



THE PLAY PROJECT

Implementation Course: ***Putting PLAY into Practice*** **Certification Training Guide**



Welcome to The PLAY Project Implementation Course

The P.L.A.Y. (Play and Language for Autistic Youngsters) Project® is a caregiver implemented, intensive early intervention program for young children with autism that is evidence based. The PLAY Project can be flexibly implemented in a variety of service delivery models to best meet the needs of your organization and families. ***You will be learning A LOT over the next several weeks, so it is important to stay caught up in the coursework, allow yourself time to process and integrate this new material and DON'T BE AFRAID TO ASK QUESTIONS!***

PLAY has MANY wonderful resources available to you and this Certification Training Guide is designed to provide the most important information that you will need as you move through this course in one place, for easy reference, however you are strongly encouraged to take the time to explore PLAY's additional resources.

Be sure to review the course syllabus and pay attention to assignment and live session dates, times, and time zones!

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Welcome to the P.L.A.Y. Project Certification!

We are thrilled to have you join this exciting and impactful journey toward becoming a certified P.L.A.Y. Project Consultant (PPC). By enrolling in this program, you are taking a meaningful step toward helping children with autism and their families build strong, joyful, and lasting connections through the power of evidence-based, parent-implemented interventions.

At the heart of The P.L.A.Y. Project is the belief that every *child* deserves the opportunity to reach their full potential—starting with the right intervention at the right time. As a certified provider, you will have the knowledge, skills, and support to empower parents and caregivers, giving them the tools to create the positive, developmentally appropriate experiences their children need to thrive.

Over the course of this training, you will gain expertise in the P.L.A.Y. Project's Developmental and Relationship-Based (DRB) approach, which has been designed to be both practical and highly effective for families. We understand the important role you play in shaping the intervention experience, and we are here to support you every step of the way.

Throughout the certification process, you will:

- **Learn the core Principles, Methods, Techniques and Activities of the P.L.A.Y. Project.**
- **Build confidence in coaching and mentoring parents to implement autism-specific interventions in the home.**
- **Receive personalized support from our expert team, who are committed to your success.**

We are so excited to see the difference you will make in the lives of children with autism and their families. The work you are about to do will not only transform individual lives, but also contribute to a larger movement—one that continues to build a better, more inclusive future for children on the autism spectrum.

Thank you for being part of the P.L.A.Y. Project organization and community. We look forward to partnering with you as you embark on this important and rewarding journey.

If you have any questions or need support at any time, please don't hesitate to reach out. We are here for you!

Warm regards,

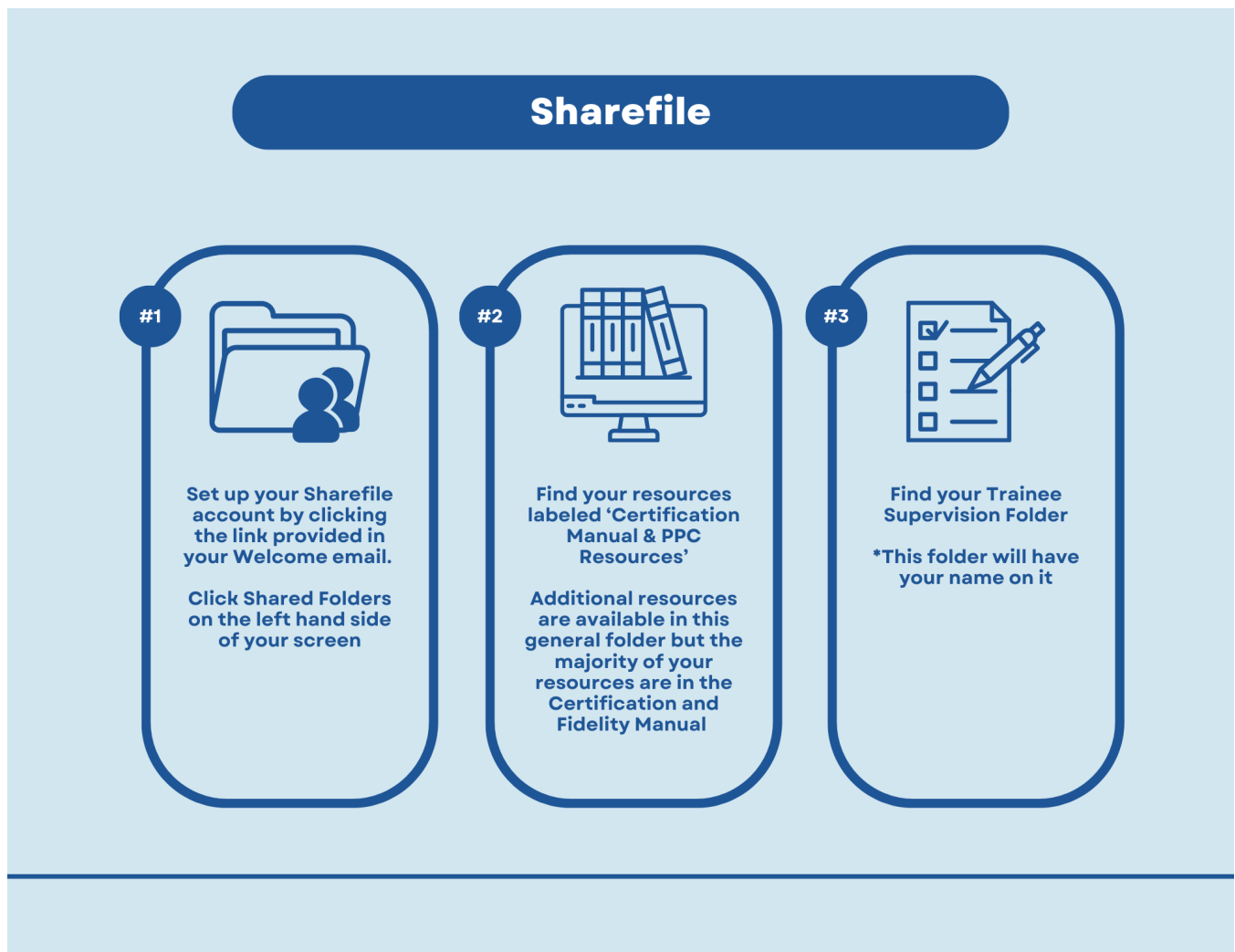
**Dr. Rick Solomon
Founder & Medical Director
The P.L.A.Y. Project**

Unit 1: Welcome and Course Overview

PLAY Project Resources

The PLAY Project has MANY resources for PPCs, both during training and for Licensed PPCs on an ongoing basis. ***This Certification Training Guide will include the most referenced or summarized information needed for the Implementation Course and as a quick guide for implementation.*** You are strongly encouraged to become familiar with ALL of PLAY Project's wonderful resources available for you and the caregivers that you serve.

[Sharefile](#) is the data sharing platform that PLAY uses to house ALL PLAY Project files. PPCs receive a welcome email and set up their own secure password. When you open your Shared Folders, you will see 2 folders: Your Trainee Supervision Folder (folder with your name on it) and a folder labeled 'Certification Manual & PPC Resources':



PLAY Project Consultants will use a PPC Portal on <https://playproject.org/> to find useful links (including the *closed* Facebook group for Licensed PPCs ONLY and the entire archive of PLAY Project Webinars ***Both are strongly encouraged**).

PPC Login



The PPC Portal is password protected and PPCs will gain access during their training

***It is the responsibility of PLAY Project Consultants to familiarize themselves with The PLAY Project website, course resources and Sharefile at the beginning of their training and throughout their time as a PPC.**

The PLAY Project Fidelity Manual

The PLAY Project Fidelity Manual was developed for the National Institute of Health randomized, controlled trial study, as a quantitative measure of fidelity of the training, implementation, and supervision of The PLAY Project Autism Intervention. ***The research provided evidence that professionals trained through The PLAY Project Certification Program had very high fidelity to the model and were effective in their intervention.***

The Fidelity Manual provides detailed information about every aspect of the intervention including key elements, the quality of the key elements, requirements for supervision case study submissions and gives specific guidance for supervisor scoring. ***The full PLAY Project Fidelity Manual can be found in Section 7 of the Certification Manual, in Sharefile.***

You will note scores from 1-5 and content related to each score. Supervisors will score each element of your case study submissions using a spreadsheet derived directly from the Fidelity Manual. ***Do not worry about the scores, at this time, but do pay attention to the guidelines listed under the higher scores of 4 and 5 for each area, including coaching, modeling, Video Review, PLAY Plan, etc. Use this as guidelines for yourself as you begin practicing throughout the course and in your work.*** Licensed and Certified PPCs have implementation options they may follow, but while PPCs are learning the model and still under supervision, they are required to adhere to the specifics outlined in the Fidelity Manual. The Implementation Options for Certified PLAY Project Consultants is included in the Fidelity Manual.

You will be using The PLAY Project Fidelity Chart & Self-Assessment to score your final course VRF assignment.

Unit 2: First Visits & Assessments

Children do NOT require a diagnosis of autism to be appropriate for The PLAY Project Intervention.

PLAY can benefit any young child with weaknesses in communicating and relating. The focus of PLAY is FUNCTIONAL DEVELOPMENT rather than chronological age, though intervention as early as possible is encouraged.

Assessments, in The PLAY Project, are optional but a very helpful way to gain information about the child's unique developmental profile and the child-caregiver interactional process. PLAY has permission to share the Functional Emotional Assessment Scale (FEAS) but all other assessments will need to be ordered from their distributor due to copyright laws. ***For the Implementation Course, you will find a subfolder in Sharefile's Certification Manual, Section 4: Assessments-> "For Training Purposes Only" that contains full copies of each assessment tool that have been stamped.*** Many children will already have a full battery of assessments completed that the caregiver will share with you and you can select the assessment tools that may fill in missing pieces of information. The intake process is an important time to connect with the caregivers and begin establishing a trusting rapport.

Quick Guide to Getting Started

1. Share resources with identified caregivers:
 - ***PLAY Project Brochure*** and ***Fact Sheet*** in Section 8: Licensing & Marketing
 - ***PLAY Project Summary for Parents*** in Section 9: PLAY Project Implementation & Family Manual Handouts
2. Contact caregivers directly, that plan to begin PLAY, introduce yourself & share what to expect at first visit.
3. Send caregiver paperwork to complete and return to you, ahead of visit, when possible:
 - ***Consents, Video Release Form, PLAY Agreement, Organization Specific Forms, Intake/History Form.*** Samples in Section 9: PLAY Project Implementation & Family Manual Handouts in Word Doc for editing as needed by your organization.
 - ***PLAY Project Welcome Letter*** in Section 9: PLAY Project Implementation & Family Manual Handouts
 - Voucher code for ***Welcome to The PLAY Project*** or ***Introduction to Teaching PLAY*** online course (accessed with PLAY Project License: licensing@playproject.org)
4. **First Visit Goals (can take a couple of visits depending on PLAY visit schedule)**
 - **Goal 1: Connect with the caregiver & child**, finish intake paperwork.
 - **Goal 2: PLAY Standardized Assessments** (optional but informative to better understand the child & caregiver)
 - REEL 4 *Parent Questionnaire
 - Greenspan Social Emotional Growth Chart *Parent Questionnaire
 - CARS 2 *Parent Questionnaire
 - Functional Emotional Assessment Scale (FEAS: first baseline video

of child/caregiver interaction with no coaching/modeling)

- Assessments are NOT scored during the visit.
 - Assessments can generate objectives for IFSPs/IEPs
 - Pre-Post Assessments can be used for research, funding agencies and for informing intervention & progress.
 - Assessment results are NOT typically shared with parents. If parents do request, results should be shared within PLAY Plan as descriptions/goals rather than raw scores.
- **Goal 3:** Give caregivers *The PLAY Project Parent Guide*, note most relevant sections for their child. ***Begin coaching/modeling PLAY Principles, Methods & Techniques.*** Licensed PPCs can purchase The PLAY Project Parent Guide through the PPC Portal, at cost and in bulk, to distribute to caregivers.
5. Give the caregiver a **Visit Suggestion Report (VSR)** and verbally review it and explain each suggestion clearly. Remember to scan or take a picture of the VSR with your video recording device.



Building a trusting rapport with caregivers begins from your first contact and is the foundation of open communication needed for PLAY to be successful.

After the First PLAY Visit:

- Score parent questionnaire assessments
- Watch baseline FEAS video, score caregiver & child forms
- Complete PLAY Plan first then Video Review section of the Video Review Form (VRF)
- Send 12-15 minute Video *with* full VRF to the caregiver ASAP (within 2 weeks of visit)

Supervision:

If submitting a first PLAY visit case for supervision (up to 3 FEAS submissions are permitted within first 5 case submissions for PPCs on standard 15 Supervision Case Submission track):

-Upload Video, VRF and VSR to Sharefile folder with your name

*follow case submission guidance steps for correct labeling of folders & documents.

-Complete **Case Submission Form** in **PPC Portal** on www.playproject.org to notify supervisor.

PPC Portal Password: PlayOn!

Unit 3: Coaching, Modeling & Video Recording

Caregiver guidance is at the very root of The PLAY Project. We refer to this as *Circle 4*. Some Early Intervention providers are skilled parent coaches and PLAY will provide a structured, systematic approach to your practice. Other Early Intervention professionals typically work 1:1 with children and coaching a caregiver to implement PLAY will be a new experience. New PPCs sometimes struggle with finding their “expert voice” with caregivers and are concerned with navigating their new role of being somewhat directive. We are going to break down some helpful tips for coaching and modeling but always keep in mind that the role of a PLAY Project Consultant is to educate the caregiver to have a better understanding of the child’s unique profile and learn The PLAY Project Techniques, Methods, and Principles to help their child make developmental progress. ***It is also the job of a PLAY Project Consultant to EMPOWER the caregivers’ confidence about their expertise on their child and to become their child’s BEST PLAY PARTNER!***

Depending on your professional discipline and your organization, you may wear multiple hats in your role with the child. For example, some PPCs are the child’s OT AND PPC, Teacher AND PPC, Developmental Specialist AND PPC. ***When you are providing The PLAY Project Autism Intervention, you are coaching and modeling PLAY Principles, Methods, Techniques and Activities with the child and caregiver/school professionals.*** PLAY is NOT a direct care, 1:1 service but rather a caregiver-implemented model and your role is to educate and support the caregiver.

The Roles of a PPC



PLAY Project visits usually consist of about 1/3 coaching, 1/3 modeling and 1/3 caregiver support, however it is important to follow the child and caregivers’ lead and to be flexible.

Remember in The PLAY Project, we not only honor the child’s needs, but we are also sensitive to the caregivers’ needs.

Coaching is...

- Teaching caregivers the basics of The PLAY Project's 7 Circles of PLAY and how to make every interaction a good interaction. *Use of daily routines, not just PLAYtime
- Coaching helps the caregiver improve interactions with children in the moment by encouraging the use of fun and engaging methods, techniques and activities that will address the child's functional needs (including sensory profile) and help the child move up the 'developmental ladder.'
- Coaching can be done from behind the camera, talking to the caregiver while video recording and during the visit when the caregivers are PLAYing and the camera is off. If you have an additional person with you at the visit, you can also coach the caregivers from in front of the camera.
- Coaching helps the caregiver become more sensitive, responsive and effective in their interactions with the child.

Coaching Language Examples:

Here are some examples language to coach parents "in the moment:"

- "What do you think would happen if..."
- "I really like how you ____" (joined his idea, expanded on his play)
- "Next time, I want you to try____"
- "What do you think he's thinking right now? What is his idea?"
- "I wonder how she would respond if you..."
- "Let's slow down and wait to see what he does next"

Modeling is...

- The PLAY Project Consultant PLAYing with the child, demonstrating PLAY Principles, Methods, Techniques, and Activities while explaining to the caregiver what they are doing and why in an understandable way that the caregiver can imitate.
- PPC accurately meets the child 'where he/she's at' in terms of comfort zone, sensory motor profile and functional developmental level(s). PPC does not play too high or too low, too fast or too slow, by sensitively reading cues and responsively following the child's idea almost all the time.
- Modeling is done both on and off video and should be natural, never interrupting the interactional process with the child.
- The best modeling successfully engages the child in a way that is fun.
- When modeling, The PPC might unintentionally use a technique that is NOT effective. This is ok! This is all part of the process. Acknowledge it and talk with caregivers about the importance of trying different techniques that are appropriate for the child's profile
- If TelePLAY, the PPC should use tone and vocal inflection to aid in vocal modeling.

Caregiver Support is...

- A trusting relationship with the caregiver is key to the success of a parent implemented model.
- Being a good listener is caregiver support. You might have your own agenda for PLAY, but be flexible
- Parallel process: Do with the Caregiver what you want the caregiver to do with the child.
- Read the caregiver's cues, follow the caregiver's lead, and meet them where they are at.
- Never blame! We find out why! It is the role of the PPC to understand and support the caregiver. There is ALWAYS a reason why a caregiver listens to your suggestions, puts in the time...or DOES NOT! It can feel frustrating. Pay attention to your feelings! This can give you important information about the "feeling life" of the family.

Video Recording

- Video recording is one of the key elements of The PLAY Project model.
- As mentioned earlier in the course, a video release form must be signed by the caregiver, giving permission for various levels of sharing. Any videos used for supervision must have consent from the caregiver.
- Any simple video recording device can be used. Be mindful of HIPPA compliance with cell phones and tablets
- Be sure to teach the caregiver how to use the video recording device. Caregivers will record you PLAYing and modeling with the child and you will record the caregiver PLAYing while coaching from behind the camera.
- Always have your camera charged and ready so you don't miss a "teachable moment" or a beautiful interaction.
- Record short clips (3-5 minutes each) that are representative of the child and include BOTH coaching and modeling.

- **Depending on your PLAY visit schedule, you may not record every visit but you will need to have at least 12-15 minutes of video to include in your monthly Video Review Form (monthly report).**

Most PPCs take several short clips of video, both of themselves and the caregiver with the child and then select the clips that are the MOST representative of the key messages that the PPC wants to deliver to the caregiver, in the VRF.

BOTH caregivers AND PPCs learn a lot by watching the videos from PLAY visits. Pay attention to the interactional process, the pace of PLAY, the affect (emotional state) of both the child and caregiver. Take notes while watching the videos to help you write the Video Review Form.

When Caregivers Do NOT Consent to Video Recording...

PLAY Project Consultants and caregivers may feel anxious about the video recording process initially. It is natural to feel uncertain about being “seen” learning a new skill, however in The PLAY Project, the goal of supervision is to “be seen” to receive valuable mentorship supporting your ability to accurately profile a child and transmitting The PLAY Project model to a caregiver. The importance of video review and feedback in PLAY’s model allows caregivers and PPCs to watch the adult-child interactional process to become more sensitive, responsive, and effective in their interactions with the child to help promote developmental progress. Acknowledging that many people feel a bit awkward about video recording, at first but quickly forget to be self-conscious when they are engaged in the relationship, seems to put people at ease.

Typically, caregivers are thrilled to have additional expert feedback and suggestions to help their child, knowing that supervision is all done through a HIPPA compliant online platform. If a caregiver does NOT consent to videos being shared with PLAY Supervisors, always respect the family’s wishes. There may be caregivers that WANT to participate in PLAY but do NOT WANT to be video recorded at all. The PLAY Project aims to be as sensitive as possible; this may include a family history of distrust with “the system”. Discussing the purpose and importance of video recording, along with building a trusting relationship with the caregiver, can often alleviate the anxiety of being recorded. In some cases, caregivers will allow video recording and in person video review (analysis of video making strategic observations & suggestions) before deleting footage at the end of the visit. It is rare that a caregiver resists video recording once services begin and confidence develops in their own skills and in their relationship with you. Coaching and modeling of PLAY Project Techniques, Methods and Principles can occur without video recording, but it is a key element to implement PLAY with fidelity.

Unit 4: Written Reports and Unit 5: Case Study Analysis

PLAY Project Consultants educate caregivers about the child's unique profile and The PLAY Project strategies in 3 main ways:

#1

Coaching & Modeling



PLAY Methods, Principles, Techniques, & Activities during visits

#2

Giving the caregiver a Visit Suggestion Report (VSR)



At the end of each visit with 3 clear and brief suggestions of PLAY strategies to use as a guide until the next visit.

#3

Video Review Form (VRF) & PLAY Plan



Sharing 15 minutes of video clips taken throughout that month's PLAY visits, along with a written Video Review Form (VRF) & PLAY Plan.

The Video Review portion of the written form breaks down the video clips, making key observations and suggestions for the caregiver. The PLAY Plan portion of the written form gives the caregiver the “Keys to the Case”. The PLAY Plan educates the caregiver about the child’s unique functional developmental profile, including comfort zone activities and sensory motor profile. The PLAY Plan further gives the caregiver specific PLAY Project Techniques and Activities that are appropriate and would be fun for the child, so they know systematically how to help their child move up the developmental ladder. ***The Video Review Form (VRF) is part of the evidence-based way the PPC guides caregivers to effectively interact with their child. The VRF must answer the question: What do caregivers need to know to be good players with their unique child?***

Visit Suggestion Report (VSR)

The **Visit Suggestion Report (VSR)** is the caregiver's guide to **Circle 5** with 3 brief PLAY Project suggestions to help promote engagement with concrete Principles, Methods, Techniques, and Activities for the caregiver to use until the next PLAY visit. ***In Teaching PLAY, a Classroom Suggestion Report (CSR) is used.*** Think of the VSR as both a written summary of your coaching/modeling PLAY visit and should include the MOST important things the caregiver needs to know to help their child strengthen their developmental and relational foundation.

If you are providing PLAY in the home or community, bring blank copies of the Visit Suggestion Report to all visits and save about 10 minutes at the end of the session to fill it out and verbally review it with the caregiver. If your PLAY visits are in your office, you may be able to quickly type it up and print it for the family. But if you are handwriting the Visit Suggestion Report, be sure to take a picture of it, with your video recording device, before ending the visit. You will need to have a record of it, both as you write up the monthly full report but also to include in your case submissions to your supervisors.

- At the end of each PLAY visit, the PPC completes the VSR with 3 PLAY suggestions to support the caregiver in being the BEST PLAY PARTNER with their unique child. Be sure to review the VSR with the caregiver and ask if they have any questions before leaving the visit

Look at the example of the VSR PLAY Project Suggestions the first box marked by the **red arrow**, highlights a PLAY Method suggested. The **purple arrow** is a suggestion of a PLAY Technique, and the final **blue arrow** shows a PLAY Activity suggestion. Please use this same formatting when creating your own reports.

Thank you so much for welcoming me into your home! Enzo is such a sweet boy. I look forward to learning together. Please reach out with any questions. I should have the full video review form completed in the next two weeks. I will see you at the clinic for speech on Mondays- Kara
FDL Comments: Enzo has great skills at FDL 1 and 2. He is able to sustain focus and joint engagement and wants to connect with people. If he enters his comfort zone (when he wants to be in isolation), follow his lead and play at FDL 1 and 2 instead of 3.
Sensory Motor Profile Comments & Suggestions: Enzo can get visually absorbed easily with toys so think about your positioning when you play and always try new things to keep him engaged with YOU, not just the toy. Think circles, circles, circles!
PLAY Project Suggestions: 1. "When he goes up, go up. When he goes down, go down. If he wants to PLAY higher, <u>follow his lead</u> . 2. <u>The rabbit hole techniques</u> on page 33 offer some ideas to explore whenever Enzo enters the comfort zone. We tried out "theme and variation" and "changing the sensory mode" today. 3. <u>"Ready, set, go" sequence play</u> . Activities that encourage a sequence (the stacking rings we used today and the nerf toy) with a cause/effect element is a great place to play at!!! The clear beginning, middle, and end to the play routine creates structure that helps foster growth down the road as he PLAYS at the higher FDLs! Keep up the great work.

Next Appointment: Feel free to check out the book and reach out if you have any questions or ideas for the future. We want to get between 8-10 visits by June 30th so we have some wiggle room with visits but typically try to achieve 1x monthly. Talk soon!!


Visit Suggestion Report Helpful Tips

#1



The VSR is often handwritten so be sure to have blank copies with you at your PLAY visits and remember to take a picture of it with your video recording device before you leave the visit.

#2



The VSR should reflect PLAY Methods and Techniques that had been coached/ modeled during the visit and can include activities that would be FUN for the child, knowing the child's interests, sensory preferences and FDLs.

#3



PLAY Project written reports are ALWAYS written in FIRST PERSON language, talking TO THE CAREGIVER rather than about the caregiver and child. This is different from clinical reports professionals are familiar with writing.

#4



The VSR is not a progress note about what occurred at the visit, however, it likely will reflect Methods, Principles, Techniques and Activities discussed at the visit, to be practiced until the next PLAY session and should be strength based. The VSR is another tool used to further coach and educate the caregivers about their child and The PLAY Project.

#5



Be sure to fill in sections related to FDL and make any needed notes about sensory profile that will help the caregiver play at the right level and support regulation needs

#6



Use PLAY language in sessions, explaining the terms and include PLAY language on the VSR with a short description or you can refer to the Parent Guide. Underlining key PLAY Project Methods and Techniques can help a caregiver attend to important terms.

Video Review Form with PLAY Plan: An Overview

PLAY Project Video Review Form		
Child's Name:	Child's DOB:	
Visit Date (s):	Visit # (s):	
PLAY Consultant:	Frequency of Visits:	
Video Review Form <ul style="list-style-type: none"> Use bullets to make suggestions for key observations Give 3-5 Suggestions per 3-5 minutes of video Use bolding to highlight techniques, methods, principles & key points 		
Date/Activity/Player	Time	Observations & Suggestions:

PLAY Plan
Main Points "Keys to the Case: How to help the child move up"
1. 2. 3.
Comfort Zone (CZ) Include ALL CZ, not only seen on video
Definition of Comfort Zone: When a child "tunes you out" and appears to be in their "own world", this is when they are going into their comfort zone. When the child is in their comfort zone, they are dysregulated and not engaged in the interaction. Your child's comfort zone activities include:
Sensory Motor Profile (SMP) The Sensory Motor Profile (SMP) refers to the unique way that a child experiences the world through the 2-9 primary senses, domains and through movement.
1. Visual 2. Auditory 3. Gustatory 4. Olfactory 5. Tactile

The PLAY Plan, which includes the child profile and "Keys to the Child's Potential", is built into the Full Video Review Form and is the first section of the written report that you will complete, even though it begins on page 2 of the VRF.

The Video Review Form (VRF) is part of the evidence-based way the PPC guides caregivers to effectively interact with their child. The VRF must answer the question: What do caregivers need to know to be good players with their unique child?

Circle 6 in The PLAY Project includes sharing 12-15 minutes of video clips taken throughout that month's PLAY visits, along with a written Video Review Form (VRF) (which includes the PLAY Plan).

- The Video Review portion of the written form breaks down the video clips, making key observations and suggestions for the caregiver.
- The PLAY Plan portion of the written form gives the caregiver the “Keys to the Child’s Potential and educates the caregiver about the child’s unique functional developmental profile, including comfort zone activities and sensory motor profile. The PLAY Plan further gives the caregiver specific PLAY Project Methods, Techniques and Activities that are appropriate and would be fun for the child, so they know systematically how to help their child move up the developmental ladder.
- Depending on your PLAY visit schedule, you may have clips from several visits included on one VRF.
- The goal is to send the VRF along with 12-15 minutes of video, to the family, monthly. PPCs share videos and reports with families in several different ways, depending on the organization. Some use flash drives, some use secure virtual platforms. You can share any way that the family consents to receiving the documentation.

The PLAY Plan



The PLAY Plan is fundamental in helping the caregiver understand their unique child and provides a written guide of appropriate PLAY Project Techniques and Activities to promote engagement and help the child move up in their development.

- ***The PLAY Plan is the first step in writing the Video Review Form.***
- Your first PLAY Plan for each child will be the hardest, as you take what you have learned from the assessments and build your systematic analysis to honor the whole child. Each PLAY Plan thereafter, on the same child, will take much less time. Comfort Zone Activities and Sensory Motor Profile may not change dramatically from month to month so you may only need to make minor changes to these sections of your PLAY Plan. You should always update the FDLs, Techniques and Activities Sections to reflect the child’s growth and your current suggestions for the caregiver.

- **Think of the PLAY Plan as the road map that will guide the caregiver and child to their destination. You want to include clear information and directions without overwhelming the caregiver with too many unnecessary details.**

The Main Points of the PLAY Plan are the “Keys to the Child’s Potential”

Keys integrate the principles, methods, and techniques of PLAY into **main points that summarize the most important suggestions** for caregivers. Special attention is given to the child’s profile (CZ, SMP, FDL) and the caregivers’ interactional process. **Keys should accurately summarize a set of overall strategies that help the caregiver know what to do to improve interactions with this child and promote this child’s functional development.** Refer to your VSR’s for the Main Points you have been coaching caregivers during that month.

Comfort Zone Activities (CZA)

Comfort Zone Activities can be identified as what the child will do when you let them do whatever they want to do. **Children may “get stuck” in their CZA when they become unregulated and CZA interferes in the interactional process.** In PLAY, we join the child, in their CZA, by using Rabbit Hole Techniques, and bring them into the social world. The PLAY Plan should include CZA that are both seen on the video AND those that are NOT seen on the video.

The Sensory Motor Profile (SMP)

Sensory Motor Profile refers to the unique way that a child experiences the world through their primary senses and through movement. **It is not enough to simply “play at the right level”, one must also understand how the child’s SMP impacts his/her ability to interact with the world around them. Awareness of and respecting the child’s sensory needs allows you to support regulation and you can connect in ways that are engaging & fun!** Look through the Sensory Motor Profile Overview [here](#).

ALWAYS THINK ABOUT SMP SUGGESTIONS
AS WHAT THE CAREGIVER CAN DO “MORE
OF OR LESS OF” TO SUPPORT THEIR
CHILD’S REGULATION AND IMPROVE THE
INTERACTIONAL PROCESS.

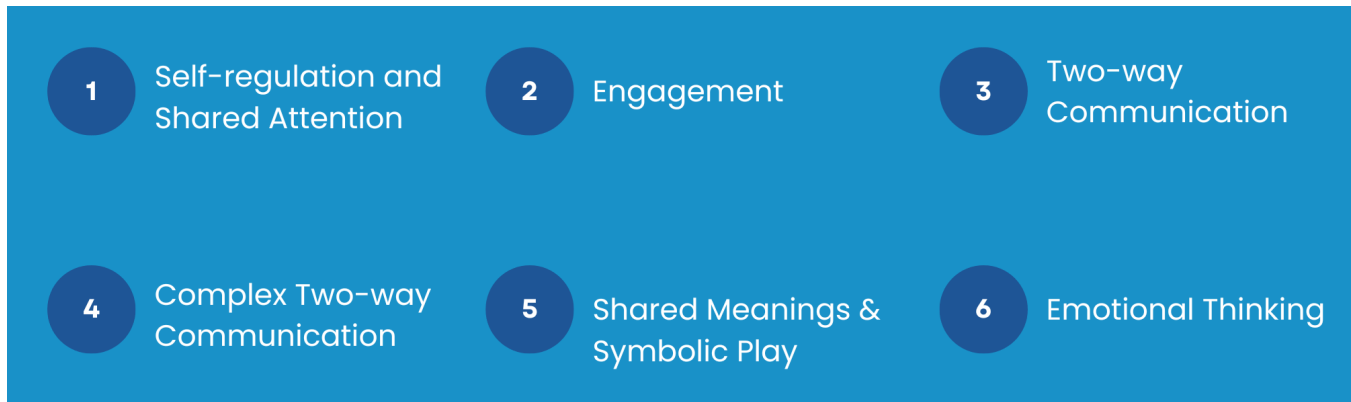
Functional Developmental Levels (FDLs)

Functional Developmental Levels refer to stages of child development, as described by Stanley Greenspan. In PLAY, the focus is on strengthening and promoting functional development which does not necessarily coincide with chronological age in neurodiverse children. **The FDL section should be systematic and describe each of the child’s FDLs from 1-6, including capacities at each level, linking**

FDL to strategies in a meaningful and understandable way for caregivers. Each FDL should also be assigned a % range using a 9 point scale: 0, 0-25, 25, 25-50, 50, 50-75, 75, 75-100, 100%.

Here's a list of the 6 FDLs of Greenspan followed by the 'Thumbnails' (short descriptions of the FDLs) and then complete descriptions of each FDL:

Greenspan's 6 Functional Developmental Levels:



Functional Developmental Levels: A Complete Description

FDL 1-Self-regulation and Shared Attention

Begins between birth & three months

- **Can remain calm and regulated enough to share attention with people**
- **Can sustain brief episodes of interaction**
- **Child is 'with us'**
- **Regulation derailed by Comfort Zone activities (Stimming, scripting, lining up, etc. remove attention)**
- **When you see CZ, child has holes in FDL 1**
- **Use Rabbit Hole Techniques to join the child at FDL**

FDL 2-Engagement

Begins between two & seven months

- **More sustained attention = engagement**
- **You call to them and they look circles begin!**
- **Key question: how easy is it to engage the child?**
- **This is the sweat level. The parent/professional must do the work (i.e. sweat) to keep the child engaged**
- **Hard to follow child's lead, but you can!**
- **Watch for visual activities**
- **Use Rabbit Hole Techniques**

FDL 3: Two-Way Communication

Begins between three & ten months

- Opening and closing of 6-10 circles
- Key activities: simple cause and effect games (peek-a-boo)
- Key question: is the child initiating?
- We want to 'create a monster' (i.e. the child won't leave you alone!)
- Purposefulness
- This is the wait level. The parent/professional must wait and see if the child will initiate (i.e. open circles)
- Beginning of understanding routines
- Beginning of first single words

FDL 4: Complex Two-way Communication

Begins between nine & eighteen months

- Opening and closing of 10-30 circles
- Solid 4 = Totally 'with us,' there is a continuous flow of interaction
- Gestural communication along with words, imitation
- 50+ words
- Follows spontaneous one step commands: get, give, bring
- Feelings are more organized
- Problem solver! Has his/her own ideas
- 'Little stories': 'gets' meaningful sequences
- Simple pretend: phone to ear, bottle to baby's mouth

FDL 5: Shared Meanings & Symbolic Play

Begins between twenty-four & thirty months

- Classic two-year-old communication
- 1-2-word phrases
- "What," "Where," "Who," actions, yes/no or Not open-ended What, "Why" or "When" or pronouns
- One thematic pretend play with adults
- Follows one-two step commands
- Greetings emerging
- Compliance
 - It is not following their lead to follow their lead

FDL 6: Emotional Thinking

Begins between thirty-six & forty-eight months

- Talking in short to long sentences
- Why and when questions
- Can recall the immediate past (what did you eat for breakfast?)
- Builds bridges between ideas
- Identifies own and others' feelings
- Recognizes relationship between feeling, behavior, and consequences
- Two thematic play
- Carries on simple conversations
- Peer established play
- Misbehavior as developmental accomplishment
- Two ideas connected logically

PLAY Project Principles and Methods

Circle 1, in PLAY introduces the caregiver to the Principles and Methods of The PLAY Project and they will always be the foundation of intervention. Techniques and Activities will be added, and you will find that the “Keys to the Child’s Potential” will often center around PLAY Methods.

The PLAY Project Principles

- **Fun With People:** When you do what the child LOVES, the child will LOVE to be with you!
- **Put In the Time:** We ask our caregivers to PLAY (engage with their child using PLAY Techniques) for about 2 hours a day, broken into smaller pockets of time and daily routines. Make every interaction a good interaction!
- **Accurately Profile the Child:** Understanding the child’s comfort zone activities, sensory motor profile and functional developmental levels.
- **PLAY at the Right Level:** Accurately understanding a child’s profile helps you to PLAY at the “Just Right” level for fun and the best engagement.

The PLAY Project Methods

- **Read the Child’s Cues & Intent:** Watch closely to where the child’s ATTENTION is going to and what their true INTENTION is...What is the child’s idea?
- **Slow the Pace of Play, Observing & Waiting for the Child’s Idea:** This is one of the most difficult Methods to teach and even practice, as a PPC, but SO Valuable!
- **Follow the Child’s Lead, Responding to What the Child Wants:** Once you understand what the child’s idea is, you can follow their lead and join them in PLAY. Activities are usually the adults’ ideas but are okay if they are fun for the child, knowing their preferences. Always GO FOR THE FUN!
- **Open & Close ‘Circles of Communication’:** In PLAY, the interactional process (back and forth interaction) is the MOST important Method. ALWAYS THINK ABOUT HOW YOU CAN GET MORE & MORE CIRCLES! Remember that the goal is reciprocal and balanced social interaction. This means we want the child to OPEN a circle by INITIATING and CLOSING a circle (vocalizations, gestures, words, eye contact ALL count).
- **Build on the Child’s Interests:** Do what the child LOVES to do & go for more CIRCLES!



In your PLAY Plan, The Methods of PLAY never change but it is important to highlight any Method that is key to improving the interactional process with that particular child to support their developmental progress.

Techniques

PLAY Project techniques help parents answer the question: “How can I make my play more fun and varied.” Techniques are rarely used alone but are combined with other techniques, PLAY Project methods, and/or PLAY activities to create fun engagement that has a ‘flowing’ quality to it.

Remember PLAY Methods: always ‘wait,’ ‘read the child’s cues,’ ‘follow the child’s lead,’ and ‘think circles’ to get more and more fun interactions, with the child leading as much as possible.

** The Techniques section of the PLAY Plan should have the following elements:*

- TECHNIQUES APPROPRIATE TO THE CZA, SMP, AND/OR FDL RECOMMENDED FROM LIST
- ‘METHODS’ ALSO CAN BE USED AS TECHNIQUES (I.E. ‘WAITING,’ ‘GOING FOR CIRCLES,’ ETC.)
- NOT TOO FEW OR TOO MANY IN A GIVEN VISIT (4-7 IS COMMON)

The Rabbit Hole Techniques are for children who get ‘stuck’ in their Comfort Zones. All the other techniques are divided into those that are used for the lower FDLs 1-4 and those for higher FDLs 4-6.

“**Rabbit Hole**” is our metaphor for the self isolation caused by the perseverative, repetitive, restrictive, and stereotypical behaviors characteristically exhibited by children with autism spectrum disorders. • When children are *in* their “rabbit hole,” it seems like they don’t want to be part of the world. • Perseverative and stereotypical behaviors are not “bad.” They are a form of comfort that the child uses to keep their world familiar and safe. In the PLAY Project, we call these behaviors Comfort Zone (CZ) activities.

- CZ activities help the child to regulate (self-calm) in a chaotic world; however, they may become habits which keeps the child isolated (i.e. in their “rabbit hole”).
- ‘Joining’ a child in their CZ allows for engagement (FDL 2) and as engagement increases, the perseverative and repetitive behaviors naturally decrease. This is the goal of the “Rabbit Hole” Techniques!

The 6 Rabbit Hole Techniques:

- 1. Being With:** Simply be with (i.e. sit next to or quietly observe) and wait for the child to re-engage.
- 2. Narrate:** Label and provide a running commentary. Focus on paying attention to what the child is doing. This means to watch and describe **out loud** what it is that he/she is doing. You may sound just like a sportscaster -- that's good! As an example, let's say he is coloring. You might follow what he's doing by saying, " ... *and now you're coloring the hat red.*" **Don't tell the child what to do.** You should just describe their actions. Also, stop paying attention if he/she starts demonstrating naughty/unwanted behaviors. If, for instance, he/she starts whining, don't say, " ... *and now you're whining.*" In cases like this, ignore the bad behavior.
- 3. Help them do it better:** For example, if the child is lining up cars you would begin to hand him or her additional cars to add to the line of cars or show the child new ways of using the cars.
- 4. Imitate/Parallel Play:** Do something similar to what the child is doing (and see if he/she will imitate you). If the child is lining up his or her toy cars, you can begin to line up a set of cars next to them but add a slight variation (e.g., line them up facing in the opposite direction).
- 5. Theme and Variation:** Do something different with the same activity. For instance, open and close a door. Sing a song while you open and close the door, hold the door closed until the child complains.
- 6. Change the Sensory Mode:** If the child is "in his or own world," you can try to engage their attention with a really fun activity (e.g., bubbles or offer other sensory activities). **Keep in mind the child's primary/preferred sensory modality (i.e. visual, tactile, auditory, etc.)*



Techniques by FDL

FDLs 1-4

1. Being With
2. Sensory Motor Play
3. Making Behaviors Purposeful
4. Taffy Pulling
5. Theme and Variation
6. Salient Language
7. Onomatopoeia
8. Rhythm and Music
9. Playful Obstruction
10. Making Them Work
11. Rewarding and Reinforcing
12. Expectant Waiting
13. Sense of Humor, Suspense, and Surprise
14. Going for Fun
15. Big, Little, & Micro Circles
16. Labeling
17. Add a Word
18. Asked and Answered
19. Sequences/"Little Stories"
20. One and Two Step Commands
21. Problem-solving

FDLs 4-6

1. Imitative Pretend Play
2. Pretend Play: Everything Come Alive (FDL 4)
3. Pretend Play: One Thematic (FDL 5)
4. Pretend Play: Two Thematic (FDLs high level 5 and FDL 6)
5. Multiple Circles of Communication/Continuous Flow
6. Speaking 'to' and Speaking 'for' the Child
7. Appropriate Language
8. Time Concepts
9. Simple "WH-type" Questions: What, Where, and Who
10. More Complex "WH-type" Questions: Why and When
11. Using Natural Consequences to Motivate
12. Finishing Up/Completing Tasks
13. Essays and Summarizing (FDL 6)
14. Practicing Pronouns
15. Outings
16. Mirroring-Reflecting/Labeling: Feelings
17. Modeling Empathy
18. Negotiating the Relationship (FDL 5 & 6)
19. Over Dramatizing
20. Three-way Modeling: Model, Rehearse, Expect
21. Social Stories
22. Metacognitive Strategies/Reflective Thinking
23. Theory of Mind

Please refer to the full list of techniques within Appendix A. Find The PLAY Project Appendices [here](#).

PLAY Project Activities

Activities represent our ideas about what would be fun for a child based on their functional developmental profile. Just as there is a progression of FDLs, there is a progression of interest in types of activities. Children with lower functional profiles will like pure sensory play, like visually stimulating on a door opening and closing, wheels spinning, or a line of trains. As functional development increases, children's play becomes more complex, eventually including symbolic interaction and one- or two-themed pretend play. Just remember to introduce activities slowly and watch to see how the child responds.

****In your PLAY Plan, list 4-7 activities that:***

- 1) Are easy to implement in a given home/setting***
- 2) Match the child's profile based on CZA, SMP, and FDL.***

Some children may need activities that are not over-stimulating; others may need highly stimulating activities to engage them.

Most important...Activities that are FUN for the child and will promote interaction!

Activities Evolve by FDL

FDLs
1-2

Sensory Cause & Effect

- Deep pressure
- running
- jumping
- swinging
- Lining up or visually 'stimming'
- Tickle, light touch
- Open/close, up/down

FDLs
3-4

Sequences, Imitative Pretend

- Chase, peek-a-boo
- Songs, Ring Around the Rosy
- Feed a baby, crashing cars
- Wrestling

FDLs
5-6

1 & 2 Theme Pretend

- Dress up, tea party, restaurant
- Sword fighting, good guys vs bad guys
- Real hide & seek
- Games with turn taking & rules
- Role playing
- 2 thematic play: 2 ideas that make sense together

Activities by FDL

Level 1: Self-Regulation & Shared Attention (calm and alert and ready for the possibility of engagement)

Goal: To help the child sustain attention and regulation (create an optimal environment while eliminating distractions)

*some activities may be appropriate for more than one level

Activities:



Find more activities in the document [here](#).

Level 2: Engagement

Goal: To engage with the child and maintain continuous engagement

Activities:



Find more activities in the document [here](#).

Level 3: Two-Way Communication

Goal: To open & close circles with the child and to challenge the child to initiate

Activities:



Find more activities in the document [here](#).

Level 4: Complex Two-Way Communication

Goal: To engage in long, back & forth interactions that includes meaningful communication, problem solving & simple pretend play sequences

Activities:



Find more activities in the document [here](#).

Level 5: Shared Meaning & Symbolic Play

Goal: To encourage better understanding of one's emotions and to increase pretend play, symbolic thinking, conversational and negotiation skills

Activities:



Find more activities in the document [here](#).

Level 6: Emotional Thinking

Goal: To support the child in understanding complex emotions: concepts of time, fairness, and abstraction. To support the child in engaging peers and adults in complex pretend scenarios while appropriately responding to the feelings and ideas of all involved. To help the child make associations between ideas.

Activities:



Find more activities in the document [here](#).

Video Review

AFTER the PLAY Plan is complete, you will write the Video Review section of the VRF. Once you have accurately profiled the child, selected appropriate PLAY Methods, Techniques, Activities and referenced your VSRs to determine the “Keys to the Child’s Potential” then select video clips that showcase examples of the strategies being used successfully or a time they may have been appropriate. Be sure to include video which includes you coaching from behind the camera, modeling in front of the camera and plenty of child-caregiver interaction.

How to Write the Video Review:

PLAY Project Video Review Form		
Child's Name:	Child's DOB:	
Visit Date (s):	Visit # (s):	
PLAY Consultant:	Frequency of Visits:	
Video Review Form <ul style="list-style-type: none">• Use bullets to make suggestions for key observations• Give 3-5 suggestions per 2-5 minutes of video• Use bolding to highlight techniques, methods, principles & key points		
Date/Activity/Player	Time	Observations & Suggestions:

- Using your completed PLAY Plan as a guide, watch the video clips that you have collected that month & look for PLAY sequences that are between 3-5 minutes long that showcase your “Keys to the Child’s Potential”

Observations

- Write down the time stamp for the observation that you want to highlight
- Should highlight when a caregiver’s interaction with the child was successful (reads the child’s cues, follows the child’s lead, elicits enjoyable engagement)
- Should note when the caregiver successfully uses or tries to use PLAY Methods & techniques
- May note interactions that did not work well (e.g. “At 3:45 Jonny offered his foot to be tickled but you offered him a doll.”) but be sure to note ways to improve the interaction.
- NOT a play-by-play of what is seen on the video but set the scene for the suggestions to be made
- **Mostly** positive & reinforcing caregivers

- ***Watching video footage back is a wonderful learning tool! You are encouraged to even watch video segments, with caregivers in the moment, and discuss what is happening.*** This can be a great way to reinforce something going well with a caregiver or even to back track if a child becomes dysregulated and you want to explore what happened and learn from the experience. Were you playing too high? Too low? Too fast? Not following

the child's lead or aware of sensory cues? In person video review can streamline your paperwork after certification too!

- Video allows us to spotlight “teachable moments” that are keys to the child’s progress.
- When using PLAY language, bold the terms for easy readability. Observations are NOT just a play-by-play of what is seen on the video but specific examples of the interactional process that you have selected that set up suggestions you are making for the caregiver.

Short example of how OBSERVATIONS set up SUGGESTIONS

<h2 style="text-align: center;">Video Review Form</h2> <ul style="list-style-type: none"> • Use bullets to make suggestions for key observations • Give 3-5 Suggestions per 3-5 minutes of video • Use bolding to highlight techniques, methods, principles & key points 		
Date/Activity/Player	Time	Observations & Suggestions:
Visit 3 Video 2/Fishing/Mother & child	0-1:11	<ul style="list-style-type: none"> • Observation: You are such a natural! You are following his lead, are facing directly towards him, and are engaged with the activity of his choice. All amazing! Your positioning shows Enzo that you are fully attentive to him, and he is opening lots of circles at FDL 3! I love how you started using the technique: "Everything Comes Alive" by pretending to have the fish bite you! You are imitating his actions. This activity is great because it can tease in some simple pretend and increases the play to FDL 4.
	1:15-End	<ul style="list-style-type: none"> • Enzo is showing more variation in his play. He used to be "stuck" with one item and playing with it one way. HE is showing so much flexibility by exploring other items and playing with them in a new way. This shows growth with FDL 1 and 2. • Enzo played for 20+ straight minutes. That was fantastic! He is sustaining joint engagement for longer durations, showing growth with FDLs 1-3. I am so proud of you both! :) • Suggestions: Enzo LOVES when you make silly sounds with lots of animation, and this is a wonderful way to build on the simple pretend play of "Everything Comes Alive!" Keep language simple, your facial expressions BIG and continue to work on stretching the interaction while adding variations to the play he loves. Add songs, tickles, or a step in the regular sequence of things. Enzo CHOOSES to play with you more than alone now! YAY!

- **Suggestions are the most important part of the Video Review section**
- Should incorporate PLAY Principles, Methods, Techniques & Activities that are appropriate for the child's profile & cohesive with the PLAY Plan
- May positively reinforce an example of coaching, modeling, or caregiver-child interaction from the video
- Almost always specific to the play interaction (i.e. marked by activity & time) & almost always note how the caregiver can be more sensitive to, responsive to, &/or effective with the child
- Suggestions should be bulleted to stand out
- The video review will include 15 minutes of video, broken into shorter 3-5 minute PLAY sequences. You should have about 3-5 suggestions per 3-5 minutes of video

Suggestions are the heart of the entire Video Review Form, Circle 6 in The PLAY Project. Remember that coaching and modeling is all about caregiver education and PLAY Project reports are designed to be parent friendly, written educational tools to guide interaction in all of the minutes between your PLAY visits.

- We always complete our PLAY Plan first, We know what our Keys to the child's potential are and we select video clips that give us an opportunity to show an example of the Keys in action.
- A few important notes...remember to write as if you are speaking directly TO the caregiver, in a conversational tone. Parents get stuck and need ideas.

The PLAY Project's evidence-based model uses a once per month full Video Review Form that is sent to the family along with the video. You will be submitting the full VRF while you are under supervision but there are many ways that PPCs use the video to educate their caregivers.

Here are some ideas to get you thinking of various coaching and learning styles of your caregivers:

- In person video review.
- Reviewing video, after the in person PLAY visit, during a TelePLAY session.
- Audio recording your observations & suggestions, in time with the video, and sharing both with the caregiver.
- Adding subtitles to your videos to highlight observations and suggestions.



Lengthy reports should never be a barrier to your mission of serving children & caregivers so figure out what works best for both you AND those you serve.

Sharing Videos & Reports with Caregivers:

- You will give caregivers a VSR at the end of each PLAY visit. The VSR is brief, often handwritten and handed directly to the caregiver.
- The Monthly full VRF with PLAY Plan and coinciding 12-15 minutes of video taken throughout that month are ALWAYS shared with caregivers even when not shared for supervision. Your role is to coach and educate the caregiver.
- PPCs share reports & videos in many ways depending on their organization policies and caregiver consent. Some options currently being used are: secure digital platforms, electronic health records, flash drives, encrypted links and even Google Drive with caregiver consent.
- ***Remember that reviewing videos WITH caregivers is a wonderful opportunity for learning and clarification about the model!***

Unit 6: PLAY Project Supervision

PLAY Project supervision and mentoring is the culmination of the intensive training program and the highlight of the learning experience.

- It is ideal for you to receive supervision with 3-5 different children, over the course of your supervision period
- Children do NOT need a diagnosis of autism to receive PLAY, they can be children that have been identified as having developmental difficulties with communicating and relating.
- The PLAY Project Fidelity Manual originated for the purpose of the National Institute of Health Randomized, Controlled Trial Research Study, to ensure that PPCs were implementing PLAY with fidelity to the model AND that PLAY Project Supervisors were supervising PPCs with fidelity.
- ***ALL PLAY Project supervision is done online, through Sharefile, the HIPPA compliant, data sharing platform, which allows PLAY Project the ability to train professionals, on a large scale, anywhere in the world.***
- **You are strongly encouraged to submit your first case for supervision within 3 months of your Implementation Course closing!**

Suggested PLAY Supervision Case Submission Guidelines:

Months after completing Implementation Course	Number of Cases Submitted for Supervision
3 months	1-2 case submissions
6 months	4-6 case submissions
12 months	10-12 case submissions
18 months (Supervision Deadline)	15 cases submissions

Dr. Rick's vision for PLAY Supervision Cases:

- Cases 1-5 - help you to learn the PLAY model and implementation
- Cases 6-10: Enhance your clinical skills
- Cases 11-15: We recommend using challenging cases to utilize the expertise of your supervisors

Case Submission Requirements:

Each “Case” submitted to a supervisor MUST consist of the following 4 items:

- 1) **12-15 minutes of video**, usually broken into 3-4 short clips. **Videos must show the PPC coaching the caregiver from behind the camera AND modeling PLAY, on camera, while PLAYing with the child and educating the caregiver.**

****If TelePLAY, modeling is not expected. If a FEAS assessment: No coaching OR modeling.**

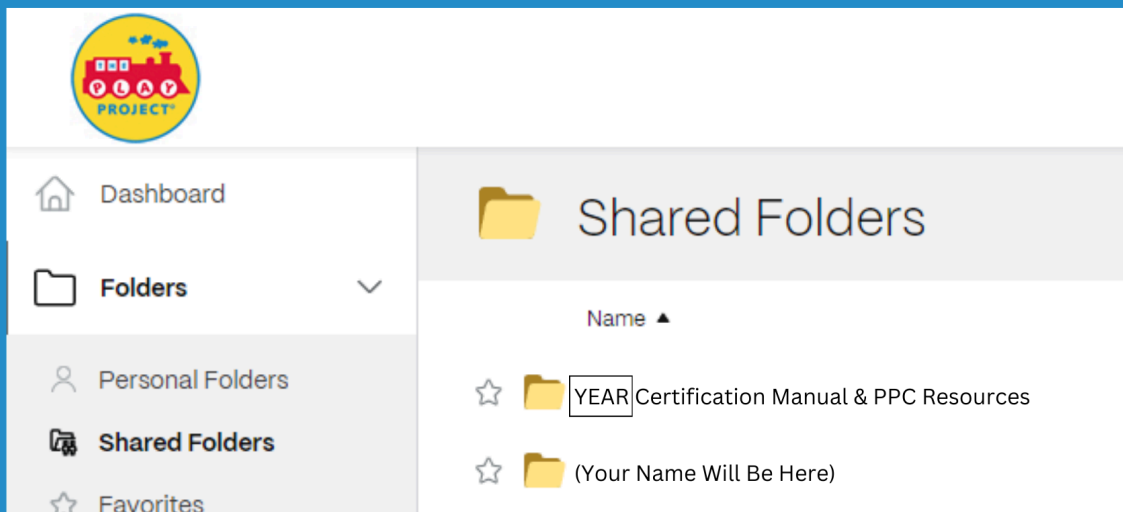
- 2) **The Visit Suggestion Report (VSR)** coincided with the dates of video clips and included on the Video Review Form. Depending on implementation visit schedule, a PPC may have several VSRs over the month but will only have 1 VRF. PPCs can choose to upload more than 1 VSR or copy data onto 1 VSR form and note dates of visits.
- 3) **The Video Review Form (VRF)** and complete PLAY Plan allows supervisors to assess PPCs’ needs related to their ability to accurately profile a child and transmit the PLAY Project to a caregiver. A full VRF is still completed on a FEAS assessment video, if submitted for supervision. **A limited number of FEAS cases are permitted within initial case submissions. Always check the Fidelity Manual for current guidelines.**
- 4) **Supervision Case Submission Form:** <https://playproject.org/supervision>. The Case Submission form details questions that the PPC has about the child, the model, and their own work with the caregiver. It allows the PPC to share any relevant information with the supervisor that would help guide mentorship.

Supervision Case Submission Form

- Gives your supervisors information about the child, family, your role and PLAY Project implementation.
- Helps the supervisors know who will be seen on the video.
- Use the form to ask for specific feedback from your supervisors.
- Inform supervisors about any history or back story that they should be aware of as they review the case.
- Ask questions that you would like clarification about.
- Let your supervisor know if it is a FEAS video.

How to Submit a Case for Supervision

Each PLAY Project Consultant in Training has a folder in Sharefile, labeled with their name. The folder is your Trainee Supervision Folder and ONLY the PPC in Training, the PLAY Project Supervisors and PLAY Project Administrative staff have access. All supervision cases are uploaded to your Trainee Supervision Folder.



How to Submit a Case for Supervision

Each PPC will receive a “Supervision Schedule” with 3 PLAY Project Supervisors. PPCs pursuing Dual Certification or Teaching PLAY will have PLAY Project Supervisors that also specialize in Teaching PLAY. PPCs rotate through each assigned PLAY Project Supervisor, submitting cases, until they have successfully completed supervision.

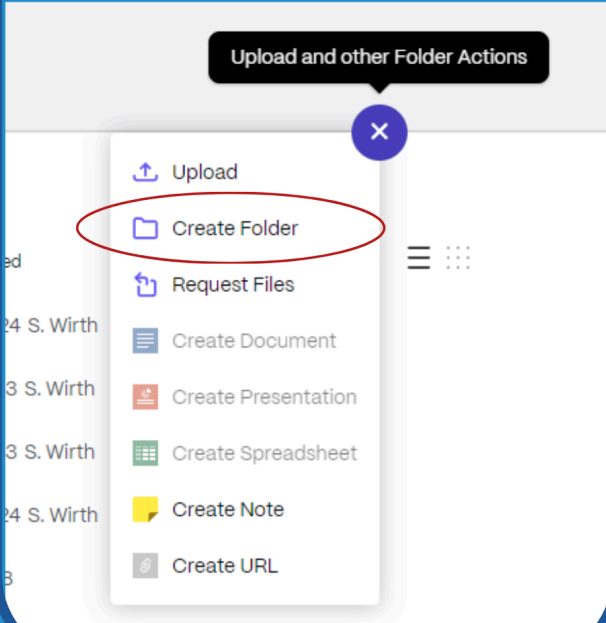
#	Supervisor Name	Date		Child Name	TP/ PP	Supervisor Feedback
		Submit	Return			
1	Robin Vettraino	xx/xx	Xx/xx	Sam	pp	Use more sensory motor play & wait longer (FDL2-3)
2	Tiffany Eckland	Xx/xx	Xx/xx	Ellie	pp	Be more active in my coaching with mom
3	Drea Strompf	Xx/xx	Xx/xx	Sam	pp	FDLs correct FDL-3-4, simple sequences, playful obstruction during daily activities
4	Robin Vettraino					
5	Tiffany Eckland					

To upload a case for supervision, create a subfolder, inside your Trainee Supervision Folder, by hovering the cursor over the **blue+** and selecting “Create Folder”. No folder template is used but labeling the folder correctly is important!

Label supervision case submission subfolders by: **Case Submission #.Supervisor Name.Date**

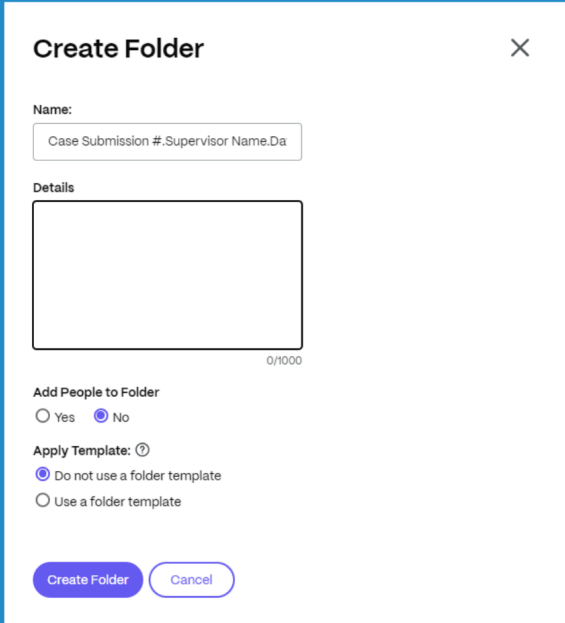
Uploading Cases

Hover cursor over the blue + and select Create Folder



A screenshot of a software interface showing a list of folders on the left and a dropdown menu titled 'Upload and other Folder Actions' on the right. The 'Create Folder' option, represented by a blue folder icon, is circled in red. Other options include Upload, Request Files, Create Document, Create Presentation, Create Spreadsheet, Create Note, and Create URL.

Label supervision case submission subfolders by: Case Submission #.Supervisor Name.Date



A screenshot of a 'Create Folder' dialog box. The 'Name' field contains the text 'Case Submission #.Supervisor Name.Date'. Below the name field is a 'Details' section with a large empty text area. At the bottom, there are two buttons: 'Create Folder' and 'Cancel'. Above the buttons, there are radio button options for 'Add People to Folder' (Yes/No) and 'Apply Template' (Do not use a folder template/Use a folder template).


After selecting “Create Folder” you will have an empty subfolder to upload the 4 required elements for your case review.


Label each required element of the supervision case submission as follows:


Visit Date. Child. Document/Video# (Ex: 2/1/2025. Sammy. VSR)

*It is helpful to label video clips in the order the supervisor should download and watch them.

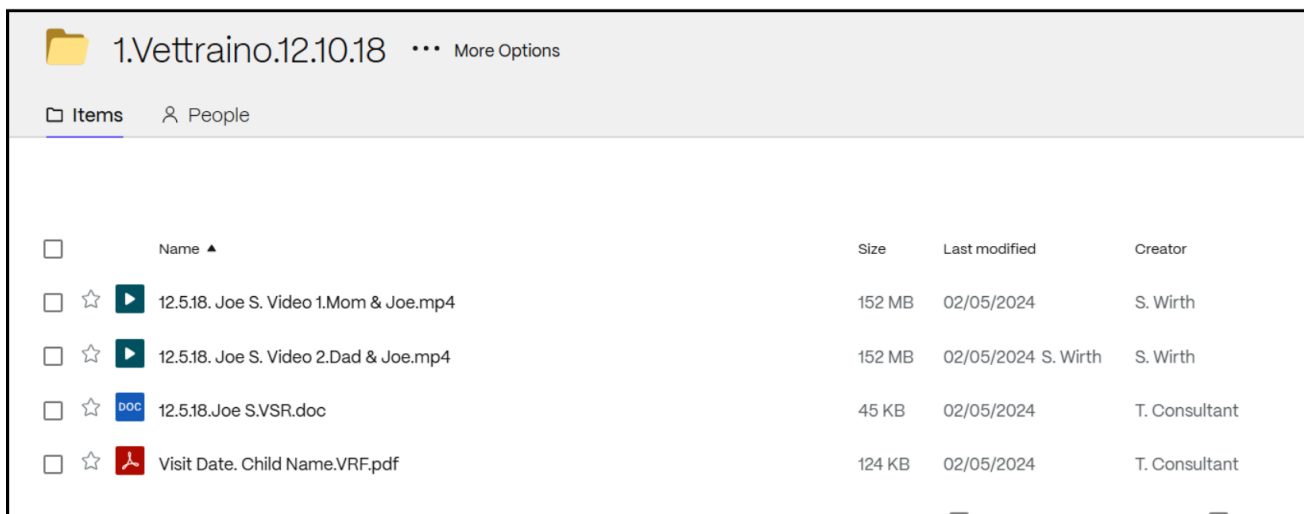
**Just as a reminder, each submission must include:*

 12-15 minutes of video, showing coaching & modeling (unless a FEAS or TelePLAY)

 Visit Suggestion Report

 Video Review Form

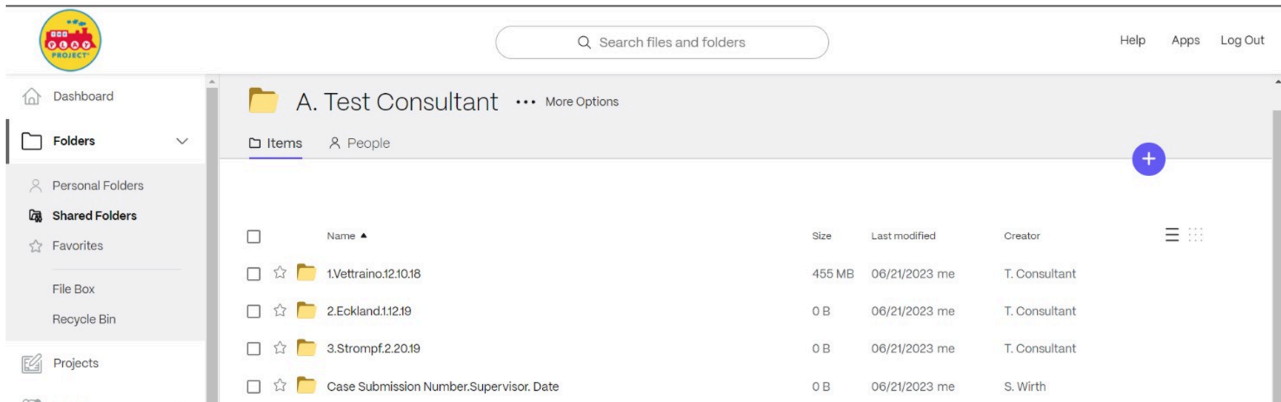
Below is an example of what a supervision submission subfolder looks like:



Above is an example of what a supervision case submission subfolder will look like. You will have your visit suggestion report (or maybe even a few if you have seen the family several times over that month and want to include all VSRs separately), your video review form and your video clips. Remember that you should have 12-15 minutes of video in total, broken into shorter 3-5 minute clips.

- The last folder in the picture is a reminder of how to label the items inside your supervision subfolders: **Visit Date. Child Name.Doc/Video #**
- A few notes, it is helpful for your supervisor if you label who is on the videos and the order to watch them that correlates with the video review form.
- When you are uploading, you will see a blue upload bar and a % complete. Even if it says 100%, don't close out until the blue bar disappears. If you see a box with a ? In it next to your file then the upload failed. You will want to be sure that your case is fully ready to share with your supervisor before you notify them.

Below is an example of what a Trainee Supervision Folder looks like after having submitted the first 3 cases for supervision, according to the example schedule.



You can see here what our Test Consultant’s trainee folder looks like after having submitted her first 3 cases for supervision. Note that the last folder says **Case Submission Number. Supervisor. Date**. That is there just to remind you **how to label your supervisor folders**. So even if it is your 10th visit with a child but it will be your 4th supervision case submission, your folder number will start with a 4.

Step 1) Create subfolder for case & label it correctly: **Case #.Supervisor.Date**

Step 2) Upload ALL required elements: VSR, VRF, 12-15 min of video showing Both coaching & modeling (unless it is a FEAS Video) labeled by **Visit Date.Child.Doc/Video#**

Step 3) After uploading your “Case” to your trainee supervision folder, you need to let your supervisor know that it is there for review by completing a brief webform. This form also is a great space to provide any background information on the family and any questions you may have for your supervisor on this case. Complete the Case Submission Form here: <https://playproject.org/supervision/>

Both the PLAY Project Supervisor and PPC will receive a confirmation email that the notification was successful. PPCs should flag this email with the supervisor’s contact information.

- You will complete a webform that will notify your supervisor that your case is ready to be reviewed. When completing the webform, you can begin typing the supervisor’s name and your name, to select from the list.
- You always want to be sure to select the date you are completing the notification form. Supervisors have a 2 week turnaround time to review cases and upload your feedback to your

case folder. *If you do not receive an email within 2 weeks letting you know your case as been reviewed, please email training@playproject.org.

- After you hit “submit” you will receive an email confirming that your case was successfully submitted. The supervisor will also receive an email to let them know to review your case. It is recommended that you flag this email because it will have your supervisor’s contact information in case you have any questions.
- *Occasionally a PLAY Project Supervisor will have a substitute Supervisor so the email on your confirmation may have a different Supervisor than you selected. No need to panic that you chose the wrong name, we just provide substitute supervisors when one of our supervisors is unavailable so that you do not have a delay with the review of your case.
- Supervisors will upload VERY detailed audio feedback, to the same case submission sub-folder, in Sharefile, and will then complete a scoring form.
- Scoring of cases is done based on the Fidelity Manual. Cases receive scores from 1-5 with 3 and above being passing scores.
- ***-Advice: Use the Fidelity Manual to guide you but don’t write your reports for your supervisors or for a score. You are writing your VRFs to educate caregivers to help their young child make gains in their interactions and development.***
- PPCs receive an email once a score has been submitted and can go into their Trainee Supervision Folder and listen to their feedback.
- Supervision is a highlight of The PLAY Project training experience and not something that trainees should be anxious about.
- It is strongly advised that trainees submit only 1 case at a time and allow themselves the opportunity to apply feedback from their supervisors before submitting their next case.
- Supervision cases are not going to always be your very best moments as a PPC, and you are encouraged to use PLAY Supervisors for their expertise with your really tough cases too!
- ***If becoming Dual Certified, it is strongly recommended that PPCs gain experience coaching families prior to entering a classroom.***



Submit your first case as quickly as possible after training to begin receiving mentorship. All PPCs must be actively submitting cases under supervision or Certified to remain Licensed.

Unit 7: Barriers to PLAY & Working with Complex Family System Dynamics:

It is an honor to be invited into a family's most precious world, but it does have its challenges to be aware of. Each of the PPC's roles is fraught with potential "pitfalls".

Coaching Pitfalls

- Every parent brings their experience of *learning* to a coaching session.
- It would be wonderful if all parents were open and self-aware, able to follow your suggestions perfectly and ask great questions but. . .
- Many parents feel insecure about learning new things, for instance, having had bad experiences in school or having been criticized for making mistakes.
- So, these parents will likely need a lot of reassurance to feel that they are doing The PLAY Project the right way.
- That's why we emphasize "catching parents doing it right" which is one of our coaching tips. "That's it, mom. Perfect use of PLAY methods! Watch this on the video. I captured it!"
- Other parents may feel that they totally understand the model and yet they're not getting it and don't take your suggestions. Their insecurity takes the form of being overconfident, or stubborn, or just oblivious.

How will you handle caregivers that don't follow your suggestions? First, be aware that this is a possible response to coaching.

- Be aware of your words and tone of voice. If a caregiver hears you as being critical, you might remind them of their bossy mother or demanding father, triggering a shutdown response.
- Blame yourself or "wonder" if you may not be explaining the model clearly.
- Some caregivers may not **want** to follow their child's lead when the child's lead looks "autistic". It may make them feel sad to go so low in their play. Parents are ambitious for their child and generally want to play too high. For these families, you might use a 'Third person technique' and say something like "**A lot of my parents** (third person—'they') find it hard in the beginning to follow the child when *their* child is doing behaviors *they* don't like; but in The PLAY Project we join the child wherever they're at, even at a lower level, because that improves their interaction and their functional level. As Dr. Rick likes to say: "**When you meet the child exactly where they are at, that is the fastest way to help them get where you want them to go.**"
- The PLAY Project is about empowering caregivers so ALWAYS treat caregivers as the expert on their child and ask them questions to learn about their child.

"Asking for Feedback" is a good way to establish trust right from the beginning. Inviting communication about how caregivers feel like things are going, lets parents know that you are open to feedback, you are here for them, and that you want what they want, a child who marches up the FDLs.

Modeling Pitfalls



BEING TOO GOOD



NOT BEING
GOOD ENOUGH



IDENTIFYING
UNKNOWN PROBLEMS
WITH THE CHILD

Being Too Good: Occasionally you will connect right away with a child, using PLAY Methods, engaging interaction in a fun way that the caregiver struggles with. Instead of smiling, the parents look concerned, disappointed, or flat. The reaction could be subtle, but you get the sense that you are succeeding where they have failed. If the parent is honest, they may even say, “Wow, he really likes you. I wish I could play like that.”

What can you say?

The most important thing is to be aware that it is a possibility that a parent could be upset that you are connecting with their child in a way they have not been able to. Most parents will be impressed and happy to have such a skilled PLAY Project Consultant.

- But if you get a less than enthusiastic response you may want to use the “Third Person Technique” and say something like: “Sometimes I come in for the first time and *the children*
- (third person, they) run away from me and sometimes I get lucky and the children and I hit it off. What I’m doing is using PLAY Methods and they worked great with your child today and you will be able to do this too.”
- It’s also a good opportunity to ‘open up’ the topic about how they feel about their experience connecting and engaging with their child. “What has it been like for you to engage your child?” This is a form of family support and a good opportunity for you to connect with the caregiver.

Not Being Good Enough: Sometimes you meet a child, and they won’t engage with you no matter what strategy you try!

Many children with autism take time to warm up and it’s very likely that you will have trouble connecting initially with some children.

What can you say to families when this happens?

- This is a good opportunity to be open and self-effacing and say, “This happens. It takes time with some children to warm up. Let’s just have *you* play for now and I’ll give him or her some time to get comfortable with me while I coach you.”

- Modeling with a “hard to engage child” is an excellent opportunity for you to ‘share your mind’ and ‘go theoretical’ with the family as you’re PLAYing by talking about your use of Methods, Techniques and Activities or about the child’s profile. This can be especially effective when you are modeling while being video recorded by the caregiver.
- Showing caregivers that *even professionals* don’t always get it right, gives caregivers permission to take the risk and TRY new ideas to see what will work with their child. Caregivers feel an incredible burden of responsibility, with so much at stake, and modeling sometimes involves commenting on a technique that was NOT successful in the moment.

Identifying Unknown Problems with the Child: Depending on your professional discipline, you may discover something about the child that is unknown to the caregiver, due to your interactions with and observation of the child during visits. Examples of this may include suspecting a genetic disorder, cerebral palsy, seizure disorder or dyspraxia.

What do you do?

- It is important to inform the caregiver of your concern, but it goes beyond your role, and likely your expertise, as a PPC. You could say “I want to share something with you that is beyond my role as a PLAY Project Consultant, but I noticed X, Y, Z and wanted to bring it to your attention.”

Family Support Pitfalls

Your primary goal with the caregiver is to develop a trusting relationship, by listening to them and joining their wish in connecting with and helping their child. Families are desperate for support and when you begin empowering them with tools that help their child AND you are sensitive to their needs...many of these caregivers will open up to you and begin to include you among them as a “friend or family member”, often sharing details about their life beyond their child.

Boundaries:

Caregivers may want to blur the line of your professional relationship into a personal one. This is especially true for home based PPCs. PPCs are invited to join family dinners and attend children’s birthday parties. While you may feel appreciated, having good boundaries is necessary in maintaining a professional relationship.

What do you say?

- Blame the rules. Let them know how much you appreciate the thought, but you are not allowed to socialize with the families that you work with.

Family Relationships and Needs: Family relationships are complicated and having a special needs child adds an immeasurable amount of stress on the parents AND siblings. Divorce rates are 10% higher among parents of autistic children than neurotypical children. Caregivers will talk with you about the other caregiver, about divorce, other children, behavioral issues, extended family members, sleep issues, financial needs, and their own mental health issues.

What do you say?

- Depending on your professional discipline and experience, there will be some issues you may be skilled in addressing. It is important NOT to feel pressured to have all the answers when something is out of your area of expertise.
- ALL PPCs should have a comprehensive list of community resources to refer caregivers to, which include BOTH children's and adult mental health, OT, SLP, food banks, shelters, community behavioral health, neurology, pediatricians, developmental pediatricians, and diagnosticians.
- ***The PLAY Project's research demonstrated statistically significant improvement in both parent stress and maternal depression.***

Your Own Personal and Professional Boundaries: PPCs are expected to maintain professional boundaries with their caregivers and not burden the family with any issues that you may be struggling with. Family systems can trigger our own emotional responses and being aware of our own internal feelings is important when doing this work. This includes feelings of failure, when we struggle to engage a child or feel pressured to "fix" a child by a parent. PPCs are encouraged to find a healthy outlet for their feelings. Changing lives can be emotional work.

Complex Family System Dynamics



Naturally, PLAY Project Consultants have a great passion for improving the quality of life for children and their caregivers.

There is no feeling quite like leaving an amazing PLAY visit and looking forward to the next time you see the family. But...occasionally there will be families that are more challenging to work with than others and illicit feelings of dread on their scheduled days. There are some psychodynamic theories that all professionals working within family systems should be aware of, how they may present in PLAY, and how to address them.

- 1) **Transference:** A caregiver may transfer feelings/experiences from previous relationships onto you. For example: A caregiver may view your coaching as overly critical because their own mother is overly critical of them now or in the past.
 - While transference is an unconscious process and can't be avoided, necessarily, it can help if you are aware of what may be going on. One way to learn about the caregiver's family of origin is to create a 3-generation genogram at the intake appointment. A genogram is like a family tree and allows you to gather information about the family system, that includes support, history of divorce, death, mental health, substance use, neurodiversity and often difficult relationships are disclosed.
 - Meeting caregivers where they are at, means learning how to effectively teach them in a way that they can best learn. If you sense that a caregiver is guarded against your coaching, is defensive and doesn't seem to be responsive, remember...there is a reason. It is appropriate, in a sensitive way to "wonder" if you are communicating in a helpful way. Dr. Rick's Coaching Tips are helpful here!
 - Remember that ALL parents want to help their children to reach their full potential so be patient and respectful, allowing them to individuate you from their past relationships.
- 2) **Countertransference:** The emotional reaction that a family triggers in a PPC, from their own past experiences and relationships. For example: You feel anxious and deeply saddened when you are with the caregiver and her newly diagnosed child. This triggers your own feelings from the past when your own child was diagnosed, and you find yourself oversharing your personal experience and giving advice.
 - Being aware of your feelings is the first and foremost.
 - Establish a code of professional ethics and boundaries so that you are acutely aware when you have crossed them.
 - Sit with the caregiver and allow space for the caregiver's emotions. Our role as family support is NOT to make the bad feelings go away, but to give caregivers support as they work through their emotions. We support the caregiver so the caregiver can support the child.
- 3) **Projection:** A person displaces their negative feelings onto another person. For example: A caregiver may project onto you anxiety about their own ability to help their child by complaining that you are not doing enough to "fix" or "help" the child. This is especially difficult if the PPC is less experienced or young.
 - See **Induction** for ways to address projection.
- 4) **Induction:** A feeling or set of feelings that the PPC experiences, which originate from the feeling of life in the family. For example: The caregiver that **projects** their negative emotion of anxiety to you, then is experienced by you as genuine anxiety.
 - Projection and Induction do not always go hand in hand, as projection is a defense mechanism and a PPC may experience many difficult emotions when working with

families. You may FEEL the weight of a caregiver's sadness in dealing with the stages of grief involved with a diagnosis of autism.

- PPCs are encouraged to 1) attend to these feelings that they may have about or with families 2) seek out reflective supervision to process the emotions so they don't become barriers to the relationship you have with a family and 3) Use the emotions that you experience to help you understand the feeling life of a family.
- For example: The PPC may say to the family "Many of my parents (using third person keeps caregivers from guarding against hearing the message) worry that they aren't doing enough to help their child. I'm going to do everything I can to support you and if I'm not explaining something well, please just let me know!"

Family systems are complex and by being honest and aware of your own thoughts and emotions related to the families you work with; you can maintain professional boundaries and continue to be fulfilled knowing that you are helping to change the lives of children and families impacted by autism.

The PLAY Project is an incredible, rewarding experience for professionals and for caregivers. PPCs have the opportunity to empower caregivers with tools that will help foster a more connected and joyous relationship with their child. PLAY gives caregivers the gift of documented developmental growth through videos and written reports. PLAY gives some control back to caregivers that feel a sense of helplessness and hopelessness, by teaching them concrete strategies to help their child move up the developmental ladder and reach their full potential.

Unit 8: Implementation Tips for Different Settings

The PLAY Project model of coaching, modeling, video recording & review and written caregiver feedback has been adapted many ways from the original evidence based model. Principles, Methods, & Techniques are able to be easily incorporated into a variety of settings and visit schedules by child development professionals.

Early Intervention

- PLAY Project Principles, Methods, Techniques & Activities are the systematic, concrete strategies integrated into Early Intervention visits.
- PLAY aligns with EI's model of coaching caregivers and can easily be implemented in the family's daily routines.
- PPC's can support/coach EI team members if you are in a consultative or support role.
- PLAY is adaptable in EI systems to maintain state and federal guidelines. Visit frequencies and length can vary to fit the family's needs; we recommend 3 hours total per month. Examples: weekly visits for 45-minute sessions, or every 2 weeks for 1.5 hours.
- PLAY Methods/Principles/Techniques can be utilized as strategies to reach the IFSP outcomes.
- Paperwork: Visit Suggestion Reports can serve as a basis for case note documentation/joint plan.
- PLAY assessments are optional. You will have information from the evaluation and family directed assessment but may need to supplement that information to develop a comprehensive PLAY Plan for the child.
- VRFs and videos can be provided to families for review, between visits to read on their own, or you can dedicate one of your visits to reviewing with the family.

Medical Rehabilitation Settings

- PLAY Project Principles, Methods & Techniques are integrated into traditional OT, PT, & SLP Therapy.
- If the parents have out of network benefits, you can give them a superbill with the insurance codes and forms needed for reimbursement to submit on their own.
- Some parents will get some money back depending on their insurance plan.
- Provide the codes for either PT, OT or SLP therapy depending on the service delivered.
- The ICD-10 code would be autism or other diagnosis.
- The CPT code would be treatment of Speech, PT or OT.
- It is key to include parents in sessions, for coaching & modeling.
- Talk with parents about play spaces and favorite toys used at home so clinic PLAY can be replicated at home.
- Length of session in clinic may pose a challenge. Sometimes the session ends just as the best interaction is beginning. Flexibility in the session schedule is optimal.



TELEPLAY

PPCs guide caregivers to implement PLAY Project Principles, Methods, Techniques, & Activities using a secure video conferencing platform.

Benefits of TelePLAY

- Eliminates drive time for family & PPC.
- Scheduling flexibility.
- Child & caregiver feel more comfortable in the natural environment.
- Ability to serve more children around the world, living in remote areas or locations a PPC is not available.
- Challenges PPC to further develop coaching and problem-solving skills without ability to model in person.
- PPC can share resources with family using screen share.
- PPC can review video clips “live” with family using screen share and spend more time discussing PLAY’s Principles, Methods, Techniques, & Activities.
- Reduced frequency of cancellations related to weather or illness.
- Accurately profiling a child can be difficult during TelePLAY visits so it will be important to have the caregiver send you video clips in addition to your sessions.

Potential Challenges of TelePLAY

- Family perception of the effectiveness of virtual home visits.
- Lack of access to technology or technical difficulties in the home environment.
- 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.
- Caregiver positioning of phone, tablet, computer during visits may impact the ability to see subtle cues of the child.
- More difficult for PPC to model PLAY Project Principles, Methods, Techniques & Activities.
- Recording of virtual visits may not be allowed by PPC’s agency.

It is highly recommended that the caregiver sends “A Day in the Life” video to you with short clips of video taken by the parent, to capture true representation of the child for accurate assessment of the child’s profile.

Unit 9: Licensing & Marketing

What is the Difference Between Licensing & Certification?

Certification refers to the training and successful completion of the supervision process. If a professional markets themselves as a Certified PLAY Project Consultant, they have completed the rigorous training program.

Licensure allows The PLAY Project to maintain communication with all active PLAY Project Consultants (Certified and under supervision) and provide ongoing support to our multidisciplinary network of PPCs throughout the world. Licensed PPCs receive exclusive benefits from PPHQ. See the PPC Portal for the latest list of licensing benefits.

***ALL PLAY Project Consultants must be either actively submitting cases for supervision or certified to remain licensed by The PLAY Project.** If at any time you run into a barrier, please communicate with PLAY's training team.

[PLAY Project Licensing Worksheet Form](#)

Re-Certification

Every 3 years, AFTER full Certification has been achieved, PPCs complete re-certification. There is NO cost to re-certification and NO additional coursework or supervision is required. The Re-Certification is a webform to help PPHQ gather information about our PPCs, their current practice and ongoing training needs. There are required documents to attach (1 recent VRF, PLAY Satisfaction Surveys, bio) so be sure to have documents ready, a list of continuing education completed and the process to complete the form is quick. All information about recertification, including the link for the webform, can be found in Section 8: Licensing & Marketing in the Certification Training Manual and in the PPC Portal.

Marketing

The PLAY Project invites you to join us in spreading the word about PLAY! Section 8: Licensing & Marketing in the Certification Training Manual has a full brochure, physician referral letter, PLAY Project Fact Sheets to share with your community. Sharefile houses a Community Outreach Kit and a Teaching PLAY Workshop so PPCs can host short presentations about PLAY and parent implemented models. ***PPHQ is ALWAYS looking for wonderful videos to use within our trainings and to spread awareness of PLAY! Videos can be PLAY in action, before/after clips, or written/video testimonials from our PPCs or the families you serve. Please have your families complete this [Release Form](#) & email the form, along with the video to info@playproject.org.***

*If you have contact information for EI/Autism leaders in your community, please make an email introduction to info@playproject.org



TEACHING PLAY

Unit 10: Teaching PLAY

Why Does Interaction Lead to Academic Readiness?



LEARNING HAPPENS
WITH RELATIONSHIPS



PLAY IS THE WAY ALL
CHILDREN LEARN



INDIVIDUAL SENSORY
& RELATIONAL NEEDS

- 1) Learning happens in the context of relationships. Our best teachers are the ones who are nurturing, caring, and responsive to our needs.
- 2) Play is the way all children learn, and children on the spectrum are no different in this regard.
- 3) While children on the spectrum share many of the same needs as their typical peers, they also have individual sensory and relational needs that must be addressed for them to be ready to learn.

The Roles of The Teaching PLAY Consultant (TPC)

You have already learned how to accurately profile a child and transmit The PLAY Project model to caregivers. In Teaching PLAY, the adults being educated are other professionals.

Below is an overview of the key roles of a TPC and the important administrative first steps for success.

- 1) Observe the classroom activities to get a feel for the school staff, classroom environment and the identified student. (complete the PLAY SEA Assessment)
- 2) Use didactics, or teaching of the teachers, to make sure they understand key concepts of The PLAY Project Model.
- 3) Model PLAY Principles, Methods, and Techniques, while interacting directly with the child and educating the staff, video recording modeling at times.

- 4) Coach the staff during interactions in the classroom, and video record.
- 5) Use video recordings and the written reports to give guidance and feedback.

Preparing School Staff for the First Teaching PLAY Visit

- ***Before your school consultation, contact the school administrators & classroom teacher to schedule & get consent.***
- Video Release & administrative forms are in Sharefile -> Certification Manual -> Section 10: Teaching PLAY.
- ***Many TPCs will share a voucher for the Introduction to Teaching PLAY online course with school staff as a way to orient them to the 7 Circles of PLAY.***
- School staff should take the PLAY Project pre-test which is available in the School Staff Training Manual.
- TPCs can email digital PLAY Project information to school staff but it is recommended that TPCs take the time to introduce themselves, by phone or in person before beginning the intervention.
- ***Teaching PLAY, just like PLAY Project, is a Caregiver Implemented Model and building a trusting rapport with school staff is necessary for the success of the program.***

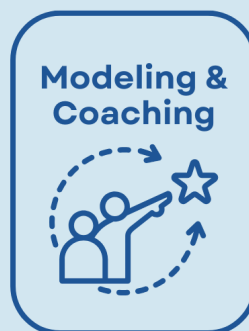
What do I need to bring to the classroom visits?

You will need the following materials and tools for classroom visits:

- A video recording device.
- A laptop or other device for viewing the videos during the post-visit review.
- **Classroom Suggestion Report:** enough copies for you and all participants to have one.
- **Child Profile and PLAY Plan forms:** enough copies for you and all participants to have one.
- **PLAY SEA:** If doing pre & post assessment you will bring the PLAY School Environment Assessment (PLAY SEA) on the first and last visits.
- Teaching PLAY Training Manual for reference
- Do NOT bring toys.

What will I be doing during the classroom consultation visits?

- Call or email ahead to make sure participants know you are coming.
- Be early so you have time to meet with the teacher before her/his busy day begins.
- Upon arrival, go to the office and sign in. Get a nametag. You will probably be escorted to the classroom.
- You will likely schedule to be there for a **half-day consultation**. Discuss your schedule with the teacher. Roughly there will be 4 periods:



- Take your cues from the teacher. Ask her/him when would be a good time to model? Coach? Review the video feedback?
- Make sure the teacher knows that you will be **video recording 10-15 minutes** of the interaction with the child. The video should capture the experience of the classroom for the child and emphasize moments to implement the PLAY approach.
- The video(s) should capture the key adults who typically interact with the child, as well as the TPC modeling. Try to capture some coaching on video.
- **Video feedback** will take place after the class time is over (typically at the lunch hour). You will likely need to end the classroom visit 20-30 minutes before the lunch hour in order to prepare your videos to be viewed. The video feedback and discussion should be collaborative: share what you were doing during your modeling time and be sure to ask the teaching staff what they were feeling, thinking, trying to achieve during their time.
- Take notes so that you can fill out the **Teaching PLAY Classroom Suggestion Report** for your observations and recommendations.

It is important to realize that the job of teachers and schools is to *teach academics*. We are coming into their territory and, in an important and different way, introducing the idea of **interactional process instead of academic content** into the classroom. This means that we are not going to be focused on academics! This is a big shift for many teachers and helps if it is a conversation up front.

As a TPC you might say something to the effect of: “Thank you so much for allowing me to come into your classroom. I know that a school’s goal is to help children achieve their IEP goals and that most of those goals focus on academic or pre-academic content.



Our goal as Teaching PLAY Consultants is not to focus on academic content but to focus on the interactional process.

(They should be familiar with this distinction from the workshop.)

Principles & Methods of PLAY in the Classroom

The Principles & Methods of Teaching PLAY are identical to The PLAY Project autism intervention. The difference is in how we help the school staff understand and apply these Principles & Methods in the classroom setting.

Principles

- Fun with people—Doing what the child loves
- Put in the time—2 hours per day broken up into 15-20 minute sessions (“intensity”)
- Accurately profile the child in terms of their Comfort Zone, Sensory-Motor Profile & Functional Developmental Levels
- Based on child’s profile, play at the right level

****Demonstrate for school staff why FUN is important to engagement.***

****Scan daily schedule to find 10-15 minute blocks of time for PLAY without changing curriculum.***

****Help school staff to understand the child’s unique profile & potential.***

****Help school staff bring current curriculum into the child’s zone of proximal development.***

Methods

- Read the child's cues and intent
- Slow the pace of play, observing and waiting for the child’s idea
- Follow the child's lead, responding to what the child wants
- Open and close circles of communication (back and forth interactions)
- Build on the child’s interests

It is the role of the Teaching PLAY Consultant to help school staff understand the reasons to do this because there CAN be resistance to the idea of following the child's lead.

Why Follow the Child’s Lead?

****Connects with the child’s feeling life***

****Improves the relationship***

****Increases engagement***

****Leads to meaningful learning***

****Reduces self-isolation***

****Helps child become independent thinker and problem-solver***

The TPC gives guidance through coaching and modeling in the classroom, encourages staff to put in the time and helps look at the daily schedule for opportunities, and then reviews the video and gives feedback.

Engagement in the Classroom:

- Child-led free play sessions:
 - 10-15 minute periods throughout the day
 - Adult follows child’s lead to facilitate engagement and promote functional development
- Adult-led tasks:
 - Adult reads child’s cues and follows the child’s lead within every interaction, even when directing a task
 - Focus on relationship, contingent communication, initiation, and problem solving



“Make every interaction a good interaction.”

Written Feedback and Support

One of the biggest differences between the PLAY Project Consultation and TPC is the written reports. In The PLAY Project model, the family is provided with a comprehensive report and 15 minutes of video footage to review. Due to school staff's limited time, it is not realistic for them to review a report and video on their own time. TP is designed to be manageable for the Teaching staff to fit into their busy days, so the feedback has been adapted to meet their needs.

**You will still complete a Classroom Suggestion Report (CSR is like the VSR used in TPP) after each coaching/modeling session and will generate a PLAY Plan with the school staff during an early in-service session. You will be completing full VRFs to submit for supervision and it is recommended that these are shared with caregivers and school staff, as well, but most of your school staff education will happen in person.*

IEP Goals

A significant way you can incorporate the PLAY Project's principles and methods into the classroom is through Individualized Education Program Goals or IEP Goals. The nice thing about IEP Goals is that it continues the social-emotional work for this child into the next school year.

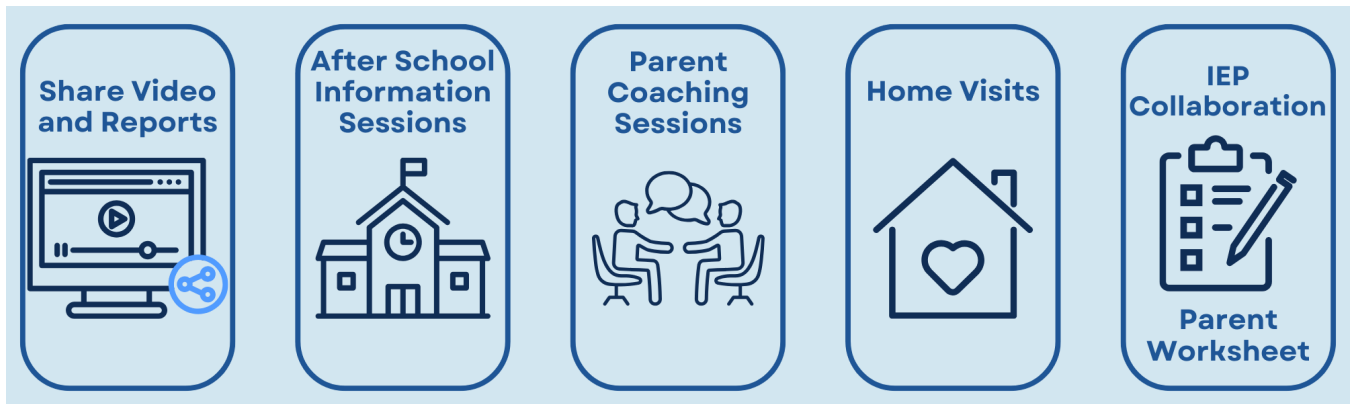
Examples

- **FDL 2: Student will open and closed circles of communication with a familiar adult in a self-chosen activity for __+ minutes ___ times per day with minimal support**
- **FDL 3: Student will independently use a range of purposeful gestures (pointing, leading by the hand, etc.) to initiate interaction ___ times per day**
- **FDL 5: The student will demonstrate one-thematic pretend play (i.e. feed dolls, use doctor kit, race like a car) with minimal adult support.**

At the higher levels, we do start getting into more academic tasks, but that doesn't mean we can't still focus on creative play, relationship-based play, such as demonstrating one-thematic pretend play.

Working with Parents: Intensity matters!

- The evidence shows that young children who receive at least 25 hours of one on one intervention make significantly better gains than those who do not. Whatever setting you are in, if parents are involved and help put in the time, it makes a huge difference.
- By providing opportunities for engagement throughout the school day, the school staff can contribute to the goal of 25 hours per week of strategic intervention, but because of the constraints of time and classroom management, it is important that parents are ALSO encouraged to put in time at home as well. Some ideas for facilitating parent engagement are:



* The IEP process can also be an opportunity to get parent input about relationship-based goals and to share your thoughts about social emotional goals for the child. In Section 4 of the School Staff Training Manual there is a Parent IEP Worksheet, with parent friendly questions that solicit family input which can be used to generate meaningful IEP goals.

Sample Timeline:

PLEASE NOTE: this is only a sample timeline. Individual Teaching PLAY Consultants will pace training and implementation based on their schedule and the school's needs.

Timeline	Activity
Summer/ Early Fall	Preparation: <ul style="list-style-type: none"> Identify participating classroom Provide school with description of expectations Obtain necessary permissions for observation and video collection Schedule classroom visits and in-services
Early Fall	Participate in Teaching PLAY Certification Training (TASK 1) <ul style="list-style-type: none"> Review training materials: Written materials, including training orientation - Teaching PLAY Classroom Suggestion Report: After each visit - Teaching PLAY Plan: Generated during 2 in-depth educator mtgs. - Full TP Video Review Form: To be completed for supervision case submission. Participate in online training course (recorded and live sessions)
Early Fall	Prepare for and coordinate classroom visits
October- May	5-6 classroom visits (TASK 2): <ul style="list-style-type: none"> 2.5-3 hours of classroom observation, coaching, and modeling 30-45 minute debriefing session with teaching staff over lunch hour Video collection and written report for each visit PLAY School Environment Assessment completed during first and last visits Submit your case studies for supervision (TASK 3)
October/ November	Educator training session for teaching staff (TASK 2): After FIRST classroom visit. Goal: generate a Child Profile and PLAY Plan.
April/May	Educator training session for teaching staff (TASK 2): After LAST classroom visit. Goal: reassess Child Profile and PLAY Plan.

*Additional Teaching PLAY Resources can be found in *Sharefile-> Certification Manual & PPC Resources -> Section 10 Teaching PLAY: contains both the Teaching PLAY Consultant Manual and the School Staff Manual.*

A final note about Teaching PLAY:



Building a trusting rapport with the school staff is just as important as building a relationship with a parent.

PLAY is a caregiver implemented model so good communication is crucial to help understand the child, educate the caregiver and teach PLAY strategies that work within the reality of the setting. It is important that the teacher and other classroom staff are supported and understand that ***your role is to PARTNER with them***, to help them better understand the identified child's profile and how to support his/her development, by teaching them PLAY Project Methods, Techniques, Principles and Activities and not to change the curriculum.

Congratulations on completing the P.L.A.Y. Project Certification Training!

By choosing to join this program, you've taken an essential step toward empowering families and making a positive, lasting impact in the lives of children with autism. We deeply appreciate your dedication to providing our high-quality, evidence-based and playful intervention that will help children reach their full potential in the most natural, supportive environment- their homes.

The knowledge and skills you've gained through PLAY will be crucial as you work alongside parents, caregivers, and children to create meaningful connections and foster developmental growth. Every family you support, every strategy you implement, and every moment you spend coaching parents brings us closer to our shared goal: a world where all children, including those with autism, are given the opportunity to thrive.

As you move forward, remember that your journey doesn't end here. The P.L.A.Y. Project is a community of passionate, like-minded professionals, and we are here to support you throughout your certification and beyond. Whether you need additional resources, have questions, or simply want to share a success story, we are always just a message away.

What's Next?

- **Complete the P.L.A.Y. Supervision Process:** After finishing the training modules, you'll enter the supervision phase of the certification process. This step allows you to demonstrate your ability to implement the P.L.A.Y. Project strategies in real-world settings, with guidance and feedback from our expert supervisors to help refine your skills.
- **Ongoing Support:** Once you're certified and licensed, we offer continuous professional development opportunities to help you stay current with the latest research and best practices. Be sure to take advantage of the additional resources available to you as a certified and licensed P.L.A.Y. provider.
- **Join the Community:** We encourage you to stay connected with the P.L.A.Y. Project network. Follow us on social media, join the private PPC Facebook group, participate in forums and webinars, and attend our events to continue learning from and collaborating with others who share your passion for early intervention and autism support.

We're Here for You

If you ever feel uncertain or have questions at any stage of your practice, remember that you are part of a larger community of professionals who are always ready to offer guidance and support. We are excited to watch you grow as a provider and make a real difference in the lives of the families you serve.

Play on!

Warmly,

Dr. Rick Solomon

Founder & Medical Director

The P.L.A.Y. Project