The PLAY Project's
TelePLAY© Manual

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Welcome to TelePLAY

This manual has been created for PLAY Project Consultants who are interested in providing The PLAY Project's autism intervention model to families via *virtual home visits*. The goal of this manual is to provide PLAY Project Consultants with the basic knowledge and resources needed to implement effective TelePLAY visits. Through TelePLAY, we are fulfilling The PLAY Project's mission to support families in having a joyous and playful relationship with their children with autism spectrum disorder so that each child can reach his or her full potential.

After reviewing this manual, PLAY Project Consultants will have detailed information regarding the equipment and technology needed, what ethical, legal, and reimbursement issues to consider before implementing TelePLAY, along with practical strategies for implementing successful TelePLAY visits. Helpful resources are provided throughout the manual and recommended consent forms are provided.

Many PLAY Consultants and families have already celebrated the progress that occurs when implementing virtual PLAY Project visits. We are confident that you will find this information helpful as you develop and implement your own TelePLAY practice. We look forward to hearing about your results!

Section 1: What is TelePLAY?

TelePLAY is the innovative implementation of The PLAY Project's autism intervention model using a secure videoconferencing platform to provide virtual home visits with children and their families. PLAY Project Consultants (PPCs) are trained to incorporate the use of video analysis and caregiver coaching into services with families. PPCs are also trained to guide caregivers on how to implement PLAY Project principles, methods, and techniques within naturally occurring, developmentally appropriate activities and social interactions within a child's natural environment. For these reasons, the implementation of The PLAY Project is very effective via a videoconferencing service delivery platform.

Benefits of TelePLAY for PPCs and families:
- Eliminates need to travel for PPC and/or families
- More flexibility to schedule appointments during specific daily routines that child engages in such as dinner time and bedtime
- Families feel more comfortable in their own home, using their own toys
- Increases access to PLAY Project Intervention for families living in remote areas or areas where a local PPC is not available
- Enables PPC to provide services to an increased number of families, across the state they practice in and possibly in other states and countries
- Empowers caregivers to engage with their child during the visit
- Challenges PPC to further develop coaching and problem-solving skills
- PPC can share more resources with family using screen share
- PPC can review video clips "live" with family using screen share and spend more time discussing principles, methods, and techniques
- Decreases cost of services for families due to less missed work and wage loss due to travel to a clinic or potential illness due to having a home visitor
- Reduced frequency of cancellations related to weather or illness

Potential Challenges:
- Family perception of the effectiveness of virtual home visits
- Caregivers not feeling comfortable playing "live" online
- Lack of access to technology in the home environment
- Technical difficulties experienced during visit
- State regulations and licensure restrictions related to the use of telehealth
- Reimbursement by private insurance
- Difficulty with engaging caregivers and/or child during virtual visits
- "Zoom fatigue" for both PPC and families
- Caregiver options for positioning phone, tablet, computer during visits
- Can be difficult for PPC to see subtle cues of child during virtual visits
- More difficult for PPC to model principles, methods, and techniques
- Recording of virtual visits may not allowed by PPC's agency

Section 2: Quick Start Guide to Implementing TelePLAY

Knowledge needed:
- If you are a PPC who is not bound by professional licensure limits (e.g. teachers and early interventionists), you can offer services to families across the country. If you are a PPC who is a licensed medical provider, such as an OT or SLP, check with your national organization on progress towards the creation an interstate professional licensing compact to allow licensure portability.
- Go to http://www.hhs.gov/ for privacy laws regarding storing and sharing of a child's PHI (Protected Health Information) including HIPPA, FERPA, and HITECH.
- Check with your professional liability insurance carrier for protection which covers HIPAA fines and penalties.

Equipment needed:
- Desktop or laptop with built in or external camera
- Headphones or ear buds with mic
- Quiet, well lit room that is free of distractions
- Comfortable, ergonomic seating for PPC

Technology needed:
- Secure videoconferencing platform with screen sharing feature
- Secure option for receiving and storing video clips of child
- Reliable internet connection
- Secure option for billing insurance or electronic payment from family for services
- Strategies for modeling PLAY principles, methods, and techniques for families

Recommended forms (See 'Resource' section):
- TelePLAY consent form
- Video release form
- Home equipment checklist

Strategies for Implementing Visits:
- FEAS: Family can send a video clip to PPC or PPC can record a FEAS clip during first visit and write initial VRF.
- For ongoing visits, family can send video clips prior to visit and PPC can spend some time reviewing with family. PPC can also observe family PLAYing during TelePLAY and record short clips for writing VRF.
- PPC can use TelePLAY planning sheet during visits to help structure family engagement and coaching.
- PPC will write and send VSR at end of TelePLAY visits.

Please email help@playproject.org to be listed as a PLAY Project Provider who is offering TelePLAY services on our website here. Click here to view the example TelePLAY video with password Play123. Click here to access forms on ShareFile, and here to be taken to our professionals portal which houses TelePLAY resources.

Section 3: What to Consider Before Implementing TelePLAY?

Ethics and Training:
- PPCs need to determine if they have the experience, expertise, and competence needed to implement The PLAY Project approach virtually. It is recommended that PPCs seek out further continuing education to acquire more knowledge about virtual service delivery models. PPCs can also seek out additional supervision for TelePLAY visits through the PPHQ (PLAY Project Headquarters).
- PPCs need to consider whether a virtual service delivery model will best meet a family's needs. PPCs need to determine if virtual visits are safe and effective in regard to each family's unique situation.
- PPCs should inform families of their rights and responsibilities when receiving TelePLAY, including their right to refuse or discontinue services. (Refer to TelePLAY consent form).
- PPCs will need to adhere to their discipline-specific professional codes of ethics.

Legal and Regulatory Issues:
PPCs that are licensed medical providers will need to abide by their discipline specific state and national licensure laws.
- PPCs need to be aware of all applicable models of licensure portability (e.g., Interstate Licensure Compacts, Expedited License, Limited License, etc.) that may impact interstate practice of TelePLAY.
- PPCs need to comply with all discipline specific professional state board regulations and any guiding Scope of Practice policies.
- PPCs need to be aware of discipline specific professional liability and ongoing professional development or training for use of telehealth services.

Good telehealth resources include those provided by national organizations such as The American Occupational Therapy Association (AOTA) and The American Speech-Language Hearing Association (ASHA). Many of the resources are open access (no membership required) can be generalized to other disciplines:
- AOTA: www.aota.org/telehealth
- ASHA: www.asha.org/practice-portal/professional-issues/telepractice/ https://www.asha.org/siteassets/uploadedfiles/advocacy/state/state-telepractice-policy-covid-tracking.pdf

Other helpful resources include:
- The Center for Connected Health Policy: https://www.cchpca.org/
- National consortium of telehealth resource centers: https://www.telehealthresourcecenter.org/

- PPCs who are considered a "covered health entity" will need to abide by the current rules regarding the Health Insurance Portability and Accountability Act (HIPPA).
    - Use this Guidance Tool to help determine a "covered health entity": https://www.cms.gov/RegulationsandGuidance/AdministrativeSimplification/HIPAAACA/Downloads/CoveredEntitiesChart20160617.pdf
- PPCs can go to https://www.hhs.gov/hipaa for the most current guidelines on HIPPA.
- PPCs will need to be familiar with federal and state regulations (e.g., HIPAA, HITECH, FERPA) regarding use of a child's protected health information (PHI) and to ensure the usage of privacy and security measures for protection of data, including any video clips.
- PPCs will need to acquire a Business Associate Agreement (BAA) when choosing to share PHI electronically via a video platform or store PHI in a cloud platform to be HIPPA compliant.

Funding and Reimbursement:

- PPCs who bill insurance companies will need to determine if telehealth services are covered by the family's private insurance and if a prior authorization is needed.
- PPCs can ask the family to contact their insurance company.
- PPCs who bill insurance also need to determine which treatment codes are covered and what modifiers are needed when billing private insurance. National associations such as ASHA (American speech and Language Association) and AOTA (American Occupational Therapy Association) are good resources for this information.
- PPCs may want to consider using *online practice management software* to help with sending and storing documents securely, scheduling appointments, creating invoices, and collecting payment, and billing commercial insurance. There are many choices such as Simple Practice, TheraNest, Therapy Notes, Thera-link. Research reviews and features and take advantage of monthly free trials.

Technology Needed:
Videoconference platforms

- When it is not being determined by an agency, PPCs must determine which video conferencing platform best meets their needs AND the needs of their families. Try to use the technology that is readily available to the family/what the family is already familiar with using.

Features to consider include:

- **Privacy -** HIPPA compliant and/or non-public facing platforms that use end to end encryption and passwords. A HIPPA compliant platform will offer a BAA (Business Associate Agreement).
- **Screen-sharing** - A necessary feature for "live" video analysis, modeling by showing videos of PPC or other caregivers implementing techniques and reviewing written handouts during visits.
- **Video recording -** Gives PPCs the ability to record clips of caregivers playing with their children during the virtual visit, to include in the VRF.

- **Group meeting –** When using interpreters or scheduling cotreatment visits with others.
- **Free vs Subscription based plans** - Paid plans usually have more options.
- **Compatibility** - Make sure the software is compatible with the internet browsers.
- **Chat feature** – Lets PPC send links to websites/contact if there is difficulty with audio.
- **Annotation Tools** - Drawing tools used to draw attention to content on the screen. Can be used with a whiteboard, picture, or PowerPoint slides.

Common platforms used by PPCs include:
- Zoom (only the Zoom Healthcare version is HIPPA compliant)
- Microsoft Teams
- Doxy.me (has a free HIPPA complaint version)
- Google Meet/G Suite or HealthCare
- Vidyo
- Go to Meeting
- Cisco Webex
- Skype for Business
- FaceTime
- Other platforms: Adobe Connect, BlueJeans, Clocktree, Simple Practice

Internet Bandwidth: Internet bandwidth refers to the "lanes" on the internet highway. The busier the internet, the more congested the highway. Items to consider include:
- Time of day
- Number of devices that are accessing the available Wi-Fi
- Need for purchase of updated wireless router
- Hard wire computer to internet by using ethernet cable with a USB adapter
- Contact ISP (Internet Service Provider) to check for updates and test speed

PPC Equipment:
- Desk top computer or laptop with built in web cam
- Headphones/ ear buds with microphone
- External camera for use when PPC is modeling (optional)
- 2nd monitor (optional)
- Ethernet cable with adapter to hard wire internet (highly recommended)
- Items to model techniques to caregiver and to engage child when necessary

Family Equipment:
- Computer, tablet, or smartphone with front facing camera
- Wireless Bluetooth headphones or ear buds for caregiver who is moving and playing with child (optional but helps caregiver to hear PPC coaching)
- Holders for phone or tablet for positioning of device as caregiver plays with child
- Ethernet cable with adapter to hard wire internet if using a computer that cannot be moved

Section 4: Strategies for Implementing TelePLAY Visits

PPC Room and Technology Set Up:
- Become familiar will how to use features on video platform. Practice with coworkers and family, including screenshare, recording and storing video clips taken during visit.
- Make sure that any video clips taken during visit are stored on your computer versus in an unsecure cloud storage on the videoconferencing platform. You can choose where recorded videos are stored by changing the settings on the videoconference platform.
- Set up equipment in a room that is private and free of distractions.
- Do not sit in front of a bright window which provides harsh directional lighting; aim for diffuse lighting.
- Plan to have a fully charged, muted phone nearby, just in case you need to contact the family (i.e. if internet or power goes out).
- Make sure device that you are using to conduct visit is fully charged or can be plugged in at your workspace.
- Use your built-in camera for seated speaking and consider use of an external camera for modeling.
- Close email prior to visit and open any documents, websites, or video clips that you plan to share during visit.
- Obtain needed consents from family, including consent for TelePLAY visits and video release form (both are located in Resource section).

Setting Up Family for Success:
- It is recommended that the PPC schedule a short 30-minute meeting with family to introduce themselves and The PLAY Project. Take time to ask the family about their concerns and wishes for their child and briefly observe and possibly connect with the child. Answer any questions the family may have about the technology and first visit.
- If needed, provide family with tips on how to use technology, update browser to most recent version, and optimize their internet connection during TelePLAY visits.
- *Optional:* Let family know that they can log into a meeting with 2 devices: a computer and a smartphone/ tablet. Family will need to have one of the devices muted. Family can use phone/tablet camera when child is moving around the home and sit in front of the computer when reviewing information with PPC.
- Provide Intake Questionnaire for family to complete prior to first visit.
- Inform family about checklists to be completed during first visit as part of initial TelePLAY assessment typically used by PPC such as the REEL-3, CARS, Greenspan Social-Emotional Scale, and/or sensory and home equipment checklist.

FEAS (Functional Emotional Assessment Scale):
- The FEAS was developed as a "clinical approach to understanding an infant and child's emotional and social functioning in the context of relationships with his or her caregivers and family." Greenspan, S., DiGangi, G., & Weider, S (2001) *The Functional Emotional Assessment Scale (FEAS),* Bethesda, MD, ICDL, p.76.

- The FEAS is administered by observing unstructured interactions between a caregiver and the child. The FEAS enables PPCs to understand the child's and caregiver's capacities in relation to the FDLs. It is recommended that PPCs record a baseline FEAS video, prior to teaching families how to implement The PLAY Project, and an annual FEAS to monitor the progress of both the child and caregiver.

Options for creating a FEAS video:
1. Ask caregivers to videotape play with their child for at least 10 minutes for one caregiver or 7 minutes for each primary caregiver. Then have caregiver send video clips to you, prior to the first visit.

OR

2. Ask caregiver to have a "helper" available to hold and move laptop, tablet, or smart phone as caregiver plays with child during first visit while PPC observes and uses the recording function to capture the video to use to complete the FEAS.

NOTE: If caregiver cannot schedule a time when a "helper" is available. Make sure caregiver can log into virtual meeting with a device that they can move on their own as needed when child moves and also has a plan for positioning the device in different spots as child moves (i.e. make DIY smart phone holders from egg cartons, binder clips or create a DIY smart phone head mount…there are lots of ideas available online).

First TelePLAY Visit:
If family has sent FEAS video prior to first TelePLAY visit:
- PPC can interview family and complete any checklists typically used by PPC for initial assessment purposes.
- PPC can choose to (but is not required to) use screen share to review FEAS video clip that was sent by family in real time during the first visit. Pause video clip to highlight moments that would typically be highlighted in a written VRF such as observations about child's ideas and where child's affect/ fun is at, sensory motor profile, child's skills, or emerging skills at each FDL. Focus on finding "Keys to the Case" and helping family to see child's strengths and potential.
- At end of visit, complete VSR and send to family.
  - Some PPCs complete the VSR and email to families. Other PPCs write out the VSR and scan and email or take a picture and text to family. Find out what works best for family and also how to keep information secure.
- Complete initial VFR and send to family prior to next visit.

If family prefers to record FEAS during first TelePLAY visit:
- Coach family to play with child as they typically do; using items that they typically use when playing with child. Make sure family has a plan in place for recording the FEAS during the visit *(See Options for creating FEAS video).*
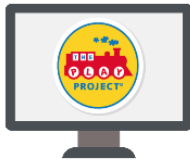
- Before PPC begins to record the caregiver-child interaction, be sure to "Pin" the video of the caregiver and child playing in order to disable the active speaker function. This ensures that only the "Pinned" video will be recorded and not switch to view of PPC during the recording.
- Do not comment or coach while recording the initial FEAS. Take notes of observations to share with caregiver.
- After recording the initial FEAS, share your observations about child's ideas and where child's affect/ fun is at, sensory motor profile, child's skills, or emerging skills at each FDL.
- Comment on child's strengths and what caregivers are doing well during play. Download recorded video clip onto computer and store in secure location.
- Complete VSR and send to family along with initial video clip after first visit.
- Complete initial VRF prior to next visit.

Ongoing TelePLAY Visits:

Scheduling

- PPC will send a link to the TelePLAY visit the day before the visit along with suggestions regarding what materials to have available for PLAY. i.e. balls, blankets, bubbles, and which routine the caregiver might plan to engage the child in, i.e. snack time.
- If possible, send a reminder link one hour before the visit to help decrease missed appointments.

Recording, Sharing, Reviewing Video Clips

- PPC can ask family to record a video clip of caregivers PLAYing with child and send to PPC prior to a TelePLAY visit. During TelePLAY visit, PPC can then use screenshare to review clip with family and provide suggestions.
- Family can also plan to engage in PLAYing with child during virtual visit while PPC observes and coaches.

Sharing Video Clips

- It is recommended that family and PPC use secure, password protected file sharing resource such as One Drive, We Transfer, Google Drive.

Recording Clips During Live PLAY and Coaching

- With family written permission, PPC can record clips of PLAY during virtual visits. Some video platforms have built in recording capability. During recording, be sure to "Pin" family screen so that screen does not switch back and forth between PPC view and family view as it is being recorded. Take short clips; do not record the entire visit. Adjust settings in video platform to make sure that video platform downloads clips onto PPC computer to store in a designated folder versus storing clips in the video platform cloud.

Some platforms don't have built-in recording capability and recommend using programs like:

- Screencastify
- Quicktime for Apple or Windows
- Camtasia
- Screencast-o-matic

Sharing Handouts with Families

- The PPHQ provides handouts in Sharefile in the Family Manual Handouts folder for PPCs to share with families.
- If a PPC wants to review several handouts during a visit, one strategy is to create a short 3 to 5 slide PowerPoint.
- For example, if a PPC wants to review the concepts of Circles of Engagement and also Rabbit Hole Techniques, PPC can copy and paste the handouts onto several PowerPoint slides to open and review during the visit versus trying to open and pull up several individual documents.
- The PPC can then create and save their own library of PowerPoints to share with future families during TelePLAY visits.

TelePLAY Visit Planning

- Prior to each TelePLAY visit, it is recommended that PPC review child's most recent VSR, open and then minimize any documents, video clips, websites on screen that PPC plans to share with family during visit, gather materials to be used for modeling or to engage the child via the screen, and if needed, send family a brief email reminding them of plan discussed during previous visit for upcoming visit, such as what routines family will engage child in and what materials family may want to put away (i.e. electronic toys and turn off TV) and what materials to gather to have available to use during the visit (refer to Home Equipment checklist in Resource Section).
- PPC may want to use the TelePLAY Visit Form during the visit to prepare for and structure the visit but remember to leave room for flexibility. PPC can take notes on TelePLAY Visit form, found in Resource Section.

Modeling During TelePLAY Visits

- Modeling is an important component of PLAY'S autism intervention approach.
- Effective modeling is possible during TelePLAY using the following strategies:
- PPC can have a doll or large stuffed toy available to model optimal positioning of child in reference to caregiver, how to present play materials to child, and sensory motor play ideas.
- PPC can locate video clips on YouTube to share with family regarding song games to engage child.
- PPC can show share video clips from Play Project YouTube channel and also Profectum Parent Toolbox found at www.profectum.org.

- PPC can ask for written permission from families to share clips from videos obtained by PPC to create a video library showing PLAY families utilizing PLAY methods, principles, and techniques with their children.
- PPC can videotape themselves using PLAY methods, principles, and techniques with young children to create a video library to share with families
- PPCs can access The TelePLAY video library (in development).

Coaching During TelePLAY Visits
- TelePLAY focuses on using coaching to build a caregiver's capacity to use their child's interests and ideas along with their knowledge about their child's unique developmental profile to help their child further develop their sensory regulation, attention, social engagement, communication, and problem-solving skills.
- The goal of coaching is to increase a caregiver's feeling of confidence and competence in their ability to maximize their child's learning opportunities within the context of naturally occurring daily routines.

According to Rush and Sheldon, characteristics of coaching that lead to positive outcomes for caregiver and child, include:

1. **Joint Planning**: Based on what was practiced during today's visit, how do you plan to continue to help child learn/practice that skill? Based on what was done today, what do we need to plan to focus on at our next visit?
2. **Observation:** PPC observes child and caregiver interactions and caregiver has opportunity to observe PPC model.
3. **Action/Practice:** Caregiver has opportunity to practice a PLAY Project method, principle, technique within the context of the child's idea and/or a specific routine.
4. **Reflection**: Give caregiver opportunity to share with PPC what they have tried, what worked well and what did not work well, the reason why a technique did not work, and their ideas on what to change.
5. **Feedback:** PPC opportunity to provide positive feedback by affirming caregiver's knowledge and understanding and then PPC can share more ideas.

Also refer to Dr. Rick's Coaching Tips included in Resource section.

Optimizing Caregiver Engagement in Coaching During TelePLAY Visits
- Plan the visit around implementing a specific method or technique within a specific routine, i.e. use of "expectant waiting" during snack routine or "adding a step" during a familiar game of chase.
- Make sure caregiver has a plan for placing the camera during the visit and consider using Bluetooth earbuds so it is easier for caregiver to hear PPC coaching in real time and the child is not distracted by hearing the PPC coaching.

- PPC to take time to watch and then share observations on what was successful first. Be sure to slow pace of speaking, include intentional pauses, ask just one question at a time; due to lag time/delays of technology during online visits.

Addressing Zoom Fatigue for PPCs During TelePLAY Visits

Be aware of the following ergonomic principles for computer workstations:

- Eyes level with screen with screen about an arm's length away
- Arms close to body at 90 degrees
- Low back supported
- Feet flat on floor
- Body facing forward; not twisted to either side
- Legs parallel to floor with back supported by backrest
- Wrists in neutral for typing on keyboard
- Consider setting up a standing workstation to use intermittently

Practice the 20/20/20 Rule

- Shift your gaze 20 feet away from the screen for 20 seconds every 20 minutes

Between visits, engage in simple stretching exercises:

See this 6-minute break that you can take while at your desk on Fitness Blender YouTube site: https://www.fitnessblender.com/videos/relaxing-stretching-workout-for-stiff-muscles-and-stress-relief-easy-stretches-to-do-at-work

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TelePLAY Home Equipment Checklist
Click here to access form on ShareFile

- o   Removable couch cushions
- o   Inflatable mattress or small mattress
- o   Collapsible fabric tunnel
- o   Indoor/outdoor trampoline
- o   Indoor/outdoor slide
- o   Indoor/outdoor swing
- o   Pillows/blankets
- o   Inflatable bounce house
- o   Balloons (already inflated or ready to inflate)
- o   Pop up tent
- o   Large empty storage bin/ cardboard box
- o   Empty shoe boxes
- o   Laundry basket
- o   Rocking recliner or rocking chair
- o   Playhouse
- o   Bean bag chair
- o   Spandex tunnel/body sox
- o   Bubbles
- o   Colored scarves
- o   Stickers
- o   Stuffed toys/puppets
- o   Floor drum/shaker eggs
- o   Dry erase boards/markers

Items that your child loves to play with:

- o   _____
- o   _____
- o   _____
- o   _____

Dr. Rick's Coaching Tips
Located in your certification binder and on ShareFile here

✓ **Catch parents being successful and compliment them** especially when they wait, get circles, create engagement, and having fun. Show them on the video!
  - Remember the feedback sandwich: one positive comment, one constructive comment and one positive comment.

✓ Don't be afraid to be **gently directive.**
  - "OK, Mrs. Smith, let's go for a few more 'circles'."
  - "Let's wait and see what HE wants to do."
  - "Let's try some theme and variation by figuring out five things we can do here."

✓ **Model and rehearse.** Show the parents what to do by doing it (on video too). Then ask them to do what you did (reassuring them that it's ok to make mistakes and that this work is not as easy as it looks!).

✓ **'Go theoretical'—share what YOU are thinking** in terms of PLAY Plan strategies, methods, and techniques and the model. Educate!
  - "In our model we don't drill for results. Circle 1 Methods say that we have to follow the child."
  - "I'm just waiting here, *being with*, Jacob to see what his idea is. Then I'm going to use the *Rabbit Hole Techniques* to get him engaged."

✓ **Direct the parents to '**the child's **attention** and the child's **intention.'**

✓ Distinguish between the **parents' ideas** and the **child's ideas.**
  - "It's ok to have your own ideas I just want you to be aware of whose idea it is."
  - "Singing a song was YOUR idea. Let's wait and see if Jacob comes up with his own idea. There, did you see that? He threw himself on the couch. THAT was his idea. Let's go with that and give him some deep pressure."

✓ **Use the video during a visit** to show them what they did well (or could have done differently!) and give them feedback.
  - Distinguish between *(*the interactional) *process* versus than the *content* (of what is happening)

✓ **Define the terms** of The PLAY Project clearly.
  - Make sure parents know what the FDLs are and how to work with each level.
    - Quiz them in a fun way. "Do you know your levels yet?"
  - Define 'circles', 'intention', 'cues', 'following the child's lead.'
  - Define: Zone of proximal development i.e. playing too high, too low, or just right.
  - Use the *glossary.*

- Make sure parents know what *'technique'* you're referring to.

✓ **Ask for feedback** when you feel like things aren't going well.
   - Use the satisfaction survey.
   - *Report on your feelings:* "Can we talk about how The PLAY Project is going? I'm feeling a little worried about how we're doing together."

✓ **Blame yourself** ("It's me; not you"). Never blame the parent. There's always a reason for their behavior.
   - "I'm not sure I'm making myself clear."
   - "I feel like I'm not helping you very much here."
   - "What can I do to make this better for you?"

✓ **Join their wishes. "**I know that you want Johnny to talk and I do too but if you play too high and don't fill in these lower levels, he won't make progress as fast as he can."

✓ **Invoke trust and openness** by being open to feedback.
   - "We've been working together now for 4-5 months. Please tell me what you need from me. I'm here for you."
   - **Poll the parents** about their feelings: "How are you holding up?" and/or about their life events, family: "You have so much going on!"

✓ **Just be honest (with a smile).** Once you've established trust you can be bluntly honest with a little sense of humor: "You were off there, Mom! Way too high!"

TELEPLAY©

TelePLAY Visit Form/Planning Sheet
Click here to access form on ShareFile

Date of Service: _____ Visit #: _____ Hours of PLAY Per Day/Week? _____

1. How did PLAY go since last meeting?

2. Joint planning for today's visit/What can I do for you today?

3. Review slides/videos

4. PLAY

5. Problem-solve/feedback/reflect

6. Joint planning for next visit

The PLAY Project Consent Form
Click here to access form on ShareFile

I consent to allow Richard Solomon, MD and The PLAY Project to use the pictures/ videos of my child, myself and/or my family members. The pictures/ videos may be used for the following purposes (**please initial** each use where you grant permission, or initial the last item if approval is not granted):

_____ Training seminars for professionals and students
_____ Community workshops attended by parents and professionals; aimed at introducing the community to autism and The PLAY Project intervention
_____ Sharing video/images on our website www.playproject.org
_____ Sharing video/images on our social media channels, including but not limited to, The PLAY Project Facebook page, The PLAY Project YouTube channel, and The PLAY Project blog
_____ **All the above** uses are approved
_____ **None of the above** uses are approved

I understand that the people shown in the videotape will not be disguised and will be identifiable.

Personal Release Form PLAY Project Video Library

I consent to allow Richard Solomon, MD and The PLAY Project to use the pictures/ videos of my child, myself and/or my family members for a PLAY Project Video Library to support the training and fidelity of PLAY Project Consultants. I understand the use of these videos may be used to show other PLAY Project families examples and techniques.

I understand these videos can and will be accessed by PLAY Project Consultants and PLAY Project Consultants in training through a secure HIPPA compliant file sharing site. I understand that the people shown in the videotape will not be disguised and will be identifiable.

Please initial below

_____ **I agree with all of the above for the Personal Release form for a PLAY Project Video Library**.

I acknowledge that Richard Solomon, MD is the owner of the photos/ videos and, by signing, I agree to hold, Richard Solomon, MD and The PLAY Project harmless from any and all claims, costs, residuals, royalties, damages, obligations and/or liabilities of any kind or nature whatsoever arising out of, or in connection with, the permission or rights granted by me herein.

Consent

I acknowledge that I have read the above release prior to executing it and I am familiar with its contents. I voluntarily agree to and give permission to Richard Solomon, MD for use of video footage and written documentation of my child and family for the above identified purposes.

_____ Printed Name

_____ Signature

_____ Date

Consent To Provide Teletherapy/TelePLAY Services
Click here to access form on ShareFile

What is Teletherapy?
Teletherapy is the delivery of therapy services using distance technology; typically, computers, tablets, and smart phones, when the therapist and child and family are in different physical locations. The PLAY Project uses a form of Teletherapy called TelePLAY.

Potential Benefits:
1) Enhanced access to therapy providers.
2) Enhanced caregiver skills in fostering their child's development by focusing intervention on caregiver-child interactions.
3) Increased opportunity for caregivers and other family members to observe the sessions and learn strategies to use at home, within daily routines.
4) Decreased travel time and costs, and reduced cancellations related to illness or weather.
5) Decreased exposure to public places.

Potential Challenges:
1) The internet connection/broadband coverage in some rural areas may limit access and effective interaction or communication.
2) Higher costs for accessing higher bandwidth/faster internet speeds.
3) Difficulty with equipment reliability and maintenance.
4) Difficulty in learning and adapting to new technology tools.
5) Potential fallibility of security protocols of internet-based programs.

Privacy and Security:

Teletherapy/TelePLAY services Consent Form

Definition of Services:

I,_____, hereby authorize consent to engage my child, _____ in teletherapy/TelePLAY with _____(agency). Teletherapy/TelePLAY is a form of intervention services provided via internet technology, which can include online learning program, consultation, treatment, transfer of medical data, emails, telephone conversations and/or education using interactive audio, video, or data communications. I also understand that teletherapy/TelePLAY involves the communication of my child's educational/medical/mental health information, both orally and/or visually.

TELEPLAY©

Teletherapy/TelePLAY has the same purpose or intention as direct therapy treatment sessions that are conducted in person. However, due to the nature of the technology used, I understand that teletherapy/TelePLAY may be experienced somewhat differently than face-to-face treatment sessions. I understand that I have the following rights, risks, and responsibilities with respect to teletherapy/TelePLAY with _____(agency):

Client's Rights, Risks, and Responsibilities:

1. The child needs to be a resident of _____ (name of state where services will be provided).

2. The student's parent/guardian has the right to withhold or withdraw consent at any time without affecting their child's right to future care or treatment.

3. The laws that protect the privacy and confidentiality of my child's health and education information also apply to teletherapy. As such, I understand that the information disclosed during the course of therapy is generally confidential.

4. I understand that there are risks in participating in teletherapy, however I believe that the potential benefits of teletherapy outweigh the risk as stated above.

5. I understand that teletherapy based services and care may not be as complete as face-to-face services.

6. I understand that my child may benefit from teletherapy, but that results cannot be guaranteed or assured. I understand that there are potential risks and benefits associated with any form of therapy.

8. I understand that there is a risk of my child being overheard by anyone near my child if they are not in a private room while participating in teletherapy. I am responsible for (1) providing the necessary internet access for my child's teletherapy, and (2) arranging a location with sufficient lighting and privacy that is free from distractions or intrusions for my child's teletherapy session. It is the responsibility of _____ (organization name) to do the same on their end.

9. I understand that dissemination of any personally identifiable images or information from the teletherapy interaction to anyone outside of _____ (organization name) shall not occur without my written consent.

10. I understand that the use of any personally identifiable images or information from teletherapy will follow the parameters outlined in the video recording written consent form provided by _____ (organization name).

I have read, understand and agree to the information provided above regarding my child's teletherapy:

Name of Child: _____

Parent or Guardian's Signature: _____ Date_____

Therapist's Signature: _____ Date_____