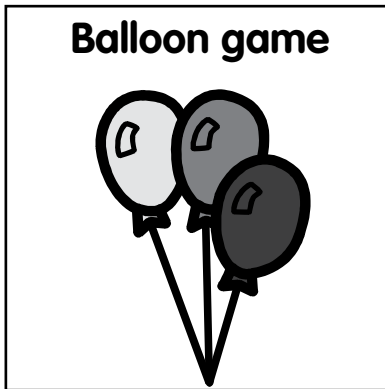
If parents/teachers have access to the program BoardMaker™ or a similar symbol generating program, they can use this to create their own play sequence boards customized to their child's particular interests. Another option would be to take photos or cut out specific pictures from magazines!

<p>Car Sequence #1</p>	<p>Drive Cars</p> 	<p>Race Cars</p> 	<p>Car in tunnel</p> 	<p>Crash cars</p> 
<p>Car Sequence #2</p>	<p>Blocks</p> 	<p>Build tunnel with blocks</p> 	<p>Tunnel with cars in it</p> 	<p>All Done</p> 
<p>Baby Play Sequence</p>	<p>Baby bottle</p> 	<p>Baby blanket</p> 	<p>Rocking</p> 	<p>Baby in Bed</p> 

Spotlighting Sample Reward Cards



If parents have access to the program BoardMaker™ or a similar symbol generating program, they can use this to create their own activity boards customized to their child's particular interests. Or, take photos of the child's favorite activities and laminate them.



Promoting Emotion Literacy and Self-Regulation

Practice Activities

To Do:

- **USE** Emotion Coaching during child-directed play with 2-3 children by modeling, prompting, and describing children's emotions. Describe more positive emotions than negative. Share your own positive emotions with children.
- **ENGAGE** in pretend play using puppets and/or books to practice emotion language. Help children develop empathy by explaining the character's different feelings.
- **USE** feeling and self-regulation picture cue cards to teach children emotion vocabulary and self-regulation skills.
- **TEACH** children some emotion regulation strategies (e.g., breathing, counting, using Calm Down Thermometer poster, positive visualization, etc.) by modeling with puppets, discussing with books, or using visual self-regulation cue cards.
- **MODEL** positive self-regulation and calm down strategies.
- **COMPLETE** Behavior Plan Record Sheet.

To Read:



Session 5: Chapters 5 & 7 in *Helping Preschool Children with Autism: Parents and Teachers As Partners* book.



Session 6: Chapters 8 & 9 in *Helping Preschool Children with Autism: Parents and Teachers As Partners* book.






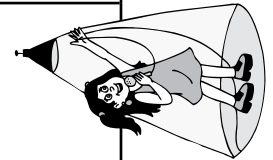
Child's Name: _____
Date: _____

BEHAVIOR PLAN RECORD SHEET

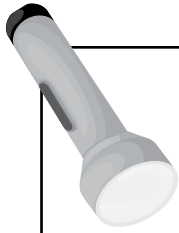
Emotion Coaching

Instructions: Record two times you played with several children, what emotion coaching you did, and the children's responses.

 Child emotions I want to describe:	 Parent-child activity and emotion script:	 Child's response:
<p>Example: <i>Happy smiles, being proud, and noticing another child's feelings</i></p> <p>1. _____</p> <p>2. _____</p>	<p>Example: <i>"See, your friend is happy that you shared with him. You look happy and proud because you are smiling."</i></p> <p>1. _____</p> <p>2. _____</p>	<p>Example: <i>Robbie told me one day he felt happy.</i></p> <p>1. _____</p> <p>2. _____</p>



Spotlight your child's feelings



Child's Name: _____
Date: _____

BEHAVIOR PLAN RECORD SHEET

Coaching Self-Regulation



Child behaviors
I want to see less of:

Examples: Joshua has angry outbursts, is easily frustrated, impatient, often sad.

Target Child (nature of problem):



Positive Opposite Emotion
Behavior I want to see more of:

Example: Learning to take deep breaths, count, or use the thermometer or feeling picture to express feelings. Recognizing when he is calm, happy and patient.

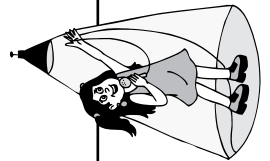
Developmentally Appropriate Emotion Goal for Child:



Emotion Coaching Scripts:

Example: "I see you are frustrated but you are staying calm." Or, "Your friend is happy you shared the truck." Or, "You took deep breaths to calm down, that is so strong. I am proud of you."

Emotion Coaching Strategies (your examples):



Spotlight your child's self-regulation skills



Child's Name: _____
Date: _____

BEHAVIOR PLAN RECORD SHEET

Teaching Emotion Self-Regulation



Use the scenarios in handout or make up your own to teach your child calm down skills:

1. Turtle puppet: "I am sometimes afraid, so I think of my happy place, which is watching my fish. What is your happy place?"

2.

3.

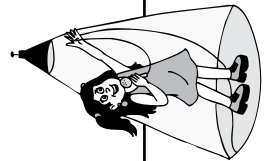


Record your teaching scenario and how your child responded:

1.

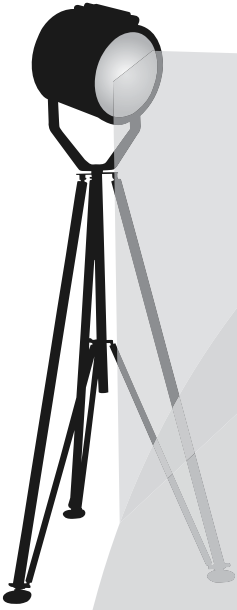
2.

3.



Spotlight your child's successes

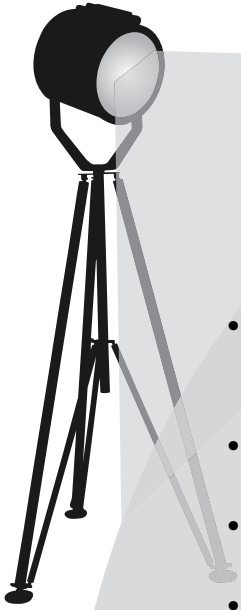
SPOTLIGHTING



Emotion Coaching

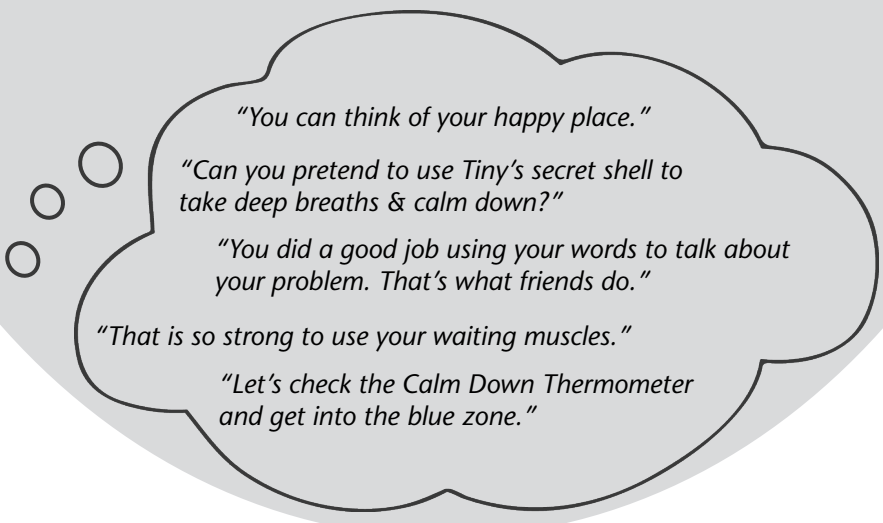
- Try to understand what the child is feeling and wanting.
- Describe the child's feelings (don't ask the child what they are feeling, because they may not have the words to tell you); build emotion vocabulary by naming child's feelings.
- For children who are nonverbal, use visual pictures of feeling faces to teach feeling words. Children can also use these cue cards to show you how they feel.
- Label more of children's positive feelings than uncomfortable feelings.
- Model and describe your own positive feelings and calm down strategies.
- Provide physical cuddling when child is frightened, sad or hurt. Stay calm yourself to provide extra reassurance.
- Model emotion words the child can use to express his or her uncomfortable feelings.
- When naming uncomfortable feelings such as frustration or anger, point out and praise coping strategies the child uses such as staying calm or trying again.
- Promote identification of feelings through use of pictures, games and books.
- Use puppets and make-believe play to model emotion language and show how emotions can change and prompt an empathic response.
- Help children understand how others feel by pointing out facial expressions, voice tone, or words.
- When children use a social skill such as sharing or trading, help them see the connection of their behaviors to the other child's feeling of happiness or excitement.

SPOTLIGHTING



Coaching Children's Self-Regulation Skills

- Coach and praise your child's self-regulation skills such as staying calm, being patient, trying again, waiting a turn, and using words or gestures when frustrated.
- Support your child when (s)he is frustrated, but recognize when the child is too upset to listen and needs space and time to calm down.
- Encourage your child's practice of calm down steps with puppets, books, games, Calm Down Thermometer and Tiny Turtle's calm down steps.
- Model and prompt your child to use words, feeling pictures, or puppets to express his/her needs and feelings (e.g., "Show me the card with the face of how you are feeling.").
- Help your child learn ways to self-regulate such as using a special stuffed animal or blanket, taking deep breaths, saying "I can calm down," waiting, or solving a problem.
- Use picture prompts for verbal or nonverbal children to cue child to wait, take deep breaths, count, think of happy place or take a break.
- Model self-regulation skills yourself, such as taking deep breaths, positive self-talk, or taking a break.
- Praise children's use of self-regulation skills.
- Help children understand how other children feel and point out facial expressions, voice tone, or words.



"You can think of your happy place."

"Can you pretend to use Tiny's secret shell to take deep breaths & calm down?"

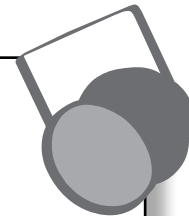
"You did a good job using your words to talk about your problem. That's what friends do."

"That is so strong to use your waiting muscles."

"Let's check the Calm Down Thermometer and get into the blue zone."



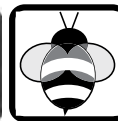
Getting in your child's attention spotlight!



BRAINSTORM/BUZZ

Promoting Children's Self-Regulation

Think about ways you could promote children's learning of self-regulation skills. Write down your ideas.



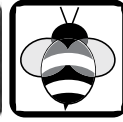
Goal:



BRAINSTORM/BUZZ

Emotion Literacy

Write out all the emotion words you want to encourage with children. Try to have three positive or calming emotion words for every uncomfortable feeling. Combine a coping thought with an uncomfortable feeling.



Goal:

Teachers and Parents "Emotion Coaching"



Describing children’s feelings is a powerful way to strengthen their emotion literacy. Once children have emotion language, they can better regulate their own emotions because they can tell you how they feel. From the following list of emotions choose a few that you could comment on when interacting with a child. Combine the verbal emotion words with your facial expressions and use of picture emotions. Slowly add more feeling words and be sure to have a balance of more positive than uncomfortable feeling words. When using uncomfortable emotions combine with a coping emotion word.

Feelings/Emotion Literacy	Goals
<input type="checkbox"/> happy <input type="checkbox"/> brave <input type="checkbox"/> frustrated <input type="checkbox"/> disappointed <input type="checkbox"/> calm <input type="checkbox"/> fearful <input type="checkbox"/> proud <input type="checkbox"/> loving <input type="checkbox"/> excited <input type="checkbox"/> tired <input type="checkbox"/> pleased <input type="checkbox"/> energetic <input type="checkbox"/> sad <input type="checkbox"/> helpful <input type="checkbox"/> worried <input type="checkbox"/> confident <input type="checkbox"/> patient <input type="checkbox"/> having fun <input type="checkbox"/> jealous <input type="checkbox"/> forgiving <input type="checkbox"/> caring <input type="checkbox"/> proud <input type="checkbox"/> curious <input type="checkbox"/> angry <input type="checkbox"/> mad <input type="checkbox"/> interested <input type="checkbox"/> embarrassed	

Modeling Feeling Talk and Sharing Feelings

- "I am proud of you for solving that problem." (Show Proud picture.)
- "I am really having fun playing with you." (Show Happy picture.)
- "I was nervous it would fall down, but you were patient, and your plan worked." (Show Nervous picture.)
- "Your friend is so happy that you shared with her."

Spotlighting Self-Regulation Cue Cards



Teachers/Parents can make copies of this page and cut out the cards (and laminate them!) to use with their children. They can also create their own cards with BoardMaker™ or other images to create their own visual cue cards customized to their child's particular self-regulation methods.

SMELL THE FLOWER BLOW OUT THE CANDLE

The Incredible Years

IGNORE

The Incredible Years

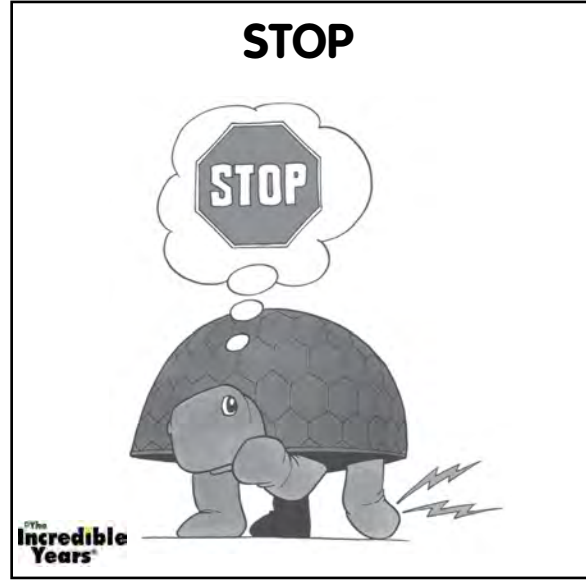
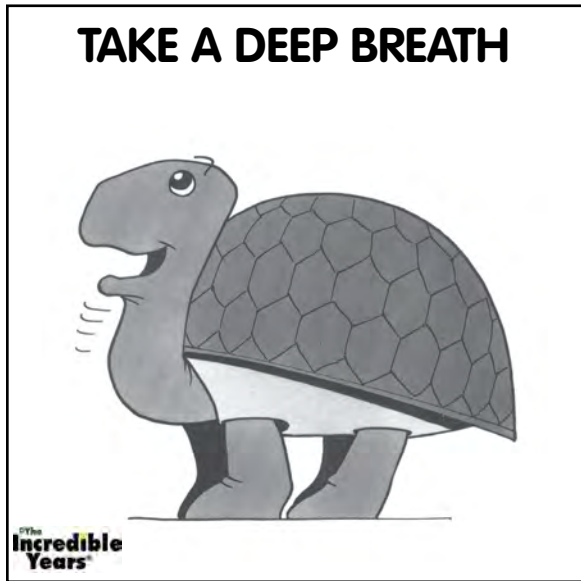
COUNT DOWN FROM 10

The Incredible Years

RELAX

The Incredible Years

Spotlighting Self-Regulation Cue Cards Continued



SPOTLIGHTING

Scenarios for Teaching Children Emotion Self-Regulation Skills

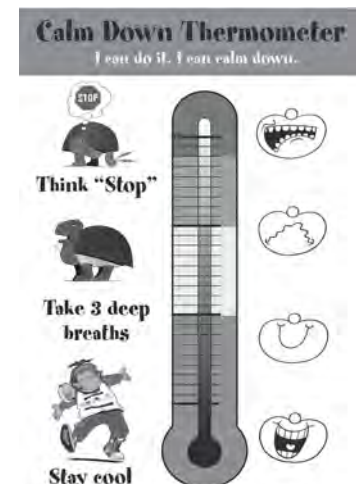
Emotion coaching helps build children's emotion literacy so they can begin to articulate their feelings to others. This is a foundational step to being able to eventually regulate their own emotions. Once children are starting to recognize and express their feelings, parents can begin to teach them some self-calming strategies. Because children are visual thinkers and love imaginary play, it is effective to use stories, puppets, pictures and practice role plays to help them practice calming thoughts, positive visual images, deep breathing, coping self-talk and using words or gestures to express their feelings and needs.

Here are a few things you can do with your child using the Calm Down Thermometer handout and Tiny Turtle puppet. Each of these scenarios would be done in one 5-minute setting and at different times when your child seems relaxed and interested in some puppet play. Try to keep these scenarios simple, fun and imaginative and follow your child's lead.

Puppet Scenarios

Tiny Turtle Explains the Calm Down Thermometer

- Tiny Turtle puppet introduces the Calm Down Thermometer and explains how it works. For example, *"Hi I am Tiny Turtle. I want to tell you about this amazing feeling thermometer which can measure your feelings."* Your turtle puppet can tell your child he is feeling sad, mad, worried or frustrated. Or on the other hand, happy, calm, relaxed, or proud. While Tiny is telling his feelings, point to the place on the thermometer that shows Tiny's feeling. (Red or hot for angry versus green for cool or calm.) You can also ask your child to point to the color on the thermometer or move the arrow to the place that represents Tiny's particular feeling. When your child points to the place on the thermometer you can add to the fun by asking him or her to show you that feeling face.



Tiny Turtle explains How the Thermometer Works

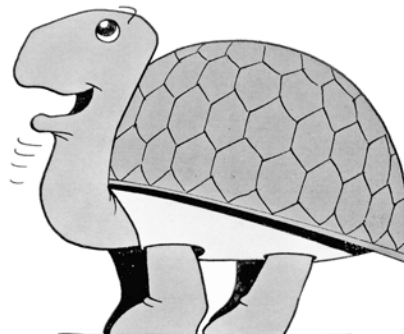
- Tiny Turtle tells your child a story about a time he was stepped on or made fun of and felt hurt or mad. He explains how he took three deep breaths to get back into green. For example, *"One time someone made fun of me because I am so slow and I was up here in red feeling mad. I took three deep breaths and practiced smelling a flower and blowing out a candle. Then I came down into blue."*
- Ask your child to practice taking deep breaths with Tiny Turtle and let him or her move the thermometer arrow down from red to green.
- Tiny Turtle asks your child to tell a time he or she felt angry, sad, excited, or safe. (Use a variety of comfortable and uncomfortable feeling words.) For example, Tiny asks, *"Have you ever had someone make fun of you? How did that feel?"* When your child shares a situation, help him/her move the arrow and then move the arrow down as deep breathing is practiced.

continued next page

SPOTLIGHTING

Scenarios for Teaching Children Emotion Self-Regulation Skills (continued)

- Using the Calm Down Thermometer, Tiny Turtle asks your child what feelings the faces on the thermometer represent. For example, *"See these feeling faces on this thermometer, what feelings do you think they are?"* When your child names a feeling, praise their understanding and ask them to show you that feeling face.



Take a slow breath

Tiny Turtle Explains How to Calm Down

- Tiny Turtle explains how he recognizes an uncomfortable feeling and says "stop" and goes into his turtle shell to take deep breaths. For example, *"One time someone stepped on my foot, and I was mad, but I said "stop" and went in my turtle shell and took deep breaths like this. Then I felt better."* Ask the child to practice this with Tiny Turtle. The child can imagine he has a magic turtle shell or go under a blanket.
- Tiny Turtle explains how he uses his happy place visualizations when he is in his shell to help him calm down. For example, *"When I am nervous I think about a time I learned to ride my bike and felt really proud. Or, when I am afraid or sad I think of my teddy bear and that helps me feel safe."* After Tiny has explained his happy or safe places, he can ask where the child's happy place is and how the child can use this visualization. This exercise helps the child develop positive imagery of things to think about when they want to calm down.
- Tiny Turtle explains what he says to himself when he is in his shell. For example, *"When I am in my shell I say to myself, I can do it, I can calm down and try again."* Ask the child to repeat these words together with Tiny.
- Tiny Turtle asks the child when they could use their Turtle Power (going in shell). Then Tiny asks your child to show you how he/she uses Turtle Power. For example, *"What makes you angry? So you are up here in red on the thermometer, how can you get yourself down here in green?"* Praise the child for showing you or Tiny how to take deep breaths, think of their happy place, or use positive self-talk.

NOTE: Remember when using Tiny Turtle to follow your child's lead and ideas and praise his or her willingness to practice taking deep breaths, using happy place memories and positive self-talk. Make these play scenarios fun, imaginative and interactive.

Getting in Your Child's Attention Spotlight to Promote Social, Emotional, & Language Development

Limit Setting,
Ignore,
Redirect,
& Distract

Social
& Emotion
& Coaching

Engage in
Sensory &
Physical
Activities

Prompting &
Imitating Social
Interactions

Verbal
Communication &
Sign Language

Praise &
Celebrations

Joint Activity
& Focused
Attention

Pre-Academic
&
Persistence
Coaching

Pretend &
Puppet Play

Nonverbal
Gestures





The Incredible Years[®] Group-Based Parenting Program for Young Children with Autism Spectrum Disorder

17

Carolyn Webster-Stratton, Sarah Dababnah, and Erin Olson

Abstract

A new *Incredible Years*[®] (*IY*) Parent Program for preschool children with autism spectrum disorder (ASD) and language delays (ages 2–5) was recently developed and piloted. It is designed to either complement the 18–20-week *IY* Preschool Basic Program for parent groups where children have a mix of behavioral and developmental challenges or to be used independently in a combination of 14–18-week group-based course plus individ-

ual home coaching for parents with children with ASD. This chapter includes a summary of the rationale for *IY* parent program content that promotes social communication and language development, positive relationships and social skills, emotion- and self-regulation, and positive behavior management. The *IY* collaborative approaches for training and supporting parents are also presented. These approaches include mediating vignettes of children with ASD to trigger parent self-reflection; problem-solving and experiential practices with child-directed play and imitation; communicating with children with and without language skills; practicing parenting skills such as persistence, social and emotion coaching, gesturing, modeling, and prompting; incorporating social sensory routines; engaging in pretend play and using puppets to enhance joint play, social communication, and empathy; and learning the ABCs for managing behavior, including the concepts of antecedent accommodations and environmental modification to promote appropriate behavior, teaching replacement behaviors, and reinforcing target behaviors by providing praise, incentives, and sensory activities as rewarding consequences. Parents learn to identify behaviors that can be ignored and how to use differential attention

Carolyn Webster-Stratton has disclosed a potential conflict of interest due to the fact she provides training and instructional materials for these treatment programs and therefore stands to gain financially from a positive review. This interest has been disclosed to the University of Washington and has been managed consistent with federal and university policy.

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and get into their child's attention spotlight. The importance of parent goal setting, self-monitoring, home activities, stress management, self-care, and building parent support networks is emphasized.

Introduction

Children with autism spectrum disorder (ASD) have exceptionally diverse service needs. Compared to typically developing children and those with other developmental disabilities, children with ASD can have higher rates of disruptive behaviors (Hartley, Sikora, & McCoy, 2008), atypical sleep patterns (Limoges, Mottron, Bolduc, Berthiaume, & Godbout, 2005), gastrointestinal problems (Nikolov et al., 2009), anxiety and other psychiatric comorbidities (Simonoff et al., 2008), unique reactions to sensory stimuli (Baranek, David, Poe, Stone, & Watson, 2006), and self-regulatory difficulties from an early age (Gomez & Baird, 2005). As many as 50% of children with ASD exhibit behavioral problems, including tantrums, noncompliance, aggression, and self-injury (Mazurek, Kanne, & Wodka, 2013). These challenging behaviors interfere with children's ability to benefit from parents' socialization efforts. Moreover, parent uncertainty on how to manage these challenging behavior problems adds to their high levels of stress (Estes et al., 2013; Koegel, 1992; Schieve, Blumberg, Rice, Visser, & Boyle, 2007), which in turn contribute to other troubling outcomes such as poor family quality of life (Lee et al., 2009), depression (Phetrasuwan & Shandor Miles, 2009), family isolation, and lack of support (Osborne, McHugh, Saunders, & Reed, 2008).

Intervention programs for young children with ASD are increasingly available (Boyd, Odom, Humphreys, & Sam, 2010; Wong et al., 2013). Clinician-implemented intervention studies have resulted in significant positive effects with regard to children's developmental level and adaptive functioning (Dawson, Rogers, & Munson, 2010; Landa, Holman, O'Neill, &

Stuart, 2011; Landa & Kalb, 2012). Interventions that target joint attention, social play, parental responsiveness, imitation skills, and parent-mediated social communication therapy have been shown to develop communication abilities in children with ASD (Kasari, Paparella, Freeman, & Jahromi, 2008; Pickles et al., 2016; Poon, Watson, Baranek, & Poe, 2012; Siller & Sigman, 2008). Parent involvement has been recognized as a potentially effective method to deliver treatment to children with ASD and to improve sustainability of results (Matson, Mahan, & Matson, 2009). For example, an evaluation of a community-/home-based parent-implemented early intervention reported significant gains in child social communication and receptive language skills, compared to a clinic sample (Wetherby et al., 2014). Randomized controlled trials of a parent-implemented early intervention reported an improvement in parent-child communication (Green, Charman, & McConachie, 2010; Rogers et al., 2012), which was sustained in long-term follow-up (Pickles et al., 2016). Overall, interventions which target parent-child interactions within their natural environments have produced encouraging improvements in children's social communication skills and other core ASD symptoms (See Chaps. 12 and 13; Stahmer & Pellecchia, 2015; Wetherby et al., 2014). However, some studies with parent-implemented early interventions have reported less effective child outcomes compared with those implemented by clinicians (Oono, Honey, & McConachie, 2013; Rogers, Estes, et al., 2012; Stahmer & Pellecchia, 2015).

There are several possible reasons for differences in child outcomes in parent- versus clinician-implemented early interventions in existing research. These include the primary intervention approach focusing on the clinician-child curriculum more than the parent-child implementation or being a brief, didactic parent education approach rather than a therapeutic, collaborative, comprehensive approach (Stahmer & Pellecchia, 2015). Furthermore, parent interventions aimed at very young children with ASD have not necessarily focused on teaching parents

specific evidence-based active strategies for managing their children's self-regulation problems. In general, early intervention research has failed to attend to parent stress, depression, and lack of support or to report on the inclusion of fathers or other caregivers in the intervention (Dababnah & Parish, 2016a). Such approaches are needed for stressed parents of children with ASD to adhere to complex and time-intensive intervention methods (Stahmer & Pellecchia, 2015). In fact, parent outcomes, such as stress, depression, and parenting competence, are rarely measured in ASD early intervention research (Dababnah, 2016; Dababnah & Parish, 2016a, 2016b; Karst & Van Hecke, 2012; Stahmer & Pellecchia, 2015). A recent Cochrane Collaboration review reported inconclusive results with regard to reduction of parent stress in early ASD interventions (Oono et al., 2013). Clearly, there is an urgent need to develop and test more cost-effective interventions that address child behavior and parent well-being in families raising young children with ASD.

Evidence-based parenting programs designed to reduce challenging behavior in children with conduct problems and ADHD, as well as to improve parent stress, have been developed over several decades. In particular, group-based parent programs have been shown to improve parent psychosocial well-being, reduce stress, and build parent confidence and support networks, as well as to improve children's social competence and reduce conduct problems. For example, a meta-analysis of group-based parent training programs reported significant improvements in parent depression and confidence, which were maintained at a 6-month follow-up (Barlow, Smailagic, Huband, Roloff, & Bennett, 2012). Evidence-based parent training programs also hold promise to improve the outcomes of children with ASD and their families (Brookman-Frazee, Stahmer, Baker-Ericzen, & Tsai, 2006). In one recent study (Bearss et al., 2016), a 24-week randomized trial compared parent training with parent education. Results indicated parent training was superior to parent education in reducing disruptive behavior in children with ASD, although the clinical significance of the improvement was unclear.

In this chapter, we will discuss how *The Incredible Years*® (*IY*) *Preschool Basic Parent Program* (*IY-BASIC*), an evidence-based parent training program, originally developed to prevent and treat children with conduct problems, hyperactivity, anxiety, and other social issues (Webster-Stratton & Reid, 2010; Webster-Stratton, Reid, & Hammond, 2004), was tailored and revised for parents of children with ASD and language delays. In the following sections, we outline basic content components of a newly-revised and adapted version of *IY-ASD* specifically targeting young children with ASD and the group-based collaborative process and principles of delivering the program. Content and research related to the *IY-BASIC* and *IY-ASD* programs are briefly summarized.

The Incredible Years® (*IY-BASIC*) Program

The Incredible Years (IY-BASIC) Toddler and Preschool Programs targets children ages 2–5 years and their families (Webster-Stratton, 2011). Depending on whether the program is using the prevention or treatment protocols, parents meet with trained leaders in groups for weekly 2-h sessions over a 14–20-week period. *IY-BASIC* is based on attachment theories (Ainsworth, 1974; Bowlby, 1988), social learning theory (Patterson, 1995), social cognitive theory (Bandura, 1986), and developmental stage theories (Piaget, 1962). With a foundation of building parent-child attachment through child-directed play, parents learn strategies to model appropriate social communication interactions; coach their children's persistence, social, emotional, and academic skills; manage parent stress; stay calm while managing children's misbehavior; and broaden their support networks. Additionally, through the use of role plays, video vignettes, coaching methods, group support, and collaborative group discussion sessions, parents gain skills to challenge their negative cognitions, increase problem-solving abilities, and enhance positive communication with their partners and children. Three decades of evidence by the

developer and others (Webster-Stratton, 2012a) utilizing randomized controlled trials of *IY* Parent Programs have pointed to improved levels of parent stress, depression, and coping skills, as well as decreased negative child outcomes such as aggressive behavior in a broad array of ethnically and socioeconomically diverse populations (Jones, Daley, Hutchings, Bywater, & Eames, 2007; Linares, Montalto, Min, & Oza, 2006; Reid, Webster-Stratton, & Beauchaine, 2001). A recent meta-analysis of 50 studies indicated positive parent and child outcomes for both the treatment and prevention protocols (Menting, Orobio de Castro, & Matthys, 2013). Cost-effectiveness analyses have also been performed with positive results (Edwards, O'Ceilleachair, Bywater, Hughes, & Hutchings, 2007; O'Neill, McGilloway, Donnelly, Bywater, & Kelly, 2013).

Several studies have been conducted to pilot *IY-BASIC* with parents of children with ASD and other developmental disorders (Garcia & Turk, 2007; McIntyre, 2008; Roberts & Pickering, 2010). These results indicated a reduction in child behavior problems and improved parent mental health. In a recent pilot trial of *IY-BASIC* with parents of preschoolers with ASD, participant acceptability and confidence was high, and parent stress was significantly reduced after completion of the program (Dababnah & Parish, 2016c). Furthermore, parents reported that the *IY-BASIC* program helped them address the needs of their families as a whole (including the child with ASD, other children without ASD, parents, and extended family members) and that the naturalistic, child-directed play-based nature of *IY-BASIC* allowed some of the participants a temporary respite from other highly structured ASD therapies. The program was flexible enough to allow group leaders to individualize content to participants' specific family and child needs, particularly addressing child emotion regulation, anxiety challenges, and sensory-seeking behaviors. Nonetheless, some aspects of the *IY-BASIC* program, such as program videos, time-out strategies for child noncompliance, and parent self-care, were insufficient for some participants in the pilot trial. The parents in this research overwhelmingly requested a longer program in order

to practice skills gained in the program, particularly related to parent stress and family burden. In total, these preliminary studies suggest the *IY-BASIC* program has promising implications for future use with parents of young children with ASD.

***IY* Autism Spectrum and Language Delays Program for Parents with Preschool Children (*IY-ASD*)**

In order to address the specific needs of parents raising children with ASD, a new *IY* program was adapted, *IY* for Preschool Children on the Autism Spectrum or with Language Delays (*IY-ASD*). It was designed to complement the *IY-BASIC* for groups where children (2–5 years) have a mix of behavior and developmental problems. Alternatively, *IY-ASD* can be used independently in a 14–18, 2-h weekly course for a group of 8–10 parents with children who have ASD. In order to deliver *IY-ASD*, group leaders must first be trained in *IY-BASIC* and have experience with this program. They then participate in 23 additional days of training and practice with *IY-ASD*. It is recommended that group leaders have graduate degrees in psychology, social work, or education. Effective *IY-ASD* group leaders must also possess a broad understanding of ASD, including its symptoms and intervention approaches, as well as experience working with children with ASD and their families. Finally, it is critical that group leaders have knowledge of local resources in order to connect families to community supports.

One pilot study evaluating *IY-ASD* was recently published (Hutchings, Pearson-Blunt, Pasteur, Healy, & Williams, 2016), and while the sample size was small ($N = 9$), parent report, observational assessments, and semi-structured interviews indicated positive results. High satisfaction scores by participants supported the findings of Dababnah and Parish (2016c) with the original *IY-BASIC* program. In the revised program, parents found the video vignettes of children with ASD particularly helpful, in contrast to the earlier study with the *IY-BASIC* program,

where vignettes were rated lower. Parents also reported that the group discussion and support were very useful and provided an opportunity to share problems and solutions with parents in similar situations. Results also showed significant pre-post reductions in behavior and peer problems and an increase in pro-social behavior.

IY-ASD is currently being evaluated in two sites. Preliminary pre-post analyses have found child-related parenting stress; and child irritability, agitation, lethargy, and social withdrawal significantly decreased at posttest (Dababnah & Olsen, *in preparation*). Acceptability was high among graduates of the program, particularly regarding the program's play-based approach, the specific skills in improving parent and child emotion regulation, and the opportunities for social support and peer learning. Participants' most common recommendation was to extend the program's duration.

Differences and Similarities with the *Incredible Years* Preschool Basic Parent Program

The *IY-ASD* program follows the *IY-BASIC* approach by focusing on developing positive parent-child relationships, building responsive parenting skills, and promoting appropriate child behavior. In addition, *IY-ASD* similarly focuses on reducing parent stress and barriers to participation by offering support to families such as childcare, meals, and transportation. Support can include assisting parents to access the Family Medical Leave Act (FMLA) in order to maintain employment while participating in the program. *IY-ASD* differs from *IY-BASIC* in that its content has been modified to address ASD-specific areas of emphasis (Table 17.1 compares *IY-BASIC* with the *IY-ASD* program). Based on research and direct parent feedback, video vignettes depicting parents working with their children with ASD are now available. The content has an increased focus on imitation of child behavior and use of sensory routines as a means of establishing joint attention; methods for promoting pretend play to build language, empathy, and social skills; and

development of self-regulation. Due to the communication difficulties of children with ASD, parents also learn to assess and coach their child's language and social communication. Use of visual supports is demonstrated by group leaders and encouraged for all children on the spectrum.

IY-ASD emphasizes a functional approach to behavior change, and parents learn the "ABCs" of behavior change. More attention is given to the antecedents of behavior change than in the *IY-BASIC* program. Methods are introduced for identifying reasons for, or the function of, behaviors, such as obtaining preferences or escaping nonpreferences, by recognizing the antecedents (A) that set up a behavior (B) and the consequences (C) that maintain it. Then, antecedent accommodations and reinforcing consequences to promote appropriate and/or replacement behaviors are discussed, in addition to strategies to decrease inappropriate behavior.

Another key difference between *IY-ASD* and *IY-BASIC* is that *IY-ASD* does not present the use of time-out as a primary discipline strategy. Children with ASD often avoid social interaction. Time-out can inadvertently reinforce problem behaviors by rewarding those behaviors with escape from the nonpreferred social interaction. Rather, *IY-ASD* focuses on ignoring inappropriate behavior and redirecting and reengaging when the child is calm. This approach promotes attentive parenting, as parents learn to monitor child behavior during an "ignore" period and immediately reengage once the child has calmed. It also supports development of the child's emotion regulation by refraining from interrupting the child's regulatory process and by reinforcing the state of being calm.

Lastly, due to the isolation felt by many parents raising a child with ASD, increased emphasis on support and network building is critical. Parents of children with ASD often report being unable to take their children into community settings due to their behavior. *IY-ASD* promotes relationships with other families experiencing similar circumstances and networking to build understanding of ASD within the community and to increase advocacy for resources. Children with ASD also often require time-consuming and

Table 17.1 How IY-ASD differs from basic IY parenting program

<i>IY-BASIC</i> preschool program (3–5 years)	IY Autism spectrum and language delays program (2–5 years)
<p><i>Topics</i></p> <ol style="list-style-type: none"> 1. Strengthening children’s social skills, emotional regulation, and school readiness 2. Using praise and incentives to encourage cooperative behavior 3. Positive discipline: Rules, routines, and effective limit setting 4. Handling misbehavior (ignoring, time-out, consequences, and problem-solving) 	<p><i>Topics</i></p> <ol style="list-style-type: none"> 1. Increased focus on coaching language development, imitation and sensory routines, social communication, use of pretend play to promote empathy and social skills, and promoting self-regulation skills 2. Enhanced focus on self-care and building support group 3. Older (4–5 years old) verbal children with conduct problems: Families can continue with program 4 of basic <i>IY</i> program to discuss time-out and problem-solving (not included in <i>IY-ASD</i> program)
Basic <i>IY</i> vignettes	New <i>IY-ASD</i> vignettes depict children with ASD. Additional vignettes from basic <i>IY</i> may be added if parents in the group need more help with behavior management and problem-solving
Program dosage (18–20 sessions)	(14–18 plus sessions) increased dosage often needed to adequately cover the material since there are more practices and discussions to tailor the strategies to each unique child
Group size: 10–12 parents	Smaller group size: 6–8 parents plus partners or other family members
Group leader: Knowledgeable in child Development	Group leader: Knowledgeable and experienced in ASD practice, local ASD-specific supports, and functional approaches to behavior change
Key group teaching/learning methods (behavioral practice, principle building, values exercises, tailoring to meet cultural and developmental issues, home activities)	<ol style="list-style-type: none"> 1. Increased teaching about ASD and ways to use visual support including picture schedules, choice cards, command, and feeling cards 2. Tailoring group practices according to children’s communication stage; imitation as a means to gain attention, learning alternative incentives to motivate children with ASD (e.g., sensory activities) 3. More explicit teaching about prompting, use of nonverbal signals, and the functions of behavior and ABCs of behavior change 4. More practice with use of pretend play and puppet use as well as self-regulation strategies
Alliance-building techniques (collaborative learning, buddy calls, weekly leader support calls, praise to parents, incentives for parents)	All standard alliance-building techniques apply to this population but increased efforts to help build families support systems and reduce their stress by working on self-care and promoting weekly buddy calls and peer dates with other parents. Regular emails, texts, and calls from group leaders are essential
Food, transportation, daycare	No adaptations needed but essential to offer these for this population in order to reduce barriers to participation
Core model does not offer home visits	Providing home visits to coach parent-child interactions using coach home visit manuals and additional DVD vignettes as needed; use these to make up missed sessions or show additional vignettes or do coached practice with the children
Core model does not address collaboration with educators and other professionals for coordination of care	Coordinate with educators and therapists for developing behavior plans with agreed upon goals for child’s target behaviors. Consult with medical providers to understand effects of medical issues on child behavior and parent stress
Core model suggests use of IY advance, child, and teacher programs for children with diagnoses or very high risk families	Consider additional IY programs: Advance program to teach anger and depression management and problem-solving steps Child social, emotional and problem solving skills program (“dinosaur school”) offered alongside parent program Offer follow-up training in the <i>Helping Preschool Children with Autism: Teachers and Parents as Partners</i> to help parents learn how to promote positive peer interactions and social communication with 2–3 children

costly neurodevelopmental and medical interventions. Parents need support to advocate for and provide these therapies to their children. Group leaders must be knowledgeable about community resources and assist families in accessing them both during and after the program. Efforts to coordinate care among educators, therapists, and medical providers are also essential.

The Incredible Years Program Content

This section briefly summarizes each of the eight parts of *IY-ASD*, with some examples from the video vignettes and the rationale for the content with this population. In addition, the foundational principles of the program are discussed, such as the importance of the collaborative process and building family support networks to reduce family stress.

Part I: Child-directed narrated play promotes positive relationships All *Incredible Years*® Parent Programs have at their foundation child-directed play. This is important because young children's key language, social, and emotional learning come from watching, imitating, and interacting with parents. However, children with ASD are often more interested in interacting with nonsocial objects than with people. Therefore, parents learn how to increase their children's attentional focus with them by following their interests, getting into their attentional spotlight, and making their play interactions more rewarding. By linking the child's favorite activity to social interactions with parents, the child will be more motivated to interact with them (Ingersoll & Gergans, 2007; Rogers & Vismara, 2008; Sussman, 2012). Thus, the parent can facilitate joint play and create more opportunities for their child to learn from them.

Children with ASD often exhibit atypical or unconventional play behaviors (e.g., repetitive or nonfunctional play). Their sensory needs may influence the way they play, and they may chew or smell toys, rub them against their face, or repetitively line them up in rows to make a pattern and become upset if someone tries to move

them. For this reason, parents must develop several strategies to engage their children in interactive play. Parents learn to follow their child's lead and utilize his or her interests during play and to describe and comment on the child's actions. Key concepts in Part I of *IY-ASD* include engaging in child-directed play, narrating and imitating play, waiting for the child to indicate choice, considering positioning for face-to-face interaction, encouraging verbal and nonverbal communication, and modeling and prompting play behaviors and language. The concepts are individualized using parents' observations of their own child's play and language skills, preferred activities, and what seems to motivate their children. Parents share their children's favorite toys and foods, any hyper- or hyposensitivities (e.g., sights, sounds, touch, and smells), and what kinds of physical or sensory routines they enjoy (e.g., running, jumping, hide-and-seek games, spinning, songs). This group-sharing process helps parents see similarities and differences in their children's sensory preferences, and parents begin to develop a support group around their children's shared experiences.

Part II: Pre-academic coaching promotes language development and school readiness After parents have learned how to get into their child's "attention spotlight" by being child-directed and using descriptive commenting, imitation, and modeling, in Part II they learn another type of descriptive commenting called *pre-academic coaching*. This coaching method is used for children who have begun communicating with gestures, sounds, and some back-and-forth exchanges. In essence, parents learn to turn up the volume of their communication and attention by describing pre-academic concepts such as colors, shapes, names of objects, sounds, numbers, and positions during play. For children with no language, parents incorporate pictures of objects, shapes, colors, sounds, and actions to communicate the concepts. The use of visual supports is encouraged for all children to support both expressive and receptive language development. Additionally, visual supports can promote child engagement, making choices, and understanding

of routines or expectations. Group leaders can provide parents with tailor-made books with targeted pictures illustrating such things as a child's favorite toys or activities (e.g., train, blocks, bubbles), actions (e.g., sit, play, read, tickle), common routines (e.g., wash hands, eat dinner), clothing (e.g., hat, coat, shoes), or food items (e.g., apple, cereal).

Children with ASD often get frustrated when their pattern or routine is disrupted, or they are trying something new. They may also become frustrated about their inability to communicate or be understood by others. They may give up easily and revert to solitary play or repetitive actions that are more comfortable. In Part II, parents learn a second type of coaching called *persistence coaching* that is used to help scaffold a child's ability to stay focused and persist with a difficult learning activity, even when frustrated or anxious. Parents name the child's internal state when she/he is being patient, trying again, staying calm, concentrating, persisting with a challenging task, or trying to engage in joint play. Parents explore how to support their children to persevere with tasks such as brushing their teeth, getting dressed, doing a puzzle, looking at a book, or initiating an interaction. Pairing pre-academic and persistence coaching, along with engaging in a child's favorite activities, is intended to expand children's communication abilities and improve school readiness.

Part III: Social coaching promotes friendship skills The ability to share, ask, help others, wait, initiate interactions, and take turns is fundamental to social development and social communication. Yet, these social behaviors are more difficult for children with ASD. The ability for these children to cooperate in give-and-take exchanges is difficult because they are far more interested in exploring their own nonsocial object and often do not have the language to ask for a turn. They may even be unaware of another child's desire for a turn or need for help, because they are less tuned into subtle communication of others' eyes, face, gestures, and tone of voice. The risk is that these children will continue to play alone, rather than draw others into their activities. This means that they

will miss important learning opportunities provided from parents or peers in joint play. In Part III, parents learn to use *social coaching*, modeling social skills and prompting social communication in their play interactions. Parents learn how to help these children shift their attention from objects to other people by spotlighting others' needs and activities. Social coaching builds on the content in Parts I and II. Given the common challenges, children with ASD have with regard to social communication; this part of the program is one of the most complex. The major learning goals of this part of the program are:

- Using play and books, gesturing, prompting, and modeling to promote turn-taking skills.
- Introducing parents to the "ABCs" (antecedent, behavior, consequence) and function of a behavior. An example of teaching this concept is provided in Box 17.1.
- Increasing children's enjoyment of social interactions through shared sensory activities (e.g., dancing, bouncing on a trampoline, swinging).
- Prompting and enhancing face-to-face joint attention.

Parents learn how to use social coaching during play interactions with their child to encourage critical social skills. They learn that the same principles used during child-directed play can also be regularly used with daily family life routines, such as getting dressed for school and toilet training.

Box 17.1: Teaching Parents the ABCs of Social Behavior Change

The group leader shows parents a vignette of a father engaging his son's attention by playing with a red balloon, one of the boy's favorite games. This shared activity appears to be light-hearted play, but serious learning about social interaction is taking place as the child learns to ask for a turn, share, listen, and communicate with his father. First, the father holds the balloon next to

(continued)

Box 17.1: (continued)

his face to capture his son's attention and gain eye contact. Then he waits for his son to use his words to ask for what he wants. Holding up the prized balloon, which he knows his son will want, is the antecedent (A) that precedes the behavior the father wants to encourage. Once he gets his son's attention, he models and prompts the verbal requesting behavior he wants his son to learn by saying, "You can say, I want the balloon please." When the father gets the desired behavior (B) from his son, his verbal request, the father rewards his use of verbal or nonverbal language by giving him the balloon and praising his verbal request, which is the consequence (C). These are the ABCs of how parents turn a play interaction into a social communication learning opportunity. The function of the behavior is also discussed, which in this case is the child's desire to obtain a preferred object. After the video vignette has been paused several times for group discussion, the group leader sets up practice experiences with parent dyads, where one parent acts as their child, while the other is the parent using the ABC learning steps. Several more vignettes are shown to illustrate these interaction sequences, and then parents are given home activities that include completion of an ABC chart regarding their efforts to create a social learning opportunity during their play times.

Since children on the spectrum often enjoy sensory physical activities such as throwing and catching a balloon, dancing to music, bouncing on a trampoline, being chased, and swinging, parents learn how to use these motor play experiences to increase their children's internal motivation to play with them and create social coaching opportunities. As seen in the balloon example above, in order to prompt and enhance face-to-face joint attention, parents learn how to get into

their child's attention spotlight (showing balloon) and motivate them to shift their gaze from objects to people and back again. By watching the video vignettes, parents learn the value of exaggerated facial expressions, getting down close to their child's face, making eye contact, prompting or modeling the desired behavior, and waiting for a response before giving the child what he wants and rewarding this behavior.

Part IV: Emotion coaching promotes emotional literacy In Part IV of the program, parents learn the importance of drawing attention to their child's feelings by using *emotion coaching*. This is helpful for all young children but especially for children on the autism spectrum. While children with ASD experience the full range of feelings, they often find it hard to share their emotions with others through language, facial expressions, or gestures. Parents start this coaching by naming their children's emotions at the time their child is experiencing them, which helps the child link the feeling word with an internal emotional state. The goal is for children to develop a feeling vocabulary, recognize their own feelings, and share them with others. The ultimate aim is for children to be able to recognize and respond sensitively to others' feelings. Moreover, supporting a child's emotional language eventually contributes to the development of emotional self-regulation, empathy, and secure attachment.

IY-ASD demonstrates several ways for parents to begin to build their child's feeling literacy. One method is through the use of pictures of feelings faces (e.g., mad, happy, excited, calm, frustrated), which children use to indicate their emotions. Parents learn the importance of describing and naming the feelings of book characters to help their children learn feeling words. Reading face to face also gives parents the opportunity to make eye contact and to model facial expressions and gestures or sound effects to represent the emotions they are naming. Parents learn to use social coaching in combination with emotion coaching, for example, taking turns when reading to point out a picture and using a partial prompt by pausing to let the child fill in the answer. Finally,

physical games (e.g., water play, spinning) can be used to motivate a child's feeling vocabulary. Coaching children's unpleasant emotions is tricky because giving excessive attention to negative emotions can make the child more angry, frustrated, fearful, or sad. Therefore, parents are encouraged to give more attention to naming the "positive opposite" behaviors such as feeling calm, patient, brave, or happy. Parent's naming of uncomfortable feelings is paired with persistence coaching such as a positive coping statement. For example, saying, "*You are frustrated getting those shoes on, but you keep trying. You can do it.*" When emotion coaching is done skillfully, this can strengthen a parent's relationship with their child and help the child feel understood. In total, these emotion coaching methods can be incorporated into parents' efforts to engage in positive, child-directed activities with their children.

Part V: Pretend play promotes empathy and social skills For young children with ASD, the world of pretend play does not always emerge naturally. In this part of the program, parents learn how to encourage their children's imaginary play skills. Studies have shown that when a child with ASD develops pretend play, his language abilities and social skills also increase (Rogers, Dawson, & Vismara, 2012). Pretend play with parents helps the parent and child engage in a shared experience, opens the door for powerful learning opportunities, and helps the child learn what others are feeling and thinking.

Group leaders help the parents discuss how to use pretend play to encourage empathy, emotion language, and social behaviors such as helping, sharing, waiting, and trading. The use of puppets, dolls, or other figures is another effective way parents can encourage children's imaginary play. In one video vignette, a boy has become so attached to his turtle puppet that the boy wants to take the puppet spinning with him. The father effectively builds his son's empathy and language skills by stopping the spinning game periodically to talk together about how the turtle is feeling while they are spinning. Because the boy is highly motivated to spin, stopping the spinning

forces the child to verbally communicate and interact with both the turtle and his father. In another vignette, the mother uses a baby dinosaur puppet to express feelings of shyness and fear of coming out of his shell. The mother prompts her daughter with the words to help the puppet feel safe to come out and play. The mother models a gentle, friendly behavior, which leads the little girl to use more positive behavior that is reinforced by the mother. If a child does not have the language skills to respond verbally to the puppet, it is still good for the puppet to model the words involved in the social interaction. Parents can also structure interactions that involve nonverbal responses from their child (such as "Would you like to shake the puppet's hand?"). Echolalic responses also receive attention, rephrasing, and praise, as parents learn to reinforce successive approximations of desired behavior.

Part VI: Promoting children's self-regulation skills One of the major developmental tasks for all preschool children is to learn to manage their anger and develop emotional self-regulation skills. In Parts IV and V, parents have learned how emotion coaching, puppets, and pretend play can be especially helpful to gain their children's attention and build their emotion vocabulary. Once children are able to recognize and express their own feelings verbally, or with pictures and signs, then they can begin to understand feelings in others and express their own.

As emotional literacy and empathy slowly develop, parents can begin to teach children some self-calming strategies. Because children are visual thinkers, it continues to be effective to use pictures, books, puppets, and coaching methods discussed earlier in the program. In Part VI, parents learn scenarios designed to help children use visual tools such as a "calm down thermometer" and practice self-calming strategies such as positive imagery, self-talk words, and deep breathing. For example, parents view a video vignette where a father is helping his child learn about breathing by practicing taking big breaths while visualizing smelling a flower and blowing out a candle. This imaginary visualization, also shown on a picture cue card, helps

children to stay calm and remember how to take deep breaths. Because this father has previously spent a lot of time teaching his son emotion vocabulary, he is ready to support his son to learn what the boy can do when he experiences feelings of anger, sadness, frustration, and anxiety. When the boy looks at another picture, he repeats the breathing strategy, and the father helps him understand how it helps him feel calm.

Part VII: Using praise and rewards to motivate children Children on the autism spectrum may seem unaware or less interested in their parent's pleasure, approval, or praise in response to what they say and do, signals that normally motivate most children. In this part of the program, parents learn they cannot be subtle or vague with praise; rather praise must be put in the spotlight by being more attractive, exciting, and clear for positive behaviors. Parents discuss methods to enhance praise with a warm tone or enthusiasm, smiles, eye contact, as well as gestures or specific language. For example, one of the vignettes shows a boy who has been rather aggressive with his cat. His parents give him attention and labeled praise whenever he is gentle with his cat in order to teach him what it means to be gentle. They help him understand the connection between his being gentle and the cat's happiness and willingness to stay with him. Their use of effective praise helps this boy develop empathy for his cat and understanding that his gentle behavior results in more positive consequences for himself.

Parents also learn how to add to the impact of praise by pairing it with tangible rewards such as their child's favorite stickers, bubbles, or special food items. Other powerful motivators are sensory physical activities such as spinning, running, jumping, chasing, riding on a parent's legs, or being tickled. These activities can be used as a reward for practicing a social communication skill or for using some self-regulation calming strategies.

Finally, the group leader helps parents learn how to praise and reward themselves and other family members for their parenting efforts. The leader starts group sessions by asking parents to

share their successes and to think about how effectively they handled a particularly difficult situation. Parents learn how to formulate positive statements about themselves and to compliment each other. The group leader helps parents set up tangible rewards for their efforts, such as dinner out with a spouse or friend, a hot bath, or a good book, and encourages them to reward themselves for achieving their weekly goals. Prizes are given out at this session for parents completing their home assignments, which include self-care items such as bubble bath, chocolate, lotion, and gift certificates. This promotes a sense of parenting competence, helps parents reframe their experiences by focusing on positive aspects of their interactions and effort, and encourages the development of positive self-talk.

Part VIII: Effective limit setting and behavior management By this stage in the program (group session 11 or 12), parents have been encouraging and motivating their child's interest in pleasing and being with them through their use of child-directed play and engaging rewards. Parents have been learning and practicing the ABCs of behavior change and applying it to the goals they have set for their children. But just like any other child, at times a child with ASD will be defiant and refuse to comply with a parent's requests or prompts. Parents learn that children are not deliberately misbehaving but actually are biologically programmed to explore and test the limits as part of their development. This exploration stage is thought to help children develop a sense of independence and eventually self-control, both of which are goals for most parents. Moreover, for children with ASD and limited language, their resistance may stem from the fact they do not actually understand the parent's verbal instructions because the request is too complex or unclear.

In the final part of the program, parents learn ways to:

- Give positive, clear, simple, and necessary limits or instructions verbally and nonverbally.
- Transition their children to new activities using visual-auditory tools (such as buzzers,

music, sand timers, and songs), command cards, and positive reminders.

- Utilize proactive discipline approaches such as distractions, redirections, self-regulation prompts, and ignoring selected misbehaviors.
- Understand the principle of “differential attention.”

Most parents need to give children extra time to understand what is happening and what they can do or say. Slowing down the pace is a key behavior management principle. Discussions of the function of behavior show how behavior is a means to an end. It is critical to identify whether a behavior is motivated by attention-seeking, a desire to obtain a favorite object or activity, an escape from something nonpreferred, or a sensory stimulation, in order to promote appropriate behaviors that meet the child’s needs.

The Incredible Years Program Principles

The Incredible Years (IY) series are guided by a set of principles that allow parent programs to be flexible enough to permit adaptations for given family and cultural situations, parent skill levels, and children’s developmental and communication abilities. The following section summarizes each principle and how the group leader uses each principle to support parents.

Principle 1: The Collaborative Model

The core value driving the *IY* program is that work with families should be experiential, self-reflective, and collaborative. In the collaborative model, the group leader does not set him/herself up as an “expert” dispensing advice about how caregivers should parent more effectively. With the root meaning of “to labor together,” collaboration implies a reciprocal relationship based on utilizing equally the group leader’s expertise and the parents’ knowledge, strengths, and perspectives of their own children’s communication and relationship difficulties (Webster-Stratton, 2012b). For instance, during *IY* sessions the group leader invites parents to share their experiences,

thoughts, and feelings and engage in problem-solving. The collaborative group leader style is demonstrated by open communication patterns within the group and an attitude of acceptance toward all the families. By building a relationship based not on authority, but on group rapport, the group leader creates a climate of trust. The goal of this approach is to make the group a safe place for parents to reveal their problems and worries, to risk trying new approaches, and to gain support. The collaborative group leader is a careful listener and uses open-ended questions when exploring issues. In the leader’s manual, there is a list of suggested open-ended questions for each vignette shown. Some example group leader questions include *What is effective about this parent’s approach with his child? What are the benefits for his child? What is this child learning? What would you do differently? Can you use this approach with your child? Let’s try it.* During the discussion, the group leader encourages all parents to respond and records their key ideas on a flip chart and even at times, gives a parent credit for a “principle” when sharing an important idea or concept. The group leader’s empathy is conveyed by the extent to which she/he actively reaches out to parents, elicits their ideas, listens reflectively, affirms positive steps taken, and attempts to understand parents’ challenges.

The collaborative process can be effective for parents raising children with ASD for several reasons. This approach gives back respect and self-control to the parents who, because of their children’s difficulties, can be in a vulnerable time of low self-confidence and intense feelings of guilt and self-blame. A collaborative approach is more likely than didactic approaches to increase parents’ confidence and self-efficacy, as well as their engagement and motivation for change (Webster-Stratton, 2012b). The group leader works with each parent to adapt concepts and skills learned in the group session to their particular situation. This flexibility increases the likelihood that the skills learned during the group will generalize into home practices in a way that fits with each parent’s skill level, values, and the specific needs of their children. For more details on the collaborative group leader process, see the

book *Collaborating with Parents to Reduce Children's Behavior Problems* (Webster-Stratton, 2012b), which is the text group leaders receive during the training.

Principle 2: Start with Parents Assessing Their Child's Stage of Communication, Setting Goals, and Self-Monitoring Progress

In the first group session, parents share descriptions of their children's strengths and difficulties and identify their long-term goals. These goals are written on flip charts and posted on the wall and can be changed over subsequent weeks if parents recognize their goal is unrealistic or another goal is more important. Also in the first two sessions, parents actively self-assess what they believe is their children's present communication stage by completing two *Child Communication Checklists*, focused on child-parent and child-peer communication skills, respectively. For example, parents are asked to identify their children's communication abilities (e.g., using pictures rather than words) and behavioral challenges (e.g., lack of response to directions). It is important to help parents think about how, why, and when their children communicate (e.g., child is requesting something, is protesting, is using sounds or words to calm down or express feelings). Children may communicate primarily to get what they want or may function at a more advanced level to ask and answer questions, socialize, and engage in pretend play. Once parents complete the checklists, group leaders help them set realistic goals for their children and family. For example, if a child ignores the parent whenever the parent offers a choice, then the goal will be for the parent to identify ways to get into their child's attention "spotlight," so the child can attend to the request. On the other hand, if a child responds to a parent choice with eye contact or gestures, then the parent's goal may be to use pictures or other signs to encourage further communication. Parents' understanding of their child's present stage of communication and social abilities is important. Through this process, group leaders can assist parents to set

realistic goals and provide the kind of coaching that suits their child best.

Over subsequent group meetings, the group leaders continue to reevaluate the communication checklists and set new goals with parents. This process helps group leaders to individualize each week's program content and select the most appropriate video vignettes for particular parents, as well as to set up tailored practices that address the specific communication and play-related challenges faced by each parent. As the program continues, the group leaders help parents develop plans that target specific parenting strategies toward a particular child's behavior and communication goals.

Principle 3: Build Parents' Confidence and Self-Efficacy

Given the connection between knowledge, efficacy, and behavior, increasing parent confidence and self-efficacy is a major principle of the *IY* program (Bandura, 1977, 1982, 1989). The collaborative partnership between the parents with each other and with *IY* group leaders empowers parents to celebrate success and support their knowledge and skill acquisition. *IY* group leaders utilize an array of strategies that focus on parent strengths and emphasize the positive. For instance, embedded in the collaborative process is the strategy of group leaders asking probing questions that promote parents' self-reflection and problem-solving and giving them time to discover the rationale for a specific strategy. Parents feel empowered by this process and the opportunity to learn from each other and share ideas. Additionally, group leaders recognize and praise parents' achievements from completed home activities. These achievements are shared and celebrated in the group, and sometimes parents are asked to demonstrate a particular strategy that worked well for them. Further, group leaders reward parents for reaching personal weekly goals and completion of home practice exercises with prizes (e.g., special stickers, balloons, bubbles), all the while building self-efficacy and modeling a host of strategies the parents are being trained to use with their children.

Principle 4: Address Parents' Cognitions, Emotions, and Behaviors

IY targets the link between thoughts, emotions, and behaviors (Bandura, 1989). For instance, parents who have worked for months with a challenging child on the autism spectrum with limited success may have developed very negative views of the child. Frequent thoughts, such as "He's doing that just to irritate me," "Nothing I try is working," and "He is never going to change," make it likely that the parent will have negative feelings and antagonistic interactions with their child. These feelings can also influence parents' interactions with others, such as the child's teacher, who parents may believe is not qualified to work with their child. Parenting stress, limited access to resources, and lack of support may lead to parental depression and low motivation to implement effective new strategies offered during the parent groups. Likewise, negative perceptions of their own ability to manage their frustrations (e.g., "I'm going to explode!") produce unproductive internal dialogues that will undermine nearly any intervention unless these are systematically addressed.

The *IY* Parent Program directly addresses these self-defeating thoughts and the emotions and behaviors they engender. Group leaders work with parents to reflect on their internal dialogue bringing negative thought patterns to light and encourage parents to develop positive coping mechanisms. This can include group activities designed to challenge and rewrite specific negative thoughts, to use positive imagery about successful implementation of new practices, and to practice simple coping messages and calm down breathing throughout the day. For example, one session activity includes breaking the group up into parent buddy pairs to work on a record sheet that lists negative gripes and asks parents to rewrite them with positive statements or coping thoughts. Another activity asks them in pairs to share calm down strategies they can use in problem situations. After this buddy sharing, the group leader asks the group to share these ideas with everyone and records them on the flip chart. This flip chart list can be added to in subsequent sessions as new self-talk scripts

or strategies are discovered. *IY* weekly group meetings provide opportunities to practice these self-talk strategies through role plays. For example, a parent may be practicing how to ignore a child who is tantruming, and another parent will act as the "angel on her shoulder" giving her the positive thoughts to use while she is ignoring this defiant behavior. After this practice the group leader solicits positive feedback from other parents as well as giving encouragement herself. Furthermore, the safe, supportive group atmosphere where other parents are facing similar difficulties, thoughts, and feelings normalizes their experience and provides the parent with opportunities to express emotional challenges with others while learning new strategies for coping.

Principle 5: Video Modeling, Mediation of Vignettes, and Self-Reflection

Observation and modeling can support the learning of new skills (Bandura, 1986). This theory suggests individuals can improve parenting skills by watching video examples of other parent-child interactions that promote their children's social communication and interactions and decrease inappropriate behaviors. *IY-ASD* video vignettes depict four different children on the autism spectrum. All are the same age but have very different developmental abilities. One boy has limited language, uses echolalia frequently, flaps his hands, and often responds with a blank stare or ignores the parent's choices offered. Another girl has quite a bit of language but at school does not initiate interactions with peers, plays alone, and can be oppositional at home. Another boy has no language and is shown in a classroom throwing tantrums. The fourth boy has one- to two-word language skills. All vignettes show mothers or fathers interacting with their children during play or snack time. The majority of vignettes depict one-on-one play, with a few additional vignettes incorporating siblings in the interactions. The parents are shown using a variety of strategies to gain their children's attention and promote their children's social communication and emotion regulation. The vignettes are intended to trigger group discussion, self-reflective learning, and

practices to reenact vignettes using some of the suggested strategies.

Before the group leader shows a vignette, she/he begins by helping the parents understand what they are about to see and what they should look for when they watch the vignette. For example, the group leader might say, “*In the next vignette, see if you can determine why this parent is effective and what her child is learning.*” While the group leader is showing the vignette, she/he pauses the video at various points to give parents a chance to discuss and react to what they have observed. Sometimes vignettes are paused two to three times to encourage parents to reflect on or even practice what they would do next. The group leader asks open-ended questions such as, “Why do you think singing gets your child’s attention and promotes language development?” Suggested questions and discussion topics are included in the group leader’s manual. If parents are unclear about the specific strategy, or have missed a critical feature of the vignette, the vignette can be shown again. The goal is not only to have parents grasp the intended concept but also to ensure parents become actively involved in reflecting on the interactions, problem-solving, and sharing ideas. The group leader promotes integration and relevance of the concepts or behavioral principles by asking how the concepts illustrated in the vignettes do or do not apply to their own interactions with their child at home. For example, “Do you think could use a puppet at home with your child to enhance your interactions? What kind of puppet would you use? Would this be difficult? How will your child react?” After several of these vignettes are shown and discussed, then a puppet practice is set up.

It is important to emphasize video vignettes are used collaboratively, as a catalyst to stimulate group discussion and problem-solving, not as a device that renders parents as passive observers. Parents’ reactions to the vignettes and the ways in which they process and interpret what they see on the vignettes are more important than what is actually shown on them. The vignettes are designed to illustrate specific concepts, and it is up to the group leader to ask questions that permit parents to self-reflect and discover the key

behavior management or communication principle and how this can be used with their child. For example, a group leader may explore a principle arising from a vignette such as prompting a child’s verbal response and then ask the parents, “How do you see yourself prompting some of the social skills you have identified on your goals list at home with this idea?”

Principle 6: Experiential Practice Learning Methods

IY parent training places a major emphasis on experiential learning such as role-playing scenarios, rehearsal and practice of newly acquired behaviors and cognitions, rather than simply didactic instruction. A group leader might believe from the discussion of the vignette that parents understand the behavior management principle or content. However, until the parent is seen “in action,” it will not be clear whether she/he can put the ideas into real-life behaviors. There can be a discrepancy between how participants understand a strategy and how they actually behave. It can be very difficult for parents to think of the right words to use with children and manage angry thoughts and stressful or depressed feelings when children misbehave or fail to respond. Role play or experiential learning is effective because it helps parents anticipate situations more clearly, dramatizing possible sequences of behaviors, feelings, and thoughts. It helps them to rehearse behaviors, practice staying calm, use positive self-talk, and get feedback from the group about their skills.

It is recommended that group leaders set up three to four brief role plays in each session. During weekly sessions, parents are first given the opportunity to discuss several vignettes of a new parenting skill, such as social coaching. Their ideas and social coaching scripts have been recorded on a flip chart. Then, the group leader sets up a large group practice by inviting a parent to demonstrate implementation of the new skill learned (such as coaching of emotions or social skills, prompting, and using picture cards) with another parent who plays the role of “child.” Or, one of the group leaders using a large child-size puppet can act the part of child with no language

and/or with echolalia. Afterward, the group debriefs and gives positive feedback to the parent for the particular skills she/he was demonstrating, such as imitation, prompting, gesturing, or picture cards. The parent “in role” as child also gives feedback from the child’s perspective of her experience and finally the group leader summarized the key learning that came out of the practice. Sometimes replays occur, trying out different ideas from the group. Putting parents in the role of the child can be very helpful not only to learn parenting skills but also to help parents experience the perspective of their child and to show what their child does.

Once the large group role play or practice has been demonstrated and debriefed, has role-played or practiced, the parent group is divided into triads, so everyone can practice the particular skills being covered in the session. During these practices one person is parent, one is child, and the third is observer who watches the interaction and offers suggestions and support as needed. At the end, the observer parent gives positive feedback for the skills she/he observed. Then the triad members change positions. It is important that all parents have opportunities to practice. At the end of these small practices, the triads report the key ideas learned from this experience back to the larger group. The *IY* manual recommends some planned role plays, but group leaders are encouraged to do spontaneous practices. For example, a parent might say, “My child doesn’t let me touch his line of cars in play or let me change anything.” This is the strategic moment for the group leader to do a spontaneous role play and ask that parent to demonstrate her child’s behavior. The group leader then chooses another parent who seems to have an understanding of how to enter into play even when she feels rejected by her child by showing how she/he would respond to this rejection. The group leader can prompt the parent in role to keep back some cars and set up the ABC sequence, so the boy has to ask for each car and engage in joint play. While parents are often nervous about role plays and may resist at first, our weekly evaluations indicate that over time, parents find the role plays one of the most useful learning methods and frequently request to act

out certain situations. Parents report role plays help them prepare realistically for what occurs at home. Here are a few group leader tips to setting up successful role play practices:

- Do large group practices before small group practices. This allows participants to observe exactly what you expect them to practice in small groups.
- Remember you are the “director” of the role play and get to choose actors, set the stage, and determine the script or roles or props needed.
- Scaffold large and small group practices and remember you can always pause action to give feedback and replay if needed.
- Be sure you have covered the content to be practiced first and have developed a script before practice begins.
- Start with simple role-play first (with well-behaving child) to practice and learn parenting skill, and then add complexity by changing the difficulty of the child’s response.
- Tailor the parenting skill to be learned according to child’s developmental and communication level. Ask parents to role-play what their children would do and practice possible responses.
- Make practices fun and relevant to their personal situation.

Principle 7: Buddy Buzzes and Brainstorms

In order to keep all parents actively involved in self-reflective experiential learning, build relationships among parents, differentiate activities, and manage time during the group sessions, group leaders frequently do buddy “buzzes” and brainstorming exercises. Buzzes are when parents are paired up with a buddy to work on a specific exercise such as writing praise statements for their targeted “positive opposite” behavior (i.e., replacement behavior for negative behavior), sharing calming strategies or self-care efforts, or rewriting negative thoughts into positive coping thoughts. These exercises contribute to the shared experience of raising a child with ASD and allow for further individualization of

the program to specific child and parent needs. The benefit of doing a paired buzz instead of a group brainstorm is that every parent is immediately engaged in a task and involved in coming up with solutions. While large group brainstorms can be beneficial as well, they can be less effective than buzzes as perhaps only half the group contributes ideas, and the other half is disengaged, quiet, or distracted. After these buzzes (3–5 min), each buddy can report to the group on their buddy ideas, and these are recorded on the flip chart by the group leader. Buzz handouts are also included in the group leader manual for use in these exercises.

Principle 8: Weekly Home Activity Practice Assignments and Self-Monitoring Checklists

Parents practice the strategies they are learning first in the group with other parents and subsequently at home with their children. They are asked to record their experiences with these activities on *record sheets* that can be found in the *IY* manual. For example, in the first part of the program, parents identify play behaviors they want to increase, such as imitation, use of choice activity boards, being child-directed, and descriptive commenting. They record a brief script of their practice on the record sheet and how their child responded. Parents return these records at the subsequent group session for the group leader to review and help parents fine tune their approaches with further role plays as needed. The record sheets can also assist group leaders to assess parents' understanding of program content and their success at applying these ideas with their children at home. For parents who are having difficulty using these approaches, it can be helpful to set up some additional parent play sessions with their children where they receive individual coaching from the group leader. In addition to home practice assignments, parents are also given *The Incredible Years* book or *Incredible Toddler* book (Webster-Stratton, 2011) and asked to read or listen to a chapter each week to prepare for the subsequent session.

Although standard home assignments are suggested, each week parents complete the self-

monitoring checklists, which allow them to commit to what aspect of the home activities or goals they will try to achieve. Each week the group leader reviews these goals and gives parents personal written feedback, as well as placing surprise stickers, candies, cartoons, or cards in their personal folders to applaud a particular achievement. These personal folders become a private communication between the group leader and the parent. The individual attention to the home assignments encourages parents to self-monitor their own progress.

Principle 9: Reviewing Weekly Evaluations and Making Calls

At the end of every group session, parents complete brief weekly evaluation forms. This provides the group leader with immediate feedback about how each parent is responding to the group leader's style, group discussions, the content, and video vignettes presented in the session and the role play practices. The evaluations bring to light a dissatisfied parent, a parent that does not see the relevance of a particular strategy for their child, or a parent who wants more group discussions or vignettes or practices. The group leader calls or meets with parents individually to resolve issues and ensure the program is addressing their goals. At the end of the program, the entire program is evaluated. This information is helpful for identifying parents who may need further help.

Principle 10: Building Parents' Support Team

Parenting is stressful at times for most parents, but research indicates that parenting a child with ASD is associated with significantly elevated depression and anxiety symptoms and disorders (see Introduction). Parents of children on the spectrum experience a sense of being stigmatized and socially isolated from others. Parents often do not feel they can share the burden of the many decisions they make each day and fear if they are honest with their friends about their child's strange behaviors; they will be met with misunderstanding, indifference, or outright rejection. Struggling to get support services, relentless worry about the future, and financial strain all can

be overwhelming. The group leader's role, then, is to facilitate the parent group so that it serves as a powerful source of support: an empowering environment.

The collaborative learning process allows parents to problem solve together, to express their appreciation for one another, and to learn to cheer each other's successes in tackling difficult problems. The group leaders encourage parents to curb negative thoughts, use positive imagery, take deep breaths, get enough sleep, and develop support systems to stay calm. For example, in Part VI, when children are learning the calm down breathing techniques, the parents also learn how these techniques can be applied to themselves. In Part VII, on the topic of praise and incentives, leaders explore self-reinforcement and self-care with the group, another important strategy for reducing stress. One of their home activity assignments is to do something pleasurable for themselves (e.g., coffee with a friend, date night out, massage, exercise class, etc.) which they share the following week. It is important to help parents understand the importance of self-care in terms of refueling the energy required to care for their children. Weekly calls from group leader also help parents feel supported as they try out new parenting strategies. Group leaders help parents become support systems for each other. Each parent is paired with a "buddy" from the group, to allow parents to support one another outside of the weekly group sessions, process challenges and successes, and share ideas and experiences generalizing *IY* skills at home. Throughout the program parents are given weekly assignments to call or contact their buddy to talk about the new skill they are trying out. Parents can make these weekly contacts in a variety of ways: texting, email, web groups, phone calls, or meeting in person. Initially parents may be hesitant about making these calls but become more confident as they receive support from other parents. Buddies are changed at least once during the program so that parents can benefit from other parents' insights. These assignments further expand the parents' support networks, as they usually express a desire to continue calling their previous buddies.

In addition to building the support system within the group, the group leader also helps them build support within the extended family. Parents often report conflicts with partners, grandparents, and teachers over how to handle the child's problems, resulting in stressed relationships. Every parent is encouraged to have a spouse, partner, or family member such as a grandparent participate in the program with them to provide mutual support. During the program, parents complete a *support network handout* where parents fill in five "helping hands" with the people they think will support them (e.g., friends, family, teachers, counselors, health care providers, childcare providers, neighbors).

Principle 11: Combining Individual Home Coaching with Group Program

Generalization of the strategies parents learn is also an important consideration. To that end, some individual coached practice between the parent and child is recommended for all parents. The amount of individual coaching parents need will vary depending on their confidence in using the parenting techniques and level of the child's behavioral difficulties. Even if parents seem to demonstrate understanding of the parenting strategies in group discussions and role plays, seeing them interacting with their own children is the best way to find out how well they are integrating the skills. These coaching sessions can be delivered in a clinic setting but ideally will be provided in home- and community-based or naturalistic settings such as the grocery store, playground, or preschool. It is ideal for coaching to occur four times, after group sessions on language coaching, social and emotion coaching, pretend play and self-regulation, and handling misbehavior. The format for these coaching sessions includes (1) review of parent's goals, (2) discussion of one to two video vignettes relevant for goals, (3) coached practice between parent and child, (4) debriefing practice, and (5) setting new goals. Ideally the person doing the home coaching is the group leader; if this is not feasible, it is important that the home coach has connected with the group leader to discuss what has been covered in the

group at that time and builds on recommended home activity assignments.

Principle 12: Provide Follow-up Sessions and Promote Parent-Teacher Partnerships

Because social-communication deficits are core features of ASD, it is recommended that after parents complete *IY-ASD*, focused on one-on-one interactions, they are offered another program called *Coaching Children with Autism: Teachers and Parents as Partners*. This four- to six-session program that preferably is offered to both parents and teachers together focuses on classrooms where teachers are coaching two to three children with ASD to facilitate peer interactions and social communication with sequenced picture cue cards. Doing this curriculum with teachers builds the parent-teacher partnership and makes it easier for the parent to occasionally participate in the classroom if they have the time. It means that parents and teachers can work on behavior plans together and promotes cross-setting consistency in language and methods used. For example, if the “calm down thermometer” works well at home, the teacher can also use it in the classroom.

Supplemental content from the *IY-BASIC* program *Managing Misbehavior* may also be necessary for some older children with significantly challenging behaviors. Parents may require further practice understanding the function of behavior, antecedent and environmental accommodations, and consequence modification. *IY-BASIC* content regarding the use of time-out can be adapted for this population by helping the parent understand the value of allowing the child space and time to calm down while emphasizing the potential for time-out strategies to inadvertently reinforce behaviors of a child who prefers to be alone and escape social interactions.

Principle 13: Help Advocate for Families

Due to the limited knowledge regarding the causes of ASD and lack of a cure, parents find themselves researching for information and seeking a variety of interventions. Children with ASD and their families frequently participate in multi-

ple approaches with several different providers. For example, parents often seek behavioral, neurodevelopmental (i.e., speech and occupational therapies), school-based, and biomedical interventions. Effective group leaders will collaborate with other providers and coach parents in ways to advocate for their children’s needs. Several options can be incorporated into the program in order to promote collaboration and advocacy. For example, leaders can communicate directly with therapists and educators to share the approaches parents are learning, consult about the child’s behavior, or arrange team meetings. Additionally, supplemental content can be added from the *IY Advanced Parent Program* that focuses on advocacy, family and teacher problem-solving, and working as a team to support the child.

Future Directions and Summary

Over half of young children with ASD exhibit behavioral problems including oppositional behaviors and aggression (Bearss et al., 2016). However, evidence-based parenting training interventions known to reduce disruptive behavior problems have rarely been evaluated with parents raising young children with ASD. One example of an evidence-based parent training programs is *The Incredible Years (IY-BASIC)* which has been evaluated in over 50 randomized control group studies in an effort to prevent and reduce conduct problems (Menting et al., 2013). In a pilot study in which *IY-BASIC* was evaluated with parents of children with ASD, results indicated a positive response to the program, along with several recommendations, such as inclusion of children with ASD on the video vignettes (Dababnah & Parish, 2016c). A revised *Incredible Years* program, *IY-ASD* program, was developed by Webster-Stratton for parents of children 2–5 years with ASD. *IY-ASD* offers promise for improving parent confidence and support; reducing stress and depression; promoting children’s social, emotional, and language development; and reducing misbehavior. Preliminary evaluations of *IY-ASD* have found positive reductions in parenting stress and child behavior problems, as

well as high participant acceptability (Hutchings et al., 2016).

Future research is needed using randomized controlled group trials to examine the effectiveness of the *IY-ASD* Parent Program for parents and children. The outcomes of these studies should include parents' feelings of competence and level of support, parent stress and depression, as well as child behavior improvements. A recent study suggested that an individual home-based parent intervention was more effective than a group-based parent intervention program in terms of child outcomes of social communication and receptive language (Wetherby et al., 2014). We argue for the added benefits that a group-based approach can provide in terms of building family support systems and reducing parent stress and depression, which may in the long run lead to more sustainability of outcomes. However, by offering parents individual coaching alongside a group approach, we believe it is possible to enhance the outcomes for both children and their families and still reduce the cost of intense clinician-implemented interventions. This is an important direction for future research.

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Feasibility of *The Incredible Years Parent Program for Preschool Children on The Autism Spectrum* in two U.S. sites

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ABSTRACT

Background: Parent strain and burden are high in families raising children with Autism Spectrum Disorder (ASD). Caregivers of young children with ASD are particularly vulnerable to stress. Yet, few interventions address the direct needs of this growing population of parents. This pilot trial describes the feasibility, acceptability, and short-term outcomes of *The Incredible Years Parent Program for Preschool Children on the Autism Spectrum or with Language Delays (IY-ASD)* in two U.S. locations.

Method: We recruited caregivers of children ages to 2–6 years old with ASD to participate in a non-randomized pilot trial of *IY-ASD*. We aimed to describe our program delivery process and assess 1) participant retention rates and reasons for program/research discontinuation; 2) caregiver acceptability of *IY-ASD*; and 3) pre- and post-intervention measures of parenting stress, caregiver coping, and child behavior.

Results: Of the 50 parents who enrolled, 42 completed *IY-ASD* (84%). We analyzed data for 36 participants after accounting for partners and a participant lost to follow-up. Program acceptability was high. Total and child-related parenting stress significantly decreased at posttest. We found no statistically significant changes in caregiver coping, parent-related stress, or challenging child behaviors.

Conclusions: *IY-ASD* is a feasible and acceptable program for parents raising young children with ASD. A randomized controlled trial is needed to rigorously test the effectiveness of the intervention. Future research should consider a longer program period (i.e., 15–16 weeks); ASD-specific outcome measures; and, longer-term follow-up to examine program effects beyond post-intervention, as well as potential *IY-ASD* modifications to meet the diverse needs of participants.

1. Introduction

An estimated 1 in 59 children in the United States (U.S.) have an autism spectrum disorder (ASD) (Baio, Wiggins, & Christensen, 2018). Parents of children with ASD report greater stress than those raising children without ASD (Baker-Ericzen, Brookman-Frazer, & Stahmer, 2005; Padden & James, 2017). Increased parenting stress is related to challenging child behaviors (Kim, Ekas, & Hock, 2016; Lecavalier, Leone, & Wiltz, 2006), as well as maladaptive parent coping strategies, anxiety, and depression (Bromley, Hare, Davison, & Emerson, 2004; Davis & Carter, 2008; Estes et al., 2013; Padden & James, 2017; Schieve, Blumberg, Rice, Visser, & Boyle, 2007).

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Early intervention can reduce maternal stress related to caring for a child with ASD (Baker-Ericzen et al., 2005; Bradshaw, Steiner, Gengoux, & Koegel, 2015). Increased child ASD symptom severity and overall challenging behaviors are strong predictors of parenting stress and psychological distress (Estes et al., 2013; Ingersoll & Hambrick, 2011; Lyons, Leon, Roecker Phelps, & Dunleavy, 2010), further reinforcing the importance of early intervention to reduce parental burden. Research suggests that toddlers diagnosed with ASD need different early intervention programs than older children (Schertz, Odom, Baggett, & Sideris, 2013), and evidence supports the use of parent-implemented interventions for young children with ASD (Schertz et al., 2013; Wetherby & Woods, 2006). Two recent reviews highlighted the lack of attention paid to parent outcomes in ASD early intervention research (Dababnah & Parish, 2016b; Wainer, Hepburn, & McMahon Griffith, 2017), despite the importance of parent engagement to improved child outcomes in early interventions (Epley, Summers, & Turnbull, 2011).

Group-based parent early interventions have had significant positive effects on child behavior and parent mental health in families of children with ASD (McConachie, Randle, Hammal, & Le Couteur, 2005; Stadnick, Stahmer, & Brookman-Frazee, 2015; Tonge et al., 2006). Stahmer and Pellecchia (2015) suggested adapting existing evidence-based practices from the broader childhood development field, in order to replicate the successes these practices have had in improving both child and parent outcomes. Yet, to our knowledge, only one evidence-based parenting program, *Stepping Stones Triple P*, has been rigorously tested for parents of children with ASD (Tellegen & Sanders, 2014; Whittingham, Sofronoff, Sheffield, & Sanders, 2009).

Another widely available evidence-based program, *The Incredible Years (IY)* training series, offers a number of developmentally appropriate, group-based interventions targeting parents, young children, and teachers (Webster-Stratton, 2011). Originally developed for children with conduct disorders, the program currently has been evaluated in multiple languages and with diverse groups of children and families (Webster-Stratton & Reid, 2003). The National Registry of Evidence-Based Programs and Practices rated the quality of evidence supporting *IY* to improve parenting skills, child externalizing problems, emotional literacy, self-regulation, and social competence as 3.5 and higher on a 4.0 scale (SAMHSA, 2012). A review of independent studies of *IY* concluded the evidence for the preschool parenting program (*Basic IY*) is strong (Pidano & Allen, 2015). Research adapting *Basic IY* with parents raising children with ASD found the program was both feasible and acceptable, and reduced parenting stress (Dababnah & Parish, 2016a). In order to better address the needs of parents raising children with ASD, modifications to *Basic IY*, including videos depicting children with ASD, methods to engage children with social communication challenges, and less focus on time-out strategies, were manualized into a new program, *The Incredible Years Parent Program for Preschool Children on the Autism Spectrum or with Language Delays (IY-ASD)*; Webster-Stratton, 2014).

IY-ASD aims to promote parenting competence and child development by providing strategies that target social skills, communication and language, emotion regulation, and school readiness in children with ASD or social communication delays. To our knowledge, there is only one published study evaluating *IY-ASD*. A UK-based pilot trial of *IY-ASD* reported preliminary support for the program among a small group of eight parents of children with ASD (Hutchings, Pearson-Blunt, Pasteur, Healy, & Williams, 2016). Yet, to date, no known studies have formally assessed *IY-ASD*'s feasibility in the U.S. Thus, the current study describes a pilot trial of *IY-ASD* in two U.S. sites, based on Eldridge and colleagues' (2016) characterization of pilot trials as a subset of feasibility studies. Specifically, we aimed to describe our process of delivering *IY-ASD* in the Northwestern and Southeastern U.S., and assessed 1) participant retention rates and reasons for program/research discontinuation; 2) caregiver acceptability of *IY-ASD*; and 3) pre- and post-intervention measures of parent and child outcomes, including parenting stress, caregiver coping, and child behavior. Data from this pilot trial could inform a larger randomized controlled trial rigorously testing *IY-ASD*.

2. Methods

We utilized a one-group, pre-post design to assess our research aims. Although we did not randomize our participants to groups, we have included a modified version of a CONSORT flow chart (Fig. 1) and reviewed the CONSORT checklist for randomized pilot and feasibility trials (Eldridge et al., 2016). We conducted our study in collaboration with two sites in the Southeastern and Northwestern U.S. The Southeastern site is a community-based agency serving families of children with and without special needs. The Northwestern site is a hospital-based outpatient neurodevelopmental clinic. Staff at each of the two locations recruited local participants to *IY-ASD* through flyers, information sessions, and other standard recruitment avenues. These sites routinely provide support services to children with ASD and their caregivers and offered *Basic IY* for parents of preschool children in the past, both for children with and without ASD.

2.1. Intervention and group leaders

IY-ASD aims to build an early foundation for parents to problem solve and communicate effectively with their children and other adults. One or two professionals, generally with master's-level credentials in psychology, social work, or a related field, as well as experience working with individuals with ASD, facilitate *IY-ASD* sessions. The *IY* manual recommends two group leaders co-facilitate the sessions if resources permit (Webster-Stratton, 2008, p. 20). These group leaders receive training from official *IY* instructors over a two- to three-day period. *IY* instructors encourage group leaders to receive ongoing supervision and accreditation. *IY-ASD* teaching methods include collaborative group discussion, video modeling, practice, and reflection over 12 to 16 weekly, two-hour sessions. The *IY* website (www.incredibleyears.com) offers information on planning for expenses to set up an *IY* group, including training costs and offering supports such as childcare and meals.

In this study, all group leaders had previous experience delivering *Basic IY*. Due to staffing and funding constraints, only one group leader delivered the *IY-ASD* groups at the Northwestern site. This leader had a doctoral degree in psychology, was accredited in

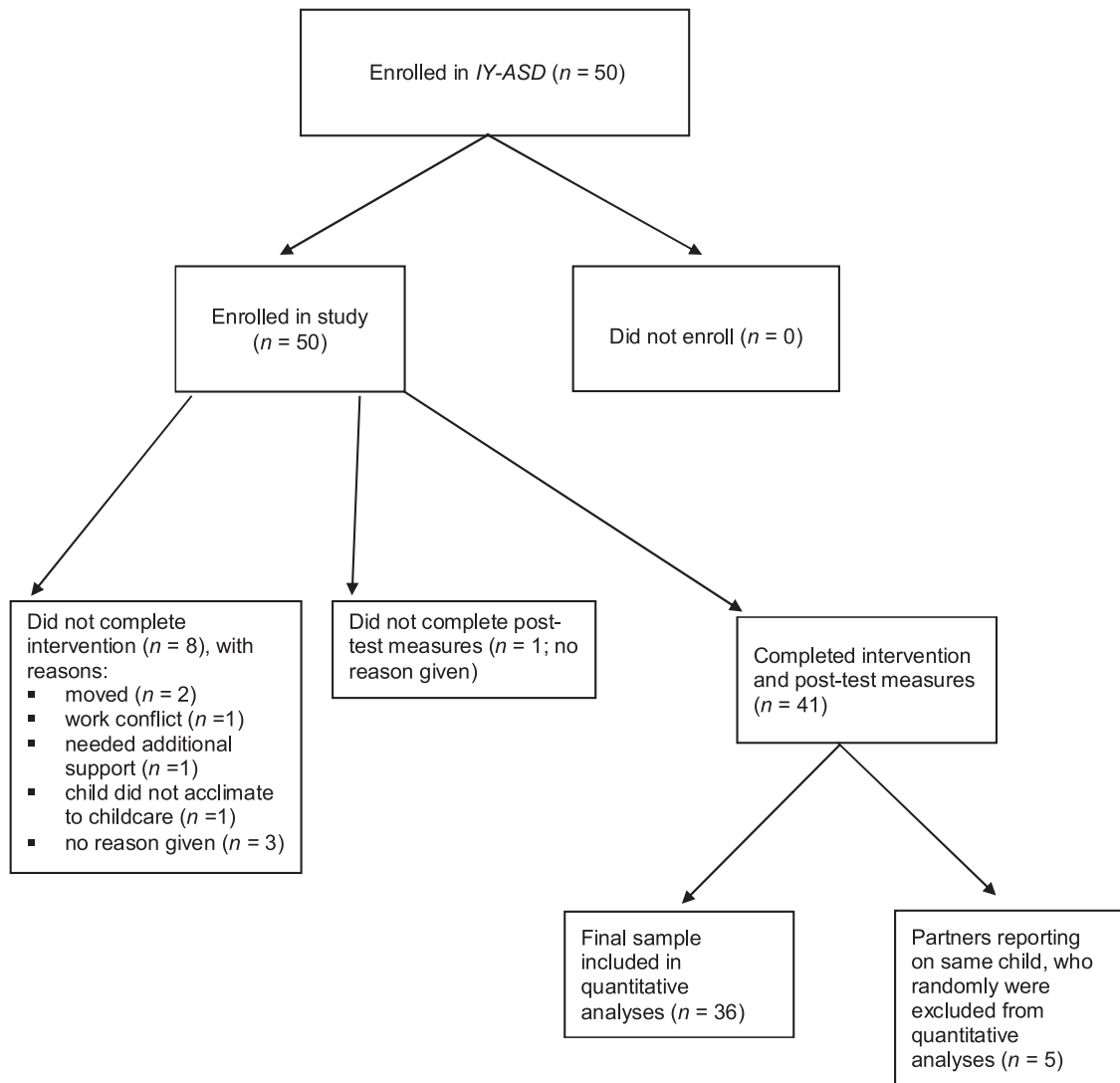


Fig. 1. Flow of participants through *The Incredible Years Program for Preschool Children on the Autism Spectrum (IY-ASD)*.

Basic IY, and was in the process of pursuing *IY-ASD* accreditation during this study. She had delivered *IY-ASD* to eight cohorts of parents before facilitating *IY-ASD* for this research. This group leader was also in direct consultation with the *IY* developer as she delivered the *IY-ASD* groups.

One female and one male group leader at the Southeastern site jointly delivered the *IY-ASD* groups for this study. Both leaders at the Southeastern site had bachelor's degrees; one had a certificate and experience in early child development and home visiting. These leaders had delivered *Basic IY* previously and completed training in *IY-ASD*. However, neither had facilitated *IY-ASD* groups prior to this study, nor were they accredited in *Basic IY* or *IY-ASD*. Both leaders at the Southeastern site had experience and accreditation in another evidence-based parenting practice, *Triple P*.

While not explicitly part of the *IY-ASD* curriculum, group leaders at both sites dedicated time during the first session to offer general information about ASD and local resources, as both *IY-ASD* group leaders' training instructors and participants in our earlier *Basic IY* study recommended (Dababnah & Parish, 2016c). Staff at both sites encouraged parents to bring their partner, co-parent or another caregiver (e.g., grandmother of child) to support their learning in the group and at home, which participants in our previous research likewise requested. The Southeastern site delivered *IY-ASD* over a 15-week period. At this site, the community-based agency offered the program in the evening free-of-charge, as well as meals, transportation assistance, and childcare to facilitate participation.

The Northwestern site offered *IY-ASD* as part of a larger applied behavior analysis-based half-day program, which consisted of both direct child interventions and *IY-ASD*. Insurance reimbursed these services. Due to state implementation and duration requirements of the broader program at the Northwestern site, *IY-ASD* was delivered over a shorter 13-week time period during school hours. The Northwestern site could not provide meals due to their hospital-based setting; however, this site offered transportation assistance. Children at the Northwestern site participated in services based on their individual needs while parents were engaged in

IY-ASD. The group leader allowed siblings too young for school to attend the *IY-ASD* groups with their parents.

2.2. Program and research procedures

The Institutional Review Board at the University of Maryland, Baltimore and the Clinical Research Oversight Committee at Providence Regional Medical Center, Everett approved the study protocol. Participants could enroll in *IY-ASD* separately from the research study. It is important to note that in initial visits with participants at both sites, program staff asked parents to commit to attending all *IY-ASD* sessions, or to make up sessions with group leaders throughout the week if needed. These procedures preceded the research study, and were put into place by the coordinating agencies for all participants, regardless of whether they chose to join the research study or not. At the Northwestern site, parents were required to attend or make up at least 90% (i.e., all but one) of the *IY-ASD* sessions; those who could not were offered individualized supports in lieu of *IY-ASD*. The Southeastern site did not set a specific percentage of mandatory sessions; their average in-person attendance was 83%.

In order to be eligible for the study, participants had to be parents or other primary caregivers (e.g., grandparents) of a child between 2 and 6 years of age with an ASD diagnosis; be at least 18 years of age; and, indicate comfort reading English in order to complete research questionnaires. A study coordinator at each site assigned participants anonymous identifiers, which we used for all research-related documents. Study team members at each location obtained verbal informed consent, as the authors' Institutional Review Boards waived written consent. (Otherwise, written consent forms would be the only documents with identifiable information [i.e., names] shared with the coordinating site at the University of Maryland.) Most participants (58%) completed research measures online via REDCap (Harris et al., 2009) software. Paper copies were available if needed, and 42% of the participants chose this alternative.

Participants were required to verify they had received and understood informed consent documents before beginning research measures. Participants provided baseline data, including a background survey and three measures (described below), on average a week before they began the first *IY-ASD* session. Caregivers completed posttest data after completing the final *IY-ASD* session, approximately four months after baseline data collection. Those participants who completed the measures online had up to one week to complete the measures; the remaining participants who chose paper copies completed them at the final *IY-ASD* session. Participants received a \$25 Amazon gift card at each data collection point (up to \$50 total).

Group leaders used a combination of fidelity checklists, participant feedback surveys, and in-person/video supervision to enhance their delivery of *IY-ASD*. Throughout the program, group leaders at both sites followed and completed weekly fidelity checklists, which included a list of required video vignettes and other activities. Like *Basic IY*, fidelity checklists gave *IY-ASD* group leaders the flexibility to select video vignettes and activities that were most applicable to their cohort of parents. *IY-ASD* participants also completed short weekly feedback surveys, which the group leaders used to choose appropriate videos and activities for subsequent group sessions. At the Northwestern site, the *IY* developer periodically observed the group leader in person and provided feedback. Group leaders videotaped sessions at the Southeastern site, and a supervisor from this site with *IY-ASD* training provided weekly feedback to the group leaders on program delivery. A statewide agency also provided ongoing in-person and video consultation to the two Southeastern leaders to deliver *Basic IY*; however, the agency did not offer technical assistance specifically for *IY-ASD*.

2.3. Participants

Fifty participants enrolled in the *IY-ASD* program across the two sites. All of these individuals joined the research study (see Fig. 1 for CONSORT flow diagram). One participant completed the program, but did not finish online posttest measures despite reminders. Eight participants did not complete the program, and 41 completed the program and all outcome measures. Five parents provided reasons for discontinuing the program, which included moving ($n = 2$), work conflicts ($n = 1$), need for additional support ($n = 1$), and, a child who did not acclimate to childcare ($n = 1$). Individuals who discontinued the program completed an average of 1.6 sessions (range = 0–4).

The Southeastern site hosted three *IY-ASD* groups (average group size = 8.7; range = 5–15), whereas the Northwestern site hosted five groups (average group size = 4.8; range = 3–7). Five pairs from the same family (four mother-father couples, and one mother-grandmother pair) participated in *IY-ASD*. The sample size precluded multilevel analyses that could control for couples reporting data on the same child. Thus, we randomly selected one member of each dyad using SPSS v25 (IBM Corp, 2017) for inclusion in the final sample. The final analytic sample was 36 participants (18 from each site).

2.4. Measures

All outcome measures were caregiver self-reports. For families with more than one child with ASD, we advised caregivers to choose the target child within the intervention age range for reporting purposes (ages 2–6 years old). If more than one child with ASD in the family fell in this age range, we requested the caregiver report on the youngest child. We did not independently verify ASD diagnoses at the Southeastern site. At this site, caregivers provided external documentation of the child's diagnosis, such as an Individualized Education Program document. All children at the Northwestern site were participants in a clinical applied behavior analysis program for children with ASD. Clinicians independently assessed children at this site to verify an ASD diagnosis.

2.4.1. Background survey

The background survey collected both demographic and ASD-related information. Demographic characteristics included variables

such as age, marital status, race, ethnicity, income status, and number of children. We measured age and number of children as continuous variables. Categorical variables included marital status, race, ethnicity, primary language, and income. ASD-related, caregiver-reported characteristics included age of diagnosis with ASD, language ability (nonverbal, minimally verbal, verbal), and receipt of support services (physical therapy, occupational therapy, applied behavior analysis, speech therapy, or other services).

2.4.2. Program satisfaction questionnaire (acceptability)

Webster-Stratton (2014) developed the Parent Program Satisfaction Questionnaire – Autism Spectrum and Language Delays Program in order to assess participants' perspectives regarding *IY-ASD* program delivery and outcomes. The questionnaire consists of 34 seven-point Likert scale ratings and 3 open-ended questions. Items address parents' perspectives of their child's behavior, parenting competence, program implementation strategies, utility of parenting techniques, effectiveness of the group leaders, and group format. The questionnaire also asked participants to provide open-ended feedback on needed program improvement, the main program benefit, and whether respondents wanted additional parenting assistance.

2.4.3. Parenting stress index-4th edition (PSI)

The PSI (Abidin, 2012) contains 120 items that assess the level of stress in the parent-child relationship. The PSI includes both child- and parent-related stress domains, which are summed to generate a total stress score. Caregivers rate their level of agreement on a 5-point Likert scale, from 1 = *strongly disagree* to 5 = *strongly agree*. The PSI has been used in numerous studies of parents of children with ASD (Hayes & Watson, 2013), as well as research evaluating *Basic IY* (Webster-Stratton, 2011). Alpha reliability for the three summary scores is as follows: child domain = .89; parent domain = .93; total stress = .95 (Amaral, Geschwind, & Dawson, 2011). We used the raw PSI scores for statistical significance testing. We also calculated the number of respondents scoring above the 85th percentile, the recommended cutoff for clinical significance (Abidin, 2012).

2.4.4. Ways of coping questionnaire (WOC)

The WOC (Folkman & Lazarus, 1988) is a 66-item measure that assesses the coping processes one used in a recent stressful encounter. The WOC instructs respondents to reflect on their most stressful encounter within the past week and to answer the questions with this stressful encounter in mind. Caregivers reported how often they used certain coping strategies on a 4-point Likert scale, from 0 = *does not apply or not used* to 3 = *used a great deal*. Coping processes are grouped into eight subscales: confrontation, distancing, self-control, seeking social support, accepting responsibility, escape/avoidance, planful problem solving, and positive reappraisal. Previous research focusing on parents of children with ASD has used the WOC (Dunn, Burbine, Bowers, & Tantleff-Dunn, 2001; Pisula & Kossakowska, 2010). One study found the subscales have alpha reliability levels among parents of children with developmental disabilities ranging from 0.64 to 0.83, although the authors did not specify each subscale's alpha level (Glidden, Billings, & Jobe, 2006).

2.4.5. Aberrant behavior checklist (ABC) – community

The ABC (Aman & Singh, 1994) is a 58-item symptom checklist used to assess the severity of problem behaviors in both children and adults with developmental disabilities. The ABC has been widely used in ASD research addressing treatment outcomes (Aman et al., 2004) and contains five subscales: irritability, lethargy, stereotypic behavior, hyperactivity/noncompliance, and inappropriate speech. Caregivers rate their child's behavior over the past four weeks on a 4-point Likert scale, from 0 = *not at all a problem* to 3 = *the problem is severe in degree*. While the ABC manual recommends its use for ages 5 and above, studies have reported this five-factor structure was robust in samples of children and adolescents (ages 3 to 21) with ASD (Brinkley et al., 2007), with good to excellent alpha reliability across subscales for a sample of children ages 2 to 18 (e.g., irritability = 0.92, lethargy = 0.89, stereotypic behavior = 0.85, hyperactivity/noncompliance = 0.93, and inappropriate speech = 0.77; Kaat, Lecavalier, & Aman, 2014). Additionally, the ABC has good convergent and divergent validity in samples of children and adolescents with ASD (Kaat et al., 2014).

2.4.6. Missing data

For the PSI, we used mean imputation in cases where three items or fewer were missing from the child or parent domain; no more than one item was missing from a specific subscale; and, no more than five items were missing from the total stress summary items. In the absence of specific guidance in the ABC and WOC manuals, we addressed missing data on these measures by also using mean imputation for each subscale, provided there was no more than one missing item per subscale. All cases analyzed ($N = 36$) were missing less than 15% total data.

2.5. Data analyses

We used descriptive statistics to summarize the background survey and Program Satisfaction Questionnaire; and chi-square and two-tailed independent samples *t*-tests to identify demographic characteristic differences between respondents at each site. We conducted two-tailed paired sample *t*-tests to evaluate pre-post changes in child behavior, parenting stress, and caregivers' coping mechanisms. We also calculated 95% confidence intervals and effect sizes (Cohen, 1994). We considered a *d* of 0.20 a small effect, 0.50 a medium effect, and 0.80 a large effect (Cohen, 1988). We used the Bonferroni method to correct *p*-values for multiple *t*-tests and determined that $p < .0031$ indicated statistical significance.

To further investigate potential site-level differences, we used two-way repeated measures analysis of variance (ANOVA) for the child behavior, parenting stress, and coping outcomes. We created a dichotomous site variable, such that two groups were formed: 1

Table 1
Sample Characteristics (*N* = 36).

Variable	Total % (<i>N</i>)	Site 1: Northwest (<i>n</i> = 18) % (<i>n</i>)	Site 2: Southeast (<i>n</i> = 18) % (<i>n</i>)	<i>X</i> ² Statistic
Race/Ethnicity of Parent				1.37
White	57.1 (20)	47.0 (8)	66.7 (12)	
Latinx	20.0 (7)	29.4 (5)	11.1 (2)	
African American/Black	8.6 (3)	0.0 (0)	16.7 (3)	
Multiracial	8.6 (3)	11.8 (2)	5.6 (1)	
Asian American	5.7 (2)	11.8 (2)	0.0 (0)	
Race/Ethnicity of Child				2.33
White	48.6 (17)	35.3 (6)	61.1 (11)	
Latinx	17.1 (6)	11.8 (2)	22.2 (4)	
African American/Black	2.9 (1)	0.0 (0)	5.6 (1)	
Multiracial	14.3 (5)	23.5 (4)	5.6 (1)	
Asian American	17.1 (6)	29.4 (5)	5.6 (1)	
Marital Status				0.52
Married/Partnered	77.4 (24)	82.4 (14)	71.4 (10)	
Not Married/Partnered	22.6 (7)	17.6 (3)	28.6 (4)	
Highest Level of Education				0.15
High School or Less	26.7 (8)	29.4 (5)	23.1 (3)	
College Graduate or Higher	73.3 (22)	70.6 (12)	76.9 (10)	
Annual Household Income				8.08*
\$0 to \$24,999	20.7 (6)	17.6 (3)	25.0 (3)	
\$25,000 to \$74,999	41.4 (12)	23.5 (4)	66.7 (8)	
\$75,000 or more	37.9 (11)	58.8 (10)	8.3 (1)	
Language Ability				0.26
Nonverbal	20.0 (7)	17.6 (3)	22.2 (4)	
Minimally verbal	42.9 (15)	41.2 (7)	44.4 (8)	
Verbal	37.1 (13)	41.2 (7)	33.3 (6)	
Support Services Received				
Physical therapy	25.0 (9)	22.2 (4)	27.8 (5)	1.00
Occupational therapy	75.0 (27)	83.3 (15)	66.7 (12)	0.44
Speech therapy	83.3 (30)	83.3 (15)	83.3 (15)	1.00
Applied behavior analysis (ABA)	30.6 (11)	38.9 (7)	22.2 (4)	0.47
	<i>M</i> (<i>SD</i>)	<i>M</i> (<i>SD</i>)	<i>M</i> (<i>SD</i>)	<i>t</i> -test statistic
Age of Child at Pre-test	3.86 (0.93)	3.83 (0.79)	3.88 (1.08)	−0.15
Age of Child at Diagnosis	2.87 (0.96)	2.88 (0.89)	2.87 (1.05)	0.02
Number of Children in Family	2.47 (1.66)	2.33 (0.59)	2.61 (2.30)	−0.05

Notes: Sample sizes range from 29 to 36 due to occasional missing data; **p* < .05, ***p* < .01, ****p* < .001. We calculated *X*² test values to assess site differences in race/ethnicity for both caregivers and children using a dichotomous White or non-White variable. Caregivers rated language ability on a 5-point Likert scale, from 1 = *nonverbal* to 5 = *complex sentences*.

= *Northwestern* (Site 1) and 2 = *Southeastern* (Site 2). This bivariate site variable became the between-subjects factor and time (pre/post) was the within-subjects factor.

We conducted an a priori power analysis using G*Power. We based the analysis on our primary outcome, total parenting stress as measured by the *PSI*. We estimated the sample size using a medium effect size, which we found in our earlier study of *Basic IY* on the total parenting stress outcome (Dababnah & Parish, 2016a). For a paired sample *t*-test, with power of 0.80, medium effect size (*d* = 0.50), and alpha = .05, the target sample size was *N* = 34. We note a power analysis based on a repeated measures ANOVA (medium effect size [*f* = 0.25]) estimated the same minimum *N* of 34.

3. Results

Most participants completed the program (84%). We used chi-square and two-tailed independent samples *t*-tests to investigate differences between those who did and did not complete the *IY-ASD* program. Children whose caregivers did not complete the program had a significantly lower mean age of ASD diagnosis (*M* = 1.6 years), versus children whose caregivers did complete the program (*M* = 2.9 years; *p* = .003). We did not find any other significant differences between these groups.

Table 1 depicts sample characteristics. Approximately half of the caregivers identified as White (57%) and 20% as Latinx. The majority of children were also White (49%), and 17% were Latinx. Most caregivers were married/partnered (77%) and had graduated college (73%). The mean child age at the start of the intervention was 3.9 years (*SD* = 0.93); and their mean age at ASD diagnosis was 2.9 years (*SD* = 0.96). One-fifth of the participants reported their child was nonverbal; 43% were minimally verbal (single words or simple phrases); and, 37% were verbal (simple or complex sentences). The majority of respondents at both sites received support services outside of the *IY-ASD* program, including speech therapy (83%), occupational therapy (75%), and physical therapy (25%). All children at the Northwestern site were engaged in an applied behavior analysis-based program; and 22% of the participants at the

Southeastern site reported receiving applied behavior analysis services. The only statistically significant difference between the two study sites was annual household income, with 59% of respondents from the Northwestern site reporting incomes of \$75,000 or more, compared to only 8% of respondents from the Southeastern site.

3.1. Intervention acceptability

Nearly 90% of participants ($n = 32$) reported that the approach used in the *IY-ASD* program was “greatly appropriate” or “appropriate” to strengthen their child’s social and emotional behaviors. All participants reported that they would recommend *IY-ASD* to a friend or relative. Over 90% of participants ($n = 33$) felt “very positive” or “positive” about achieving their goals using *IY-ASD*, and the vast majority of participants found the program content (97%; $n = 35$), video vignette demonstrations (97%; $n = 35$), and group discussions (92%; $n = 33$) to be “extremely useful” or “useful.”

When questioned about the main benefit of the *IY-ASD* program, 12 participants identified a general improvement in their skills addressing challenging child behaviors. As one parent said, “I learned how to teach and work with my child. It took the fear out of not fully understanding brain function, learning, and how to teach [and] play to get learning accomplished and behaviors managed.” Other caregivers focused on specific techniques they learned as the main benefit of the *IY-ASD* program, including engaging children with ASD ($n = 6$); utilizing parent self-regulation in stressful situations ($n = 6$); and, promoting social-emotional development ($n = 3$). Some caregivers noted *IY-ASD* components, such as group discussions and support ($n = 10$); staff support and consistency ($n = 4$); video vignettes ($n = 3$); and, role plays ($n = 2$) as the most beneficial aspect of the program. Factors endorsed by one parent each included the use of props (e.g., puppets), home-based activities, individualized program content, and “everything” about the program.

While 13 caregivers indicated they would not change anything about the program (and two did not respond), the remaining participants ($n = 21$) offered several suggestions to improve *IY-ASD*. Most commonly, ten caregivers requested a longer program or more time on program content, as one parent noted, “For our family, emotion self-regulation skills and managing misbehavior was central and these were not addressed until late into the class and these were not developed as much as we had hoped when presented.” Three participants requested improvement in role plays, with one recommending children’s presence during these activities. Other recommendations endorsed by one participant each included increased focus on non-verbal toddlers, minimization of group discussions about tangential topics, slower session pace, simplified weekly lesson reminders, earlier discussion of child transition issues, and an evening session option for working parents.

Finally, when questioned about their need for additional parenting assistance, 12 indicated they wished to engage in more advanced training and support. One participant explained, “[I] would like quarterly or half yearly follow-ups with group and group leader. I would feel more comfortable making sure we are staying on track. Really would like a follow-up class.” An additional participant specifically mentioned a desire for continued assistance with self-regulation for both parent and child, while another wanted training in applied behavior analysis and American Sign Language. Other needs expressed were a parent support group ($n = 2$); additional information on parenting and ASD ($n = 2$); and, social work services ($n = 1$). Ten caregivers indicated they did not require additional parenting assistance; the remaining participants did not respond to the question.

3.2. Parent stress, caregiver coping, and child behavior outcomes

We used two-way repeated measures ANOVA to investigate differential outcomes by site over time. No interactions between site and time for any outcomes were statistically significant. Thus, Tables 2, 3 show mean pre-post intervention changes in parent stress, coping, and child behavior for the combined sample.

We found significant changes in mean summary scores measuring child-related parenting stress ($p < .001$, 95% CI [5.73, 16.43]) and total parenting stress ($p = .002$, 95% CI [6.36, 27.20]), decreasing an average of approximately 11 and 17 points, respectively (see Table 2). The intervention had a medium effect on the summary scores assessing levels of child-related parenting stress ($d = 0.55$) and total stress ($d = 0.54$). While average parent-related stress decreased, we detected no significant change on this summary domain or its subscales. Finally, the percentage of participants with scores above the 85th percentile (clinical significance) decreased for the parent, child, and total stress domains.

Table 2
Pre-Post Change in Parenting Stress ($N = 36$).

Parenting Stress Index Summary Scores	% (n) with Baseline Percentile Scores > 85%	% (n) with Posttest Percentile Scores > 85%	Pre-Test Raw Score M (SD)	Post-Test Raw Score M (SD)	M Difference	95% CI of the Difference	Cohen’s d
Child Domain	55.6 (20)	33.3 (12)	148.03 (20.12)	136.94 (20.44)	11.08*	[5.73, 16.43]	0.55
Parent Domain	13.9 (5)	11.1 (4)	135.33 (30.34)	129.64 (28.82)	5.69	[-0.92, 12.31]	0.29
Total Stress	22.2 (8)	13.9 (5)	283.36 (44.13)	266.58 (44.40)	16.78*	[6.36, 27.20]	0.54

Notes: * $p < .0031$; CI = confidence interval; M = mean; SD = standard deviation.

Table 3
Pre-Post Changes in Coping and Child Behavior ($N = 36$).

Variable	Pre-Test <i>M</i> (<i>SD</i>)	Post-Test <i>M</i> (<i>SD</i>)	<i>M</i> Difference	95% CI of the Difference	Cohen's <i>d</i>
Aberrant Behavior Checklist					
Irritability	16.94 (10.78)	12.86 (10.23)	4.08	[1.41, 6.76]	0.52
Lethargy	12.28 (9.00)	10.28 (7.99)	2.00	[−0.16, 4.16]	0.31
Stereotypical Behavior	5.31 (5.01)	4.47 (4.93)	0.83	[−0.87, 2.54]	0.17
Hyperactivity/ Noncompliance	23.03 (11.79)	18.36 (11.03)	4.67	[1.16, 8.17]	0.45
Inappropriate Speech	3.00 (2.81)	2.86 (2.50)	0.14	[−0.59, 0.86]	0.07
Ways of Coping					
Confrontive Coping	6.64 (3.16)	7.31 (3.81)	−0.67	[−1.75, 0.42]	0.21
Distancing	6.69 (3.17)	6.78 (3.91)	−0.08	[−0.96, 0.79]	0.03
Self-Controlling	8.92 (3.71)	9.44 (4.21)	−0.53	[−1.76, 0.71]	0.14
Seeking Social Support	8.36 (4.46)	7.89 (3.35)	0.47	[−0.62, 1.56]	0.15
Accepting Responsibility	4.31 (3.00)	4.50 (2.74)	−0.19	[−1.14, 0.75]	0.07
Escape-Avoidance	6.89 (4.93)	6.36 (3.73)	0.53	[−1.07, 2.12]	0.11
Planful Problem Solving	9.64 (3.94)	10.17 (3.47)	−0.53	[−1.67, 0.61]	0.16
Positive Reappraisal	9.22 (4.95)	9.72 (5.87)	−0.50	[−2.36, 1.36]	0.09

Note: $*p < .0031$; CI = confidence interval; *M* = mean; *SD* = standard deviation.

Table 3 shows mean changes in caregiver coping and challenging child behavior between pre- and post-intervention. We did not detect any significant changes in caregiver coping. On the ABC subscales, after correcting for multiple *t*-tests ($p < .0031$), we did not find any significant decrease in challenging child behaviors. However, two ABC subscales approached significance with small to medium effect sizes: irritability ($p = .004$, 95% CI [1.41, 6.76], $d = 0.52$) and hyperactivity/noncompliance ($p = .011$, 95% CI [1.16, 8.17], $d = 0.45$).

4. Discussion

This study describes the feasibility of the *IY-ASD* program for parents and other caregivers raising children ages 2–6 with ASD in two U.S. sites. We detailed our methods of delivering the program in a pilot trial of eight *IY-ASD* cohorts ($N = 36$), including group leader training, fidelity checklists, and participant supports. Our research explored 1) participant retention rates and reasons for program/research discontinuation; 2) caregiver acceptability of *IY-ASD*; and 3) pre- and post-intervention measures of parent and child outcomes. The results provided preliminary evidence that *IY-ASD* is feasible, acceptable to caregivers raising young children with ASD, and may improve parenting stress. Despite geographic, program delivery, and demographic differences between the two U.S. locations, the outcomes were consistent between sites.

4.1. Program/research retention and discontinuation

All parents who agreed to participate in the *IY-ASD* program also consented to join the research study. Furthermore, all but one parent who graduated from the program completed follow-up data. It is possible the small incentives and paper/online data collection options we offered increased research participation, although we did not specifically explore this question.

The majority of parents completed the program (84%). This rate is comparable to our previous *Basic IY* study (92%; Dababnah & Parish, 2016c), and recent *Stepping Stones Triple P* trials for parents of children with ASD (75%; Tellegen & Sanders, 2014). Given only five out of the eight people who left the program provided reasons (63%), we cautiously note that none of the reasons were research-related, and four of the five were not related to the program itself. Nonetheless, it is important in future studies to be aware some participants, like one in this study, might need support beyond that offered in *IY-ASD*. Furthermore, all eight participants who discontinued the program left in the first four sessions, highlighting the importance of early program engagement.

We found no differences between those who completed *IY-ASD* and those who discontinued, with one exception. Those who completed the program had, on average, children who were diagnosed at 2.9 years old, compared to the children of those who discontinued (1.6 years old). It is possible that those parents who discontinued the program had more time to intervene with their children and address emerging behavioral challenges; thus, finding the *IY-ASD* material less relevant for their families. Certainly, we need to explore this finding more in future studies.

4.2. Program delivery and supports

Most of the participants in this study were highly educated and partnered. However, nearly one in five caregivers in this study identified as Latinx and one in four caregivers had a high school education or less; both groups that are underrepresented in ASD research (Jamison et al., 2017; Lord et al., 2005; Magaña & Ghosh, 2010). Furthermore, the majority of parents reported their children were nonverbal or minimally verbal, a group of children whose needs have not been adequately explored in the literature

(Maglione, Gans, Das, Timbie, & Kasari, 2012; Tager-Flusberg & Kasari, 2013). As recommended by parents in our earlier research with *Basic IY* (Dababnah & Parish, 2016c), we provided various supports such as inclusion of partners, childcare, meals, and transportation assistance. It is possible that these efforts to reduce program participation barriers facilitated the inclusion of traditionally underserved children and their families. Nonetheless, clearly more work must be done to increase the diversity of children and their families in ASD interventions. For example, *IY-ASD* could incorporate some in-home sessions, which have been used in other studies with families with limited resources (Carr & Lord, 2016; Carr et al., 2016). In-home sessions might also align with participants' suggestions in this study to involve their children in the role plays.

The majority of caregivers in this study reported their children were receiving other services besides *IY-ASD*. Larger trials should consider the impact of these services on *IY-ASD* outcomes. We believe these findings support our earlier conclusions (Dababnah & Parish, 2016c) that *IY-ASD* can be a complement to other ASD interventions specifically for the child. Thus, more work is needed to understand how *IY-ASD* can be used effectively as part of a comprehensive service plan for children with ASD and their families.

In addition to supports for parents, the group leaders also received extensive support to deliver the program with fidelity, including pre-intervention *IY-ASD* training and consultation during program delivery. We highly recommend future group leaders have prior experience with *Basic IY* and knowledge of ASD before beginning *IY-ASD* training. Agencies planning to offer *IY-ASD* should consider the initial training and ongoing supervision involved in carrying out *IY-ASD*, along with the associated costs. Furthermore, as each site will serve different populations with diverse needs, we recommend a planning and community engagement phase to consider options such as group size, number of group leaders, availability of program supports, and other factors.

4.3. Intervention acceptability

Program participants overall reported high acceptability of *IY-ASD*. Nearly all of the caregivers were satisfied with program content and methods. Many parents identified specific behavior management skills, as well as program components such as group discussions and role plays, that were useful. Some parents requested programming that extended beyond 13–15 weeks. This suggestion for improvement aligned with participants' requests for more advanced training and support, as well as with the recommendations in our previous research that adapted *Basic IY* for caregivers of children with ASD (Dababnah & Parish, 2016c). Furthermore, in our experience delivering the program, we have found the needs of children with ASD can be complex and difficult to address in shorter periods. Nonetheless, cost and logistical barriers can be prohibitive to longer program periods. Future research should examine program length and its association with parent/child outcomes. Regardless of program length, we believe it is critical that future *IY-ASD* group leaders intentionally connect families with ongoing support as caregivers transition out of the program.

4.4. Pre-post intervention changes in parent and child outcomes

Consistent with our earlier research of *Basic IY* adapted for caregivers of preschoolers with ASD (Dababnah & Parish, 2016a), we found statistically significant improvements in total and child-related parenting stress scores, but no significant changes in parent-related stress. One potential reason for the lack of significant change in parent-related stress was low baseline levels on this domain, which suggests parents' stress originated from primarily child-related factors. Only five out of the 36 participants (14%) in this study reported clinically significant parent-related stress scores at baseline, compared to the 20 (56%) participants who reported clinically significant child-related stress at baseline. Due to the limited number of participants in our study with elevated baseline levels of parent-related stress, we could not evaluate differences between this subgroup's outcomes and those with lower levels of parent-related stress. However, a randomized controlled trial of a training program for caregivers of young children with ASD found intervention effects only for those parents with preexisting mental health issues (Tonge et al., 2006). Thus, future *IY-ASD* research with larger samples should investigate potential differential effects for caregivers reporting elevated baseline levels of stress, depression, and other parent characteristics.

Despite addressing parent coping strategies within the program, we did not find any significant changes in coping as measured by the WOC. In addition to the possibility that *IY-ASD* simply did not affect parents' coping skills, it is also feasible the follow-up time was not long enough to allow us to detect significant changes. Further, while studies have used the WOC measure for parents of children with ASD (Pisula & Kossakowska, 2010), the instructions do not request that respondents reflect on stressful situations specifically related to their children. Future studies involving this population should consider directly soliciting caregiver' coping strategies related to their child.

Similarly, we detected no significant decreases in child behavior challenges. Like the coping measure, it is possible the ABC was not sensitive enough to detect pre/post intervention changes, or this measure did not accurately capture challenging child behaviors in this population of children ages 2–6. Subsequent studies involving young children could consider using measures specifically developed for this developmental period. We note, however, the hyperactivity/noncompliance and irritability subscales approached significance. Future research should explore if *IY-ASD* can promote children's accommodation of parents' requests, and decrease children's instances of agitation, crying, and other irritable behaviors. Nevertheless, it is also feasible that *IY-ASD*, which focuses primarily on social communication and self-regulation, did not impact the behavioral challenges measured by the ABC. These findings suggest individualized interventions might be needed to address certain ASD-related symptoms, such as stereotypies, which can identify and demonstrate appropriate replacement behaviors (Wacker, Peck, Derby, Berg, & Harding, 2006).

4.5. Limitations

We caution readers to consider this study's limitations when interpreting its results. These limitations include the small sample size, which precluded our ability to examine outcomes between specific subgroups of caregivers and their children, including potential differential effects based on race, ethnicity, gender, language ability, and other factors. The small sample size also prevented us from conducting analyses that could control for multiple sample differences simultaneously. We only collected acceptability data related to *IY-ASD*, and thus could not directly explore participants' acceptability of the research processes. Also, while somewhat ethnically diverse, the majority of participants were highly educated and married, limiting the generalizability of our findings. Furthermore, all the outcome measures were parent self-report, which could lead to social-desirability and/or recall bias. The pre-post design limits examination of changes to those immediately following the intervention. Moreover, the one-group design did not allow us to control for selection bias or other potential factors that influenced pre-post changes. Finally, none of the group leaders were accredited *IY-ASD* facilitators at the time of the study. Despite these limitations, experienced leaders, who used fidelity checklists and weekly participant feedback to ensure consistent program delivery while customizing to parents' individual needs, carried out the groups. Our findings related to program delivery, acceptability, outcome measures can inform larger trials to rigorously examine the effectiveness of *IY-ASD* to improve parent and child outcomes.

5. Implications

We piloted a recently adapted intervention, originally developed for children with conduct disorders. The adapted intervention, *IY-ASD*, aims to improve both child and caregiver outcomes in families raising preschoolers with ASD. This research conducted in two U.S. sites provided initial evidence that the intervention is feasible and acceptable, and holds promise in reducing parenting stress. A randomized controlled trial is needed to rigorously test the outcomes of *IY-ASD*. While outside of the scope of this research, it would be useful to conduct cost-effectiveness analyses as part of larger trials. Future research should also consider testing longer-term follow-up beyond post-intervention to ascertain if improvements are maintained. It is particularly important to include families who might be especially vulnerable to stress and other poor outcomes, including those caregivers with preexisting mental health issues, single parents, and those with limited education. Despite high levels of parenting stress, empirically supported interventions for caregivers of children with ASD continue to be scarce in the current service array. Thus, evidence to support *IY-ASD* or other parenting interventions are critically needed to promote positive outcomes for young children with ASD and their families.

Conflict of interest statement

The Authors declare they have no conflicts of interest relevant to this study to disclose.

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