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PROJECT ImPACT EVIDENCE-BASED PARENT TRAINING IN ASD

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>> Maureen Johnson: Hello and good morning. Welcome to the Project ImPACT evidence-based parent training in autism spectrum disorder webinar. This is part of the autism acceptance month series, sponsored by the AUCD special interest group. I'm Maureen Johnson, a program specialist here at AUCD. We would like to thank you all for joining us today. Before we begin, I would like to address a few logistical details. Because of the number of participants, your audio lines will be muted throughout the presentation. However, we will unmute your audio lines one at a time during the Q and A at the end. You can submit questions during the presentations via the chat box on your webinar console. You may send a chat to the whole audience, or to the presenters only.

We will compile your questions throughout the webinar and address them at the end. Please note that we may not be able to address every question and may combine some questions. This webinar is being recorded and will be available on AUCD's webinar library. There will be an evaluation survey at close of the webinar. We invite you to provide feedback for the webinar and also to provide suggestions for future topics. I will now turn the microphone over to Dr. Brooke Ingersoll to introduce herself.

>> Dr. Ingersoll: Hi. Thank you, all, for joining us for this webinar. I'm Brooke Ingersoll. And I am the director of the MSU autism research

laboratory where we do work on the development of community-viable interventions for children -- young children with autism and their families. And much of the work that we have been doing over the last probably 10 years in my lab has been focused on parent-mediated intervention. And we are currently working on ways of disseminated parent-mediated interventions more broadly using a variety of models, including telehealth.

So, I am really excited to be able to talk to you guys today about this topic. I'm going to turn it over to let Karis introduce herself.

>> Karis Casagrande: Hi, everyone. My name is Karis Casagrande. I'm a graduate student who has been working with Brooke for the last six years and working towards my Ph.D. in clinical psychology. I'm also one of our ImPACT trainers and provide workshops and consultations in this model as well as participating as an ImPACT coach in the telehealth research project. I also do a lot of work in the community and focus a lot on parent advocacy and engagement in services. You will be hearing more from me about that later on. I'm going to pass the mic to Julieta to introduce herself.

>> Julieta Banan-Rubin: Good morning. I'm Julieta Banan-Rubin. I'm a special educator at the Montgomery County infants and toddlers program in Maryland. I'm the intensive needs special educator at site as well as the team leader and I lead two different intensive needs classrooms as well as do home visits. And currently, I am working on my certification for Project ImPACT.

>> Dr. Ingersoll: Thank you so much. So, what I thought we would do today is I'm gonna start with a brief overview of parent-mediated intervention as a model of intervention delivery. And then I'm gonna talk more specifically about Project ImPACT as an example of an evidence-based parent-mediated intervention for young children with autism that focuses on teaching social communication.

And then Karis is going to talk a little bit about her experience with training providers in the community to use this intervention approach. And then Julieta is gonna have an opportunity to speak from the perspective of a provider who is actually delivering this type of intervention in the field, in the

community with the families she works with. And then we will have a little bit of time for Karis to talk about some of the current work she's been doing on trying to understand how families in the community experience parent training more broadly. And then we'll have time for questions. So, thank you very much for joining us.

So, I wanted to start by just doing a brief disclosure that the model I'm gonna be talking about today, Project ImPACT is published, and I do receive royalties from the sale of the manual as well as funds related to training. I donate that -- those funds back to the research to fund additional understanding of how this program is working.

So, I wanted to start with an overview of what we mean when we're talking about parent-mediated intervention. Synonymous with parent training. I prefer parent-mediated that the intervention is mediated through parents. But they are used often interchangeably to talk about an approach to delivery that involves systemic instruction in strategies to help parents accomplish specific goals or outcomes for their child.

And if we look broadly at the intervention research on parent-mediated intervention, we see that people have developed a variety of these types of programs to target a variety of needs. We see programs that are focused on really trying to improve the parent-child interaction. We also see programs that are very much focused on helping the child acquire developmental skills.

So, when we think about programs for children with ASD, often times we're really focusing on trying to increase social communication skills, for example. But we may be focusing on trying to teach new adaptive skills. Toilet training, sleep training, et cetera. And then finally, we see a number of programs that have been developed to really help parents manage their child's challenging behaviors. And we see these in the fields of developmental disabilities. But we also see programs that are focused on helping parents manage challenging behaviors for children that have disruptive or oppositional behaviors.

When we think about the use of parent-mediated intervention, there's quite a bit of

research to suggest that it should be considered an essential part of a comprehensive intervention program for children with ASD. So, any kind of comprehensive program should have some element to it where parents are being taught the strategies to be able to carry out those intervention components at home with their child in daily routines and activities.

But when we think about parent-mediated intervention as an approach, depending on the age of the child or the specific need, parent-mediated intervention may also be considered a primary intervention strategy. Particularly for very young children who may be at risk for ASD. Or for specific skills that the child may need to acquire.

So, when we look broadly at the research on parent-mediated intervention for the treatment of ASD, we see that there are a number of positive impacts on child outcomes. So, a number of studies have shown that parent-mediated intervention can be used to increase social communication skills in young children with ASD. As well as increasing adaptive skills and increasing appropriate behavior.

Another benefit of parent-mediated interventions on child outcomes is that there does seem to be some evidence to suggest that it improves generalization and maintenance of skills. Even more than direct therapy. And that's because the parent is using these strategies during daily routines and activities in which the child is actually expected to use those skills. So, there seems to be an additional benefit of training parents on child outcomes, particularly as it relates to generalization and maintenance.

And final benefit from the research is that it's a time and cost-effective approach for addressing child outcomes in that for the same of therapist time, we can get many more hours of intervention. So, If the therapist is working with the child one hour a week, the child gets one hour a week of therapy. But if the therapist is working with the parent and coaching, the parent could be able to use the strategies one hour a week, the parent is able to use those strategies throughout the child's day.

But I think it's also really important to consider what are the broader family outcomes. So, when we look at any kind of intervention program for children

with autism, we're not really just looking at the child. We're looking although the child in the context of their family. And we know that families of children with ASD are at higher risk of difficult outcomes themselves particularly as it relates to stress and lower parent self-advocacy. One thing about parent-mediated intervention is that it can also improve family outcomes. Parents trained in strategies to help their child get developmental skills or manage behavior increase self-efficacy. Particularly around parent self-efficacy. And reductions in parenting stress among parents who have received parent coaching.

And then there's broader benefits on more positive family interactions in general. So, there really are some nice reasons for why we would want to use this as an intervention approach to really help the development of both the child and the family.

And this research has been evaluated by a number of technical review panels. Many of you are probably familiar with the National Research council's recommendations on the education for children with ASD. You may be familiar with the National Developmental Centers for ASD out of the Frank Graham student and the project. All of these panels have gotten together and looked at literature for children with ASD interventions and came to the conclusion that parent-mediated intervention is an evidence-based practice for children with ASD. And for children with developmental disabilities more broadly as well.

Now, parent-mediated intervention is a different process than a more traditional approach where the therapist is the expert and is working directly with the child. So, with the parent-mediated intervention process, we're really seeing this shift in practice from expert delivery to a true partnership with the parent.

And the goal, then, is the therapist is moving into this position where, rather than really trying to help the child develop skills, the goal of the process of parent-mediated intervention is for the therapist to help the parent develop skills and confidence to change their own behavior in order to help the child develop skills.

So, the provider's role then becoming one in

which they are collaborating with the parent to develop goals for the child that are meaningful to the family and to help the parents learn and use strategies with the child to help the child achieve that goal. The parents' role, then, is to use the strategies during their daily routines and interactions with the child. So, this is something we always start with talking with parents about because it is a slightly different process than the more dominant process that we see with more therapist-directed intervention.

So, I just wanted to -- so, that is kind of the background on which I wanted to start us talking a little bit about Project ImPACT. So, Project ImPACT is a parent-mediated intervention that is designed for young children with ASD and it really is focused on helping the children acquire social communication skills. Although, in our second edition, we've also added in specific supports to help the parents manage their children's behavior. And when we developed Project ImPACT, the goal was not to create anything new, but take best practices for young children with ASD and package it in a way to help providers in the community deliver parent-mediated intervention well.

That was one of the challenges that we saw at the time. We had a large evidence-base to suggest parent-mediated intervention should be used with children -- young children with ASD. But community providers were often doing direct care, direct service provision, and not doing parent-mediated intervention. So, we really developed Project ImPACT as a support to really try to encourage the use of project -- encourage the use of parent-mediated intervention in the community.

So, as I mentioned, we didn't develop anything new. What we really did is we took what we know about best practices in parent-mediated intervention and moved them into a program. And that includes for young children with ASD, a focus on core social communication skills. And Project ImPACT targets four social communicate skills that we believe are the building blocks for developmental gains in social communication. The first is -- and I'm sorry, this isn't showing up on the slide. But the first is social engagement. And this is really to help the child engage socially with the parent and with other family

members and then more broadly with other children.

But really, we start by focusing on trying to build didactic information and moving to triadic interactions such as joint attention, back and forth games, play with toys, shared affect and turn-taking.

We also focus on teaching communication skills. And communication skills for young children with ASD. We typically actually target both verbal and non-verbal skills. For children that are pre-verbal or not yet using vocal communication, we focus on gesturing communication. And for children doing vocal imitation or initial sounds or words, we are really then focusing on verbal communication.

We also focus on teaching imitation. Because we know that young children use imitation as an important strategy for both connecting socially with others, but also for learning new skills. So, we teach imitation skills within a social context. And then our last area that we really focus on is play skills. So, we teach each children appropriate play skills and increase the developmental complexity as well as the variety of activities they do with preferred play.

In terms of the intervention strategies that we use, we focus on evidence-based intervention strategies for teaching these social communication skills. So, we went to the literature and decided -- when we were developing the communication skills, we were looking for the specific areas of need that children with ASD have. Looking for intervention strategies, looking for key strategies that have been shown to be able to improve these social communication skills. And so, we have a number of different techniques that we teach parents to use that we've organized into what we call the pyramid.

The idea is the parents learn the intervention techniques one at a time and they build on each other. And then parents use how to use the techniques together to be able to move up and down the pyramid from providing less support to more support. So, the first strategies that they learn are ways to focus on their child. So, follow their child's lead, imitate their child and join in with what their child is doing. And then they learn to adjust their communication. So, we teach them strategies for using increased animation to draw attention to

non-verbal information as well as how to appropriately model and expand their child -- communication for their child.

And these are the base of the pyramid. So, these are really focused on strategies that parents can use at any point to encourage engagement. Then parents are taught three different techniques to help create opportunities. And these are really designed to help the child initiate. Teaching parents playful instruction, how to take balanced turns or communicate temptations. All ways to encourage the child to initiate communication with them.

And after the parents learn those strategies, we then teach specific strategies to encourage the child to use new skills that are not currently in the repertory. So, we call this teach new skills. It's essentially prompting and reinforcement in a naturalistic context. And we teach them how to do prompting and reinforcement to teach new expressive communication skills, receptive communication skills, imitation skills and play skills.

And then finally, after parents have learned all of these strategies, we teach them the idea of shape the interaction. How do you put the strategies together and adjust the use of the strategies to keep your child actively engaged? If you spend too much time at the bottom of the pyramid, they're having a great time and are engaged. But not teaching new skills. Too much time at the top of the pyramid, learning new skills, but may lose their motivation and get frustrated. We teach parents to move up and down the pyramid.

And the last are the use of effective parent coaching and engagement strategies. So, in terms of the literature on parent-mediated intervention, we know there are a number of components that are -- that should be present in any evidence-based parent coaching program. And that includes sequenced systemic instruction. So, we have all of these different intervention techniques and teach them one at a time to parents and build on prior knowledge.

We have parent practice and feedback. And that's a key component of the intervention regardless of whether program is being delivered in a one-to-one-format or a group format or a telehealth

format. We know from the literature that parent practice with feedback is perhaps the most important component for parents to learn new skills and be able to carry them out with their child over time.

We also include ongoing support and problem-solving. And, of course, a key component which is parent-selected goals. So, we really do a collaborative goal-setting process at the beginning to get parents engaged and involved in the program.

So, if you actually look at all of these different components, these are factors that are shared across a number of other naturalistic developmental behavioral interventions NDBI. This is an NDBI. Similar to CBSDM or the earlier interaction project, CERTs, Jasper. Those familiar with those programs can see a number of similarities across programs.

What's key -- what's really unique about Project ImPACT is from the beginning we aimed although supporting community use. So, we know that there are a lot of great programs out there. And there have been for many years. But we have not seen as great uptake in the community. So, we really tried to figure out how can we make sure that the model that we're developing is going to support community use? And for this, we really worked very hard to get input from parents, providers, administers throughout the entire development process.

And that led us to a number of key components. We really made sure that the strategies -- the individual techniques we were teaching parents and that we included in the program were very compatible with the family's daily lives. That they were really easy to learn. We sequenced everything in a way that parents could learn it easily. We also provided a lot of technical support to help providers deliver it effectively. And then we allowed for a flexible delivery model to really help providers adapt program for a variety of different community settings.

So, as mentioned, you know, we developed this program from the literature on best practices in this area. But we've also conducted our own research just to make sure that the way we packaged the materials together, the information, all were effective when we put them together in the way that we did. And so, we've conducted in our lab -- so, we

drew the literature and really identified intervention strategies that were considered evidence-based practice on their own. And then we also conducted our own research showing that the intervention strategies as put together in Project ImPACT are effective at increasing child social engagement, communication and play when they're delivered even just by a clinician.

So, taking the parent out of it, we know that the intervention strategies themselves actually are effective for increasing child social communication skills. Then we did research on the parent coaching model and showed that the strategies we used to coach parents can effectively increase the parents use of the intervention. And the parents use of the intervention is related to the child's gains in social communication. And we have also done research on our provider training model to make sure that the way we train providers can increase their ability to then coach parents effectively.

So, I thought I would start and just show you a very brief video of what Project ImPACT looks like in action. So, actually what you're gonna see here is a before and after video. And I should mention that Project ImPACT is a relatively low intensity intervention. So, parents receive the intervention once or twice a week over about 12 weeks.

And sometimes can go a little longer because kids get sick. So, what I wanted to show you here is just sort of what we're really trying to change in -- with this type of approach. And so, this is an example from a family that participated in our telehealth-based Project ImPACT study. And what we do is we have the parents interact with their child during play in a daily routine before they get training and then after they get training. So, about 12 weeks later. And really what I'm hoping you can notice are some of the changes in the interaction style between the parent and the child as well as changes in child's skills as well as changes in sort of the overall quality of the interaction with the parent.

>> There you go. Close, close. Oh, you don't want to the close. Okay. Giraffe. Red, giraffe.

>> Green. Red. Pink.

>> Close. Close. Close. Close. Open!

>> Close.

>> Open. Push, push, push. There. You got push real hard. Now it's open.

>> Babies!

>> Babies! Oh! What should we do?

>> Open it.

>> Open it.

>> Baby monkey.

>> Baby monkey. Does baby monkey need a blanket or a bottle?

>> Baby. A bottle.

>> Okay. My monkey's hungry too.

>> A baby.

>> Oh, babies.

>> A baby.

>> Oh. A real baby.

>> Needs to go to sleep.

>> Oh, she needs to go to sleep. Yes. Baby is very tired. Good night, baby. Good night.

>> What? Baby is crying.

>> Oh, wah, baby is hungry.

>> need a bottle.

>> Oh, wah.

>> A bottle.

>> Oh, that's better. Baby's happy now.

Good job feeding baby. Is Gia a baby? No, monkey's the baby.

>> Monkey.

>> Wah! Wah! I'm so hungry! Wah! Wah!

Wah, wah! I'm so hungry!

>> [Laughs]

>> Oh, thank you. I was so hungry. Yes.

>> Dr. Ingersoll: So, what I'm hoping you noticed in that video the intervention strategies looked very natural. They were probably very similar to the way many parents are already interacting with their child. But you could see that there were just some slight tweaks in the way the mother was interacting with her daughter in that sequence from the beginning to the end. And those small changes really led to pretty significant changes in the child's social communication skills. So, the child was far more engaged with her mother. She was doing far more

initiation, using more complex language. And overall, the parent and the child were just much more connected, and everybody was having a lot more fun.

And so, when we really think about what our goals are for helping families with young children with ASD, what we want to see is the gains in social communication and the connections between parents and their children improve.

So, I'm gonna shift over a little bit now to just talking a little bit about the process for doing that. And just to mention, because we are shifting from a more therapist-delivered intervention to a parent-delivered intervention, with social impacts, how to make sure families are engaged and participating. With a parent coaching model or parent-mediated intervention, we have to make sure parents are on board or program is not effective.

So, with Project ImPACT, we begin by really focusing on helping parents become engaged in the program. And that starts by really helping develop shared expectations for the program with the parent so that the parent is on the same page as the provider about the intervention model. Then we really spend a lot of time helping parents solve barriers to their own participation in the program. And then we focus very heavily on how to build a collaborative partnership between the parent and the provider so that, again, the shift away from the therapist as the expert. Moving towards shared expertise.

And one big piece of that process is collaborative goal setting with the parent. So, we developed goals collaboratively with the parents from the very beginning. And really to do this it's really helped the parent understand what skills they should be targeting and what skills they want to be targeting. It also enabled the coach and the parent to be able to track the child's progress. By developing goals together, they can come up with methods to understand if and how the child is responding and does the parent want to do more or less of certain strategies.

It's also a very important process to really develop rapport and empower the parents as the provider and the parent work together to set goals. And it also increases the parents' motivation to engage in the program. So, we use a very specific

collaborative goal setting procedure where the parent completes a checklist and the provider completes a checklist separately. The parent interacts with the child while the provider observes and the provider while the parent observes, and they get goals based on the information. It's a systemic process that pulls for parent participation and collaboration from the very beginning.

Then we use coaching. And in terms of coaching, we have several goals. This is the reason we use it. Obviously, with coaching, we're trying to teach the parents new ways of interacting with their child that are more likely to promote social communication growth. But it's also an opportunity for the provider to recognize the parents strengths and efforts. And be a cheerleader for the parents who are often understanding with the understanding that their child may have more needs than other children.

It also provides an opportunity for the parent to practice new skills and then receive active feedback and coaching from the coach as they're learning. It provides an opportunity to jointly identify and problem solve barriers to the implementation of the strategies in the parents daily routines. So, oftentimes parents know what they should be doing, but actually doing it is often much more complex than just that knowledge. So, really having an opportunity to identify those problems and problem solve them. And really focusing on increasing the parents independence of using the strategies during daily activities so that by the end of the program the small changes in the parents interactions are just part of the normal day. And it feels natural and they're able to do it throughout all of their interactions with their child.

We have three models that we use in Project ImPACT. Two in the manual. The first is an individual coaching model. It's designed where the coach meets one-on-one with the parent and child. And it is designed for twice a week for 60 to 90-minute sessions for a total of 24 sessions. So, over about 12 weeks. However, we do have some guidance about how it can be adapted to once a week for 12 sessions for programs that aren't able to meet one-on-one with parents twice a week.

Some of the benefits of the individual coaching

model are that the coach can tailor program to the individual needs of the child and family. Parents receive more coaching. And in general, they report greater satisfaction with individual models. Although we haven't done this comparison with Project ImPACT. We also have in our program a group coaching model.

Because what we found is providers who see children in groups oftentimes were struggling with how do I modify a program for individual delivery when I see children in a classroom? We developed a group coaching model where one to two coaches run program with around four to eight families. And there are six two-hour group sessions where the parents learn the strategies in a didactic format with PowerPoint presentations, role play, discussion, and individual examples and they meet one-on-one with the coach for six sessions. They follow the group sessions. You learn the strategies, and they come back and practice with the child and get feedback and then come back for another group.

Some of the benefits of the group model, the coach can serve a larger number of families. Fewer one-on-one sessions. It's more cost effective for farmers. And another added benefit is parents receive social support from other families which is something I really want to stress is particularly important for families where they may be struggling with really how to best -- how to best make social connections with other families.

And then as we mentioned at the beginning, we have also been doing a telehealth coaching model in our lab. And actually, with the current COVID crisis, many people are moving our individual coaching model to a telehealth coaching model. The way we have done this is the provider, we do it with one provider and one parent-child dyad. It can be 12 or 24 sessions. In our current research, we actually meet with the parent twice a week. Where one session is spent on discussing an online tutorial and helping them learn the material and the second session is spent coaching.

But we also have seen people do this where they're just doing all the instruction and coaching all in one session. So, we've worked with families who are then doing it just once a week. And as I mentioned,

we can be combined with a self-directed tutorial we have been looking at in the lab. It's cost-effective for parents and providers, less travel. Greater access for rural and underserved areas. And if there is a tutorial component, that can be completed outside of the traditional work hours which is very nice.

The last thing I wanted to talk about before I shift over is what are those key components of coaching that we want to make sure are happening regardless of whether we're delivering the model in an individual coaching model, a group coaching model or a telehealth coaching model?

And we can do to the literature and look at what are best practices here. And so, Project ImPACT, regardless of the particular coaching model that's being used includes all of these components. Every session starts with a check-in to make sure is that how things are going with the family. Did anything major come up between sessions? Are there any current crisis or particular changes that we need to be aware of? And then the coach sets the session agenda. So, the coach begins by giving a very clear overview of what's going to be happening in that session. What the focus of the session is, what's the goals of the session? What's the parent going to learn? When is the child going to be involved in what are the parents going to practice and how to plan for homework?

And then begin by reviewing the practice plan from the previous week. Parent learned some strategies and had a chance to practice with the coach and without the coach. We always start with reviewing how did the practice at home go when the coach wasn't there. And then there's active problem solving when challenges arise.

Then we introduce a new technique. With Project ImPACT, we're typically teaching a new strategy every session, or a new technique every session. They're small and circumscribed. We will talk about what is the goal of the technique, how to actually complement the technique, what does it look like with a particular child? And then there's a lot of back and forth discussion with the parent how they might be able to use the technique with their child. And then the coach demonstrates the technique. And if we're doing this in a group session, the coach

is demonstrating with video.

Where if we're doing this in a one-to-one-live session, the coach is actually demonstrating with the child. I should say with the telehealth model, we're demonstrating with video. Project ImPACT has instructional videos to show what each looks like when implemented with a child. This is a portion of the session. This is a teaching tool rather than an intervention with the child. And while the therapist is demonstrating the technique, they're pointing out why they're doing what they're doing and how the child is responding.

So, this is really a pretty short component. No more than about 5 minutes. And then a significant portion of the session is spent having the parent practice while they receive feedback and coaching from the -- from the coach. And the goal of the coach is really to provide active encouragement, positive feedback by telling the parent what they're doing well. As well as corrective feedback to give the parent suggestions for how they might be able to change their behavior a little bit to help the child respond better. Another key component that's happening during this practice and feedback is the coach is drawing the parents attention to how the parents behavior is impacting the child's behavior.

And then at the end, with the reflection and plan for practice, the coach and the parent work together to discuss how the coaching went. And then to develop an active plan for how the parent is going to carry out the strategies over the next week with their child.

So, I just wanted to give a very brief video and then we'll switch over. I just want to give a quick example of what coaching looks like. And given our current pandemic, I know that a lot of people are moving over to telehealth coaching. I wanted to show an example of telehealth coaching. You'll see initial discussion of the reviewing of the practice plan and then see some of the active coaching components of what this looks like when delivered with videoconferencing.

>> You started talking almost. You know?

>> Yes. Exactly.

>> Which is awesome. That's great.

>> She's saying like numbers. The word numbers. Oh, I know she said hat on and put a hat on.

>> Oh, my!

>> And she said hat and walked over to a rocking horse and put it on the rocking horse and said hat on the rocking horse.

>> That's great play and language!

>> Yeah. She's been pointing a lot too.

>> I'm telling you, she's just really starting to.

That's so --

>> Yeah.

>> [Screaming happily]

>> Awesome. Kimmy, that was so good that you waited until she gave you the word instead of just accepting her kind of screeching. That was great.

>> She used -- bubbles! More? More bubble? More?

>> Bubble.

>> Bubble. More. One, yes, one. Okay. One bubble. That's one. One. More bubbles. More. Good. More? More? More?

>> More.

>> That was a point and the bubbles.

>> I don't want bubble.

>> That was awesome. With a point and she looked right at you!

>> Dr. Ingersoll: So, thank you very much. I'm going to switch over now. And I'm gonna have -- and Karis is going to talk a little bit about some of her experience with training providers to use this model.

>> Karis Casagrande: All right. Hi, again, everyone. Thanks so much for all of your questions. I have been trying to address them as we go. I wanted to share, though, right now about how the training experience goes when we're working with groups to implement this kind of intervention. So, there's always challenges to starting a new type of intervention, especially a manualized parent coaching program when most providers we work with aren't trained in parent coaching. Mostly it's child-directed intervention. So, a lot of what we talk about isn't necessarily the impact-specific strategies which many

providers are already familiar with. But it's about how to work with parents and how to integrate that into their settings of care.

So, I wanted to share some of the common challenges and questions that we address in our consultations. So, the first concern that comes up a lot is around building parent engagement. Again, most providers are trained on how to work with children but may not have had a lot of support in how to engage and connect with parents.

So, the ImPACT model really builds in the -- that collaborative goal-setting. Engaging parents. Getting to know them. Those first three sessions are so critical for establishing a relationship and understanding how do I work with these families effectively. The second thing that we tend to spend a lot of time talking about is adult learning strategies. So, we know how to teach children, but often forget that a lot of those same learning strategies apply to adults. We really need to actively engage them. Use multimodal learning strategies. Watching videos, talking, actually practicing and giving feedback as they are working and learning.

Helping to understand that these are strategies that may be completely new to families. May have to start at the bottom and work their way up. I see a question about slides not showing up. There aren't any slides right now. So, don't worry about that. I'm just sharing some experiences. There won't actually be any slides for the rest of the conversation. So, hopefully I'm not sure if you all can see me on your screens. I hope so.

So, when we're thinking about those adult learning strategies, making sure that you're really breaking it down. Providing that shaping and training. And that's what that pyramid is really good for. The next set of concerns outside of engaging and working with parents is about implementing the intervention in their current context. And I'm not sure, Maureen, it doesn't look like folks can see the videos. I don't really know how to address that. I know we're short on time. So, I'm hoping that you can figure that out while I keep talking.

>> Maureen Johnson: If you can just share. You have to start your video and then just share it.

>> Karis Casagrande: Oh, I'm so sorry. Is that

working? Thank you. Sorry about that, everybody. I apologize. So, in addition to understanding how to build engagement, we also talk a lot about integrating it. So, there was lots of questions about billing. How do we bill for this? Each agency and organization is gonna be different. But we work a lot with part C agencies in Michigan. ABA, they can bill for it. Speech language pathologists use this model. Wondering if Julieta can talk about her experiences with billing and maybe Brooke can speak a little bit in the Q and A to that.

So, how does it work with case notes? We have all of these different models, individual and coaching. So, really working with providers to apply their current structure and what they already know and really work to implement that. And I think now I'm gonna pass the mic over to Julieta so that she can share about her experience either participating in these kinds of consultations. Or more likely her experience of actual using these strategies with parents which is what I imagine most of you would like to hear about. So, I'm gonna go ahead and pass the mic.

>> Maureen Johnson: We're not getting audio, Julieta, only video.

>> Julieta Banan-Rubin: All right. Thank you.

>> Maureen Johnson: Great.

>> Julieta Banan-Rubin: So, I will talk about those. I am going through the training which has been a great experience. We are doing biweekly consultations. So, I'm able to get pretty immediate feedback and we can do a lot of proactive strategies when working with families. So, I find that's very helpful. In regards to actually working with the families, it's been a great experience watching how the parents are from the beginning of the sessions to as they move along each session, how they become much more confident.

Oftentimes when a child receives a diagnosis, parents tend to look at experts. And feel that they don't have those qualifications to support their children, to learn to communicate, to be engaged. And what Project ImPACT really focuses on is treating this as a collaborative effort. The parents are with their children 24/7. And those first three sessions really focuses on that piece. Letting the

parents understand that they are driving this. They know their children. And they have the ability to communicate and teach their children the things that they want them to learn. We talk about the daily activities, the daily routines. And what's working right now? What is challenging? And we empower the parents that way to see what do they want to work on? Let's create some goals. Let's break it down. Let's make it structured so it's easy to manage and figure out, well, I really want to work on this.

Okay. Well, let's talk about those strategies. How can we get to this point? And it's been a very successful experience. And the parents feel much more empowered and they notice that engagement increasing with their children. And what I especially enjoy is that generalization piece. I think with a lot of programs, it kind of is set in one area. But with Project ImPACT, since you're talking about the daily activities and the daily routines, you can generalize skills in multiple settings. And then near the end when we're talking about shaping that interaction, you can move into the community. You can go to the grocery store. You can go to my gym or little gym or a lot of different places like that to help the families use those strategies in different settings.

Also, I guess, I just wanted to throw out, with the whole isolation peace right now, I have been using a telehealth model. And that has also been a good experience. It's a different experience. I think everyone has to be flexible during this time. But it has been working out fine. We begin the sessions the same type of format where I talk about what the plan is for the sessions. We do a little recap. And instead a hands on demonstration, I share videos. And then if the parents are able to, they can show videos later on on their own interactions and do feedback that way. Or we can do live feedback using that face-to-face online system.

All right. I think that's all I think I can talk about. Being part of the Montgomery County infant and toddlers program, we are funded through Montgomery County Public Schools and the Department of Health and Human Services. And therefore, it's not really an insurance component to us. I can't answer that piece specifically.

But being that Project ImPACT is part that

have ABA umbrella, I feel that most states would recognize that. So, that might be a question to talk to perhaps Brooke about in more detail. All right? So, now I'm gonna turn this back over. And thank you very much.

>> Karis Casagrande: Okay. I think I've got to working now. Brooke, do we have time to share maybe just one quote from a parent who is participating in? So, I was working with families within our local Medicaid system. I know there was a question about working with families from underrepresented backgrounds, low income, poverty. And I surveyed 226 families in our local Medicaid region and interviewed 20 of those families. And I wanted to share just one of the quotes that I think can help to address some of that. So, I'm a person that needs structure. I need to know what the goal is. What the outcome's gonna be.

So, structured in that way I don't mind taking off work. Once a week, once every two weeks, let my supervisor know, this is what I'm gonna be a part of, this is what I'm gonna do. I feel like there's a goal with an outcome. Hopefully there's training for me and new directions for my child. There's also some families who share that same sentiment of if I understand the benefits of a model that's a coaching program like ImPACT, whether it's our family or another one. Another family said, for something like that, I wouldn't have minded once a week for an hour. That's what I thought it was gonna be. But then it wasn't. I was just like, okay, this is ridiculous. This is a waste of time. I don't want to spend a couple times a week with you, oh, yeah, this is what it's gonna be. This is what we're doing. Let me think about that and get back to you. It's like, okay, come on, really?

So, there are families in the system who are really struggling to be engaged, but who value a structured systemic approach to training despite some of the logistical challenges. And they are willing to work around those barriers when that partnership is established. I wanted to share those quotes with you as well since we don't have a family here to share directly.

So, should we open it up to a Q and A, then?

>> Dr. Ingersoll: That would be great. I'm not

sure, Maureen, if you want to moderate the Q and A. Or whether it would be better to -- I know there have been some questions people have put up. But I'm going to defer to Maureen quickly on that.

>> Maureen Johnson: Yes, we have time for questions. So, if you are using your computer microphones, please raise your hand to be unmuted. And if you are on the phone, you can press star and then pound on your telephone key pad to be unmuted. You can also type in questions into the chat box as well and I will read aloud questions to presenters. So, I have a question about free webinars that are available about transitioning to telehealth. Can you speak more on that?

>> Dr. Ingersoll: Yeah, we can actually share the link with you. There's a telehealth -- we did a webinar particularly for Project ImPACT. But then also just for parent coaching in general. So, I can find those links and I'll share them in the chat box.

>> Maureen Johnson: Great. We have another question about how long has program been in action? And do you have any information on longer term follow-up?

>> Dr. Ingersoll: That's a great question. So, we began developing program about 15 years ago. And we have -- the research we have been doing on the program has been more short-term. So, we don't actually have long-term research on the program. But a lot of the families that we have worked with during the development process we're still in touch with. So, we have anecdotal. We have kind of anecdotal findings. We don't have research findings on long-term outcomes beyond about 6 months.

What we find is that children continue to build on their skills. One of the things I think the broader research can tell us beyond Project ImPACT is that oftentimes some of the biggest gains, you know, we see big changes right away in terms of parent-child interactions. But then where we really start seeing the benefit is many years out.

So, there was a study in the UK call the PAC trial. They found small group differences after the end of the program. It was a similar program to Project ImPACT. But they started to see the bigger differences in groups 6 years out. The small changes parents were making led to small gains kind

of immediately. But that kind of built on itself over time.

So, although we don't have those data that we can speak to for Project ImPACT, I do think we have the data from the field as to what these type of coaching models more broadly can do. The idea that they're small changes. But small changes that are happening repeatedly over time that lead to longer term improvements.

>> Maureen Johnson: We have another question. Oh, sorry, I see that Aletta Sinoffa raised a hand I will unmute. Your microphone is now on, Aletta. I see that her question -- she put in the chat box. When do you get to the next steps after the coaching? Do you offer anything?

>> Dr. Ingersoll: Oh. Julieta, is your mic on?

>> Julieta Banan-Rubin: I can answer that, unless, Brooke, you wanted to?

>> Dr. Ingersoll: Go ahead.

>> Julieta Banan-Rubin: I can share my experience with the families I have been doing Project ImPACT with. Once those 24 sessions end, we generally like to focus on moving into the community. Talking about ways to have the children and the families participate in community activities. Be it My Gym or a Little Gym. Through where I work, we offer small group programs. Dream Team, community groups. And oftentimes families move into that setting as well just to work on generalizing the skills they have learned and strengthening that engagement with not only themselves, but with other people in the community.

>> Maureen Johnson: Great. Going back to Aletta --

>> Julieta Banan-Rubin: Certification was required. Go ahead.

>> Karis Casagrande: Oh. So, anyone can actually go buy the coaching manual or even the parent manual right off the shelf. So, you're welcome to get that manual and go ahead and use it. See if you like it. We do offer certification and additional training, workshops, one-on-one consultations and group consultations as well. You don't need a certification to implement it. But we do offer certification and additional train for that's something

that you'd like to receive. Brooke, do you have anything to add there?

>> Dr. Ingersoll: I think you did a great job.

>> Maureen Johnson: We are approaching the end -- [ Away from microphone ] -- is there a developmental age for Project ImPACT recommended for?

>> Dr. Ingersoll: So, Project ImPACT is really targeted at early social communication development. So, it really is developed from sort of earliest development up through about the time when children are competent communicators. So, in terms of developmental age, it's really appropriate up to about 48 months of age. But we know for many of our children with ASD who may also have a cognitive delay, many of the strategies actually are appropriate for older children who are still at those early stages of social communication development.

>> Karis Casagrande: There's a question about translation. So, I know that we have multiple translations of the first edition of Project ImPACT. But we've released our second edition and we're working on getting translations. Brooke, do you know more about the timeline on those? Or whether it's happening?

>> Dr. Ingersoll: The parent manual should be available in Spanish soon. They have not translated the coach manual. The parent manual should be available in a few months. They're working on a Mandarin version and a Korean version and Turkish version. And I believe that they're going to -- the Dutch version -- I think they're going to be updating the Dutch version to the second edition. So, probably for those of us who are working with a wide range of families, what we typically have recommended is if you have someone that you do some translation with, to have some of the sort of overview handouts translated for families.

I know that we're definitely working with Maryland, they have families that speak 15, 20 different languages. And so, basically, we've given them just the parent overview handouts and asked if they could just translate those. So, that the parents kind of have a cheat sheet. But maybe they don't have the entire manual translated.

>> Karis Casagrande: And then there were a couple of questions just about families with different personality styles. Parents with cognitive delays or differences. Anything that the individualized coaching model really takes into consideration kind of where families are and what their needs are in the and the goal of the parent coaching model is you are tailoring the pace and process of coaching to that family's individual needs. Julieta, do you want to share maybe since you do more of that than I do?

>> Julieta Banan-Rubin: Sorry, I was answering Aletta's question about are the families typically attending in-home or center-based. Yeah. So, families -- we do have a wide range of families with different parenting styles. I think since each step is broken down, it really helps guide the families to find their comfort level. I think one of the specific chapters just talks about animation. Which for some families can be a bit of a struggle. Whereas other families are just natural cheerleaders and really uppity. What is great is we really talk about child temperament along with parents. And sometimes there is a mismatch.

And there's a lot of times where parents have to take a step back and observe. See what works best with their children or child that they're working with. Sometimes being too loud and clapping will be that turnoff. And other times, they just need to give a little thumbs up. And that's what Project ImPACT really does. It helps the families understand what cues really support their child in increasing that engagement. And it lets the parents figure that out on their own with you guiding them.

>> Maureen Johnson: Great. Thank you all so much. I also want to thank everyone for attending the webinar. This webinar has been recorded and will be archived in the webinar library at AUCD.org. Also, the presenters emails will be available as well. As I see that some of you still have some additional questions. So, please take a few moments to complete our post webinar evaluation survey at the close of this webinar. Have a great day, everyone.

>> Thank you.

>> Thank you.

>> Bye.

>> Bye.

>> Thank you, everyone.