**Implementation Course Script**

Video montage of classic PLAY Project movie, PLAY clips, PPC testimonial (goal is to give trainees an idea of what a PLAY visit may look like and get them excited)

Welcome everybody to the PLAY Project’s implementation and certification course. This course is for those who take PLAY seriously and we are seriously very excited to have you on board because what you’re going to learn here is going to change the lives of so many children who have challenges with relating and communicating including children with autism and the lives of so many parents because all parents want to have a better relationship with their child and they all want their child to make progress and that’s what The PLAY Project is all about. We at the PPO are so excited to share this information with you. It’s rigorous. It’s based on research. It’s somewhat demanding, but in fact it’s eminently practical and can be implemented in every child development professional setting from early intervention to speech and language, and occupational therapy, to schools to any organization that serves children up to 7 years of age. This implementation course will walk you and talk you through the 7 Circles of TPP so you will know exactly how to implement our model with high fidelity just like the hundreds of PLAY Project Consultants before you have done in dozens of states and countries. When you are done you will have a set of skills that will last you a lifetime and will hopefully give you joy. After this course you will serve the children and families using PLAY, turn in your case write ups to your supervisors and you’ll be on your way to full certification.

Before we get started I want to thank Enzo and his family who have offered to be our case study for this course and share their lives with you.

**Unit 1: Orientation**

This first unit is a complete orientation to the implementation course. As you may know The P.L.A.Y. (Play and Language for Autistic Youngsters) Project® is a caregiver/parent 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! The better that YOU understand The PLAY Project (PLAY), the better you will be able to coach caregivers in their understanding of PLAY!

You will be having live sessions with your cohort and your course facilitator which is a great time to ask questions and get familiar with the course materials. You will also have an opportunity to interact online through the course with your peers and the course facilitators.

The PLAY Project model provides **intensity** of intervention by training all caregivers that spend time with the child and teaching simple strategies to apply throughout daily routines as well as PLAY time. PLAY **empowers** caregivers with a **systematic** process of in person, written and video guidance from their PLAY Project Consultant. PPCs can **easily incorporate** PLAY principles, methods, techniques, and activities into their professional “toolkit” and will find themselves using PLAY as the lens in which they begin to view many of the children on their caseload.

**Mission/Vision Slide**

So, in TPP our *mission* is to support families in having a joyous and playful relationship with their children with autism spectrum disorders so each child can reach his or her full potential.”

To achieve this mission our *vision* is “To train a global network of pediatric professionals and child development experts to provide The PLAY Project’s autism intervention program to as many families as needed.”

**Goals and Objectives**

The goal of this course is to fully prepare you to master the PLAY Project approach, whether through PLAY autism intervention in the home, office, clinic or Teaching PLAY in the school setting, this course is an important step in becoming a Certified PLAY Project Consultant and joining the international network of PLAY Project professionals. Once you complete the course and participate in our supervision and mentoring program, you will have expertise in our evidence-based program to provide your community with needed services.

**Your Journey to Becoming a PPC**

You have completed the necessary workshops and gained a good understanding of Greenspan’s Functional Developmental levels and a wholistic view of a child’s developmental profile including their comfort zones, sensory motor, and functional developmental levels. You have learned that PLAY at the level of “proximal

Development (the just right level)” will provide a goodness of fit with the child and their caregivers, promote developmental growth, and improve the interactional process “When you accept the child right where they’re at that’s the best way to help them make progress.”

**Course Orientation**

Throughout the course, you will be learning from a real case study of an adorable little guy named Enzo.

The course takes place over 4 weeks. Completion time varies by learner but averages between 10-12 hours including all assignments and live sessions, with an additional couple of hours for those pursuing Dual or Teaching PLAY Certification. We invite you to watch, learn, question and then re-watch again to fully understand the material. In PLAY, we believe in the value of video review and feedback!”

This course is designed for busy, working professionals and is all online. The course will take you through The PLAY Project intervention, moving through the 7 Circles of PLAY, in the same order in which you will be working with caregivers in real life.

**Unit 1: Orientation,** which you're in right now, will prepare you for what to expect in the weeks ahead and orient you to the main course materials as well as PLAY Project resources.

**Unit 2: First Visits and Assessments** In this unit, we discuss how to build rapport with caregivers, and how to orient them to the PLAY Project’s 7 Circles approach with an emphasis on the PLAY Principles and Methods of Circle 1; how we want approach the child’s development profile to help caregivers play at the right level in Circle 2 and how we give parents techniques and activities for making PLAY fun in Circle 3. Unit 2 also covers The PLAY Project assessments, which will help you to understand the child’s developmental strengths & needs to guide your intervention and, importantly, how parents perceive their child through these assessments.

**Unit 3**: **Family Guidance** Here, you will learn the primary roles of a PLAY Project Consultant—modeling, coaching, and support—that offer the families guidance (Circle 4) including how to use video recording to educate caregivers about the PLAY model and methods.

**Unit 4: Written Reports** covers Circles 5 and 6, teaching you how to use PLAY Project’s written reports and video feedback to effectively equip caregivers with concrete strategies they can use both during playtime and daily routines. Empowering caregivers with the tools to make every interaction a good interaction. You will have a written assignment in this unit to gain practice using PLAY Project report forms.

**Unit 5: Online Case Study Analysis.** Here you will have an opportunity to practice your skills with video clips of 5 different children before submitting your final written submission assignment, a full case write up, using Enzo’s case. This unit will be your most time intensive unit in the course.

**Unit 6: Supervision** You are going to walk through the PLAY Project supervision & mentorship process and will practice the logistics of submitting a case.

**Unit 7: Barriers to PLAY and Complex Family Systems** addresses the challenges of working within the family system. Family systems are complicated and being prepared allows you to best support the families that you're serving and learn how to navigate any barriers to intervention.

**Unit 8: Implementation Tips for Different Settings is** how to put PLAY into Practice and will bring everything home as you learn implementation tips for various settings, including early intervention, medical rehabilitation and TelePLAY .

In **Unit 9: Licensing and Marketing** you will learn more about the benefits of being a licensed PPC and how to reach out to your communities.

**Unit 10: Teaching PLAY** is for those of you that plan to pursue Dual Certification or Teaching PLAY Certification.

**TIPS & Resources**

I want to highlight some important resources for your training. The PLAY Project Training Quick Guide will help you as you move through both the course and your Implementation.

The PLAY Project Fidelity Manual, which you learned about in the Advanced Course, details every element of PLAY’s intervention and is a wonderful source to reference for each Case Study assignment. You will be using a Fidelity Chart, based on the Fidelity Manual, to self assess your final assignment in this course and prepare you for PLAY Project supervision.

* The PLAY Project Training Guide
* The PLAY Project Fidelity Manual
* Websites:
* PLAY Project PPC Portal <https://playproject.org/for-current-play-consultants/>

The website resources that you will have access to, both

now and after this course, are available in the PPC Portal of The PLAY Project. The portal gives you access to PLAY’s entire archive of webinars and much more. You are encouraged to log in, using the password in your syllabus, and check it out.

***Sharefile***

<https://playproject.sharefile.com/home/shared>

Sharefile houses all of PLAY’s resources and is the secure platform you will use during the supervision process. You will learn how to navigate the logistics of supervision in Unit 6 so don’t worry about that now, but you are encouraged to explore the Certification Manual and PPC Resources available in Sharefile as soon as possible. Licensed PLAY Project Consultants will always have access to the resources in Sharefile.

**Fidelity Manual**

In Sharefile, Section 7 of The Certification Manual has the full PLAY Project Fidelity Manual. I want to give you a brief orientation before you begin. The Fidelity Manual was created for our randomized controlled trial and the purpose was to have a standard of success for The PLAY Project autism intervention, as it was implemented in the study. What we found was that those people who were trained in the PLAY Project, providing these services in the community that we were researching had very high fidelity and were implementing the program the way that it was designed and were very effective in their intervention by providing The PLAY Project in this way.

The Fidelity Manual provides detailed information about every aspect of the intervention. It's a really great resource to understand the step by step way to implement with fidelity to the model. The first section you'll see is the key elements, and this is just a check it off the list, quick summary of all of the different items that should be present in a submission to your supervisor. We will go over supervision in detail later in the course so for now section two is where I want you to focus. Section 2 of the Fidelity Manual is about the quality of the key elements and provides detailed descriptions, for example, of what should be included in a video, what the written reports should be like, and even details about coaching and modeling. As you are learning each step of PLAY Project implementation, you are encouraged to review that section of the Fidelity Manual.

**Unit 2: 1st visit and assessments**

As I mentioned, this course will take you through The PLAY Project intervention, moving through the 7 Circles of PLAY, in the same order in which you will be working with caregivers in real life. In this unit, you will learn how to introduce caregivers to PLAY, what typically happens at the first PLAY visit, and you will learn about the assessment measures used in PLAY. If you are familiar with intake and assessment, you know that standardized assessment measures are only one part of the process. You will talk informally with parents, observe the child, collect basic demographic information, and give caregivers an introduction to PLAY’s Principles and Methods. Before we discuss PLAY Project assessments, I want to give you an idea of where to begin and what a first visit often looks like.

**The learning objectives for this unit are:**

-Learn how to obtain The PLAY Project intake paperwork, release forms & agreements.

-Learn how to introduce a family to PLAY Principles, Methods, Techniques & Activities.

-Learn how to accurately assess a child on the spectrum using the REEL, CARS-2,

Greenspan and FEAS.

You may have already started having **conversations with families** about PLAY or have families in mind, but are unsure how to approach them, especially if their child does NOT have a diagnosis of autism. Discussing caregivers’ concerns about their child and how PLAY may address those concerns can open some dialogue. 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.

Several **resources** are available to share with interested caregivers. You will find a PLAY Project Brochure and Fact Sheet in Section 8: Licensing & Marketing and a PLAY Project Summary for Parents in Section 9: PLAY Project Implementation & Family Manual Handouts, of the Certification Manual in Sharefile.

“Buy In” from caregivers will hinge on how PLAY is explained. Caregivers are asked to use PLAY strategies for about 2 hours per day with their child. It is important for caregivers to understand that you will teach them strategies they will be able to use in every interaction, not just during playtime, that will be fun and support a joyous connection with their child. PLAY works in tandem with other therapies such as OT and speech. PLAY is empowering for parents and caregivers of children with delays in communicating and relating.

**Preparing Families**

Building a strong rapport with the caregiver is crucial to your success as a PLAY Project Consultant (PPC). Many PPCs do their own intakes and scheduling, while some are assigned cases after the intake has been completed. It is strongly recommended, in either case, that the PPC contacts the caregiver directly, introduces themselves and talks to the family about what to expect. Discussing the benefits of a parent implemented model with time and intensity of intervention helps to clarify expectations of The PLAY Project. PPCs work within the realities of the caregiver’s circumstances and coaches them in making every interaction with their child a good interaction.

After initial contact with the caregiver and before the first appointment, when possible, send any paperwork to be signed & collected prior to the appointment. Paperwork may include intake, consents, video release, organization specific agreements. Sample family forms are in Section 9 and sample school forms are in Section 10, of the manual, in Sharefile.

It can be useful to have the completed intake form prior to your first visit with the caregiver and child. Reading over the intake form allows you to note additional questions that you may have for the family as well as have an idea of the level of functional development the child is working within.

**Family Resources**

Sharing informational handouts with caregivers, ahead of the first visit, gives them an opportunity to prepare any questions they may for you as they begin services. The PLAY Project Welcome Letter, Summary for Parents can be found in Section 9: Implementation, in the Certification Manual in Sharefile. The PLAY Project Parent Guide is available in a digital PDF as well, but it is strongly recommended that PPCs purchase the guides, at cost through the PPC Portal of playproject.org, to share a hard copy with the caregiver. You will be referencing The Parent Guide often during your sessions and in your reports.

Many PPCs will share a voucher code for the ***Welcome to The PLAY Project*** online course with caregivers or the ***Introduction to Teaching PLAY*** online course with school staff. The introductory courses give caregivers a wonderful overview of The PLAY Project, building hope and anticipation for the wonderful partnership ahead. Inviting caregivers to participate in The PLAY Project Intensive Workshop Online will give them a thorough understanding of the model and an overview of Greenspan’s 6 FDL s

Delivery Settings

The PLAY Project originated as a once a month, home consultation model with visits being 3 hours long. Our NIH grant 3 year, randomized controlled trial research study was designed based on the original model of intervention and The PLAY Project Fidelity Manual was created for this purpose. Implementation of PLAY has since grown and changed. PLAY is delivered by multi- disciplinary child development experts in a variety of settings and schedule formats PLAY’s flexible implementation model means that you can easily fit PLAY into your current practice and adjust your visit schedule and setting to best meet the needs of the caregivers, your organization and even your caseload. Many PPCs choose to use a hybrid approach and work with families in multiple ways. Working with a child and family, within the natural environment of their home, gives the professional valuable information that cannot be attained in other settings and continues to be highly recommended even if the home is not the “reg ular setting ” for the visit The PLAY Project is being implemented in homes, outpatient clinics, hospitals, classrooms, and TelePLAY. PLAY Project coaching and modeling is typically delivered about 3 hours per month but is often broken up into shorter weekly or bi-weekly visits, depending on the PPCs role with the child and caregiver. PLAY Project implementation is largely flexible but the key elements (coaching, modeling, video & written feedback) must be present. When you have flexibility, with your organization, it can be helpful to talk with caregivers about the setting & visit schedule that may work best for them.

**First Visit**

I want to give you some context for what usually happens during a first visit before we break down the details of the assessments themselves. The first visit with the child and caregiver is typically much “less fun” than all other visits and it can be helpful to prepare families for what to expect.

There are 3 main goals for the first couple of visits. The first visit is used to get any consent forms, releases or agreements signed that have not yet been completed depending on the requirements of your organization. After agreements have been signed, review the intake with the caregiver. If the intake was completed prior to the visit, go through the form asking any additional questions that you may have and allowing the caregiver time to elaborate on what was written and to share their story about their child. ***PAY ATTENTION because you may notice that the caregivers’ comments may not match your initial clinical impressions of the child.*** Do not contradict the caregiver in the moment but store the information away to explore at a later time. This may give you insight into the caregiver’s feeling life. Explain to caregivers that your role is to coach them to learn how to use PLAY Project Principles, Methods and Techniques to support the individual strengths and needs of their child in order to help their child reach their full potential***. It is KEY that caregivers understand the commitment they are making to put in the time PLAYing with the goal of making every interaction a good interaction. Empowering parents also gives them hope!***

Section 9 of your Certification Manual, in Sharefile, houses editable **forms and releases**. Caregivers must sign a video release form before you can share video and reports of their child for PLAY Project supervision. Teaching PLAY Consultants will need to obtain consent from caregivers and school administrators before beginning PLAY in the classroom. Verbally reviewing forms and consents opens dialogue about mutual expectations and lays the foundation for the open communication that is necessary in a caregiver implemented model.

During the **first visit**, before PLAY coaching begins, PPCs often will complete baseline standardized assessments of the child and caregiver. Most children will come into your care with several assessments having been completed in the past. It is always a good idea to ask parents for a copy of the assessments and get a release of information to be able to coordinate care with other service providers. ***In PLAY, assessments are optional, however, are an informative part of Circle 2 as a way to better understand the child’s development.*** *We will go over the assessment measures used in PLAY and you will be able to decide which, if any, you think will be helpful to add to your current practice. You will see, as a new consultant, some measures are very useful in determining a child’s FDLs.*

Depending on the PLAY visit schedule, you may need to break up ***first visit* goals** into the first couple of visits. Paperwork and assessments can be completed fairly quickly but never rush a caregiver as they share their journey with you. Trust is built from the very beginning and caregivers need to feel heard. After assessments are completed, including taking the baseline video, take a few minutes to go through The Parent Guide, noting the sections that are the MOST relevant to the child.

***Always try to take some time at the end of the first visit to coach caregiver PLAY and role model some PLAY Methods & Techniques.* \*Role Modeling is PLAYing with the child while explaining to the caregiver your PLAY choices.**

***At the end of the visit, give the caregiver the Visit Suggestion Report with 3 simple suggestions based on your initial observations and caregiver comments.*** You will be learning more about Visit Suggestion Reports in

Unit 4 but I can’t talk about ending a visit without talking about leaving the caregiver with a **visit suggestion report**.

Think about it as briefly written guidance so the caregivers have some concrete ideas about what they can do when engaging with their child. Coaching caregivers to use PLAY Methods is a great place to start and helping a caregiver to simply become aware of the interactional process will make a difference. Keep it simple and remember that parents will be early in the process of learning the PLAY Project language just as you are now.

Walking caregivers through the **7 Circles of PLAY** prepares them for the process of incorporating PLAY strategies into their daily lives. We want caregivers to really understand that The PLAY Project becomes the lens they will use during all interactions with their child. Parents tell us that they are very aware of using PLAY Principles, Methods, and Techniques at first: but after a few months they no longer are conscious of “putting in the time” because they have learned how to interact with their child in a way that is fun and engaging all of the time.

Circle 1: Ready, Set, PLAY…is the caregivers’ introduction to the foundational **Principles** and **Methods** of The PLAY Project. Go through each principle and method with the caregivers and discuss what they mean and why they are important. Take time to answer questions and show caregivers where information is found in their Parent Guide.

Explain to caregivers that PLAY Methods are more important than PLAY Techniques and they should start with learning to practice the METHODS.

Circle 2: Assessments

We are going to discuss the assessment measures used in The PLAY Project. Many of you may already have tools that you use and like. ***In PLAY, assessments are optional, however, are an informative part of Circle 2 as a way to better understand the child and caregiver.***

PLAY assessments may include the **Receptive-Expressive Emergent Language Test (REEL), Greenspan Social Emotional Growth Chart, CARS and the Functional Emotional Assessment Scale (FEAS), both the Child & Caregiver forms**. Teaching PLAY Consultants will also use the **PLAY School Environment Assessment (SEA)** as an observation tool to better understand how to support the child’s needs within a particular classroom setting The REEL, Greenspan and CARS are ***parent questionnaires***. Assessments are a conversation with the caregiver. ***Never give the assessment directly to the parent to fill out, as some of the language can be insensitive***.

The REEL, CARS and Greenspan must be ordered by their distributors for use due to copyright laws. You will find the cover page of each assessment in Section 4: Assessments, of your Certification Manual in Sharefile. You will find a subfolder containing full copies of each assessment that have been stamped FOR TRAINING ONLY and may NOT be downloaded for clinical use.

**Have the following materials on hand: Section 4 Training Manual**

We do have permission to make the full Functional Emotional Assessment Scale & Maternal Behavioral Rating Scale available for your use.

**Learning Objectives**

The goal for this session is to give you an overview the **evaluation measures** in terms of their general value, pitfalls that you should avoid when you're giving them, and how to administer them. We'll talk a little bit about the administration process and then how to score them. We're not going to go through them in any detail but as you use them, you'll get more and more familiar with them.

Consultants tell me that they tend to start with the REEL, because it's a REEL easy, simple, yes, no type of questionnaire. And it's easy to get into the questions doing that. Then the Greenspan, and then the CARS. I've been told parents have probably the most trouble with and so you may want to make that the last measure you go over with them. The FEAS is your first baseline video of the parent- child interaction with no coaching or modeling. The FEAS video is watched, after the visit, at your office, and you will complete the scoring forms.

One of the reasons I like these measures so much is that they are standardized. So, if you really wanted to do a formal evaluation, you could do it. They're easy, they're consistent with PLAY’s emphasis on functional development and they really offer a way to derive objectives. So, for instance, you could take items from the REEL, and you could actually turn those into goals or objectives for the child, same thing with the Greenspan. I think we're going to start with the REEL, which is a parent questionnaire, that assesses receptive and expressive language skills based on the age of the child. Then we're going to go to the Greenspan. The Greenspan social emotional growth chart. That's a parent questionnaire that assesses Greenspan’s six functional developmental levels, for children under the age of 42 months. The REEL is for children under 36 months. But I want to emphasize that it's pretty rare for children with autism to be functioning greater than 36 months when you first encounter them. But if they did, they would so go off the Reel and then they would be considered high functioning.

Then we're going to talk about the CARS, which is actually very good, and it's been revised as the CARS 2. It's a very good standardized measure of autism severity. Now, I really want to mention here, something important regarding scoring when we get to these and you do the scores, we generally do not share the scores with the parents, because that's not the point of these measures.

**The point we tell the parents is that we're doing this to understand your child better.** Most PLAY consultants don't share the scores with the family unless the family insists but if they do then the information can be built into your report in a meaningful way. Then we'll talk about the FEAS. I did want to just talk about the Mahoney, at the very end, so that you can see the way the Maternal Behavior Rating Scale and the Child Behavior Rating Scale are structured.

**Scoring**

**REEL**

When it comes to the REEL (which stands for Receptive Expressive Emerging Language test), there is now a fourth edition. This edition is very similar when it comes to scoring for the basic evaluation, but they have now added vocabulary inventory forms. Despite the new edition, the REEL 4 is still ‘real’ easy to score. The real is standardized for Neurotypical children up to age 3 which is FDL 6. Most children on the spectrum will not score beyond the REEL items it can be very useful, even if the autistic children are older.

On the first page of the scoring form, you should fill out the demographic information, but most importantly, make sure that the chronological age is accurate as of the date of the test. You will notice a *prematurity adjustment corrected age*, which should take the months that the child is premature, subtracted from their chronological age until the child is age 2. This is important.

Sheryl Rosin SLP PHD speech and language pathologist par excellence recommends that you begin the REEL, *starting with the receptive language items*, with item 1 for the large majority of children with autism. This will help you to establish a “basal level’ of 5 yeses. A ‘yes’ answer means ‘most of the time or always’. You keep going until you get 5 ‘no’s’ which is called ‘the ceiling’ score. Then you add up the total number of ‘yeses’ and that is the child’s score. You will do that for the receptive score and the expressive score.

You can convert those scores into age equivalents (Appendix A), percentile ranks/standard scores (Appendix B), and/or composite scores (aka Language Ability-Appendix C. Table C1) by using the tables that are provided in the appendices of the REEL manual. The composite scores—totaling up the receptive and expressive scores to get a standard score and percentile rank leading to a ‘language ability’ score—is considered to be the best measure.

While the age equivalents are probably the least psychometrically accurate way to rate the performance of the child, they are by far the easiest to score with just one page. You get a separate score for receptive and expressive. Though if you need accuracy for reporting purposes, you can just use the percentile ranks/standard scores or composite scores.

When it comes to the vocabulary forms that are new to the REEL 4, we recommend not using them routinely. There is a form A for younger children and Form B for older children. This is more for SLPs. But you can use them when you want to to document vocabulary acquisition especially when the child is starting to add a lot of new words (as the hit FDL 5). Here again, the scoring process is very similar to scoring the standard REEL 4 measure, as described in Appendix C, Table 3C.

Moving on to the **Greenspan social emotional growth chart** questionnaire. If you look on the first page of this form, you have to fill out the demographics.

I'm going to assume for the sake of this demonstration that this child that we're talking about is 24 months of age. And I want to first talk about some of the pitfalls of the questionnaire of which there are very few, but there are to be found in the first section one through eight.

So right there on the first page, and you'll see it in the items having to do with the words, calm and enjoyable. So number one, does your child take a calm and enjoyable interest in most sounds?

Number 3, does your child take a calm and enjoyable interest in most sites, et cetera, number five, does your child calmly enjoy touching or being touched? What I want to emphasize here is that most parents don't understand what Greenspan means by calm and enjoyable. So you may have to give them examples of what is not calm and enjoyable. So let me give you some examples. Let's take question one. Does your child take a calm and enjoyable interest in most sounds? If a parent says “oh yes he will push the button and listen to the same sound over and over and over again” That's not a calm and enjoyable interest. That's very over focused. And you would say to a parent, we're not talking about children who get over focused on sounds or sights or touch and are constantly seeking sounds or sight or touch, nor are we talking about children who get freaked out by sounds or sites or absorbed by sights and are distracted by sight, or really can't stand it when you touch them. They don't like to be touched or lifted off the ground. So you're going to have to pin the responses down and characterize them a little for parents. These are questions about self-regulation and sensory motor profile. So you will find that most parents will change their minds and say oh yeah it’s not really all the time. It’s really more like half the time. So what I’ve done here in this section is I’ve given this particular child at 24 months of age a score of half the time for each of these items.

Most of you will find a range from half to most of the time or all the time for these items, but for simplicity's sake, I've done eight half the time Xs in the boxes. What you will do is put the number eight in the column half the time and leave the other columns blank.

All right, now turn the page and what I'm going to assume that for stages one, two and three, the parents report that the child does these items most of the time. So, you'll put an X in that column, three Xs for nine, 10, and 11 under most of the time and 12, 13, 14, and 15. Most of the time now starting with stage four, a I gave this child half the time, stage four B, some of the time, stage five, a none of the time, stage five B none of the time and stage six, none of the time.

So we're going down each of these rows and I hope you've gotten the message that that's how parents score. None, some, half, most, or all the time. Don't be afraid to argue with the parents a little bit about the definitions or describe the definitions to make them the most accurate.

One of the things that I've discovered in doing these measures is that you get a pretty good, quick feel for the child. Once you walk into the house, this is one of the beauties of the home visit. If your perception of the child is that they're very low functioning and it's the perception of the parents that the child is very high functioning. Then that's very telling, that the parents may be misperceiving their child and may not be a good judge of where their child's development is at. There can be several reasons for this which you will eventually discover.

And so, you have to be very careful with how you deal with families that really differ with you on their perceptions of the child. So you add up all of the scores all the Xs that you have in the boxes for each of the columns. Notice that it says one through 35. So you have to include the first eight when you do that, you get none in the can't tell box; 14 in the none of the time box; four in some of the time; 10 in half the time; then a seven in most of the time, and finally zero in all of the time. So now if you turn the page, you will see “for examiner use only”. And in that first section called total check marks for each column items one through 35, I just transferred the numbers.

As you can see on the screen there, then you multiply by the numbers in the light blue box, and you arrive at the sum of 0 14, 8, 30 and 28 for a total score of 80.

And you go down then to the next section, for the **sensory processing score**, you do the same thing. Since I gave this child, eight half of the times, it's just eight times three, which is 24. So then now you go down to the score summary, and under the total growth chart score is 80.

So, now you need to find out whether this is a ‘possible challenge’, ‘emerging mastery’ or ‘full mastery’. This 24 month old child rceived a score of 80. That would be ‘emerging mastery’. So you check that box, then you go to the sensory processing score which is 24, emerging mastery. So check ‘emerging mastery’.

The highest stage mastery for this 24 month old is stage three. Instructions says that the highest stage mastered has to be ‘most or all of the time’. This child got most or all the time only up to stage three. So now you locate stage three on the social emotional growth chart, follow it over to the child's age of 24 months. And you see it falls below the line, which means that the child is functioning socially, emotionally below where they should be. I hope all that's clear to you. And that concludes the section on the Greenspan social emotional growth chart.

All right, the next measure is the **CARS-2 childhood** autism rating scale second edition. This is a very good measure because it gives you lots of great information on the child and covers a lot of different categories. It's got a wonderful array of items from relating to people to imitation emotional response, body use object, use adaptation to change visual response, listening, response, taste, smell, touch, fear, or nervousness, verbal communication, nonverbal communication activity levels. The last two, level and consistency of intellectual response, which you won't ask and general impressions, which you won't ask, because these are really not for parents to fill out. In fact, the CARS is really not designed for parents to fill out but for you, as a professional, to go through this with the parent and mention each category, interact with the parent around this measure, arrive at your score, which is more descriptive of where the child's at, as opposed to really labeling autism severity, which is what it's designed for.

There's only two pitfalls. The one I've already mentioned questions 14 to 15. You don't want parents rating their child's intellectual response because I don't like these items. It says the child is moderately abnormal in their intellectual functioning. That's insulting. And then under general impressions, I don't expect the parents to rate their child's autism severity. I think that's intrusive. And then the last pitfall on number 11 and you just, all you want to talk with the parents that the term overall speech shows overall retardation. , it's not saying the child's retarded. It's saying that the child’s speech has retardation but this is something that you want to avoid.

Now, when you get the scores of the parents, once again, if the parent's perception of the child is different than yours, it tells you something about the parents' emotional and perceptual abilities at any rate. If you want to get an actual summary of severity, perhaps related to purposes of program evaluation, then you go to the front page, you simply put the, the number of the score into each of the category ratings, a one, 1.5, 2, 2.5, three, 3.5 or four. You do that all the way down. You add them up. And then you look at the severity group, the bottom left hand corner of the front for front page of the CARS. This is the easiest score to measure. And it tells you whether the child has minimal to no symptoms, mild to moderate symptoms or severe symptoms of autism. And that's the CARS in a nutshell, very easy measure to give if you know what the pitfalls are. All right, moving on.

Welcome to the section on the **Functional Emotional Assessment Scale.** We're going to be emphasizing the importance of using the FEAS for those of you who want to get a really good overview of the parents clinical performance and the child's clinical performance on the six functional developmental levels. The FEAS was developed by Stanley Greenspan and Georgia DeGanji, an Occupational therapist and Serena Weider. And it is completely relevant to what we're doing in the PLAY Project. They normed the scores on typical populations, as well as populations with developmental challenges.

And you can get the psychometric information in their FEAS book, which can be purchased online, but we have been given permission to provide full copies of the forms in Sharefile for your use. I happen to really like the FEAS because it's a wonderful way help new PLAY Project Consultants really assess the caregiver and the child functional levels.

So we've given you samples, for the caregiver and the child for two different ages, three to four years and, 25 to 35 months. So we show you the caregiver forms, but there's also child forms as well. And the reason we give you these two forms is because most of your children are going to be in these age ranges and the forms max out at three to four years. Now, one important factor here is that if you have a child who's older than four, you may think that they can't use these forms, but the fact is they're not going to be functioning at a three to four year level, most of our children. And so you can use these forms, even if they're five and six years of age, that's important to understand the, as you'll see, if you look at the 25 to 35 month forms, they stop before functional developmental level six, because most 35 month olds aren't up to that level yet.

The FEAS is all often used by our PLAY Consultants on the first visit, just as a way of helping you to understand the interactional process between the child and caregiver. So my hint to you here is that if you are confused about a case about how the parent's playing or what the child's functional profile is, use the FEAS, and it will help you, but you can also use the FEAS as a pre and post test for evaluating whether the child is making progress, which is what we did in our research study. The FEAS correlates exactly with Greenpan’s six functional developmental levels. The FEAS is your first baseline video of the caregiver and child playing, with NO coaching or commenting. This is usually done after all paperwork has been completed, and all other standardized parent questionnaire assessments are done. Then you tell the caregiver that you’d like to get some video of them playing as they normally would. If there is only one caregiver, then video record for 15 minutes. If 2 caregivers, then record for about 7 minutes each. In fact, 7 ½ minutes is probably enough time to assess the interaction, so if you don’t get a full 15 minutes, it’s OK. If you are providing the toys, be sure to have a mix of both sensory and symbolic toys and allow the child to explore the toys while completing other intake paperwork and assessments, prior to recording the FEAS video. I would recommend limiting the number of toys, so the child does not spend all their time exploring the toys. If you are in the home, encourage the family to use whatever toys they normally play with.

So, let's now talk about the FEAS scoring. After the visit, you return to your office and watch the baseline video back and complete the scoring forms for both the child and the caregiver. Let's look at the administration and scoring form. So if you actually turn to the caregiver three to four year administration form, you'll see below a section called general scoring. This is a very simple 0 1 2 scale. Zero means not at all or very brief, you didn't see it at all, or it was very brief. One means it's present some of the time or observed several times. And two is when the item is consistently present. And you'll see is we go over the items, how to actually score this. Number two is consistently present or observed many times. If you don't see a behavior, you just put ‘N O’ for not observed.

For a couple of the items there is what’s called a converted score, because of the way it's worded. You convert the score and have to give the opposite number--. So a zero, becomes a two, a one stays a one and a two becomes a zero. I'll show you an example of that, cause that can be confusing. I'll also be going over some of the pitfalls of scoring as we go. If you turn the first page of either the caregiver or the child, you'll notice that there are three columns called SYM, SENS and EXAM. In the original study, Greenspan Deganji and Weeder used symbolic toys, sensory toys, and also sometimes the examiner would test the child. In which case then if the child scored differently using symbolic toys or sensory toys, or if the examiner got a better reaction from the child, these were, these columns were used. Practically speaking, unless conducting research, it can be helpful to score both caregivers on the same form to see the differences and cross off SYM and SENS.

And so these columns may or may not be relevant to you at all. If you notice, however, that the child really does much better with a symbolic toy than a sensory toy or vice versa, then you can note them. So for instance, take number one, here is interested in attentive to play with toys. You may present the child with some symbolic toys and they may not be interested at all, but if you gave them a sensory toy like a big ball, they might love that. So you might score them a zero on symbolic and a two on sensory because you see them being interested and attentive with sensory toys. This is not likely, but it can happen.

As we go through the scoring you'll note, just as a little hint that if you aren't certain whether it's present a lot or present some of the time or you're debating about the items, usually you'll end up scoring it a one.

I want you to look at one of the different forms of scoring and number seven and eight. And, and this is true of the FEAS you just simply follow the direction. So it says, note score only one item seven or eight, whichever applies. And what I recommend is that you go through both seven and eight and you pick out the best one that would represent the child’s profile.

Now I do want to spend just a second here on the so- called converted scores. Does the child turn his head away, avert his gaze, move away or sit facing away from the caregiver without social referencing them? Does he appear indifferent, aloof, withdrawn, or avoidant? And the answer is no we didn’t see this behavior very much So normally you would give him a zero, because we didn't see it, but a zero would be a negative score and we want to give him a positive score. So the way the wording is for 14, you convert the score to a two. I hope it's clear. A lot of people have trouble understanding this, but my way of thinking about it is simply you, you want to give him a positive score and the way the item is worded, you would end up having to give him a zero. And you will find items like this throughout that it's called a converted score.

All right. So now, let's just go through a, a quick sequence just to prove to you that each of these FEAS sections are the same as Greenpans functional developmental levels. So you have section one in the child self-regulation and interest in the world. That's FDL one, FDL two in this form is called forming relationships, attachment and engagement. FDL three is two way purposeful communication.

So I think you can begin to see how helpful this is to new PLAY consultants. FDL 4 is called the behavioral organization, problem solving and internalization. The problem with this section, one of the pitfalls is that there's only two items for such an important level. You would think they would have more items, but there are only two. And this is one of the pitfalls that indicates that the FEAS sections themselves have poor psychometric validity. In other words, when we did our research, we were not able to use the sections of the FEAS, we used the total FEAS score which was actually very good in correlating with the Mahoney and other outcomes for clinical purposes.

Okay. Section five is representational capacity. We call it

shared meanings in the PLAY Project, but it's the same. And you can see the items here engages in symbolic play with various toys or equipment. So this is the ability to be symbolic. Level six, building bridges between ideas and emotional thinking. We call it emotional thinking level. And here you see the ability to elaborate on pretend play sequences.

Some of the items will be confusing. Some of them will not be clearly defined. I've just picked one here as an example, number 15, for the child, three to four year FEAS measure on what we call social referencing. It just simply says child social references caregiver while playing with toys. This is a little bit vague. What does that mean? Does it mean that they look at the caregiver? Does it mean that they gesture toward the caregiver? This item can be hard to score. I feel that social referencing is not just eye contact. And so, if the child references the caregiver directly, either through gesture or eye contact or through an action, then you would score this a one or a two. I have seen children where they just grab their parents hand and use the parent's hand to get them something that they want, but they're not really referencing the caregiver. And that would, that would be a zero. So there's an example.

Number 32 here, is another example of a hard item to score. It says the child uses, pretend, play or language to communicate themes containing two or more ideas dealing with closeness or dependency. The problem with this is that a lot of times children will not manifest these themes. So how do you score it? What you have to do fundamentally is put N O and when we did our research, we gave it an arbitrary value of one. If the child was scoring in that category, that's a technical issue related to research. When you're doing this clinically, you just put N O not observed, then you score either giving a arbitrary score of one, or as they recommend a two, if the child is truly functioning in that category/that FDL. I would use my clinical judgement to be as accurate as possible.

And that leads us to scoring. So once you add up all the columns and you get a total score, then you will arrive at a total caregiver score and a total child score.

After the visit, you watch the video and you will score the form to collect the information to aid in your treatment planning. The gap between the level the parent is playing and the level the child is playing, tells you where your work is with the parent. I want to note that even though you are not coaching or modeling while filming the FEAS video, it is always important to take a few minutes at the end of the first visit to show the caregiver how to use some PLAY Methods or Techniques with their child. Lastly, I want to just introduce you to the Mahoney, MBRS and CBRS, although we do not use these measures in clinical practice.

This is a video rating scale. Mahoney does it completely differently than the FEAS. And actually, this is a much more valid and reliable measure of parents' ability to interact with their child. The first section is called responsive or child oriented. And within that number one is sensitivity to the child's interest.

Number two, on the next page is called responsivity.

Number three is called effectiveness.

You hear me refer to these very frequently: sensitivity, responsivity and effectiveness Sensitivity means reading the child’s cues accurately Responsivity means following the child's lead, effectiveness means getting circles. And so if you take a look at the Mahoney categories, you have a ratings of 1, 2, 3, 4, or five reading. One is highly insensitive where the parent appears to ignore the child's interests and rarely watches or comments on the child's behavior and does not engage in the child's choice of activity.

This measure goes all the way up to very high sensitivity. The reason that I want to introduce you to Mahoney's measures for both the parent and the child, is that these can also serve as a great set of objectives for you. If you need to generate objectives for the parents to achieve, or you want to incorporate some of these ideas into your writeups. So just read through the Maternal Behavior Rating Scale.

There's a one called ‘affect’ or ‘animation’ that includes acceptance enjoyment and expressiveness, as well as inventiveness and warmth.

There’s Achievement Orientation: achievement and praise which interestinly PLAY Project families don't do a lot of praising. ABA families do a lot of praising. Then under Directive, which is directiveness and pace. The subcategories we found in our research that parents in the PLAY Project were much less directive than families, not in the PLAY Project.

**In the CBRS aka PBRS (Pivotal Behavior Rating Scale)** you'll see categories having to do with attention that include and here you'll will see categories having to do with attention that include attention to activity and persistence.The next section is called **initiation** where the number one, the child initiates activities. Number two, the child has joint attention. Number three the child has varying affect. We use these measures in our research to show that children paid attention and initiated more if they were in the PLAY Project.

At the end of the first visit, be sure to schedule your next visit and always be sure to leave your contact information along with an invitation for the family to reach out with any questions. Depending on your visit schedule, you may even want to reach out to the caregivers, a few days after that first visit, to check in and see if they have any questions.

**Circle 3**

They also help to specify the keys to progress by adding to the principles and methods. Play techniques and activities help to give concrete and specific directions for play that is helpful to parents who often struggle to simply follow the child lead. Techniques and activities are described in the Training Quick Guide and in the PLAY Project Parent Guide for easy reference for your caregivers. We will be discussing them more in depth as we review Enzo’s case.

**Welcome to Unit 3: Caregiver Guidance- Coaching, Modeling & Video Recording.**

***Caregiver education is at the very root of The PLAY Project. We refer to this as Circle 4: Coaching & Modeling.*** Some Early Intervention providers are skilled parent coaches and PLAY will add 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 care givers 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 care giver to have a better understanding of the child’s unique profile and learn The PLAY Project Principles Methods and Techniques 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!***

Your learning objectives for this unit are:

-Be able to define the 3 main roles of a PLAY Project Consultant.

Learn how to educate a caregiver to be able to use PLAY Principles, Methods, Techniques, and Activities by coaching & modeling.

Learn about how PLAY uses video recording to support caregiver education.

**Roles**

* **Coaching is:** Teaching caregivers the basics of the PLAY projects seven 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 child 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 ‘functional ladder ’
* Coaching can be done from behind the cam era talking to the care giver while videorecording and during the visit when the caregivers are PLAYing and the camera is off.
* Coaching helps the careg iver becom e more sensitive responsive and effective in their interactions with the child.\*

\*Reading the child’s cues following the child’s lead and gettin lots of ‘Circles of Communication’

In PLAY, caregiver education is accomplished through coaching from behind the camera, role modeling in front of the camera and through verbal, written and video feedback. Each of you will have your own style. Some of you may be more active and directive while others are more laid back. Your style may change to meet the needs of the caregiver you are educating too. The important thing to remember is that you are ALWAYS educating and not just providing a direct care service for the child. You can’t assume the parent or school staff is understanding what you are doing and why. It is important to explain, guide them, and check in with them, especially early in their PLAY Project services.

Now you get to watch some video of a real cutie and see PLAY coaching and modeling in acting. Meet Enzo and his mom. Enzo is 2.5 years old and this is his first PLAY Project visit after assessments had been completed. His wonderful PPC, Kara, is also his SLP, and works with him in the clinic weekly for 30 minutes and at home monthly for 3 hour PLAY Project visits. Some of you will also be wearing multiple hats with children that you work with and how you structure that is flexible. The important note when wearing multiple hats is that during PLAY visits, you are always coaching and modeling for the caregiver.

You will see examples of both coaching from behind the

camera and modeling PLAY from in front of the camera.

**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 term s of com fort zone sensor 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 al most all the ti me
* 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.
* The PPC can also model how to try various techniques when one is NOT effective at getting circles and talks with caregivers about the experience.
* 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 and not going into a PLAY visit with your own agenda.
	+ Caregivers will talk to you about their life, their child, their spouse, their extended family.
	+ Having a child with autism is very stressful.
* Parallel process: Do with the Caregiver what you want the caregiver to do with the child.
	+ Read the careg iver’s cues follow the

care giver’s lead and meet the where the y are at.

* We never blame! We find out why! It is the role of the PPC to understand and support the caregiver. There is ALWAYS a reason behind a caregiver that listens to you puts in the ti me…or DOES NOT! It can feel frustrating, and both the situation and your feelings can give you important information about the “feeling life” of the fam ily

*\*You will learn more about handling barriers to PLAY later in the course.*

***PLAY Project visits are usually comprised 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.*** Typically, PPCs begin the visit checking in with caregivers about how things have been going with PLAY. It is a great opportunity to ask, in a nonjudgemental way, to tell you about some of the interactions they have had with their child, using the PLAY suggestions. It is a great time to share ways of using PLAY techniques during daily routines, to fit in the time and to always think about the interactional process.

***Remember in The PLAY Project, we not only honor the***

***child’s needs, but we are also sensitive to the caregivers’ needs.*** If a family is bilingual coaching in the family ’s primary language is preferred, when possible. Coaching and modeling during PLAY visits is active but follows the rhythm of the caregiver, child and allows time for interaction to feel natural and fun. Different caregivers will require different kinds of support. You may need to experiment to find the best learning style for each caregiver but good communication and clear guidance about PLAY is the best way to start!

There may be times that the child greets you at the door, excited to PLAY with you because they remember how much fun they had with you on the last visit. Be

spontaneous! Be Fun! Don’t make the child wait give our video recording device to the caregiver, and ask them to record you PLAYing and modeling (explaining PLAY Techniques & Methods as you use them). Other times, after checking in with the caregiver, you may suggest they join the child in PLAY, while you coach (share PLAY strategies for the caregiver to try) from behind the camera and video record.

Generally, do not compare the child’s developmental age vs chronological age (e.g. “Well Johnny is 4 years old but he’s functioning at the level of a 2 years old.” but do talk about the importance of meeting the child where they are at. It’s okay to say: “I think pretend is a bit above his head. Let’s do some roughhouse and sensory play and see if he like it more than pretend.”

In the PLAY Project we don’t teach, prompt, or drill the child.

You will *never* have a PLAY visit without coaching and modeling PLAY Principles & Methods.

***Additional things to think about as you coach & model in helping caregivers become more sensitive and effective PLAYers are:***

* How is your positioning?
* Are you being with the child near them or on the floor or facing them or following them around the room?
* Are you able to interpret your child’s subtle cues to understand what they want? Are you reading them right?
* When your child shows his/her intention, are you responding in a supportive way, encouraging your child to do what they want? Can you accept your child right where he/she is at?
* Whose play idea is it? Yours or your child’s?
* Are you using the ‘Rabbit Hole’ Techniques when needed (when your child is in their comfort zone or hard to engage)?
* Can you define ‘circle’ of communication? What does it

mean to ‘open’ a circle? Close a circle? Do you know how to count circles?

* Are you having fun together?
* Are you playing at the right level? Too high (child not g etting it)? Too low (child not engaged)?
* Can you engage your child by following his/her lead?
* Are you enthusiastic, animated, silly, and fun? Using voice, gestures, and actions to make it fun?
* Are you in the right sensory mode to engage the child?

You might have to change it up (i.e. avoid visually absorbing activities) to get better engagement.

* How long can you keep the engagement going by being dramatic, silly, fun, sensitive to their interests (are you sweating yet?)?
* Are you slowing down your pace and waiting long

enough to get responses from your child?

* Are you ‘thinking circles’ as you play and going for longer chains of interactions?
* Who is opening the first circle? Are you waiting for him

/her to initiate?

* Are you using Theme and Variation to be inventive with your play?
* Are you using daily routines as an opportunity to

create a more joyous, connected interaction?

***Video recording, review and feedback are key elements of The PLAY Project model. 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.***

PLAY Project Consultants can use any kind of video recording device but cell phones are not recommended. Devices that back up to a cloud are not secure and cell phones rarely have the cloud turned off. An iPad or other tablet, however, can be a wonderful tool to use if the cloud is turned off. The larger screen allows PPCs to share video clips, in the moment, with caregivers for immediate reflection and video review discussion.

PPCs need to be prepared at each visit with a fully charged video recording device. Depending on your PLAY visit schedule, you may not video at every visit, but you should be prepared so that you don’t miss an important

“teachable mom ent” A total of 15 minutes of video is used for the monthly Video Review Form (VRF). ***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, to include in the VRF.*** PPCs will record the caregiver PLAYing with the child, while coaching from behind the camera and caregivers will record the PPC modeling PLAY Project Methods, Techniques and Principles while verbally educating the caregiver.

***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.***

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, alway 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 fam ily 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.

**Welcome to Unit 4, Written Reports**. The goal is for you to learn to create effective, parent friendly, written feedback for parents to help their young child with autism move up in their functional development. You learned how to accurately profile a child and understand the “Keys to a Child’s potential” in The AY ro ect Advanced Course. For those of you who will be working primarily in schools, it is still important for you to learn this core element of our evidence-based model. Learning to write these reports will prepare you to teach others the PLAY Project approach, whether you are providing feedback to parents, therapists, teachers, or classroom aides and assistants.

PLAY uses 2 reports. A short guide of suggestions given to caregivers after each PLAY visit, called the Visit Suggestion Report and a longer Video Review Form which includes the Video Review analysis of 15 minutes of video taken throughout the month highlighting examples and associated PLAY Plan with child profile, methods, and recommendations of techniques and activities. Learn to create effective, parent friendly written feedback so you can educate caregivers to help their young child with autism move up in their functional development.

* Learn to use The PLAY Project Fidelity Manual to inform the key elements of your written reports.
* Learn to summarize a coaching & modeling PLAY visit using the Visit Suggestion Report (VSR), to give concrete suggestions for caregivers.
* Apply what you have learned in the Advanced

Course to create a PLAY Plan that accurately and

efficiently describes a child’s functional developmental profile, comfort zone activities, sensory motor profile. In this unit you will also highlight PLAY Methods and list relevant Techniques and Activities to help the child make progress.

* Learn to use Video Review to highlight key

“teachable moments” during PLAY visits, analyzing the interactional process and making strategic suggestions. Video review is a powerful educational tool.

Now is the time to familiarize yourself with The PLAY **Project Fidelity Manual** or use the Fidelity Chart, as the content is derived from the Fidelity Manual. As you are learning to summarize coaching/modeling visits into brief, written suggestions, the Fidelity Manual will define expectations for you.

(Enzo Visit 1 Video 1 From 10 min to 16:59 )

Now you get to watch another clip of our cute friend, Enzo’s first PLAY Project visit and begin to think about Enzo’s profile and suggestions that you might make for the family.

During PLAY visits, you will be both coaching from behind the camera and modeling PLAY Principles, Methods, Techniques and Activities while in front of the camera. You only need about 15 minutes of total video each month but most PPCs do take extra video so they can choose video clips that deliver the most important messages that you want the caregiver to learn.

As you watch Enzo’s video, I want you to jot down your gut level reactions. Some things

to pay attention to as you watch are:

* Positioning of the video recording device to capture facial expressions.
* Positioning of PLAYer with Enzo to get the best engagement.
* Tone of The PLAY Project Consultant’s voice as she coached. Was she encouraging ? Did she use PLAY language?
* What are you learning about Enzo’s functional developmental levels?
* What comfort zone activities do you see and how does Enzo’s sensory motor profile

impact the interactional process?

* What PLAY Methods & Techniques were used and what other suggestions might you have for mom?
* How was the pace of play? Was it too fast, too slow or just right to give Enzo an opportunity to open circles and lead play?
* What questions might you ask mom to better understand Enzo?
* What activities do you think would be fun for Enzo?

I want to take a minute and talk about that last video clip. It is important to remember that kids don’t just come at one FDL. They will have capacities at higher levels and may have weaknesses at foundational levels. We always follow the child. Coaching parents to follow the level that the child is play ing m ust be handled with sensitivity to parents’ feelings. I love how Kara was very matter-a-fact “It’s neither good nor bad, when Enzo goes up, we go up and we he goes down we go down with him ” Now if a child fragments during play, meaning that the child breaks off the interaction and goes into their comfort zone, and you see a parent struggling, then it can be helpful to acknowledge the parent’s experience In this case Kara was teaching mom how to use Rabbit Hole Techniques to re-engage Enzo so that she would know what to do during her playtime with him (Circle 5). And it worked beautifully!

PLAY Project visits are so much fun and you will be sharing so much information with caregivers. So we highlight key recommendations through the Visit Suggestion Report as a way to summarize the coaching, modeling and ideas for caregivers. It is basically a “cheat sheet” that guides the caregivers until they receive our full report or until the next visit. The Visit Suggestion Report is a simple but important form. It's only one page and you fill it out at the end of the visit to leave with the family. PPCs should ask the family what they want to remember from the visit so they can contribute to the form. Teaching PLAY consultants use a similar form, called a Classroom Suggestion Report when they do sessions of coaching and modeling for school staff members. So, they ask the staff members to generate some of the things they would like to remember from the session. You can see that the form speaks directly TO the parent and is pretty informal. The top portion of the form just has general information about the visit. PLAY reports are strengths based and parent friendly, so the General Notes is often a positive comment about the child or interaction. The FDL and SMP sections should be very brief but are important in your education of the caregiver to help them play at the right level and be sensitive to sensory preferences so the child can be well regulated with optimal engagement. There is a spot for you to make 3 suggestions so the caregiver knows exactly what to do during their interactions with their child.

These should be just one to two sentences and use PLAY Project language. One tip from PPCs is to leave one method, one technique, and one activity. Of course, this is just a tip. There is a lot of flexibility to what you can suggest and usually it is a summary of suggestions you've already made during the session. It is always helpful to refer caregivers to specific pages or sections of The PLAY Project Parent Guide.

You will want to 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 hand writing the Visit Suggestion Report, be sure to take a picture of it, with your video recording device, before leaving 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.

Your first case study assignment is to practice writing a Visit Suggestion Report. You will watch a short video of Enzo’s 2nd visit where you will see his wonderful PLAY Project Consultant, Kara, interacting with him and modeling PLAY strategies for mom. It will be hard not to be distracted by Enzo’s cuteness but as you watch, think about the most important take home messages for the family. Circle 5, in The PLAY Project, is the caregiver-child engagement that happens throughout each day. So, knowing everything that you already do, about Enzo, what suggestions do you have to help his parents be his best PLAY partners and to help Enzo move up in his development?

Let’s take a look at Enzo’s VSR for this visit. You may have come up with suggestions different than Kara did and that is OK because there are endless ideas to give parents. Let’s start at the top and look at the information about the visit itself. The average hours of PLAY per week gives you a chance to ask the caregiver, in a nonjudgemental way, about how much time they are using PLAY strategies during the week. Sometimes parents will tell you they have had a busy week and weren’t able to fit in as much time and this opens dialogue about how to use PLAY strategies during daily routines as well as playtime. You can see how encouraging Kara is, of mom. She is reinforcing mom reading Enzo’s cues which helps mom know that she is on the right track and builds confidence. Kara used the FDL section in a way that provided education about Enzo’s functional development but also gave really important suggestions to help strengthen his FDL 3. You don’t have to be as detailed in this section as Kara was and could save the suggestions for the bottom of the page. I love how Kara described the levels in a way that is understandable and helps Enzo’s parents know how to help him strengthen his skills.

Notice that the SMP section is short but very important information. Enzo is a kiddo that becomes visually absorbed and she gave a simple note about bringing toys to her face and using silly sounds to keep Enzo engaged in the interaction. Kara listed PLAY Principles, Methods and Techniques. She noted the page number in the Parent Guide where mom could find a list of activities that are FDL appropriate and she highlighted areas of growth. Kara’s Visit Suggestion Report is positive, strength based, parent

friendly and educational.

Remember, the VSR is given to the caregiver at the end of each PLAY visit. It is not supposed to be a long report but rather short, sweet and gives caregivers guidance so they know in a practical way what to do to make every interaction a good interaction with their child.

***Video Review Form***

The Child Profile Form, that you learned about in the Advanced Course, 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—Video Review + PLAY Plan) 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) & 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 “Key s to the Child’s potential” 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 which are in the Parent Guide and your Quick Guide 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 the one VRF. The goal is to send the VRF along with the 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.

Once a month, the PPC writes an updated PLAY Plan and watches video clips taken during PLAY visits that month. Some PPCs will have had weekly or bi-weekly visits and others will have monthly visits. *The completed PLAY Plan will help the PPC select video clips, totaling 12-15 minutes, that are representative of the child and show both coaching behind the camera and modeling in front of the camera to help the caregiver to be sensitive, responsive, and/or effective in interacting with their child.*

You can see that Circle 6, Written & Video Feedback, includes Circles 1, 2, 3 and 4. And the written feedback is important to support the caregivers in their effectiveness during Circle 5: Child-Caregiver PLAY time. I hope you are beginning to get the idea of how the process of the 7 circles works and the cycle of coaching, guidance, feedback evolves as the child develops AND as the caregiver’s skills improve as well.

Always write the PLAY Plan ***before*** the Video Review section and then incorporate insights gained from the PLAY Plan into the Video Review. The first PLAY Plan that you write for each child, will be the hardest, because you are developing their profile. Remember to go with your gut instincts first and then go back and be systematic in your analysis If you take the time to understand the child’s CZA, SMP and FDLs at the beginning, it will direct your PLAY Plan with PLAY Techniques and Activities.

You have already learned how to determine the “Keys to the Child’s Potential” in The PLAY Project Advanced Course. You have practiced case analysis to accurately profile a child in terms of comfort zone activities, sensory motor profile and functional developmental levels. The PLAY Plan uses this accurate understanding of the child’s unique developmental needs and recommends specific PLAY techniques and activities that would be fun for the child and help the child become more socially connected.

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 direction without overwhelming the caregiver with too many unnecessary details.

Note: The full write up is required for certification but you can adapt the written elements of PLAY to your clinical setting. We’ll talk about that later in our discuss ion about ‘Implementation Options’.

In PLAY, when a child goes UP, we go UP and when a child goes DOWN, we go DOWN with them. So, if you are playing at FDL 3-4 with a child and the child fragments (leaves the interaction) and goes into their comfort zone, you have some choices depending on how robust their FDL 3 is. You can 1) Do nothing and let the child take a break and see if they will re-initiate on their own. 2) Use a technique that I love called “Woo and Wait” meaning that you try to entice them back into the fun you were having or 3) Go into their comfort zone with them and use Rabbit Hole Techniques to try and get shared attention at FDL 1 and engagement at FDL 2 and slowly begin building circles of communication again at FDL 3. This happens often during PLAY and is important to coach, model and give caregiver support around how it feels for parents when their child breaks away from them.

The expectation is NOT that you will all become expert Occupational Therapists, although some of you already are. However, it is important to have a general understanding about the child’s sensory preferences so that you can help the child to be well regulated at FDL 1 and have a goodness of fit in your PLAY. You can find sensory checklists online to help you. Sensationalbrain.com has easy to use free resources.

Children don’t come at just one FDL but have a range of capacities. There are a few ways to determine the FDLs of a child. Start with your gut instincts and then go through each FDL systematically. Use your resources: The FDL Rating Chart helps you determine how much support a child needs to function at a certain level, the FDL thumbnails are a great overview of each FDL, the FDL descriptions are a more detailed look at each FDL and I love this resource because it provides goals for the child and caregiver that can be used in your report. The Greenspan Social Emotional Growth Chart and Functional Emotional Assessment Scale are 2 simple assessment

measures that can really help new PPCs determine a child’s FDLs. You will be using a narrative VRF & PLAY Plan, for your final case submission assignment. However, after the course, you will be allowed to use PLAY’s automated VRF which has a nifty functional developmental level checklist & graph to assist you with your percentages. Always adjust scores based on your clinical judgement and experience with the child. The automated VRF and a tutorial link about how to use the form are in Section 3: Written Reports, of the Certification Manual in Sharefile.

**The Video Review Form with PLAY Plan** is a key element of PLAY’s evidence-based model and was not covered in the Advanced Course. 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? Video allows us to spotlight “teachable moments” that are keys to the child’s progress.

Depending on your visit schedule (You only need to video once a month), you may not video at every visit but have your camera charged and ready. As I mentioned earlier, it is important to have short, 3-5 minute clips, of you both coaching from behind the camera and modeling in front of the camera. Once per month, after writing your updated PLAY Plan and reviewing the Visit Suggestion Reports that you have given to the caregiver that month, go through and watch the video clips. Select clips that are representative of the child and showcase the key messages that you want the family to learn. Be sure to include examples of both coaching and modeling in your clips selected. Be sure to note the activity and PLAYer in the left column. You can also include the date of that video clip, if you are including clips from several visits over the course of the month. Write down the time stamp for specific observations that you want to highlight. Remember, in PLAY, we are strengths based and observations should reinforce when caregivers are successful using PLAY Principles, Methods, and Techniques but don’t be afraid to give good constructive feedback especially when you have an established and trusted relationship with the caregivers. 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 to reinforce suggestions you are making for the caregiver.

**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. Suggestions, in the Video Review Form, will both reinforce an example on film, of a PLAY Principle, Method or Technique that was successful, or if not, new suggestions will be made in the VRF for the caregiver to try. Suggestions should always be specific to the child’s unique profile and can reference the child’s CZ, SMP and FDLs. Suggestions should be bolded and bulleted for easy readability and should be cohesive with suggestions made in the PLAY Plan. We don’t want to tell the parents to focus on too many different Techniques and Methods at once. 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. Try to include about 3-5 suggestions for every 3-5 minutes of video. Parents get stuck and need ideas.  Let’s practice…We are going to watch a short clip of Enzo and his dad, in the clinic working with Kara and then walk through how we might approach writing a VRF based on that visit.

(Matt, can this be being written on the form while being spoken?)

So let’s start with Enzo’s unique profile and talk about Enzo’s comfort zone activities and SMP Enzo’s CZA include visual stimulation making repetitive sounds. We can see here that while Enzo liked watching the bus go back and forth and spinning the wheels, that he was sharing attention at FDL 1 and engaged at FDL 2 and was both closing and opening circles of communication at FDL 3. Rolling the car may be a CZA for Enzo, but he was able to remain in the interaction and was having fun. This gives us clues about his FDLs. We know Enzo still spends time in his comfort zone but is becoming easier to engage, welcomes others to join him and enjoys play within the context of a relationship. When you begin writing your PLAY Plan, you watch the video and begin with your gut instincts, as we have done, and then go systematically. After CZA, you want to go through each sensory modality, thinking about suggestions for the caregiver to help the child be more regulated with the goal of improved interaction. Do more of this SM play, do less of that sensory modality (visual) Enzo is a visual guy and loves little toys and so it’s important to be aware of the positioning of our body AND the toy, when playing with him. He gets enjoyment from auditory input but pay attention to the volume and pace of his tone. Songs and silly sounds (auditory) are a fun way to engage Enzo but let him set the rhythm. Gustatory is a child’s ability to process & interpret tastes and Olfactory is a child’s ability to process & interpret smells We don’t have that information from this video but in your practice of PLAY, you will have more information. When writing a PLAY Plan and a sensory modality has no impact that you can see simply write “Not Observed” or “Nothing Noted” but we try to stay away from term s like “issues” and “problem s” We can see that Enzo is giving himself some tactile input by running the bus across his body. Enzo is also giving himself some proprioceptive input by laying on his tummy. I’d encourage Enzo’s parents to tune into other ways that Enzo gives himself deep pressure input and begin to add it to play activities. Vestibular refers to the child’s ability to process & interpret where they are in space. Adding a movement-based activity to a preferred visual comfort zone play activity, like Kara did here, is a great way to change the sensory modality and provide additional input for regulation. Do more of that!

Ok let’s talk about Enzo’s FD profile Enzo is initiating; he is purposeful; and he understands routines at FDL 3. He is imitating and understanding the sequences of FDL 4 and his language skills are blossoming into the short salient phrases of FDL 5 but remember that we want to build a child with a solid developmental foundation so our play won’t be focused here just yet. What techniques came to mind for you as you watched the video? Enzo is a little guy that likes repetition in his play so as we think about Keys to help move Enzo up in his development, what comes to mind for me is adding Variation to play, adding steps to play slowly, to create longer and longer sequences.

Enzo is purposeful so let’s honor his true intentions and follow his lead, but I love adding playful obstruction with high affect and the silly sounds he enjoys. Because Enzo does become visually absorbed in toys, it will be important that his play partner is always aware of positioning, with Enzo and with the toy, so they can increase opportunities for circles. Kara said it and it is HARD to do but waiting is key to allow Enzo to initiate and open more circles. Rabbit Hole Techniques will continue to be important for those moments that he does drop down into isolative comfort zone play. What activities do you think would be fun for Enzo? Wind-up toys that fly around the room, *everything come alive* is a technique and can turn any routine into a fun activity, with his toothbrush singing and his socks nibbling his toes. Enzo would probably get a kick out of very simple puppet play, feeding the puppet. The puppet spits out the food and says “yuck” or the puppet eats his tummy,Using songs, silly sounds, and adding some tactile or proprioceptive input to the toy play that he loves can be great ways to add variation. Enzo loves everything about *littles sequences*, including the language that goes with them so ready …set… go /1…2…3… games will be fun After we A) watch the video and B) write our PLAY Plan, we C) select moments in the video that highlight our key messages.

Remember to talk TO caregivers and if you are the PPC on the video then refer to yourself I’m just going to pick out a few brief examples to show you. For example: Observation: At 11 seconds I (pretending I’m Kara) used silly sounds, high affect and some Playful Obstruction to do a bit of Taffy Pulling and stretch the interaction with Enzo. I made him work just a little bit harder to get the bus back and continue the play sequence. Enzo started singing to himself while looking at the bus wheels, so I joined him in singing before taking the bus back to continue the game. Suggestion: Enzo appeared to be rolling the bus on his tummy. I wonder if he would enjoy the car rolling on him while we sang a song about the wheels on the bus going round on Enzo? It may be a fun way to add variation to his play and honors the cue he was giving us about input. Observation: Enzo got on his tummy around .57 seconds and several times during the play sequence.

Suggestion: Dad, What would happen if you got on your tummy next to Enzo and chased the bus together, scooting along the floor. You could start and stop, go fast and slow and let him cue you to follow him, catch and tickle him.

This adds that *Theme & Variation* to his play and stretches the interaction His giggles are the best and I bet he’d love the tickles! Observation: Around 1:58 I comment about how hard it is to follow the PLAY Method of waiting, to see if he will initiate and open the circle. Waiting allows time for Enzo to initiate and to come up with his own idea. I jumped in a bit too quickly here and opened the circle, because it is VERY hard to wait sometimes! Suggestion: While hard to do, we need to give Enzo space to take the lead, initiate the interaction and then respond with big smiles and high affect! Enzo is enjoying play with others so I am confident that he would have initiated. If he seemed to be getting too absorbed in the wheels, I could have made “Vroom” sounds started the song slowly or even started the “Read …” sequence and waited to see what he would do. Dad, you are so patient with Enzo and your pacing is great. He visually references you often and It is clear that he LOVES his playtime with you!

I hope you are getting the idea of how the PLAY Plan informs the Video Review and vice versa. We write TO the caregiver and are as strengths based as possible while always being honest and educating. Don't falsely compliment a parent! You are going to have an opportunity to practice writing a full PLAY Plan and Video Review Form in the next unit, after some additional video case study analysis practice.

While you are under supervision, you will be submitting full reports with your videos to your supervisors, for mentorship about **once per month to every other month.** But there are many implementation options that PPCs use with families today. Some do in person reviews of the video, sitting down together and watching the video to discuss it. Some will hold a TelePLAY session after the PLAY visit to review the video together. PPCs adapt reports to the caregiver’s needs and learning style It is important that you find the find the balance between practicing PLAY with fidelity AND being able to accommodate your caseload within your organization. You can adapt the PLAY content to your clinical forms. *PLAY implementation is flexible and can adapt to meet the needs of your families and your organization.* For those of you who will be in schools, as you will learn more in the Teaching PLAY unit, much of your video review and school staff education is didactic based and done together, after coaching and modeling sessions. So, always keep the

caregiver in mind as you write our report. Don’t use a bunch of language that isn’t clear to them. Do use PLAY Project terminology that you are teaching them, along with definitions or examples, as needed. Remember the PLAY Parent Guide and highlight relevant sections, techniques, activities, etc. Remember to keep the focus on the relationship and the interactional process to support

the child’s development and don’t forget to go for the

fun! Encourage the family to make every interaction count so they get in the time of intervention (about 10 hours per week).

**Unit 5: Case Study Analysis Practice**

You have already learned how to analyze a child’s functional developmental levels comfort zone activities and sensory motor profile in a systematic way.

You have learned how to educate the caregiver by coaching and modeling during PLAY visits and you have practiced using the Visit Suggestion Report to make PLAY suggestions which help the caregiver to increase interaction and support their child’s unique sensory and developmental needs during their day to day play time and routines.

Before you complete a full Video Review Form, you have an opportunity to practice all that you have learned through Case Study Analysis. You will watch short videos and answer multiple choice questions. If an answer is incorrect, the correct answer will be displayed with an explanation. You can re-take each quiz as often as needed pass.

Questions will address FDL, CZA, SMP, Techniques, Methods, coaching suggestions, and Video Review ideas. Each case will take you about 20 minutes to complete and will help to prepare you for your next assignment, writing a full Video Review Form.

(Enzo Visit 4 Videos 1 & 3) For this assignment, you will watch Enzo’s videos and then write a full Video Review Form, beginning with the PLAY Plan. You will write as though you are Enzo’s PLAY Project Consultant Modeling and Coaching. This assignment has several steps.

1. Write your Video Review Form and PLAY Plan
2. Using the Fidelity Chart, based on the Fidelity Manual, score yourself on each section of the VRF
3. Complete the self-assessment noting your areas of strengths in your report and areas in need of improvement.
4. Submit BOTH documents as part of this assignment.

The ability to accurately assess a child’s comfort zone activities, sensory motor profile and functional developmental levels are necessary to guide caregivers with the keys to their child’s potential Busy professionals must be able to learn how to efficiently yet effectively use PLAY’s written reports to coach care givers in using PLAY Principles, Methods, Techniques and Activities. You are not expected to be a master at this skill upon completion of this course as you have your supervision which is designed to strengthen and support your growth However the VRF assignment on Enzo’s case is your final assignment before you begin serving children and caregivers in your community. We have set up the course to allow you the time you need to complete this final assignment while still being able to move forward with course content.

The full review and analysis of Enzo’s VRF will be shared after your successful completion of this assignment.

**Unit 6: Supervision**

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

Professionals are not expected to have ***mastered*** The PLAY Project model before they begin serving children and caregivers but have demonstrated an ability to do a complete write up and to systematically assess a child’s unique CZAs, SMPs and FDLs and transmit PLAY Principles, Methods, Techniques and Activities to caregivers. PLAY Project Consultants in Training begin providing PLAY, or Teaching PLAY, in their own communities and submit videos along with their written coaching materials to a team of PLAY Project Supervisors.

PLAY Project Consultants are a multi-disciplinary group of professionals, implementing PLAY in a variety of settings, including homes, clinics, classrooms, and TelePLAY. PLAY Project Supervisors are ALSO a multi- disciplinary group of professionals that are experienced PPCs themselves before going through an extensive supervision training process***. It is important to note that although each PLAY Project Supervisor reviews cases through their own lens of experience and professional discipline, the PLAY Project Fidelity Manual was 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.*** The PLAY Project continues to train and supervise, following the Fidelity Manual for success with PLAY’s evidence-based model of intervention.

Welcome to Unit 6 of The PLAY Project Implementation Course: PLAY Project Supervision.

Your learning objectives for this unit are:

* Learn and practice the process of submitting a case for supervision, using your own trainee supervision folder in Sharefile, to work out any logistical kinks that you may run into.
* Learn how to use your Supervision Schedule
* Know what 4 elements are required in your supervision case submissions
* Know how to use the Fidelity Manual to inform your case submissions

***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.***

It is important for PPCs to get supervision on children with different profiles and caregiver systems of support***. 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.

***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.

1. ***Supervision Cover Letter***, which can be found in Section 3: Written Reports, of the CertificationManual in Sharefile. The Cover Letter 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.
2. ***The Visit Suggestion Report (VSR)*** coinciding 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.***

We have discussed the videos, the Visit Suggestion Reports and the Video Review Forms. I want to talk for a minute about your Supervision Cover Letter. This is a brief but important form that is part of the required documentation uploaded in your supervision case submissions. The template can be found in Section 3: Written Reports, of your Certification Manual, in Sharefile, along with some samples. The cover letter is the only thing that your supervisor will read about the case BEFORE watching the videos so it is important that you note any information they may need to know. Maybe the child has been sick and not sleeping well or the mom just had surgery and is unable to engage in physical PLAY. Use the cover letter to ask for specific feedback on your own coaching, modeling and perceptions of the child. What do you need help with to better understand this child, this family and to best support this caregiver system? Our supervisors want you to be as specific as possible. If you want additional resources about sensory motor profile, ask for them. If you need guidance about language development, ask for it. A limited number of FEAS videos are accepted, within your first few supervision case submissions, but be sure to let your supervisor know in the cover letter. The cover letter is your time to communicate your needs with your supervisor.

Now I’m going to walk you through how to submit a case for supervision and then you will have a chance to practice. You do not need to take notes, everything is detailed in your Training Guide.

When you look in Sharefile, in your Shared Folders, you should see 2 subfolders. 1 is your Certification Manual and PPC Resources, that you have been using throughout the course. The other folder, with your name on it, is your trainee supervision folder.

***Each PLAY Project Consultant in Training has a folder in Sharefile, labeled with their name. This 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 the Trainee Supervision Folder.

**How to Sumit a Case**

After you have successfully completed all assignments in this course, your supervision schedule will be uploaded to your trainee supervision folder. ***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. For Ex: Case 1 will be reviewed by Supervisor 1 on their list, Case 2 will be reviewed by Supervisor 2, Case 3 will be reviewed by Supervisor 3, Case 4 will be reviewed by Supervisor 1, etc. PPCs cannot type directly into their Supervision Schedule, in Sharefile, but can save it to their computer to add notes.

So, when you are ready to submit a “case” to a supervisor, you look at your schedule and see which supervisor you are supposed to submit to and you will create a subfolder to upload that case to for the supervisor to review.

To upload a case for supervision, ***create a subfolder, inside your Trainee Supervision*** Folder, by hovering 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 and Date.** After selecting “Create Folder” you will have an empty subfolder to upload the 4 required elements for your case review.

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

***Visit Date. Child. Document/Video#*** (Example: 2/1/2024. Sammy. VSR)

\*It is helpful to label video clips in the order the

supervisor should download and watch them.

**\*\*Just a reminder: Each submission must include:**

* 12-15 minutes of video, showing coaching & modeling (unless a FEAS or TelePLAY)Cover Letter
* VSR
* VRF

This is an example of what a supervision case submission subfolder will look like. You will have your cover letter, 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.

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. Also, 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.

You can see here what our Test Consultant’s trainee folder looks like after having submitted her first 3 cases for supervision. Note that last folder that 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.

* 1. After uploading a “CASE” ***The PPC must login the PPC***

***Portal*** [***www.playproject.org***](http://www.playproject.org/)

* + 1. <https://playproject.org/for-current-play-consultants/>

***Password: Play123***

* + 1. Complete “***Case Submission Form”***

<https://playproject.org/supervision/>

***Password: playsupervision***

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. 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. 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.***

Remember to write your reports with the caregiver in mind, NOT for your supervisors. The Fidelity Manual details every single element of The PLAY Project intervention as well as how your supervisors will score your cases. You are strongly encouraged to submit your first case for supervision as soon as possible, though your license requires your first submission within 3 months of course completion. Your supervisors don’t expect perfection as much of your learning will happen through experience and the wonderful mentorship you will receive.

Now you get to walk through the logistical steps of submitting a case for supervision. It sounds much more complicated than it is and so the sooner you can practice and work out any kinks you may have, the better. Some organizations have firewalls in place and now is the time to work through that with your IT department. Your assignment is to complete the Implementation Questionnaire, to help you begin thinking through any questions that you have about your own implementation of PLAY in your setting, and to upload it to your trainee supervision folder, in Sharefile and then notify your course facilitator that the questionnaire has been uploaded for their review. Follow the steps on the top of the Implementation Questionnaire carefully. All websites and passwords are listed. When you go to the PPC Portal on PLAYproject.org to complete the case submission form, be sure to select your course facilitator’s name in the list of PLAY Project Supervisors.

**Unit 7: Barriers to PLAY and Working with Complex Family System Dynamics** The work you are doing with families is so important, but we also know that working with the families can also be challenging and sometimes discouraging. It’s important to have support for yourself and to understand the barriers to working with complex families. So here are two short webinars that address some of those challenges.

**Unit 8: Putting PLAY Into Practice**

Working with a child and their caregiver, in the natural environment of the child’s home, will always give you the most accurate information about the child’s functional development and the caregiver-child relationship. You get to see where they live and play, you can get a sense if the environment is set up to be optimal for the child’s sensory needs and can coach caregivers during daily routines naturally occurring in the home. When possible, it is highly recommended to do your initial intake and assessments in the child’s home even if that will not be the regular setting for PLAY visits. This unit will give you some tips for Implementing PLAY in different settings. Teaching PLAY in the classroom, including HeadStart, preschool and daycare settings, will be discussed in the Teaching PLAY Unit of the course at the end.

**Unit 9: Licensing and Marketing**

Congratulations, you are nearing the finish line of The PLAY Project Implementation Course! Unit 8 is all about Licensing and Marketing for your practice, as you prepare to begin serving children and caregivers with The PLAY Project autism intervention.

Your learning objectives for this unit are:

* **Learn the difference between licensing & certification**
* **Learn how to get started with licensing and where to find the benefits of having a PLAY Project License**
* **Learn about PLAY Project Re-Certification**
* **Learn where to find marketing materials to use as a licensed PPC**

***PLAY Project Consultants throughout the world are licensed annually through PLAY Project Headquarters.*** The first year of each PPC’s license is built into the training fee and invoiced to the licensee or organization, annually thereafter. Licensed PLAY Project Consultants

receive benefits which include discounted Parent Guides, Free vouchers for The Welcome to The PLAY Project or Introduction to Teaching PLAY online courses, access to webinars, access to all PLAY Project resources on Sharefile, a closed Facebook group for PPCs & PLAY Project Supervisors, listing on playproject.org, administrative and clinical support.

***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 and you can always check out the PPC Portal for the most up to date list of licensing benefits.

***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.

Once your License Agreement is in place, based on the information provided on the Licensing Worksheet, you can begin supervision. This will allow you to use PLAY Project branding and materials as a “PLAY Project Consultant” and we can get you listed on our website as a provider. It is important that you are actively receiving supervision or are a Certified PLAY Project Consultant to maintain your license. We strongly recommend that you submit your first case for supervision within 3 months of the course closing and continue to be active with your supervision as it is important in maintaining your PLAY Project License.

One of the special and unique things about The PLAY Project is that we really do stay connected to our PLAY Consultants and continually seek out opportunities to connect, to learn from each other and to meet any support or training needs that our PLAY community has. One way that we stay connected is through our Re-Certification Process.

Every 3 years, AFTER full Certification has been achieved, PPCs complete a re-certification webform. 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 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 re-certification, including the link for the webform, can be found both in the PPC Portal on our website and in Section 8: Licensing & Marketing in the Certification Manual in Sharefile.

The PLAY Project invites you to join us in spreading the word about PLAY! Section 8: Licensing & Marketing in the Certification 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 written or video testimonials from our PPCs or the families you serve to help spread awareness and get kids off waitlists!***

We want to give a very special thank you to Enzo’s family and PLAY Project Consultant for sharing their journey with you. Enzo’s mom and his PPC have some final thoughts to share with you and we’ve included a fun clip from Enzo’s 7th PLAY Project visit as well.

Congratulations! You have completed The PLAY Project Implementation Course! If all of your course assignments have been successfully completed, you will have passed the course and your supervision schedule will be uploaded to your trainee supervision folder, in Sharefile. Those of you that are pursuing Teaching PLAY Certification or Dual Certification, please continue on to the Teaching PLAY modules in the course. A member of The PLAY Project team will reach out to coordinate your Licensing Agreement. Your feedback is important to us as we strive to provide the best training experience. When you are done with your training, please take a few

moments to complete our Implementation Course Survey.

Thank you and remember that The PLAY Project Team is here to support you so please stay connected and begin submitting cases for supervision and receiving the mentorship that is so important in your PLAY Project learning journey. You are now a trained PLAY Project Consultant under supervision! Happy PLAYing! PLAY On!