



Educating Caregivers about Autism in the Czech Republic

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Educating Caregivers about Autism in the Czech Republic

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Abstract

This project assisted Abaceda, a therapy center in Prague, by creating an educational video to inform caregivers on how to care for children diagnosed with autism. The video includes general guidelines for working with a child with autism, building skills with the child, and the importance of caregiver self-care. To determine the topics included in the video, the team utilized insights gathered from interviews, observations, and surveys to inform the creation of a video script, development of the visual style, and the creation of needed graphics. After recording live footage and voice-over in Czech, the team then produced a 12-minute animated video available on Abaceda's social media to increase the accessibility of information about autism for families in the Czech Republic.

Executive Summary

Context



*Figure E.1:
Abaceda Ball Pit*

Autism Spectrum Disorder (ASD) or autism, is a developmental disability that impacts several aspects of one's everyday life. Autism can affect a person's ability to develop social and communicative

skills that are essential to childhood development. Autism is an incurable disorder and doctors still do not know its direct cause, but researchers theorize that both genetic and environmental factors play a role ("What is autism spectrum disorder?", 2021). Children with autism often struggle with building relationships with people in their lives, as well as being able to effectively communicate their needs.

Regarding autism, there is an insufficient amount of accessible information for families within the Czech Republic. The country has very few qualified professionals who can accurately diagnose autism (Čížková, Personal Communication). Moreover, very few therapy centers that work with children with autism exist in the Czech Republic, and those that do exist often have years-long waiting lists for potential new families. Additionally, many families within the Czech Republic do not

live close enough to a therapy center, or they do not have the financial resources to pay for long term therapy programs. When searching online for information regarding autism, many families will run into misinformation, especially on social media (Škvorová, Personal Communication).

Our Sponsor

One organization in the Czech Republic providing therapy services for families of children with autism is this project's sponsor: Abaceda.



*Figure E.2:
Abaceda Logo*

Abaceda is a shared therapeutic space based in Prague founded by Mgr. Kateřina Čížková, BCBA, Bc. Lucie Škvorová, and Mgr. Kateřina Jandáčková. Abaceda works with both children ages 2-5, and with the child's caregiver, whether that is a parent or other guardian. Since Abaceda's reach is limited, they are interested in expanding their reach, and spreading information online through educational videos.

Approach

The goal of the project was to develop an introductory educational video to assist Abaceda in their mission to educate caregivers on important guidelines for raising children diagnosed with ASD. The team achieved this goal by addressing the following three objectives.

1. Identify the fundamental guidelines and skills that Abaceda teaches caregivers.
2. Assess the importance of the different guidelines.
3. Disseminate the important information to caregivers.

The team conducted two meetings with the direct sponsor, Mgr. Čížková, and four semi-structured, conversational interviews with four of the Abaceda therapists. The meetings with Mgr. Čížková served as interviews of the sponsor where she outlined many guidelines and principles for therapy. Using inductive and deductive coding techniques on the transcripts from these interviews yielded an initial outline of information that was a starting point for the topics to include in the educational video.

The next step was to assess the importance of different guidelines through both therapy session observations and caregiver opinion surveys. The team observed one therapy session between an Abaceda therapist and a child with ASD. Abaceda organized and approved this session, and the team adhered to their protocols. For the observations, two team members observed the session first and then halfway through the session they

switched. Each team member filled out a separate observation sheet with notes on the interactions between the therapist and the child.

The next phase was the caregiver opinions survey. The team utilized the survey creation tools Qualtrics. Mgr. Čížková

distributed the survey through email to her 25 clients, and 9 caregivers responded. The survey consisted of eight close-ended questions guided by our findings from the therapist interviews. By using statistical analysis on the survey responses and evidence from our observations, the team was able to get insight on the opinions and priorities of caregivers and revise the initial outline into an official script outline.



Figure E.3: Abaceda Therapy Studio

Results and Analysis

The project received results from the therapist interviews, the therapy session observations, the caregiver survey, and the caregiver feedback survey.

The transcribed interviews resulted in an initial outline of information grouped into three major categories: **Building the Relationship, Building Skills with the Child, and The Importance of Parental Self-Care.**

The results from the therapy observation session consisted of evidence found from interactions between the therapist and the

child. One interaction emphasized the guideline that when building skills with the child, the caregiver should help guide the child without doing it for them. Another interaction supported the guideline that caregivers need to maintain a positive approach when working with the child. The team found evidence from the observed interactions that reinforced many of the guidelines that made up the initial outline.

The caregiver survey responses gave a clear vision of what caregivers' priorities are with their child. Question 5 asked caregivers to rank a list of skills in order of what they find most important for their children to learn. The results displayed in Figure E.4 indicate that caregivers' believe the most important skill for their children to learn is better communication skills.

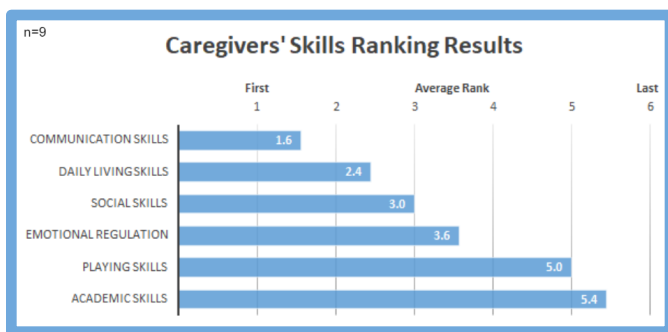


Figure E.4: Caregivers' Skills Ranking Results

This aligns with our findings in the therapist interviews: that communication is one of the biggest struggles for families.

Similarly, Question 8 on the caregiver opinions survey presented caregivers with a list of guidelines from our findings from the therapist interviews, and asked them to rank them in order of how important they are for caregivers to learn.

The results of this question showed that many parents neglect their own self-care, ranking it 2nd to last in their rankings (see Figure E.5).

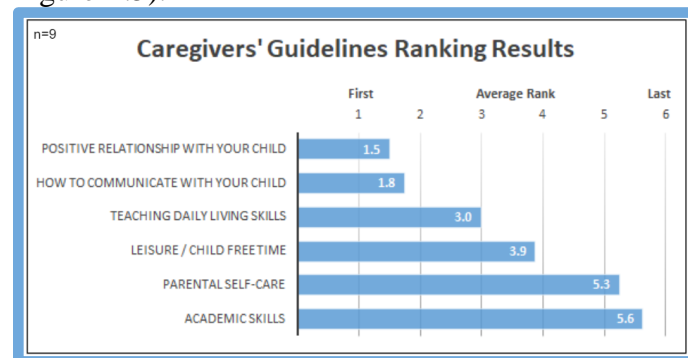


Figure E.5: Caregivers' Guidelines Ranking Results

In our therapist interviews, all of the therapists detailed how important it is that caregivers take care of themselves. They also detailed how many caregivers will neglect their own self-care, and the caregiver survey responses reflect that.

Video Production

The next step of the project involved revising the initial outline. The team expanded on the points present in the initial outline using specific quotes from the therapist interviews, unique examples from the therapy observations, and findings from the caregiver opinion survey to form the official script outline consisting of the three topics mentioned above, and short intro and conclusion segments.

Using the official script outline, the Abaceda therapists wrote the exact word-for-word script in Czech so that the script would flow naturally. During the introduction segment, Mgr. Čížková, as well as the other therapists: Bc. Škvorová, and Mgr. Jandáčková greeted the audience and discussed their credentials. In the first main section, Mgr. Jandáčková discussed building the relationship with the child. Next, Bc.

Škvorová explained how to build skills with the child. Finally, Mgr. Čížková detailed the importance of self-care for the caregivers. The video ended with a live conclusion where all three therapists thanked caregivers for watching the video.

Given that the script and the audio would be in Czech, a major challenge for the team was matching up the project's animations on screen with the therapists' audio. To facilitate this matching process, the team labeled each paragraph of the script and utilized Google Translate to create an English version to make working on the video easier for the team.

While creating the script, the team also worked on developing the visual style of the video. The team and sponsor accomplished this through a collaborative process of brainstorming and feedback with our sponsor. Mgr. Čížková was interested in a nature motif to go along with the tree-like logo of Abaceda. The resulting idea was of walking through a forest and watching a tree grow, representing the child growing through therapy. The animation would zoom in on the tree to show the title of that section, before panning up to the leaves of the tree, where small graphics and animations related to the voice-over would fade in and out. To help create these graphics, the team drew storyboard sketches. Figure E.6 presents examples of the storyboard sketches the team created.

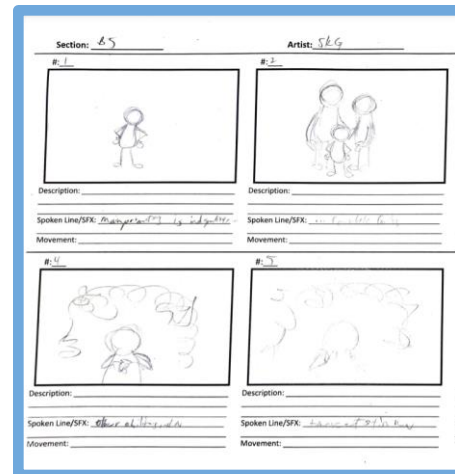


Figure E.6: Storyboard Example

The next two phases of production were to film the live footage, as shown via the photo in Figure E.7 and to record the audio for the video. Next, the team created the necessary graphics for the video using Adobe Illustrator and compiled the graphics and voice-over within the editing software Adobe Premiere Pro which the team also used to produce the animation for the video. The team also utilized background music from the site Bensound.com. This website allows creators



Figure E.7: Team recording video

to use their music if they give credit. The resulting video was 12 minutes long, which included approximately 2 minutes of live footage and 10 minutes of animation split between the three main sections. The animation process took 90-100 hours to produce over the last three weeks of the term.

Figure E.8 depicts the transition part of the tree growing, and Figures E.9 and E.10

provide two different screenshots of parts of the video.



Figure E.8: Video Transition Example

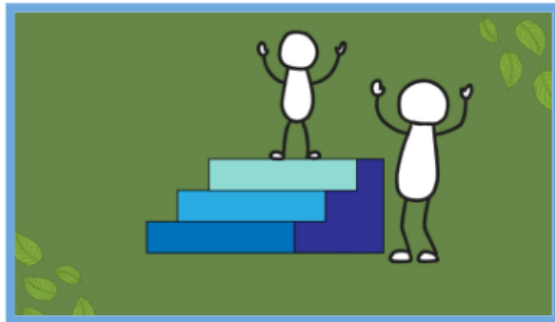


Figure E.9: Video Example 1



Figure E.10: Video Example 2

The team gathered feedback from the Abaceda therapists through an iterative process by sending them a completed section of the video. Then, the therapists gave feedback regarding if they liked the style of the graphics and if the graphics made sense with the audio. The team received feedback on all three animated

sections, and the Abaceda therapists indicated they approved of the final product, and believed it would be incredibly helpful for caregivers.

Abaceda published the final video on the social media page at the following link:

https://www.instagram.com/abaceda_therapie

Conclusions

Our background research and results make clear that the accessibility of information for families of autistic children within the Czech Republic are simply insufficient. Financial strain, geographic issues, lack of accessibility to therapy and diagnostic centers result in many families going without the help they desperately need.

Our project has the potential to make a significant impact on these issues. Our video will improve the accessibility of information for families of children with autism in the Czech Republic. Through distributing our video online, Abaceda can spread this information to families that cannot get therapy sessions for their child. Many families are unable to ever meet with Abaceda due to the limiting factors discussed earlier, and this lack of assistance forces many families to find information online on their own. Through our video, those families can now learn about the importance of having a strong, positive relationship, how to work on skills with their child, and the importance of self-care. We have been honored to work with Abaceda throughout this process.

Executive Summary References

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Chapter 1: Introduction

Autism Spectrum Disorder (ASD), sometimes referred to as autism, is a developmental disability that can affect a person's ability to learn social and communicative skills that are essential to childhood development. Children with autism can struggle with their language skills, executive function, sensory experience, and other aspects of early development. Doctors diagnose ASD in children through observation of the child's development, rather than using an objective method such as a blood test. However, given there is more information about autism currently available than there was a few years ago, medical professionals are likely to be more aware of the indicators of ASD and can diagnose it more reliably.

Children with ASD have difficulties communicating and building relationships with the people in their life ("What Are the Symptoms of Autism?", 2021). While therapy is a common and important technique to help children with autism, a secure relationship with their caregiver, whether it is their parent or other guardian, is crucial. It is important that caregivers understand how to interact with their child, and a key source of this knowledge comes from having access to information. Therefore, it is essential that basic information about ASD and techniques for connecting with children with this disorder be readily available for adults that impact the childrens' lives.

In the Czech Republic, there is insufficient access to important information and resources regarding ASD. Over the last 20 years, the number of adults within the Czech Republic that have a tertiary education regarding autism nearly doubled (Rabušicová, 2006). Higher education about autism has allowed more parents to recognize the early signs of autism, and seek a diagnosis for their child. Even with an increased need for such resources, there are very few therapy centers in

the country, and the ones that are available have year-long waiting lists (Krosnar, 2008; Čížková, 2021). Private organizations have been attempting to mitigate this problem by developing their own techniques to address and assist families of children with autism. One such group is our sponsor, Abaceda, a Prague-based therapeutic center founded by Mgr. Kateřina Čížková, BCBA, Bc. Lucie Škvorová, and Mgr. Kateřina Jandáčková. Abaceda works closely with both the children and their caregivers to help the child develop healthy relationships and independent skills. However, even with their current efforts, Abaceda still finds that there are too many families that need guidance on recognizing and dealing with ASD.

One way that Abaceda is trying to make information on raising a child with ASD more accessible to caregivers is by spreading information online through the use of a video platform. This platform will provide caregivers the opportunity to review and learn about general information regarding caring for a child with autism. To make the content as applicable as possible, our research focused on identifying the most beneficial guidelines and skills for caring for a child with ASD.

The goal of this project was to develop an introductory educational video to assist Abaceda in their mission to educate caregivers on important guidelines for raising children diagnosed with ASD. First, the team identified the important guidelines that Abaceda practices and teaches caregivers and assembled an initial outline of information to include in the video. Next, the group assessed the importance of the guidelines from the perspective of the caregivers. Then, the team compared the caregivers' perspective to the perspective of the therapists and created a finalized official script outline. Finally, the group produced an educational video for caregivers and disseminated the video through Abaceda's social media platform. This project will increase the accessibility of information about autism for families in Czech Republic.

Chapter 2: Background

This chapter focuses on contextualizing the project and Autism Spectrum Disorder, sometimes referred to as ASD or autism. It provides essential background on ASD's relationship with childhood development and the establishment of specific therapies for ASD-diagnosed children, particularly Applied Behavioral Analysis (ABA). The chapter considers the Czech Republic and discusses the advancements made towards diagnosing ASD and policies associated with disabled persons. Next, the chapter emphasizes the importance of providing caregivers access to information regarding ASD as it supports an easier process for both the child with ASD and the caregivers. The chapter finishes with an introduction to the sponsor for this project, Abaceda.

2.1 Autism and its Effects on Development

Autism Spectrum Disorder (ASD) is a developmental disability which hinders a person's communication, social, and emotional skills as well as their behavioral development. While doctors do not know what causes autism, they theorize both genetic and environmental factors play a role (CDC, 2021; "What Is Autism?", 2021). Autism causes difficulty in both verbal and non-verbal communication, social interaction with other people, and in a number of cases causes repetitive behavior which makes it difficult for them to react to the people and situations they face in day-to-day life ("What Is Autism?", 2021). Experienced symptoms and severity levels make every ASD diagnosis unique, and therefore the treatment necessary is also unique for every individual.

A majority of children with ASD have trouble communicating and have problems with expressing themselves using words and gestures. Some children with ASD speak in a manner that is incomprehensible and repetitive, and they may struggle to understand other people's facial expressions or their tone of voice. The severity of one's symptoms will also affect an individual's ability to perform the aforementioned actions. About 25% to 35% of children with ASD are nonverbal, meaning they may only say a few words or no words at all (Rose et al., 2016). They tend to be withdrawn and spend their time alone. Additionally, they may display acts of aggression towards other children and disregard other people around them. They could perform repetitive actions such as spinning continuously, clicking, or flapping ("What Are the Symptoms of Autism?", 2021). These kinds of behaviors have a negative effect on the relationships they form with different people.

Developmental pediatricians, child psychologists, child psychiatrists and pediatric neurologists can diagnose ASD in a child when they are about two to three years old (Center for Disease Control and Prevention [CDC], 2020), but the signs of autism can appear in children as young as 18 months old. According to the US Center for Disease Control and Prevention's (CDC) Autism and Developmental Disabilities Monitoring (ADDM) Network, about 1.85% of children had autism in the United States in 2020. Our team constructed Figure 2.1 from CDC ADDM data showing the estimated percentage of autism among children for the last 20 years. Figure 2.1 includes a point estimate for each year, along with a range of estimates across ADDM sites (Maenner et. al., 2016). Figure 2.1 shows the increase in the prevalence of detected autism over the last two decades.

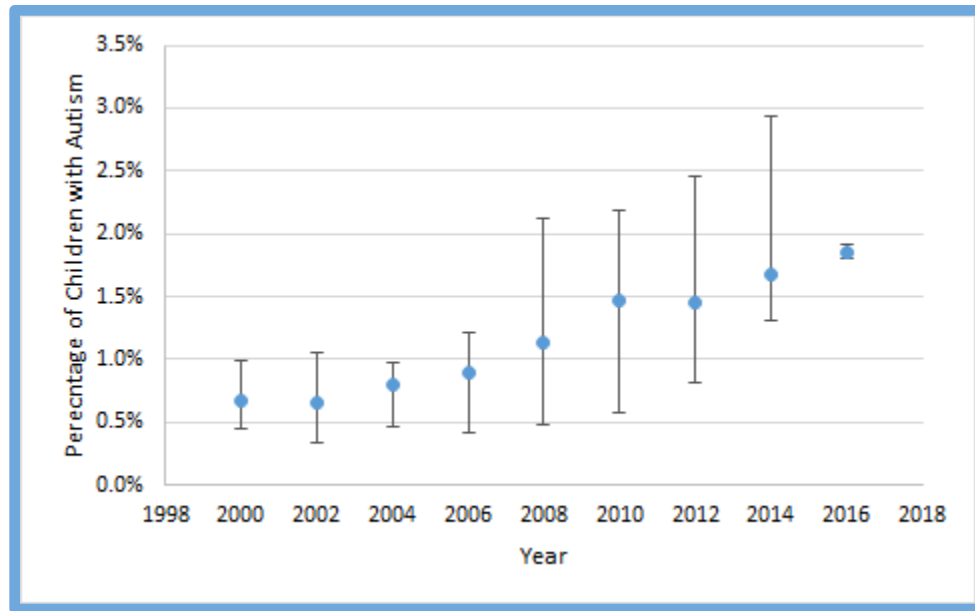


Figure 2.1: The Estimated Percentage of Children with Autism

The perception of the prevalence of autism gradually increased due to improved awareness about the disorder, improved medical diagnosis, and implementation of new policies. Therefore, it is crucial that nations focus and provide more resources related to addressing Autism Spectrum Disorder. This help should be both in the form of educational resources and financial assistance. ASD therapy is a huge financial burden to many caregivers. According to the CDC in 2014, the expenditures are about \$11.5 billion USD - \$60.9 billion USD per year for care and therapy for children with ASD in the United States (“What is autism spectrum disorder?”,2020).

2.2 Applied Behavioral Analysis (ABA) Therapy

Over time, the therapists’ methods to educate children and families about autism have continuously changed. Today, the most common therapy is Applied Behavioral Analysis (ABA). Ivar Lovaas was the first to develop an effective treatment plan for ABA therapy (Roane et al., 2015) in 1987, called Early and Intensive Behavioral Intervention (EIBI).

EIBI focuses on discrete-trial teaching (DTT). DTT is the most popular form of ABA therapy, where the therapist directs the child to do a certain task and they reward the child if their response is the correct behavior (Roane et al., 2015). The treatment process of EIBI follows a process where the child first starts treatment by having one-on-one sessions with a professional to try to eliminate any inappropriate behaviors that are unique to the child (Roane et al., 2015). The rationale for one-on-one sessions, as previously mentioned, is that no two cases of autism are exactly alike. Each child, with assistance from a therapist and caregiver, has to tackle their unique behaviors before addressing the more general behavioral issues seen in the majority of children with autism. This was exactly the approach Lovaas had in mind with EIBI because after the one-on-one sessions, the therapist puts the children into groups to work on communication and cognitive skills (Roane et al., 2015). There are several problems with this treatment, the biggest being that the training can be really intense for the child. Traditional EIBI plans have the child train 5-7 days a week for as much as 40 hours per week (Roane et al., 2015). This can be really onerous for the child and expensive for the parents as well.

Originally, ABA rigidly focused on positive reinforcement from a therapist when a child exhibits desirable behaviors (Roane et al., 2016). Unlike prior therapy methods that focused on discouraging “undesirable” behavior, ABA rewards the child for certain behaviors, which makes it more likely they will repeat them (Autism Speaks, 2015). The original definition of “desired” and “undesired” behavior was very rigid, but over the years, ABA has evolved and become more flexible, and therapists now adopt unique strategies for each individual child and their needs.

In the ABA teaching process, a therapist or professional performs an action and observes the child’s response. The child receives positive reinforcement for any desired behavior or receives no reinforcement for undesired behavior (Autism Speaks, 2015). This process helps the

professional understand the child's behavior and uncover methods to resolve any incorrect behavior. A trained ABA therapist will learn the specific skills a child needs to improve on the most and will adapt their ABA program to those needs (Autism Speaks, 2015). Modern approaches to ABA therapy aim to be less rigid and less demanding for the child. In modern ABA, the therapist focuses on playing with the child and building a strong relationship with the child, all the while sneaking lessons into that playtime (Čížková, Personal Communication).

There is a limited number of ABA therapy organization options available and often ones that do exist are quite expensive, making it crucial that the government supports families through special education programs. Countries like the Czech Republic have recently been making efforts to provide this type of aid to families and individuals with ASD.

2.3 Czech Republic Policy Changes Towards Autism and Special Education

In the Czech Republic, the government policies towards special education have greatly evolved since the Czech Republic became its own country in 1993. The Czech Republic has expanded on policies and conventions of the United Nations and made building a more inclusive society a priority (Roleska et. al., 2018). The United Nations ratified the Universal Declaration of Human Rights (UDHR) in 1948, setting the future baseline for the policies of the Czech Republic by establishing a fundamental right to education for people with disabilities (United Nations, 1948). The Convention on the Rights of the Child (CRC) and the Convention on the Rights of Persons with Disabilities (CRPD) both influenced the Czech Republic's attitude and behavior towards education of disabled individuals (United Nations, 1986; United Nations, 2007).

Guided by these United Nations conventions, the Czech Republic passed legislation to assist with the inclusion of children with ASD in education. In 2004, the Czech Republic passed the Education Act, which emphasized the need for schools to adapt education for children with special needs into their systems (van Kessel et al., 2020). Subsequently, in 2015 the Czech Republic published the National Plan for the Promotion of Equal Opportunities for Persons with Disabilities (Czech Republic, 2015), the goal of which was to provide equal opportunities to children with disabilities, including autism (van Kessel et al., 2020). Neither of these policies were specifically about autism, however children with ASD are within their scope (van Kessel et al., 2020). Additionally, the Czech Republic contributed to the Mapping the Implementation of Policy for Inclusive Education (MIPIE) project, which aims to track the implementation of educational policies at the national level and the European level (European Agency for Special Needs and Inclusive Education, 2019). There is insufficient research and evidence regarding whether the inclusion of children with autism in the education systems in the Czech Republic will lead to an increase in awareness of autism. The government of the Czech Republic certainly plays a role in improving the awareness and education about autism. However, this project will not examine their role at a closer level.

2.4 The Diagnosing of Autism in the Czech Republic

The need for additional government policies and special needs education programs has become a greater issue in recent years, as medical professionals have a greater ability to diagnose autism. When doctors in the Czech Republic first started developing programs to diagnose people with autism in the late 1990s, Czech citizens had much less knowledge about autism than they do today (Hrdlicka et al., 2016). In addition, this research reported that during the 1990s, most of the children diagnosed with autism “were described as mentally retarded” (Hrdlicka et.

al., 2016). This description persisted, and in 2004 a separate study conducted by Hrdlicka labelled 79.7% of children diagnosed with autism as mentally retarded. The tendency for the general public to perceive and label children with ASD as mentally retarded would hold until Hrdlicka's most recent study where they found that this was not the case. The current study found 40.8% of children with ASD had a normal IQ (Hrdlicka et al., 2016). This shift away from associating mental retardation with autism has aided the Czech specialists and therapists in diagnosing children with autism while reducing the stigma surrounding autism.

Additionally, kindergarten and preschool teachers play a role in the diagnostic process. As part of the process, a medical professional will observe the child, and have both the parents of the child, and their kindergarten or preschool teacher complete a comprehensive questionnaire (Lukšicová, 2021). While further education for kindergarten and preschool teachers is necessary for increased awareness and education about ASD within the Czech Republic, this project will not examine these teachers' role at a closer level.

One of the major factors in the increase in doctors' abilities to diagnose autism is the increase in the level of education on this topic that the average adult has in the Czech Republic. When a caregiver's education level is higher, they are more likely to recognize that their child is showing signs of a developmental problem and will seek guidance from a doctor when they start to see these signs (Hrdlicka et al., 2016). If the caregiver notices signs and brings their child to a doctor at the early stages, then the diagnosis and therapy can begin earlier. In 2003, statistical data on educational attainment showed that only 12% of adults in the Czech Republic, ages 25-64, had some sort of tertiary education regarding the ASD topic, and that percentage rose to 22% in 2015 (Rabušicová, 2006; Organisation for Economic Co-operation and Development [OECD], 2016).

Another factor in the increase in diagnosis of autism, as studies by Hrdlicka (2016) and the OECD (2016) demonstrate, is the increase in education levels of women, especially mothers, in the Czech Republic. As of 2016, women made up more than 60% of all graduates from master's and bachelor's programs in the Czech Republic (OECD, 2016). This is important because mothers are traditionally the primary caregiver that searches for information when they start seeing signs that their child has behavioral issues that could relate to a developmental disability (Hrdlicka et al., 2016).

Even with the advancements in ability to diagnose autism, many children go undiagnosed for far too long. Many parents will begin to notice signs of behavioral issues when their child is 2-3 years old and start searching for information. However, many General Practitioners (GPs) tend to dismiss the behavioral issues at first (Čížková, Personal Communication). General Practitioners often dismiss common attributes like slow language development or isolative behavior as shyness (Elder et. al., 2017). It isn't until much later, when it's clear the child is not growing out of their behavioral issues, that a GP will refer a family to a diagnostic center (Čížková, Personal Communication). Researchers have linked earlier interventions for autism to the child having more significant progress in daily living skills and social behavior. Therefore, it is essential that the GPs recognize the early signs of autism so they can recommend the appropriate steps to families when the children are as young as possible (Remington et. al., 2007). GPs play an important role in the diagnosis of autism, as they are often the first medical professionals that parents interact with once they see signs of a developmental problem in their child. However, this project will not examine the role of GPs at a closer level.

Another aspect of an earlier diagnosis is its effect on the caregivers' mental health. Studies conducted by Elder, and his team have shown that a later diagnosis for the child can

cause increased stress for the caregiver, and caregivers often feel like they are ill-equipped to deal with these challenges (Elder, et. al., 2017). This unfamiliarity can lead to strains in the caregiver and child's relationship.

2.5 The Importance of Parental Understanding and Health

A strong relationship between a child and their parents is crucial for all children to ensure that they feel safe and comfortable in their environment. Parents must understand autism, especially in relation to their child's diagnosis, so that they are able to establish security in their relationship. Each case is unique, and "the challenge of joining the child, of meeting the child where [they are], can generate otherwise unreachable creative responses in the parents and can result in an enhanced perspective that can open up and grow parents' personal values and beliefs, that otherwise wouldn't have been attainable without the parents' effort" (Papaneophytou, 2021, p. 241). The relationship between the parent and the child is stronger when the therapist is able to assess and bolster the strengths of the parent-child relationship. This means when considering a child, it is important to acknowledge that there will be challenges, but it is more constructive to focus on potential methods to overcome them (Papaneophytou, 2021, p. 508).

The core concept of parental empathy and understanding extends to other child caregivers as well. It is essential that any person who frequently interacts with a child with ASD has access to tools to support their child and understand what that support should look like. If caregivers understand how to relate with the child with ASD, it can lead to opportunities for the child to build relationships and establish communicative skills. Problems may arise, however, when resources on how to appropriately and effectively provide such care for children with ASD are widely unavailable.

Even though taking care of the child is very important, it is also crucial to make sure that the caregivers of children with ASD focus on their self-care. The caregivers are very often worried about their child's future, finding resources for help, helping them develop, and feeling guilty when they believe they are a possible cause of their child's ASD (Anderson, 2021). Consequently, they often get into a cycle of resentment, exhaustion and depression (Čížková, 2021). They often face different kinds of stress that have an impact on their social life, mental health, emotional and physical wellbeing (Smith, 2020). Many caregivers struggle to accept the fact that they need to worry about their mental health because they are too focused on their child's health. This thought process can be harmful to the child because if a caregiver is not taking care of themselves then they cannot be in the best mental state to take care of their child. Caregivers often do not realize how perceptive their child is of their behavior. Mgr. Čížková, the sponsor of this project, has stated that, "children are like sponges" (Čížková, Personal Communication). If a caregiver is upset or showing signs of depression, their child can pick up on these emotions and the child often assumes that they are the cause behind it. This can be detrimental to the child's growth because seeing these negative emotions in their caregiver can cause the child to immediately start regressing (Čížková, Personal Communication). Many therapeutic organizations know that this is a major issue and they often inform the caregivers that they need to focus on their physical and mental health and many times the organizations will refer the caregivers to resources that can help them with their self-care.

2.6 Background on Abaceda

In the Czech Republic, autism-centric programs and resources for parents are growing slowly and remain scarce. Historically, Czech education has been unsupportive of widespread education on autism, and though awareness of the issue has increased, any policy changes related

to it are coming gradually. There is little to no governmental aid in the Czech Republic available for parents with children with ASD, and many established services come with high costs that not everyone can afford. Caregivers must navigate years-long waiting lists to even receive the assistance (Čížková, Personal Communication). Some small, therapeutic organizations are beginning to provide guidance and therapy for families with children with ASD, one of which is this project's sponsor: Abaceda, a shared therapeutic space founded by Mgr. Kateřina Čížková, BCBA, Bc. Lucie Škvorová, and Mgr. Kateřina Jandáčková. The therapists work with children with ASD, their families, and other caregivers to help them gain awareness of self, awareness of autism, and understanding and overcoming the challenges that come with caring for a child with ASD.

Upon initial consultation with a child and family, the therapists of Abaceda will begin assessing the child's needs. Using ABA as a guide, they can better understand the most helpful methods available for improving communication between the child and their family. Abaceda remains flexible in their methods, however, and knows that ABA may not be the most effective approach for every child and family situation. They are well equipped to provide services when working with a child that does not use ABA methodology including occupational therapy (OT), physiotherapy, and speech therapy. They are adaptive to the client's needs and are available for caregiver meetings at the Abaceda office space, virtually, and are even able to travel to the client's residence or school to ensure a feeling of comfort and security for those involved (Čížková, Personal Communication).

In addition to direct work with the child, Abaceda stresses the importance of training all the important figures in a child's life, including parents, teachers, nannies, and other caregivers, on how to support a child with ASD. They offer a variety of consultations, training, and therapies

for both parent and child, and emphasize the importance of the caregiver's role and health. In a message the team received from Mgr. Čížková on Abaceda's training and therapy for parents, she said, "We have noticed that the child can only prosper if the parent is doing well so we are very much focused on teaching the parents to take care of themselves" (Čížková, Personal Communication). She emphasizes that the parent needs to take care of themselves so that they are better able to take care of their child and nurture their growth. One of Abaceda's programs reflects this statement by directly teaching parents how to maintain their own self-care so that they can better overcome the challenges they and their child with ASD may face.

One problem that Abaceda is encountering, however, is that the scale of their influence is limited by their direct clientele. Caregivers who feel ready with the tools that Abaceda gives them can leave the center and free a space for a new family, but that process can take years. This circles back to the problem of growing waitlists of parents and children that do not have easy access to educational materials. Caregivers still have to pay out-of-pocket at most Czech therapy centers, including Abaceda, because there is no substantial government aid, which creates an even larger barrier. Abaceda has been actively looking into new mechanisms to minimize this obstacle, as well as increase the options available for families needing assistance.

Abaceda hopes to broaden their reach and help spread information online with educational videos. This project focuses on identifying the fundamentals of raising a child with ASD. This research allowed this project team and Abaceda to create an introductory video to educate and spread information to caregivers outside their normal reach and provide additional materials to those within Abaceda's programs currently. The next chapter details the methodology the team utilized to conduct this research.

Chapter 3: Methodology

The goal of this project is to develop an introductory educational video to assist Abaceda in their mission to educate caregivers on how to raise children diagnosed with ASD. This video aimed to broaden Abaceda's reach and educate caregivers on general guidelines for caring for a child with ASD. The team developed three objectives to achieve this goal:

1. Identify fundamental guidelines that Abaceda teaches caregivers.
2. Assess the importance of the various guidelines.
3. Disseminate the important information to caregivers.

These objectives served as intermediate guideposts to keep the project moving forward in the right direction towards achieving the project goal. Figure 3.1 below connects the methods with the corresponding objectives and the deliverable and serves as a visual outline of this chapter's organization. Within each segment of the chapter there is a detailed explanation of each objective and the methods the project team used to work towards its accomplishment, as well as how it impacted the final deliverable.

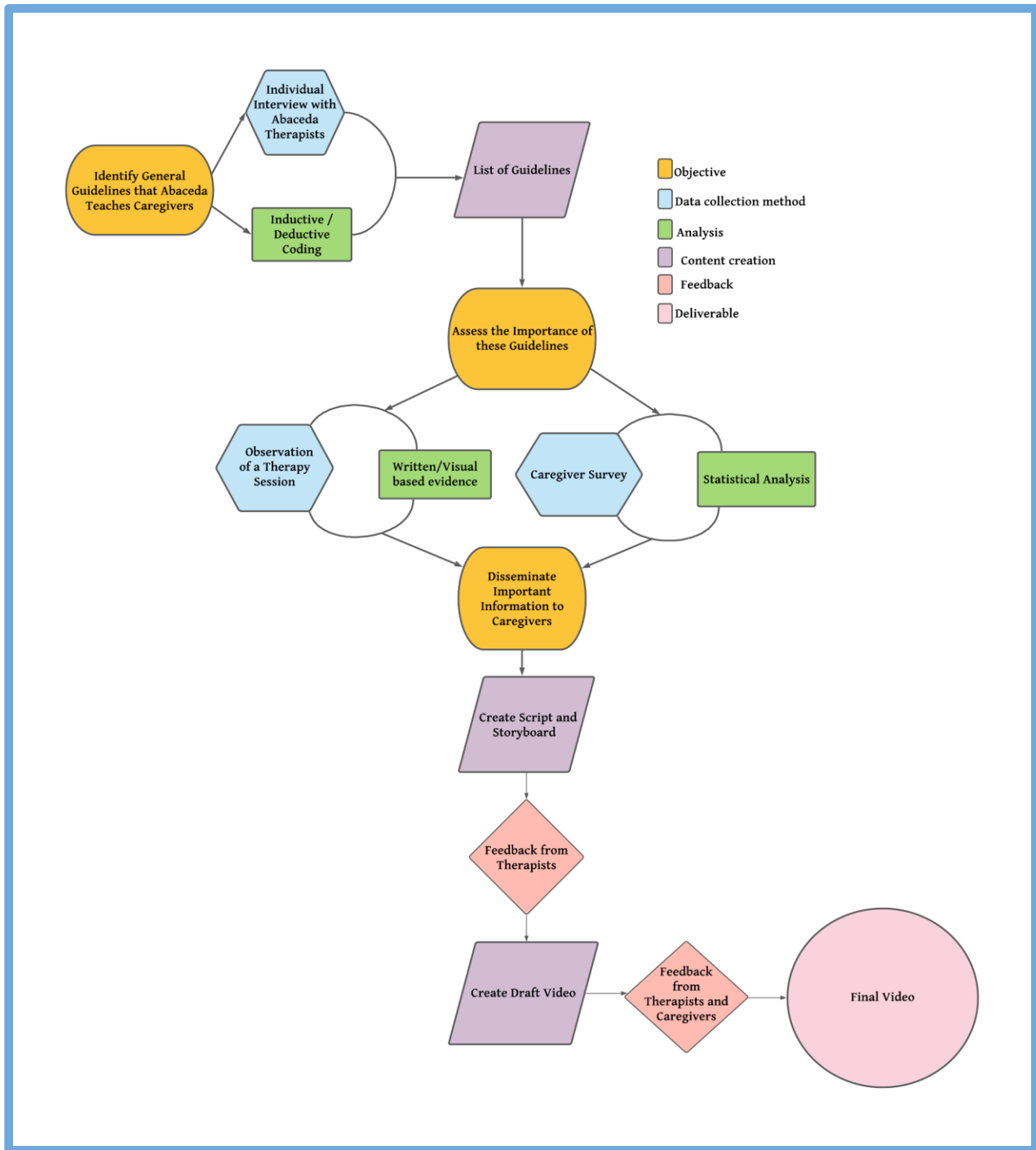


Figure 3.1: Prague Autism Project Overview

3.1 Objective 1: Identify Fundamental Guidelines that Abaceda Teaches Caregivers.

After the team's first meeting with the sponsor, the group and Mgr. Čížková decided that the project video would focus on the fundamental guidelines of raising a child with ASD. Mgr. Čížková did not want the video to cover any specific ABA methods. She explained that covering specific ABA methods poorly or without the correct context, could actually be harmful to the child, and that it could take as long as three hours to cover a single ABA method. By bringing the focus of the project video away from ABA methods and towards general guidelines, the team improved the feasibility of completing this project during a seven-week term and reduced the cumbersomeness of a caregiver watching extremely long educational videos. The team first met with Mgr. Čížková for a formal sponsor meeting, and another informal meeting. Tables 3.1 lists the schedules of the first two sponsor meetings.

Table 3.1: Sponsor Meeting Schedule

Sponsor Meeting Status	Date	Meeting Chair	Time	Location
Formal	27-Oct-2021	Ryan D.	8:00-9:00	Abaceda Center
Informal	1-Nov-2021	Ryan D.	9:00-10:00	Virtual

After our first sponsor meeting, Mgr. Čížková reached out to all the therapists and asked if they would be willing to do an interview with the team. She forwarded the contact information of the therapists who agreed, and the group contacted the other therapists through email to schedule a time for the interview. Table 3.2 below lists the schedule for interviews.

Table 3.2: Abaceda Therapist Interview Schedule

Interviewee	Date	Primary Interviewer	Time	Location
Paní Victorie Balazova	29-Oct-2021	Ryan D.	15:00-15:30	CIEE Study Center
Mgr. Terézia Lukšicová	3-Nov-2021	Ryan D.	18:15-19:00	Cafedu
Bc. Lucie Škvorová	4-Nov-2021	Ryan D.	11:00-12:00	Abaceda Center
Mgr. Kateřina Jandáčková	4-Nov-2021	Ryan D.	12:00-13:00	Abaceda Center

The team recorded the interview with the therapists' consent and provided them with a project introductory statement (see Appendix A). To create audio recordings of the interviews, the group used the transcription software Otter.ai to generate a transcript and utilized a smartphone recording as a backup in case of technical difficulties with Otter.ai. The group was prepared to designate one member as a notetaker if any of the therapists did not consent to being recorded, however, this was not necessary.

The style of this interview was semi-structured and conversational. The team developed a set of interview questions to guide the conversation, but often went off script to ask additional follow-ups when possible. The group split up the interview questions into the following categories:

1. Introductory questions about the therapist's background in behavioral therapy and experience at Abaceda.
2. Logistical questions about their schedule of therapy sessions including how often they work with children vs. their caregivers.

3. Family experiences questions about struggles that families faced and misconceptions they had before Abaceda.
4. Therapy questions about what the therapists actually do with the child during a therapy session and the guidelines or principles they use, such as asking how they work on communication, emotional regulation, and daily living skills.
5. Caregiver questions about the mental strain that caregivers go through and need to learn about to help their child succeed and the importance of parent self-care.
6. Conclusion questions about our project and additional discussion.

Appendix B contains the full list of questions that guided the conversation for the therapist interviews. The Abaceda therapists were all proficient in English, so the team was able to communicate with them in English.

After completing the interviews, Otter generated the interview transcripts and each team member transcribed one of the interviews by checking it with the audio and making changes to the transcripts accordingly. The next step of this method was to analyze the transcripts. The team members accomplished this through a mix of deductive and inductive coding. In our two initial Prague sponsor meetings listed above, Mgr. Čížková detailed an initial list of guidelines that she wanted the video to cover, and this was the basis of our codebook. Table 3.3 below displays this initial list.

Table 3.3: Initial Code Book

Topic	Assigned Color
Build Good Relationship with Child	Orange
Parent Self Care	Yellow
Prompting / "Do With Not For"	Cyan
Each Child is Different	Light Red 2
Positive and Proactive Approach	Gray
Independence	Magenta
Positive Reinforcement	Light Red Berry 2
Set a Good Environment	Light Cornflower Blue 1
The Earlier the Better	Light Green 1
Trauma-Informed Approach	Purple

The team started to code all the therapist interviews using this initial codebook, however the group did not limit themselves to only looking for these initial guidelines detailed by Mgr. Čížková. While coding the interviews, the team added new guidelines to the codebook when they found it necessary, to better code the responses of different therapists. Table 3.4 below displays the finalized code book.

Table 3.4: Finalized Code Book

Topic	Assigned Color
Build Good Relationship with Child	Orange
Parent Self Care	Yellow
Prompting / "Do With Not For"	Cyan
Remember It's Still a Child	Green
Each Child is Different	Light Red 2
Therapist Uses Positive and Proactive Approach	Gray
Parent Needs to Use Positive and Proactive Approach	Light Blue 2
Independence	Magenta
Positive Reinforcement	Light Red Berry 2
Parents Opinions and Struggles	Light Purple 2
Pre-Existing Family Dynamics	Dark Gray 2
Set a Good Environment	Light Cornflower Blue 1
Communication Issues and Problem Behavior	Light Magenta 1
The Earlier the Better	Light Green 1
Trauma-Informed Approach	Purple

The team used this finalized code book to track the occurrences of these guidelines across all interviews. The group counted whether the topic came up during the interview and tallied the counts from all interviews and meetings. For example, if a topic has a ‘score’ of 5, that means Mgr. Čížková and all four interviewees brought up the topic. Table 3.5 below indicates if a therapist mentioned a specific guideline during their interview.

Table 3.5: Coding Table

Topic	Mgr. Čížková	Paní Balazova	Mgr. Lukšicová	Bc. Škvorová	Mgr. Jandáčková	Total Mentions
Build Good Relationship with Child	1	1	1	1	1	5
Parent Self Care	1		1	1	1	4
Prompting / "Do With Not For"	1	1	1	1	1	5
Remember It's Still a Child		1	1	1	1	4
Each Child is Different	1	1	1	1	1	5
Therapist Uses Positive and Proactive Approach	1	1	1	1	1	5
Parent Needs to Use Positive and Proactive Approach	1		1	1	1	4
Independence		1	1	1	1	4
Positive Reinforcement	1	1	1	1	1	5
Parents Opinions and Struggles	1	1	1	1	1	5
Pre-Existing Family Dynamics			1	1	1	3
Set a Good Environment	1		1		1	3
Communication Issues and Problem Behavior		1	1	1	1	4
The Earlier the Better	1					1
Trauma-Informed Approach	1				1	2

This completed coding table revealed which guidelines were the most relevant across all interviews. The final goal of the therapist interview stage of the project was to create an initial outline detailing what guidelines the group wanted to include in the video, and in what order. This list will be covered in section 4.1 of the results chapter in detail.

3.2 Objective 2: Assess the Importance of Different Guidelines

Once the team created the initial outline, the group needed to assess the contained guidelines mentioned, and their usage. After assessing these guidelines, the team revised the initial outline and decided which guidelines to emphasize and which to not mention at all. The team used two distinct methods to complete this assessment: therapy observation and caregiver surveys.

3.2.1 Therapy Session Observations

In discussions with the sponsor, Mgr. Čížková brought up the possibility of observing therapy sessions between an Abaceda therapist and a child with autism. However, the team was only able to observe one therapy session. Since Abaceda works with primarily younger children with autism, many of them are not sufficiently comfortable enough in a therapy session to have people observing them. In one particular session, a child still needed his mother to stay throughout the entire session. However, the opportunity to observe one therapy session allowed the team to watch the therapist implement guidelines with a child in a real-time therapy session. Abaceda has done therapy observations in the past, usually when working with interns, and they already had a prepared consent form in Czech for the caregiver to sign (see Appendix C). Before the session, the therapist had the caregiver of the child sign the consent form that allowed two group members at a time to observe their child, and the therapist working with the child gave the team verbal consent. All student observers agreed to ask for no personal information about the child being observed and to not interfere with the therapy session. Table 3.6 lists the schedule of the single observed session. The team split into two groups of two and switched partway through the therapy session.

Table 3.6: Observation Session Schedule

Observer 1	Observer 2	Therapist	Date	Start Time	End Time
Vishnu D.	Demetre D.	Bc. Škvorová	4-Nov-2021	9:23	9:57
Ryan D.	Sydney G.	Bc. Škvorová	4-Nov-2021	9:57	10:50

The observers used an observation sheet to track different actions and reactions of the child and the therapist throughout the therapy session. The team designed the original

observation sheet with sections for different categories of observations, including Activities Done, Body Language, Facial Expressions, Actions and Movements, Noises and Sounds, and Other Observations, and split the sheet into two columns for notes about the therapist and notes about the child. Appendix D provides the full blank observation sheet. Since the therapist and child spoke Czech during the therapy session, it was possible for the team to not understand parts of verbal information because of the language barrier between the observers and the therapist and child.

Throughout the session, the first observation pair found that the design of this observation sheet was flawed. Splitting up the notes into the different categories was cumbersome as it forced observers to stop paying attention to the session to look down at the sheet and make sure they were writing their note in the right place, and thus would miss what happened while writing a note. Additionally, having notes split between therapist and child made it difficult to accurately record the relationship and interactions between the therapist and child. Therefore, the first group switched to taking free-form notes about everything they observed.

3.2.2 Caregiver Opinions Survey

Once the team established the initial outline of guidelines from the therapist interviews, the next step in the project was to gather the caregivers' opinions about the various guidelines, and the role these guidelines play in their daily lives. The group decided that the most effective approach was to conduct an online survey of the caregivers that work with Abaceda. The goal of the survey was to see if the caregivers follow the guidelines the therapists find important and also if the caregivers agree with the guidelines that Abaceda therapists suggest. In addition, the survey attempts to discern if caregivers' opinions on these guidelines were in alignment with

those of the therapists. The group used the WPI licensed survey creation program Qualtrics to implement the caregiver survey. Qualtrics kept the survey anonymous by storing the identifying information of respondents without the team accessing them. Qualtrics includes functionality to create and send out the survey in a secure manner and provides tools to aid in the analysis of the survey data.

On the opening page of Qualtrics, the team introduced themselves as a team from WPI and explained our project briefly. The first question asked if the caregiver taking the survey was responding as an individual or with another person. If it was filled out by two people, it provides the option to fill out the survey a second time. The survey included a few demographic questions, questions A to C, such as the relationship with the child, age range, and how long they had been working with Abaceda.

The main body of survey questions, numbered 1 to 9, focused on the different guidelines Abaceda taught them, the guidelines they follow at home, if they have been useful, and various reinforcement and other general guidelines they and new parents would find useful(see Appendix E for English Qualtrics screenshots).The team accomplished this through short-answer, multiple choice questions, and ranking questions using drag and drop for the caregivers to fill in their response.

Since this project was in the Czech Republic, the team assumed that the caregivers primarily spoke Czech, the survey had to be available entirely in Czech. The group utilized Google Translate to make a rough translation of the survey in Czech. The team sent the translated survey to their sponsor, Mgr. Čížková, and she assisted the group with improving the translations. Appendix E shows the English version of the Qualtrics survey and Appendix F

shows the Czech version of the Qualtrics survey that Mgr. Čížková sent out to caregivers on November 9th, 2021.

In discussions with the sponsor, Mgr. Čížková indicated that Abaceda has sent out questionnaires to caregivers in the past when they wanted feedback. They distributed the survey to their current set of 25 clients. Additionally, Mgr. Čížková printed out a physical version that she agreed to hand out to parents when they came to drop their children off for a session.

The team closed the survey on November 15th, 2021. Out of the 25 clients, the group received nine responses. Unfortunately, no caregivers filled out the physical version of the survey. Since no caregivers filled out a physical copy, the team has omitted those versions. Once the group received responses from the survey, they analyzed the results using statistical analysis tools available in Qualtrics by interpreting the results and discovering patterns and trends.

Through interviewing the Abaceda therapists, surveying the caregivers, and observing real-time therapy sessions, the group was able to revise the initial outline of guidelines down to an official script outline that they tried to include in the video.

3.3 Objective 3: Disseminate Information to Caregivers

To address this objective, the team created an animated educational video through a collaborative process of brainstorming and feedback with Mgr. Čížková as well as two other Abaceda therapists: Bc. Škvorová and Mgr. Jandáčková. The team worked with Abaceda to create scripts, and brainstorm ideas for the visual style. The team then recorded live footage and voice-over of the therapists, and then created the graphics and animation. Chapter 5 discusses each step in the video production process in greater detail.

After the completion of the video the team created a caregiver feedback survey to get their opinions on the video. The survey asked questions including, how easy the video is to follow, how helpful the visuals in the video are, how helpful would this video have been before working with Abaceda, and would you recommend this video to a caregiver that has not worked with Abaceda. The team used Qualtrics to create the survey and used Google Translate to translate the survey from English to Czech. The group then sent the Czech version of the survey to Mgr. Čížková and she fixed any translation errors. Appendix G shows the English Qualtrics survey and Appendix H shows the Czech Qualtrics survey. After editing the survey, the team sent the survey to Mgr. Čížková and she sent it to the 25 clients currently working with Abaceda on December 2nd. Unfortunately, as of December 8th, no caregivers responded to the survey and the team was not able to gather any information from them on their opinions of the video. However, Abaceda still indicated that they would distribute the video online and refer families to our video when they first contact Abaceda.

3.4 Project Schedule in Prague

Figure 3.2 displays the Gantt chart of the time the team spent on their project in Prague. One important week in the schedule was Thanksgiving week, which started on Monday, November 22nd, 2021. The group observed the standard American Thanksgiving break from Wednesday, November 24th, 2021, to Sunday, November 28th, 2021. The team initially aimed to have the video finalized and approved by all necessary parties before the Thanksgiving break. However, as the video was animated, it took far longer to produce than initially thought.

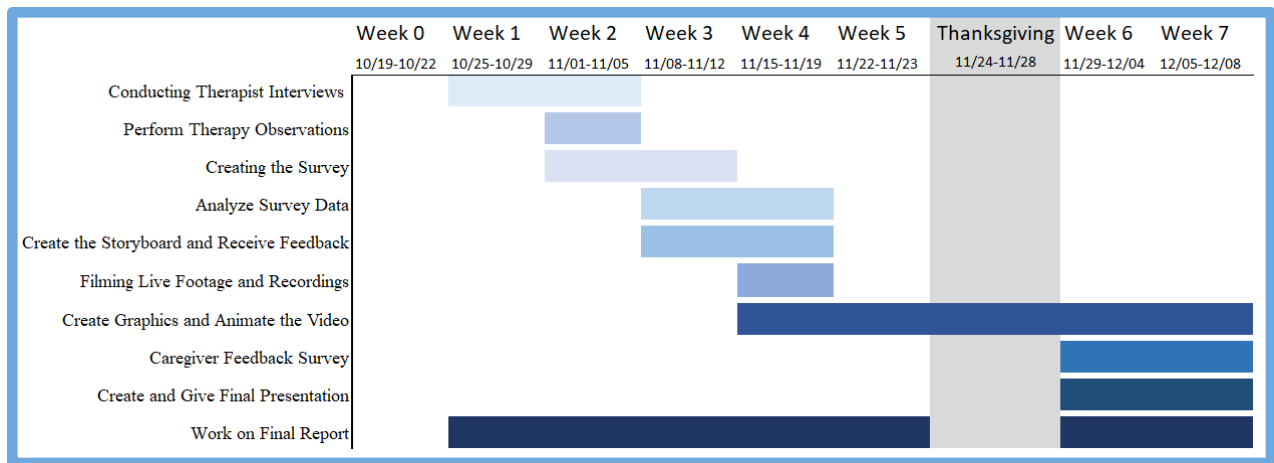


Figure 3.2: Gantt Chart of the timeline of the project

4. Results and Analysis

This chapter details the results obtained throughout this project through the completion of our methods regarding guidelines and skills about how to care for a child with autism in the Czech Republic. Section 4.1 details the Abaceda therapist interviews and the comprehensive list of guidelines the therapists mentioned. Section 4.2 describes our experience observing a therapy session. The next section 4.3 discusses the results of the caregiver survey, and their impact on the initial outline of the video.

4.1 Therapist Interviews

After conducting two sponsor meetings with our direct sponsor, Mgr. Čížková, and four semi-structured interviews with other Abaceda therapists, the team generated meeting minutes and interview transcripts. Appendices J through P include these completed transcriptions. Using the transcripts, the group conducted a mix of deductive and inductive coding to create an initial outline of general guidelines on how to raise a child with autism. The team grouped the initial outline into three major categories: Building the Relationship, Building Skills with the Child, and the Importance of Parental Self-Care. The following subsections go into detail into each of these categories.

4.1.1 Building the Relationship

All the Abaceda therapists, including our sponsor, discussed why having a strong, positive relationship with the child is incredibly important, for both the therapist and the caregiver. When asked about the first steps to take with a new child, Mgr. Lukšicová explained

that “I think it's really important to connect with the child to build a relationship, because we want the child to be able to learn, we need to have that positive relationship there.”

Part of building that positive relationship with the child is using a positive and proactive approach. During our first sponsor meeting, Mgr. Čížková defined this as focusing on what the child can do, rather than what the child cannot do, as well as following the child's natural motivation. Mgr. Jandáčková elaborated on this topic, stating that “I follow his motivation. I can see his motivation, for example for a car. So, I sit with the child and I play with the car. And I'm just like naming the stuff and then I bring something else and see if he is interested in that and then now, I'm trying to be the source of the fun but not to take the stuff away from him.”

A large part of building a positive relationship with the child is the importance of playtime. Mgr. Jandáčková described that one of the most important things she tells parents is that she “first encourage[s] the relationship and the play and the fun.” She explained how she tries to “be the source of the fun” for the child to make them motivated to come to therapy and spend time with the therapist. Mgr. Lukšicová said that “If the child is not happy with us, we cannot teach anything.” Playing with the child allows the relationship with the child to grow naturally.

4.1.2 Building Skills with the Child

All four of the therapists, as well as Mgr. Čížková, discussed that many parents want to focus on building skills with their child. When asked what families seem to be struggling with the most, Mgr. Lukšicová said, “I would say communication. I think that communication is the biggest one because especially here in Czech Republic, there are not enough of the services.” In fact, three of the therapists maintained that communication was the biggest issue for parents

before coming to Abaceda. Additionally, Mgr. Jandáčková expanded on this and said, “[The parents would] rather teach [the child] communication, [than] academic skills”, and adding later in her interview that many parents' goals for therapy are “social skills, I would also say”. In our first sponsor meeting, Mgr. Čížková mentioned that emotional regulation skills are important for many children to learn as well.

All the therapists interviewed mentioned different guidelines to teach daily living skills to children. Regarding different kinds of prompts to give a child, Mgr. Jandáčková said, “sometimes you can just prompt them visually to speak to them. But in terms of daily skills, daily living skills it is better to prompt them visually or physically and then speaking.” Paní Balážová elaborated on this, explaining that “we usually use prompting from behind if you, it's like a physical prompt from behind. You are shadowing the child it means that you're standing behind him and you're taking or prompting his hands to do stuff”. Bc. Škvorová explained that a key difference between visual and vocal prompts is that in “Physical prompt you can really decrease step by step but vocal prompting it's really hard”.

Additionally, Mgr. Čížková emphasized that because raising a child and working on their behavioral development is so complex, it requires interdisciplinary cooperation between all the adults surrounding the child. This includes the Abaceda therapists and caregivers, but also the teachers, general physicians, dentists, and other professionals.

While learning new skills is essential, it is important to be realistic. Three out of the four therapists interviewed mentioned that caregivers need to remember that the child is still just a child, and they have to be patient with them. When discussing misconceptions that parents have before consulting therapists, Mgr. Lukšicová described how parents “very often sometimes they expected we will do a miracle, that it will be like this *snaps* and the child is going to be

normal. It's not like that.” It is important to remember that the child is still just a child. She elaborated on this, saying: “it's also really important to remember no, say big steps, and to just focus maybe on 1 2 3”. Bc. Škvorová states in her interview “sometimes he's not in the right mood. Sometimes he's crying. Sometimes he doesn't want to work and it's okay if he's two years old. He's just a child.” Mgr. Čížková also brought up this topic during our initial sponsor meeting and said that they try to only have three to five goals in mind for the child at a time.

4.1.3 Parental Self-Care

During our informal sponsor meeting, Mgr. Čížková explained that above all else, the self-care of the parents is of paramount importance. She stressed that the child can only prosper if the parent is doing well, and often poor mental health within the parents is a large barrier to the child. She described how “children are like sponges”, meaning that children can often take on the emotions of their parents, and can sense when their parents are not doing well. Many parents are often overwhelmed by the responsibilities. Bc. Škvorová discussed how “it's really hard for them [parents] to take care of themselves and most of the time they don't even have the time you know, because they have another three children. They need to work full time, cook, clean the house, do laundry.” They often don't have the free time they need to take care of themselves.

When asked how hard it is to teach parents about this idea, the therapists remarked that it's very difficult. Many parents neglect their own self-care and sacrifice their health for their children. Mgr. Jandáčková described how “they're so scared of the diagnosis and so focused on the diagnosis that they forget about the relationship with the child.” As a psychotherapist, Mgr. Čížková spoke to this during our sponsor meetings and remarked how strained and anxious many parents are, and that she can see the effect this has on the child.

4.1.4 Creation of Initial Outline

The final result of the therapist interviews that the team produced was an initial outline that consisted of a list of guidelines, skills, and other information split up into the three major sections. Appendix Q contains the full initial outline.

4.2 Observations from a Therapy Session

The team conducted one therapy observation between one of the Abaceda therapist and a child with ASD. Our team split into two groups of two during the observation session. The first group consisted of Vishnu and Demetre, and the second group consisted of Sydney and Ryan. Appendices R through U contain the completed therapy observation sheets. The first group observed the therapy session for 34 minutes and then switched with the second group who observed for 57 minutes. Both teams gathered information on the interactions between the therapist and the child.

The team found important information from the therapy session in two ways. The first was from visually seeing the therapist employ principles that formed the initial outline that was the major outcome of the therapist interviews. Observing how the therapist interacted with the child confirmed that the therapist was using these principles and also that they were effective in helping the child. All team members noted that the therapist had very positive body language and facial expressions throughout the therapy session and that the child positively reacted to these physical cues. Using playful facial expressions and remaining positive relates to the principle about having a positive approach when working with the child. Moreover, both observation pairs discerned that the therapist was constantly playing with the child and not focusing strictly on teaching the child different skills. It was clear that part of the therapy session is to play with the child strictly for the sake of playing. Playing strictly to play connected to multiple principles that

helped reinforce the outline. The first being that creating a good relationship with the child is necessary and the second being that the child is still a child.

Both groups noted that the therapist used a system of tokens (small velcro squares with images). The therapist gave the child a token whenever he completed part of a lesson, and when he got six tokens, the therapist allowed him to play with his toy car. The team later learned that this was because little kids, whether they have autism or not, often have no concept of time. Instead, the therapist used the token system so the child has a better understanding of the progress he has made during a lesson and the number of activities he has to complete before he can play. This token system represented a mechanism used by the therapist to employ positive reinforcement for desired actions the child performed. This token-rewarding approach connects to the principle that the child is still a child.

The second channel for important information about ASD therapy sessions from the observations was to look through the observation sheets that the group members filled out and read through the notes on the interactions between the child and the therapist. After looking through many interactions written in the observation sheets, the group found that whenever the child struggled with a task, the therapist would help the child. They helped by either showing the child how to do it themselves so the child could then mimic their action or by physically putting their hands on the child's hands and doing the action with them. Figure 4.1 shows an example of an interaction between the therapist and the child where the child needed assistance from the therapist.

- The child pulled out a toy hammer with a little toy that has toy nails you can hammer in
 - Therapist has her own hammer and hammers a toy nail and then he does the same with her placing her hands over his to help him hammer in a different nail
 - Then she had him hammer in a nail on his own
 - Then she pushed down one with her thumb and he copied her

Figure 4.1: Example of Observation Notes 1

These instances where the therapist assisted the child align to the principle of physical prompting or guiding a child through an activity instead of doing it for them. The therapist never did anything for the child and was always using different techniques to help the child through the therapy session.

The second observation pair was able to observe the therapist cutting the child's fingernails. The therapist explained after the session that the child had struggled mightily with. The therapist first started playing a children's cartoon song about cutting nails to entertain the child while she started to cut his nails. The child loved the song, and this made the activity much more enjoyable for him. The therapist was able to cut all ten of the child's nails without any resistance from the child. Figure 4.2 below shows one team member's observation notes for this interaction.

- Child is watching nail cutting video
- 33.00
- Child shows thumbs up to mother
 - Therapist has Child put hands on table("tak") and continues cutting nails
 - Counting to ten on Child's fingers pointing with scissors
 - Probably to make Child more comfortable around them

Figure 4.2: Example of Observation Notes 2

This interaction between the therapist and the child reinforces the guideline that the therapist should try to be the source of fun for the child. The therapist found a path to turn a frustrating task for the child into a fun, positive experience.

Seeing these principles in action during this therapy session strengthened their importance and reinforced why they need to be covered in the video. Our team observed the effectiveness of being the source of the fun for the child, guiding the child, and remembering that the child is still a child, and much more.

4.3 Caregiver Opinion Survey

Out of the 25 clients of Abaceda, nine filled out our survey for a response yield of 36%. Mgr. Čížková indicated that this yield was higher than many of the past questionnaires Abaceda had sent out.

All nine responses indicated they were taking the survey alone. Additionally, all nine responses indicated they were the mother of the child. This matched with the therapists' comments during the interviews. Namely, that mothers are generally much more involved in raising a child with ASD than fathers. Figure 4.3 below lists the age ranges of the respondents, and the average age was 35.

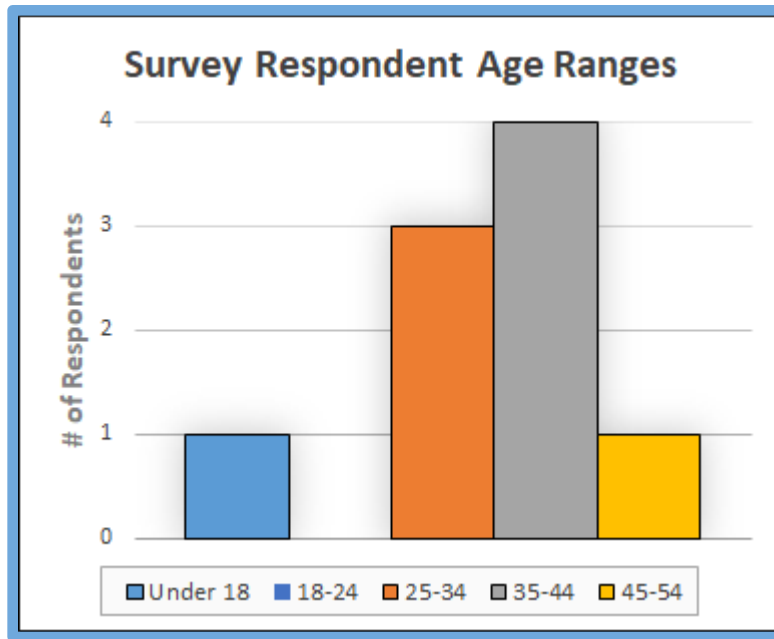


Figure 4.3: Survey Respondent Age Ranges

The respondents have been consulting with Abaceda for a range of 8 months to 15 months, with an average of 12 months.

In our therapist interviews, four of the therapists mentioned that it's important for stakeholders to be realistic and remember that the child is still just a child. Furthermore, Mgr. Čížková mentioned that they only work on 3-5 goals at a time with the children. The fourth survey question (see Figure 4.4) raised this question to the caregivers.

6. On how many goals (Examples: toilet training, communication with pictures, etc.) are you actively working with your child at one time?

Figure 4.4: Caregivers' Goals Question

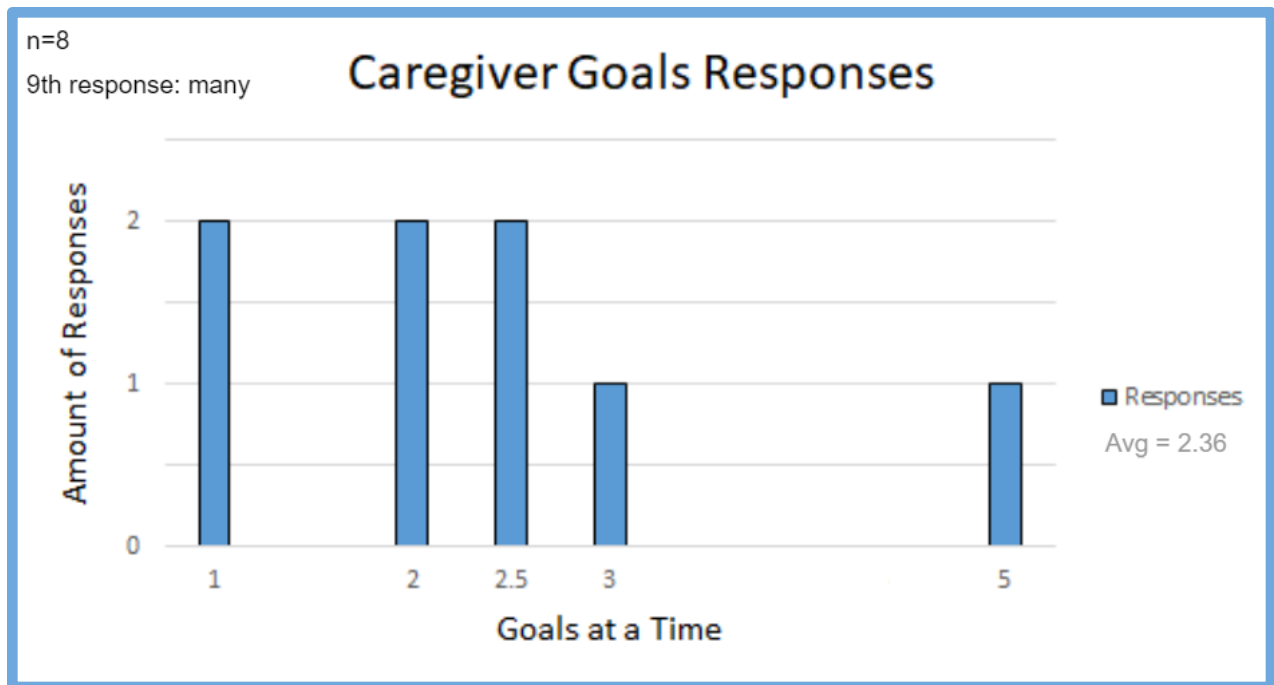


Figure 4.5: Caregivers' Goals Results

Figure 4.5 above displays the results of this question. In the responses, two responses said “2 or 3” which is represented by 2.5, and the 9th response to the question said “many”. The average response was 2.4. The results of this question indicate that the therapists and caregivers agree on this topic. They both believe that they should focus on a small number of goals at once.

The fifth survey question (see Figure 4.6) presented the caregivers with a list of skills, and asked them to drag and drop them in order of importance for their child to learn. This list of skills came from the therapist interviews as discussed in section 4.1.

5. Please rank the skills below which you find the most to least important for your child to learn.

(Drag & Drop. Place Most Important on Top)

- 1 Communication skills
- 2 Academic skills (counting, alphabet, etc.)
- 3 Social skills
- 4 Practical everyday skills
- 5 Emotional regulation
- 6 Play skills

Figure 4.6: Caregivers' Skills Ranking Question

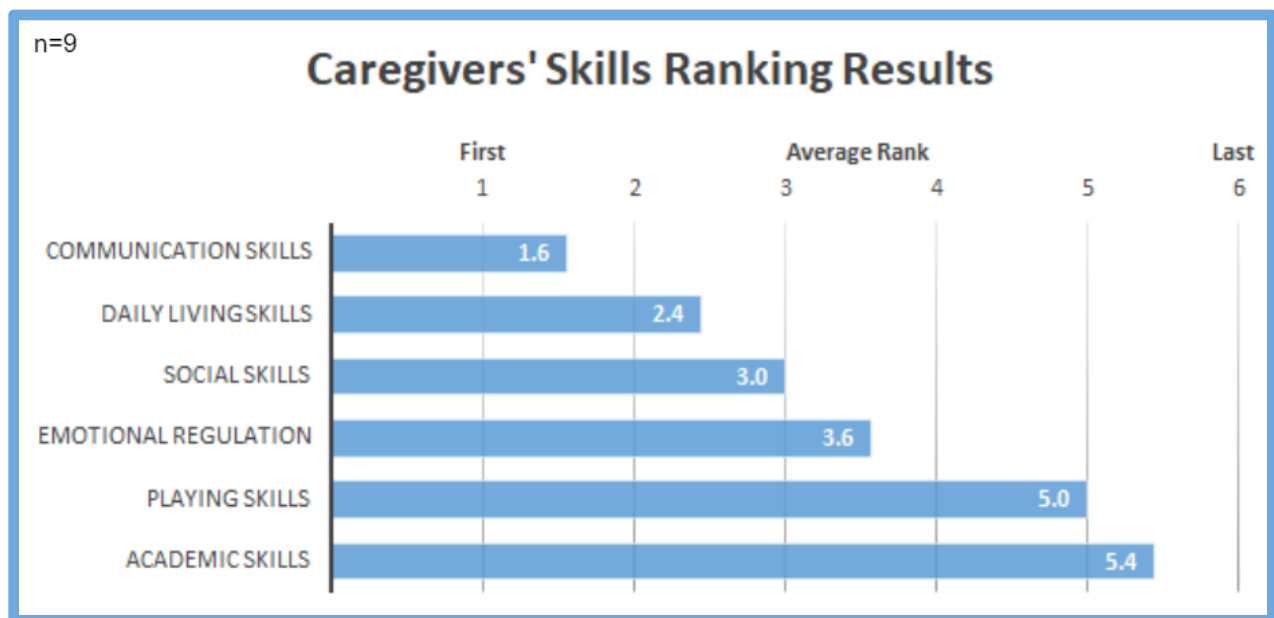


Figure 4.7: Caregivers' Skills Ranking Results

Figure 4.7 above shows that in the minds of caregivers, “communication skills” is the most important skill for children to be working on in therapy sessions. This parallels well with the comments from the therapist interviews. All four therapists, and Mgr. Čížková, discussed

communication issues at length during their interviews, and three of them said that communication seems to be the issue the families are struggling with the most prior to coming to Abaceda. It is also important to note that academic skills were the last ranked skill on the list.

As indicated in our therapist interviews, communication is a major issue for families of children with autism. Therefore, a main focus of the survey was on communication skills. Figure 4.8 below shows the English version of the Qualtrics survey question.

7. In your opinion, how able is your child in sharing their needs or opinions with you?

(1 - not capable at all and 5 - very capable)

1	2	3	4	5
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Figure 4.8: Communication Ability Question

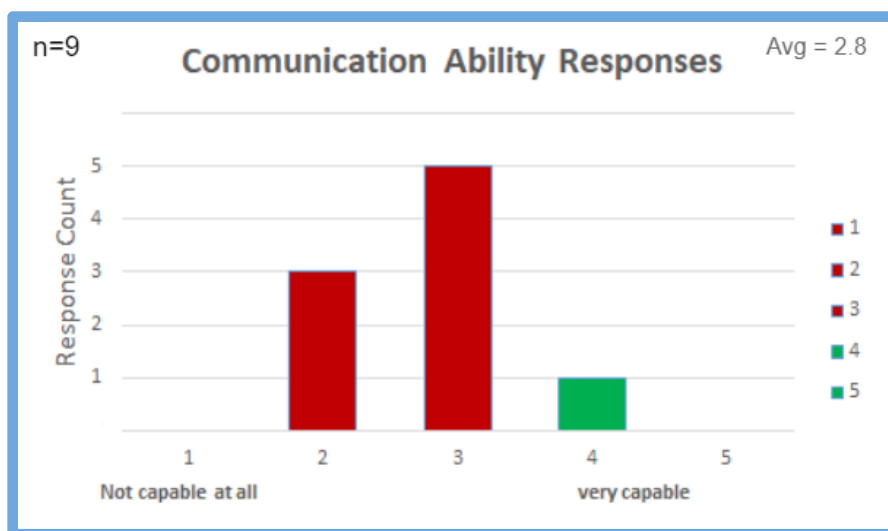


Figure 4.9: Communication Ability Results

Figure 4.9 lists the results of the question with the bars colored red if 3 or less and green if above 3. The average response was less than 3. The results of this question indicate that the majority of caregivers do not believe their child is able to effectively communicate their needs.

The caregiver responses to this question, in coordination with the comments from the therapist interviews, reflect an agreement between both stakeholder groups that improving communication skills is a very important issue for families of children with autism.

The eighth survey question (see Figure 4.10) presented caregivers with a list of guidelines from our initial outline detailed in section 4.1.4 and asked them to rank the guidelines in order of importance for parents to learn about or know if they haven't received any formal training or instruction.

8. In your opinion, for a parent who had received no prior training from a therapy center, which of the guidelines below would be the most important to learn about/know?

(Drag & Drop. Place Most Important on Top)

- 1 A positive relationship with your child
- 2 Parent Self-Care
- 3 Teaching Your Child Daily Living Skills
- 4 Teaching Your Child Academic Skills
- 5 How to communicate with your child
- 6 Child Freetime/Play

Figure 4.10: Caregivers' Guidelines Ranking Question

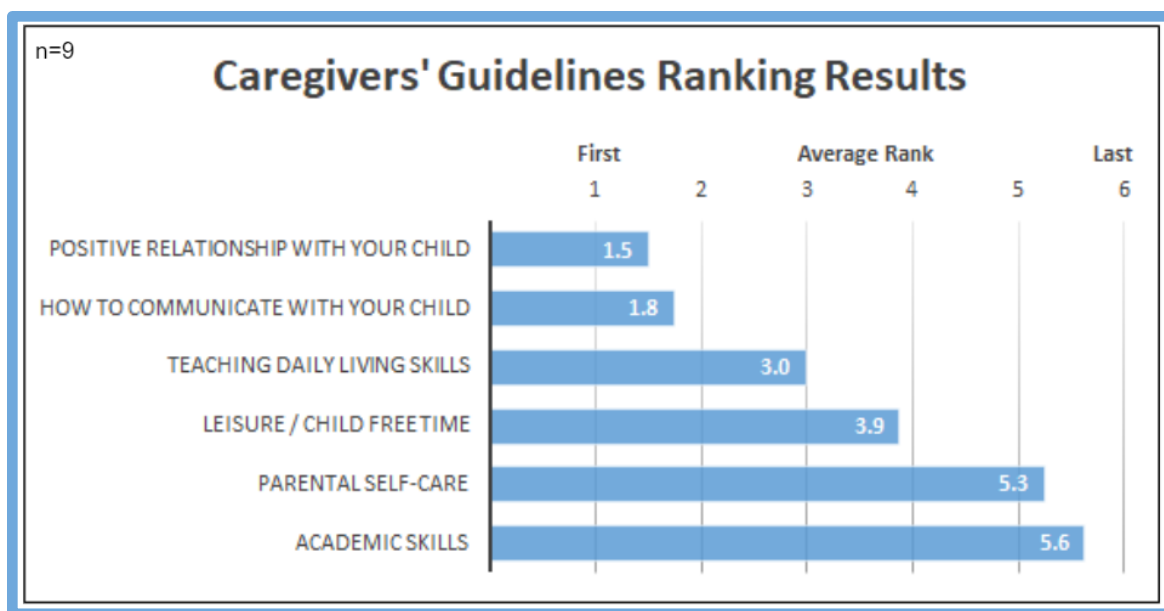


Figure 4.11: Caregivers' Guidelines Ranking Results

Figure 4.11 above shows the results of this question. “A positive relationship with your child” and “How to Communicate with your Child” are the two most important guidelines in the minds of the caregivers, and this is aligned with the therapists’ interviews as well. Everything has to come from a positive and strong relationship with the child where the child is able to communicate their needs to the parent. One striking result was that caregivers listed “Parental Self-Care” as the second to least important topic that a parent with an ASD child needed to learn. This is in contrast to the results gathered from the therapist interviews, where all four therapists as well as Mgr. Čížková discussed the importance of parental self-care at length. However this result was not surprising. As discussed in section 4.1.3, all four of the therapists, as well as Mgr. Čížková, explained that many parents do not highly prioritize their own self-care, and don’t realize the potentially negative effect it could have on their child.

Another result of the survey was that in both question eight and the skills ranking question (question five), caregivers ranked academic skills as the least important. This finding was in contrast with the therapist interviews, where the therapists, namely Mgr. Jandáčková

opined that parents want their child to work on their academic skills. However, the therapists also believed that caregivers should not prioritize academic skills, especially with younger children. With this information, our team chose to remove academic skills from our initial outline of findings so it would not appear in the video, as caregivers indicated in the survey that it is the least important of the skills listed.

Through the surveys and the observations, the group was able to revise the initial outline (see Appendix Q) into the official script outline that the team presented the Abaceda therapists with (see Appendix V). The team did this by removing less important information and by confirming the importance of many of the guidelines that made up the initial outline through the group's observations and caregivers' responses.

5. Video Production

After establishing an official outline of guidelines and skills and achieving insight into the importance of these guidelines for caregivers, the group revised the initial outline and formed an official script outline. The next step was to agree on a visual style of the video and create storyboard sketches for the sponsor to approve. The team then filmed the live footage and recorded the voice over for the video. Then came selecting the background music for the video and creating graphics and animation to align with the audio of the video.

5.1 Video Development Phase

The first step in the creation of the video was the development phase, consisting of the team collaborating with the sponsor to make decisions on the script and visual style. During our sponsor meetings, Mgr. Čížková explained that she wanted the video to sound as natural as possible, and not be overly scripted. She suggested that instead of writing an exact word-for-word script, the student team would create a script outline containing the information to cover in each section of the video, and the therapist narrating their assigned section would write the word-for-word script in Czech. Mgr. Čížková indicated that the other two co-founders of Abaceda, Bc. Lucie Škvorová and Mgr. Kateřina Jandáčková, were quite interested in writing part of the official script and speaking during the video. The next phase of the project was the creation of the official script outline that detailed each section of the video. The team developed the official script outline by expanding on the topics from the set of specific quotes from the therapist interviews, or specific examples from our observation sessions. Figure 5.1 displays a small snippet of the official script outline (see Appendix V for full official script outline).

- **Intro (together live) (1-2 min)**
 - We are therapists / Abaceda
 - Quickly introduce yourself and your credentials
 - Specialize in ABA therapy
 - “Outline” shows who will talk about what
- **Building the Relationship (animated) (approximately 4-5 min)**
 - The most important thing to remember when caring for a child is that you must have a good relationship.
 - It takes time to build this relationship.
 - You need to use a proactive approach, where:
 - You need to set a good environment that best suits your child.
 - ex. If a child struggles with attention, start them in a room with no distractions and then add more and more distractions to the room as the child progresses

Figure 5.1: Official Script Outline Snippet

The next phase was organizing the information that would make up the video. From discussions with the sponsor, the team split the video into five parts. The video starts with live footage of the three Abaceda therapists introducing themselves and their credentials, an example of which can be seen in Figure 5.2 below.



Figure 5.2: Video Introduction Segment Example

The next three parts addressed the three main topics that formed the official script outline: building the relationship, building skills with the child, and parent self-care. Mgr. Čížková selected which therapist would narrate each topic of the video based on their individual strengths. Mgr. Jandáčková narrated building the relationship, Bc. Škvorová narrated building skills with the child, and Mgr. Čížková narrated parent self-care in that order. The final segment of the video was more live footage of the three therapists thanking the audience for watching and concluding the video.

The team then sent the therapists the official script outline in English and each of them wrote the exact word-for-word script for their section of the video in Czech along with their speaking parts of the introduction and conclusion. The three therapists then sent the completed Czech script to the team (see Appendix W for full script). Using Google Translate, the group generated an annotated English version of the script by labeling each paragraph in the Czech script and translating these paragraph labels into English separately. This facilitated matching up specific parts of the Czech script with the translated English version. The group reviewed the translated script with the therapists to make sure that they understood everything the therapists said in the script (see Appendix X for translated English script).

During the PQP term before the project started, Mgr. Čížková had the idea of an ‘interview-like’ style for the video. However, once the group arrived in Prague, she asked the team to be creative and to come up with a unique visual style for the video. She was interested in a nature motif that would blend well with the tree-like logo of Abaceda and employed the theme of growing to parallel the concept of a child growing through their time at Abaceda. Following a collaborative process of brainstorming and feedback from Mgr. Čížková, our team decided on a visual style of walking through a forest and planting seeds that grow into a tree for each of the

three major video sections. In each section, the video would show the tree growing from a small sapling to a large tree, and then zoom-in on the trunk of the tree and display the title of the section that the therapist was about to discuss. Subsequently, the video would continue traveling up the trunk to green foliage at the top of the tree where the concept was to display different small graphics and animations related to the narrator's dialogue. For example, while the therapist is discussing the use of play as a therapy method, the matching animation would illustrate an adult and child playing with a car toy. During meetings with the sponsor, Mgr. Čížková and our team discussed the possibility of background music during the video to fill any silent parts of the video. The team started the process of developing storyboards consisting of sketches for all the different scenes. These scenes included a tree growing and animation that could represent specific guidelines in the video well. Figure 5.3 provides example storyboards (see Appendix Y for additional storyboard sketches).

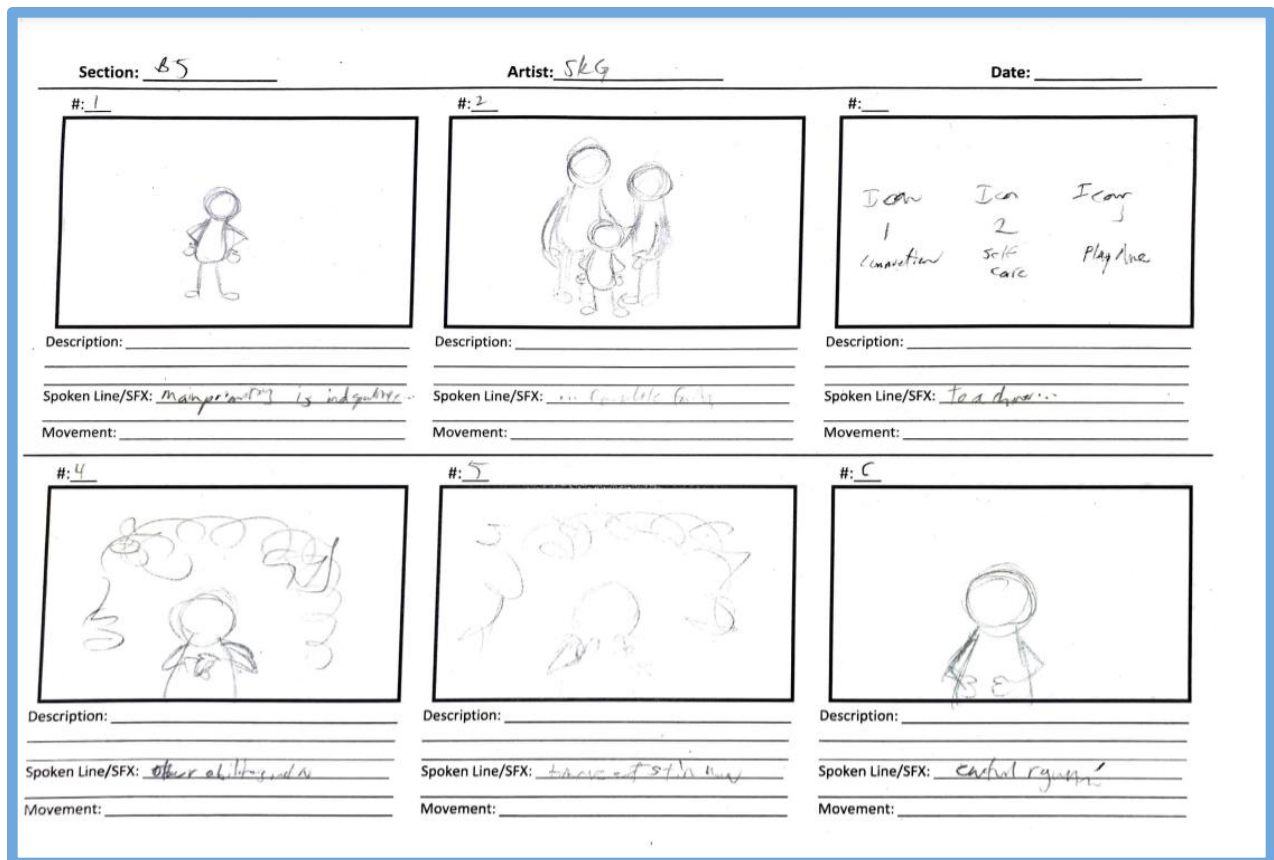


Figure 5.3: Storyboard Example

5.2 Video Production Phase

The video production phase consisted of creating all the elements that would make up the video, including graphics, live footage, voice-over, and background music. The team brought to Prague the necessary hardware, such as a camera, tripod, and microphone for the recording of audio and live footage. The necessary hardware and software the team used, as well as technical discussion of the production process can be found in Appendix Z. The production process started by making notes on the English script of the team's ideas for graphics that could potentially be a part of the animation segment of the video for that section. Figure 5.4a below displays a snippet of the English script, and Figure 5.4b next to it displays a comment the team made. To create the graphics for the video, the team used Adobe Illustrator (see Appendix Z for more details).

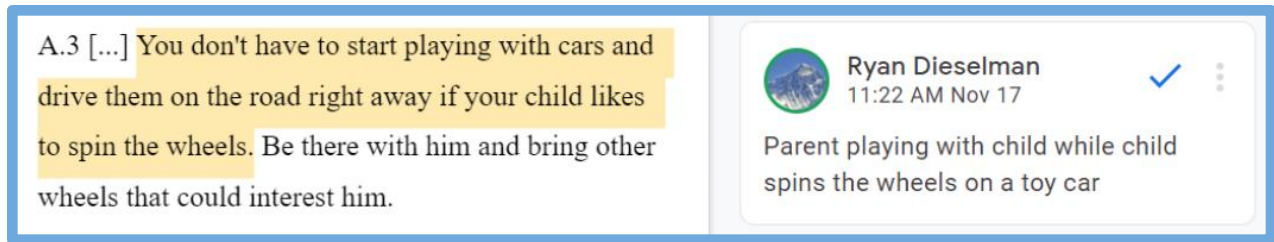


Figure 5.4a: Snippet of English Script

Figure 5.4b: Example of Animation Note



Figure 5.5: Team Recording Live Footage at Abaceda

During this process the team went to Abaceda's office on November 18th to complete all of the live footage for the video and also to record the voice over for all three therapists as seen in Figure 5.5 above. For each section of the voice overs with the therapists, the group recorded one paragraph at a time and retained the audio from several takes in hopes that one or two were sufficiently clear for use in the final video. This paragraph-by-paragraph production approach made it easier for the therapist because they did not have to say their whole script at once. Instead, they only had to say a small section at a time. After the therapist finished their whole

section, one team member listened to all of the takes and selected the clearest sounding audio for each paragraph. The therapist then listened to the best audio for each paragraph to ensure that it sounded clear.

While at the Abaceda office, the students took the opportunity to ask each therapist which type of animations and graphics they thought would best represent the guidelines of their section of the script. The team was able to add to their list of graphics from the therapists' suggestions and get a much better sense of how to represent the specific guidelines in the video. Once the team had an adequate number of graphics, they started to produce the animation for the video using Adobe Premiere Pro and Adobe Animate (see Appendix Z for details). Throughout the animation process, group members made storyboards to visualize what specific scenes would look like on paper before animating them on a computer. The team continued the process of creating graphics and then using them in the animation segments of the video. Figure 5.6 presents an example of this process.

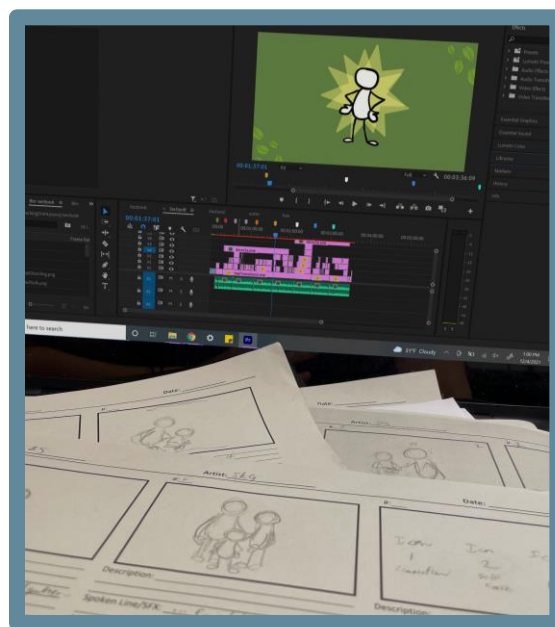


Figure 5.6: Examples of Storyboard and Editing

Since the video was completely in Czech, matching the animation of a specific guideline with the corresponding Czech voice over was a challenge for the group. There were many instances when a certain graphic appeared on the screen that needed to sync perfectly with its corresponding Czech word. To make this as easy as possible the team color coded and matched every key phrase in the Czech script with the English translated script where they knew a graphic would appear and a part of each are presented below. Figures 5.7 and 5.8 illustrate examples of this coloring and matching process. For the color-coded scripts, every English phrase had the same color as its matching Czech phrase to assist the team's organization of the scripts. Then a group member listened to the audio of the Czech phrase they were making animations to identify the key words so they could time the graphics to appear when the corresponding Czech word is said.

B.5 Jednou z hlavních priorit by měla být co největší možná míra samostatnosti dítěte, která je úzce spojená s kvalitou jeho života, ale také celé rodiny. K dosažení nezávislosti je nezbytné pracovat především na komunikačních, sebeobslužných a praktických dovednostech, ale také na schopnosti si hrát a trávit čas samostatně bez pozornosti ostatních. Mezi další klíčové cíle patří tolerování nepříjemných podnětů nebo aktivit, které je úzce spojeno se schopností regulovat vlastní emoce.

Figure 5.7: Example of Czech Color-Coded Script

B.5 One of the main priorities should be the greatest possible degree of independence of the child, which is closely linked to the quality of his life, but also of the whole family. To achieve independence, it is necessary to work primarily on communication, self-care and practical skills, but also the ability to play and spend time alone without the attention of others. Other abilities include tolerance of unpleasant stimuli or activities, which is associated with the regulation of one's own emotions.

Figure 5.8: Example of English Color-Coded Script

In order to have a more feasible project, the group aimed for a minimalist style with very simple animations or graphics displayed on the screen. This minimalist style was necessary so the team could create very simple graphics and animations quickly. To do this, the people that depicted certain guidelines in the video had very little detail as seen in Figure 5.9 below. The minimalist style of depicting images of people was necessary so that the team could utilize simple animations and graphics (see Figure 5.10).

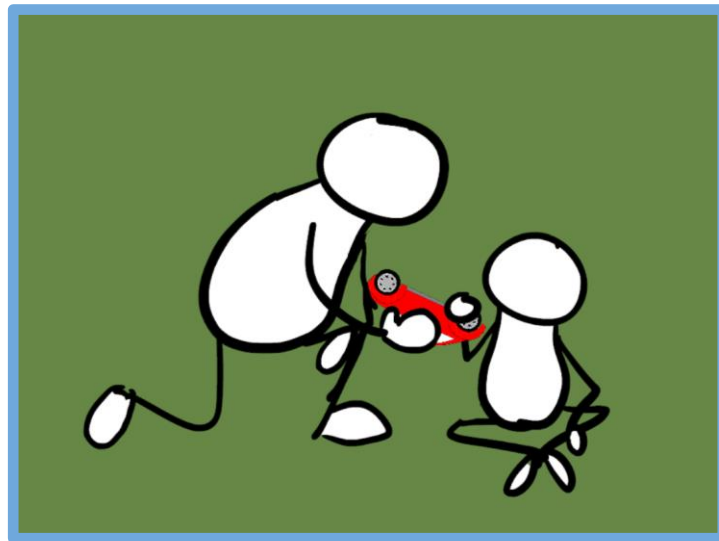


Figure 5.9: Example of People Design

In developing the animation, the team did not start at the beginning of the script and continue to the end. Instead, they animated scenes of specific guidelines based on the graphics the team members had already created. After completing four minutes of the animation including parts of all three sections of the video, the team had a meeting with the three therapists included in the video to receive any feedback on the style of the animation and any general comments on the video. The therapists were very pleased with the animation style and most of their comments consisted of grammar errors since any of the graphics that contained text were in Czech. During this meeting the team also presented a sample of the background music that they believed would

fit the theme of the video. The therapists approved of the music choice and said it sounded positive and hopeful. After this feedback, the group continued the process of creating graphics and animating them to depict guidelines.

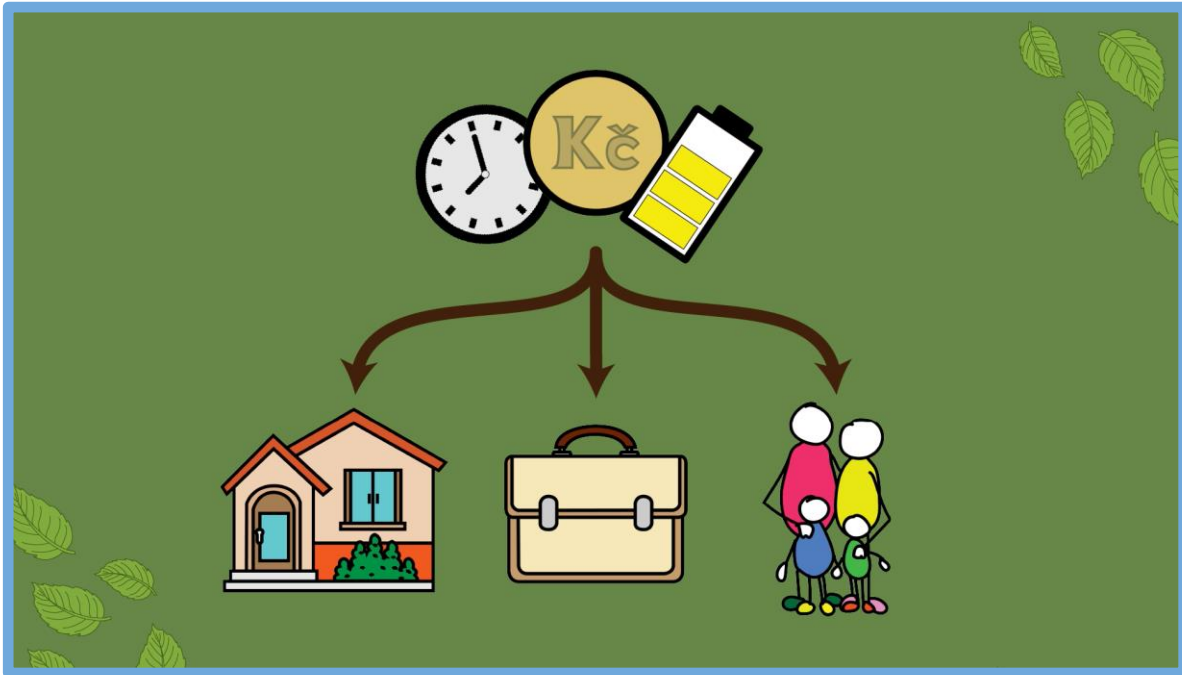


Figure 5.10: Example of Graphics

The first section of the video the team completed was section two: **Building Skills with the Child**. After completing the animation for this section, the team added the Czech voice-over for the section so that it accurately matched up with the animation. The team then sent the completed section of the video to the therapists for any feedback or comments. The team repeated this production process for the next two sections of the video. After the completion of all three sections of the video, the team connected all five parts of the video. The final touch was to add the background music that the therapists approved of during a prior meeting. After attaching the live footage, voice-over, animation, and music the team had their complete 12-minute video. See Appendix AA for more screenshots from the video.

The estimated time it took the team to create the video was approximately 150 hours over the span of three working weeks. This workload was demanding, and progress was much slower than the team anticipated. The team recommends that any future IQP groups creating a video be much more realistic in their timeframe.

In addition to the full video, the team created a shorter, three-minute edit of the video that the team used in the IQP final presentation and sent out along with the caregiver video feedback survey discussed in section 3.3. This three-minute edit only consisted of part two: **Building Skills with the Child**, and the conclusion segment.

5.3 Video Distribution

Abaceda distributed the completed video on their public social media account at the following link:

https://www.instagram.com/abaceda_terapie/

6. Conclusions and Recommendations

The purpose of this project was to develop an introductory educational video to assist Abaceda in their mission to educate caregivers in Czech Republic on how to care for children diagnosed with ASD. Our team developed the video by completing interviews, observations, and conducting surveys. This chapter reviews areas for further research and projects, recommendations for future WPI project teams, and the conclusions of our project.

6.1 Future Research

Through our research, the team found that the state of autism education within the Czech Republic is complicated. There is much more research that needs to be done to improve the lives of families of children with autism within the Czech Republic, and our team has identified four specific areas of future investigation based on our background research and results.

General Practitioners

As detailed in our background chapter and confirmed throughout our therapist interviews, the diagnostic capabilities of medical professionals in the Czech Republic, while improving, are severely lacking. This is significant because GPs are often the first medical professionals that caregivers interact with once they see signs of a developmental problem in their child. Thus GPs play the important role of recommending parents to go to a diagnostic center or diagnostic expert. However, many GPs are not able to recognize early signs of autism, resulting in children going undiagnosed for much longer. Therefore, it is crucial that GPs understand autism and be able to recognize it. A future WPI IQP could potentially focus on improving education and information available for GP's about how to recognize the early signs of autism.

Teachers

Throughout our therapist interviews, our team learned that kindergarten or preschool teachers play an important role in diagnosing autism. When families get to a diagnostic center, the parents fill out a questionnaire and then also send the questionnaire to the teacher to get their observations as well. Therefore, it is crucial that teachers are able to recognize the early signs of autism so they can help in the diagnostic process. Additionally, the Czech Republic has been improving its availability of special needs education. It is important that teachers have the necessary resources and knowledge available to them to adapt their teaching to children with special education needs, especially autism. A future WPI IQP could address both these factors for teachers.

Government of the Czech Republic

As outlined in the background chapter, the government of the Czech Republic has a large role to play in improving the state of autism. While the Czech Republic has been improving with the implementation of the National Plan for the Promotion of Equal Opportunities for Persons with Disabilities and placing more importance on the value of meeting special education needs, the country is still lacking in terms of financial support for families and accessibility of resources. A future WPI IQP could aim to assess these needs and present their findings to the Czech government along with recommendations.

Misinformation

An additional topic that came up during our therapist interviews was the issue of misinformation. Abaceda therapists detailed how many parents look online as their first source of

information when they start to notice signs of a behavioral issue, and one therapist specifically brought up parent Facebook groups as havens of misinformation. This misinformation included worries about autism and vaccination and misconceptions about modern ABA therapy. A future WPI IQP could aim to assess the state of online misinformation about autism within the Czech Republic.

6.2 Recommendations for Future Project Teams

The team has several recommendations for future WPI IQP teams working on a project with Abaceda.

Be realistic with your capabilities and timetable

As discussed, the visual style of our video changed partway through. Even with that change, the team wishes they started the animation process of the video much sooner. If another future project group is making an animated video, our team recommends that they start the process of creating the graphic and editing as soon as possible. Our team also recommends that a team creating an animated video have multiple members experienced in all aspects of video production, including drawing and animating. Our video took around 150 hours (probably more!) to fully create, so having more members who are able to do animation would incredibly speed up the process and reduce the workload at the end of the term when the major writing needs more attention.

Go into observations with an open mind

As discussed in our results section, our team decided to change the style of taking notes during the observation during the session. Our original idea of splitting up the notes into different categories of Activities Done, Body Language, etc. made taking notes in real time much more difficult. Additionally, splitting up notes between therapist and child made it hard to take notes on the relationship and interactions between the therapist and child. If a future team working with Abaceda hopes to do observations, our team recommends either taking minute style notes and writing down everything they observed like our team did, or at least making sure their observation sheets are built to capture the nature of the therapist and child working together.

6.3 Conclusions

It is not only autism that exists as a spectrum. The experiences and obstacles faced by families of children with autism, as well as the needs of every child exist as a spectrum as well. Many families within the Czech Republic struggle to find the help they need. Background research and results from our interviews and survey made it clear that there are simply insufficient resources for families in the Czech Republic. Families will continue to struggle with financial and geographic factors, little access to therapy due to an insufficient number of therapy centers, and a lack of trustworthy information online. Without the proper assistance, families will continue to struggle with basic necessities like communication and self-care skills.

Our project has the potential to make a significant impact because it addresses the lack of accessible information. Whether a family is unable to pay for therapy sessions, does not live close to a therapy center, or is stuck on a long waiting list for a center, they will be able to watch

our video and get a baseline level of knowledge. Our team has been honored to work with Abaceda throughout the process.

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Appendices

Appendix A: Introduction and Consent Statement for Therapist Interviews

We are a team of four students from Worcester Polytechnic Institute (WPI), which is a small engineering and science university located in Worcester, MA in the United States. We are currently working on a research project with Abaceda. The goal of this project is to develop an introductory educational video to assist Abaceda in their mission to educate caregivers on how to raise children diagnosed with ASD. If there are any questions that you are not comfortable answering please let us know and we will skip them and move on with the interview. If at any point someone feels that they need to leave the interview for any reason, they are free to do so.

We plan to record this interview to assist with our research. We will be using this recording as a reference to help with our research.

Do you consent to us recording the interview? [Yes / No]

Additionally, we will be putting a transcript of the interview in our final report, and also using direct quotes within the paper. If you indicate 'No', we will keep this interview anonymous.

Do you consent to having your name published with this transcript? [Yes / No].

If not, do you consent to being quoted anonymously? [Yes / No].

Full Name: _____ Date: _____

Signature: _____

Appendix B: Therapist Individual Interview Questions

Interview Intro (spoken to interviewee)

Thank you for taking the time out of your day to meet with us, we really appreciate it. We are undergraduate students from Worcester Polytechnic Institute, a small engineering school located in Massachusetts in the United States. We are here to do a research project as part of our requirements for our degree. We are all from Mathematics and Computer Science fields of study.

The goal of our project is to develop an introductory educational video to assist Abaceda in their mission to educate caregivers on how to raise children diagnosed with autism.

We have done background research related to autism and ABA therapy, however we are still very new to the field, and we would love to get as much information as possible about the topics we discuss. We aim for this interview to be a very open-ended, conversational style interview to learn as much as possible.

We would like to record this interview so we can reference it later. If you are ok with recording, as well as quoting your responses with your name in our report, please fill out this consent form.

Do you have any questions for us before we start the interview?

Demographics

Name: _____ Gender: _____ Title: _____

Date: _____ Age Range: [24 & Below] [25 - 40] [41 - 55] [56 - 70] [71 & Above]

Introductory Questions

B.1 How did you get into this field?

B.2 How long have you worked in behavioral therapy?

Have you worked in this field outside Abaceda?

B.3 When did you start working as a therapist at Abaceda?

B.4 Why did you start at Abaceda?

B.5 Could you describe how you see your role (or roles) at Abaceda?

Logistics-Related Questions

B.6 How often do you meet with the same family throughout a week?

B.7 How long is a typical session with a child?

B.8 How many families do you work with at a time?

B.9 How long do you work with a family before they feel that they are comfortable leaving Abaceda?

B.10 How often do you work with children vs. with caregivers?

B.11 When you are working with the child are the caregivers present so they can observe how you are working with their child?

Family Experience Questions

B.12 What do all parents seem to be struggling with before coming to Abaceda?

B.13 What are some of the misconceptions that parents have before coming to therapy?

B.14 What do parents seem to have learned on their own before coming to Abaceda?

B.15 In your experience, is it usually the mother or father of the child who noticed some signs of behavioral challenges?

Guideline-Related Questions

We've had some conversations with Mgr. Čížková and started to get a sense of some general guidelines that are used during therapy sessions for autistic children.

B.16 In your experience, what are some general guidelines that you keep in mind when working with the child?

B.17 During a session, how often are you focusing on general guidelines versus working on specific skills with the child?

(i.e. Are there ever times that you are working on both? How do the general guidelines and specific skill fit into a therapy session? A therapy schedule?)

Ex: If there are two sessions in a day do you focus on a certain skill during one session and then strictly on growing your relationship during the next session or is it more of a combination?

B.18 What steps do you take when you are working with a new child to start to create a healthy relationship between you and the child?

B.19 How do you try to interject (sneak) lessons into playing with the child?

B.20 How do you work on communication with a child?

B.21 What guidelines do you have in mind when working with communication?

B.22 How do you work on emotional regulation with a child?

B.23 What guidelines do you have in mind when working on emotional regulation?

B.24 How do you work on daily living skills with a child?

B.25 What guidelines do you have in mind when working with daily living skills?

Caregiver Questions

B.26 Which guidelines do you think are most important for parents to learn?

B.27 In your experience, what do parents seem to be reluctant to accept?

B.28 How do you teach the parents to take care of themselves?

B.29 Do you have a sense of how parents continue working with the child at home?

B.30 Do the parents realise the time they have to spend with their child?

B.31 What do most parents want to get out of the therapy?

B.32 When do parents know their child is ready to stop doing therapy sessions? (also, when the parents are ready to take care of their child without the help of the therapists)

B.33 When do parents know that they are comfortable enough with their child that they do not need to receive training from therapists?

Conclusion Questions

B.34 What has been the most fulfilling part of this job?

B.35 Do you have any questions in general or about our project?

Appendix C: Caregiver Observation Consent Form

This form is used by Abaceda for the purpose of obtaining the consent of the caregivers to have another party observe the therapy session of their child. Abaceda obtained the necessary consent for our observation

Informovaný souhlas s účastí třetí osoby na terapii dítěte

Svým podpisem potvrzuji, že souhlasím s přítomností další osoby na ABA terapii mého dítěte za účelem uvedeným níže. Dále potvrzuji, že jsem byla/a seznámena se všemi okolnostmi spojenými s přítomností všech zúčastněných.

Důvod přítomnosti další osoby:

Jméno a příjmení zákonného zástupce:.....

Jméno a příjmení dítěte:

V dne

Podpis zákonného zástupce:

Appendix D: Original Therapy Session Observation Sheet

Observation Sheet Number: _____

Date: _____

Start Time: _____ End Time: _____

Therapist: _____

Observer 1: _____

Observer 2: _____

Category	Therapist Observations	Child Observations
Activities Done	Notes:	Notes:
Body Language	Notes:	Notes:
Facial Expressions	Notes:	Notes:
Actions and Movement	Notes:	Notes:
Noises and Sounds	Notes:	Notes:
Other Observations	Notes:	Notes:

Appendix E: Caregiver Opinion Survey - English Qualtrics Version



WPI

Jsme tým čtyř studentů z Worcester Polytechnic Institute ve Worcesteru, MA ve Spojených státech a v současné době pracujeme na výzkumném projektu s centrem Abaceda. Cílem tohoto výzkumu je identifikovat obecné principy, které terapeuti centra Abaceda předávají pečovateltům s cílem naučit je, jak pracovat dítětem s autismem. Pokud máte nějaké otázky, na které vám není příjemné odpovídat, můžete je přeskočit.

Tento průzkum zabere přibližně 5 minut vašeho času. Plánujeme uchovávat záznamy o odpovědích, které nám pomohou s naším výzkumem. Náš výzkum využijeme jako podporu pro náš závěrečný projekt a závěrečnou zprávou. Náš tým nebude z tohoto průzkumu shromažďovat osobní nebo identifikační údaje, jako jsou e-mailové adresy, a náš software nám nedovolí identifikovat žádné důvěrné informace. Vaše jednotlivé odpovědi na průzkum nezveřejníme, ale souhrnná data z tohoto průzkumu budou uvedena v závěrečné zprávě.





WPI

English ▾

The first survey has been completed, thank you for your participation!

Earlier you indicated that there is another person available to take the survey, if this is still true please present this to the other person.

- ☐ Yes, I am a second person and can start a new survey.
- ☐ No, please send my answers.





WPI

English ▾

A. What is your relationship with the child?

- ☐ Mother
- ☐ Father
- ☐ Grandmother
- ☐ Grandfather
- ☐ Nanny
- ☐ Other

B. Age range:

- ☐ Under 18
- ☐ 18 - 24
- ☐ 25 - 34
- ☐ 35 - 44
- ☐ 45 - 54
- ☐ 55 - 64
- ☐ 65 - 74
- ☐ 75 - 84
- ☐ 85 - or older

C. How long have you been consulting with Abaceda? (Examples: 3 months, 2 years, etc.)





WPI

English ▾

1. How much freetime do you have for yourself in a week (in hours)?

2. How many scheduled activities does your child attend in a typical week (Examples: therapy, tutoring, appointments)?

3. How many hours per week is your child in scheduled activities (Examples: therapy, tutoring, appointments)?





WPI

English ▾

4. How do you teach your child a daily life skill? (Examples: getting dressed, brushing teeth, using the bathroom, etc.)

- ☐ Doing it with them (Examples: physical gestures, pointing to them, visual guidance, vocal instruction)
- ☐ Doing it for them





WPI

English ▾

5. Please rank the skills below which you find the most to least important for your child to learn.

(Drag & Drop. Place Most Important on Top)

- 1 Communication skills
- 2 Academic skills (counting, alphabet, etc.)
- 3 Social skills
- 4 Practical everyday skills
- 5 Emotional regulation
- 6 Play skills





WPI

English ▾

6. On how many goals (Examples: toilet training, communication with pictures, etc.) are you actively working with your child at one time?



WPI

English ▾

7. In your opinion, how able is your child in sharing their needs or opinions with you?

(1 - not capable at all and 5 - very capable)

1

2

3

4

5

☐☐☐☐☐



WPI

English ▾

8. In your opinion, for a parent who had received no prior training from a therapy center, which of the guidelines below would be the most important to learn about/know?

(Drag & Drop. Place Most Important on Top)

- 1 A positive relationship with your child
- 2 Parent Self-Care
- 3 Teaching Your Child Daily Living Skills
- 4 Teaching Your Child Academic Skills
- 5 How to communicate with your child
- 6 Child Freetime/Play

9. If you have any comments on your rankings, write them here.





WPI

English ▾

The first survey has been completed, thank you for your participation!

Earlier you indicated that there is another person available to take the survey, if this is still true please present this to the other person.

- ☐ Yes, I am a second person and can start a new survey.
- ☐ No, please send my answers.



Appendix F: Caregiver Opinion Survey - Czech Qualtrics Version



WPI

Jsme tým čtyř studentů z Worcester Polytechnic Institute ve Worcesteru, MA ve Spojených státech a v současné době pracujeme na výzkumném projektu s centrem Abaceda. Cílem tohoto výzkumu je identifikovat obecné principy, které terapeuti centra Abaceda předávají pečovateli s cílem naučit je, jak pracovat dítětem s autismem. Pokud máte nějaké otázky, na které vám není příjemné odpovídat, můžete je přeskočit.

Tento průzkum zabere přibližně 5 minut vašeho času. Plánujeme uchovávat záznamy o odpovědích, které nám pomohou s naším výzkumem. Naš výzkum využijeme jako podporu pro náš závěrečný projekt a závěrečnou zprávu. Naš tým nebude z tohoto průzkumu shromažďovat osobní nebo identifikační údaje, jako jsou e-mailové adresy, a náš software nám nedovolí identifikovat žádné důvěrné informace. Vaše jednotlivé odpovědi na průzkum nezveřejníme, ale souhrnná data z tohoto průzkumu budou uvedena v závěrečné zprávě.





WPI

Odpovídáte na tento průzkum jako jednotlivec nebo s jinou osobou?

- ☐ jednotlivec
- ☐ s jinou osobou



WPI

Odpovídáte na tento průzkum jako jednotlivec nebo s jinou osobou?

- ☐ jednotlivec
- ☒ s jinou osobou

Tento průzkum je určen k individuálnímu vyplnění. Druhá osoba bude mít možnost jej vyplnit ihned po odeslání první sady odpovědí.

Děkujeme!





WPI

A. Jaký je váš vztah k dítěti?

☐ Matka

☐ Otec

☐ Babička

☐ Dědeček

☐ Chůva

☐ Jiný

B. Věkové rozmezí:

☐ Do 18

☐ 18 - 24

☐ 25 - 34

☐ 35 - 44

☐ 45 - 54

☐ 55 - 64

☐ 65 - 74

☐ 75 - 84

☐ 85- nebo starší

C. Jak dlouho spolupracujete s centrem Abaceda? (Příklad: 3 měsíce, 2 roky atd.)



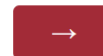


WPI

1. Kolik volného času máte za týden pouze sami pro sebe (v hodinách)?

2. Kolik plánovaných aktivit navštěvuje vaše dítě v typickém týdnu (Příklady: terapie, doučování, schůzky)?

3. Kolik hodin týdně stráví vaše dítě plánovanými aktivitami (Příklady: terapie, doučování, kroužky)?





WPI

4. Jak učíte své dítě dovednostem každodenního života? (Příklady: oblékání, čištění zubů, používání koupelny atd.)

- ☐ Vedu dítě cíleně k nezávislosti (Např.: fyzická gesta, vizuální pomůcky, instrukce)
- ☐ Děláním aktivit spíše za dítě





WPI

5. Seřad'te následující dovednosti podle toho, které považujete za nejdůležitější nebo nejméně důležité, aby se vaše dítě naučilo.

(Položky přetáhnete do správného pořadí kliknutím a tahem. Nejdůležitější umístěte nahoru)

- 1 Komunikační dovednosti
- 2 Akademické dovednosti (počítání, abeceda atd.)
- 3 Sociální dovednosti
- 4 Praktické každodenní dovednosti
- 5 Emoční regulace
- 6 Herní dovednosti





WPI

6. Na kolika cílech (Příklady: nácvik toalety, komunikace s obrázky atd.) se svým dítětem najednou aktivně pracujete?



WPI

7. Do jaké míry je podle vašeho názoru vaše dítě schopné sdílet s vámi své potřeby nebo názory?

(1 – vůbec není schopný a 5 - je velmi schopný)

1

2

3

4

5

☐☐☐☐☐



WPI

8. Znalost které z níže uvedených položek je podle vašeho názoru pro rodiče nejdůležitější?

(Položky přetáhnete do správného pořadí kliknutím a tahem. Nejdůležitější umístěte nahoru)

- 1 Pozitivní vztah s vaším dítětem
- 2 Self-care rodiče (péče rodiče o sebe)
- 3 Učit dítě dovednostem každodenního života
- 4 Učit dítě akademickým dovednostem
- 5 Jak komunikovat se svým dítětem
- 6 Volný čas/hra dítěte

9. Pokud máte nějaké připomínky ke svému hodnocení, napište je sem.





WPI


První průzkum byl dokončen, děkujeme za vaši účast!

Pokud jste uvedli, že je k dispozici další osoba, která se může zúčastnit průzkumu, předložte prosím výzkum také druhé osobě.

- ☐ Ano, jsem druhá osoba a mohu zahájit nový průzkum.
- ☐ Ne, prosím odešlete mé odpovědi.



Appendix G: Caregiver Video Feedback Survey - English Qualtrics Version

**WPI**

English ▾

We are a team of four students from Worcester Polytechnic Institute in Worcester, MA in the United States currently working on a research project with Abaceda. The goal of this research is to create an educational video. Our final video will be much longer, however for this survey, you will only watch approximately 1/3 of the final video. The goal of this survey is to assess the video section, and see where improvements need to be made.

Viewing the video section should take around 5 minutes, and this survey will just take around 2 minutes. We plan to keep a record of the response to assist with our research. We will be using our research to help with the creation of the video. Our team will not be collecting personal or identifying information such as email addresses from this survey, and our software will not allow us to identify any confidential information. We will not make your individual survey responses public, however we will publish aggregated data from this survey in a final report.

→



WPI

English ▾

1. How easy did you find the video to follow?

	Very difficult	Difficult	Neither easy nor difficult	Easy	Very easy
Response:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

2. How helpful did you find the accompanying visuals to be?

	Very Unhelpful	Unhelpful	Neither helpful nor unhelpful	Helpful	Very helpful
Response:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

3. If you were to see this video before starting with Abaceda, how helpful would you have found this video?

3. If you were to see this video before starting with Abaceda, how helpful would you have found this video?

	Very Unhelpful	Unhelpful	Neither Helpful nor Unhelpful	Helpful	Very Helpful
Response:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

4. How likely would you be to recommend this video to a parent of an autistic child who has not received any formal training with Abaceda or similar organizations?

	Very unlikely	Unlikely	Neither likely nor unlikely	Likely	Very likely
Response:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>





WPI

English ▾

5. Were there any parts of the video you particularly liked? Please discuss why:


6. Were there any parts of the video that you think could be improved? Please discuss why:



WPI

We thank you for your time spent taking this survey.
Your response has been recorded.

Appendix H: Caregiver Video Feedback Survey - Czech Qualtrics Version

**WPI**

Jsme tým čtyř studentů z Worcester Polytechnic Institute ve Worcesteru, MA ve Spojených státech. V současné době pracujeme na výzkumném projektu s centrem Abaceda. Cílem tohoto výzkumu je vytvořit výukové video. Naše závěrečné video bude mnohem delší, ale v tomto průzkumu budete sledovat pouze přibližně 1/3 výsledného videa. Cílem tohoto průzkumu je posoudit sekci videa a zjistit, zda můžeme něco zlepšit.

Sledování sekce videa by mělo trvat asi 5 minut a tento průzkum zabere jen asi 2 minuty. Plánujeme uchovávat záznamy o odpovědích, které nám pomohou s naším výzkumem. Tento výzkum nám pomůže video dokončit. Náš tým nebude z tohoto průzkumu shromažďovat osobní nebo identifikační údaje, jako jsou e-mailové adresy, a náš software nám nedovolí identifikovat žádné důvěrné informace. Vaše jednotlivé odpovědi na průzkum nezveřejníme, ale souhrnná data z tohoto průzkumu uvedeme v závěrečné zprávě.

→



WPI

1. Jak snadno se vám sledovalo video?

	Velmi obtížně	Obtížně	Ani snadno, ani těžko	Snadno	Velmi snadno
Odezva:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

2. Jak užitečné byly podle vás doprovodné vizuální prvky?

	Velmi neužitečné	Neužitečné	Ani užitečné, ani neužitečné	Užitečné	Velmi užitečné
Odezva:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

3. Pokud byste viděli toto video ještě před zahájením spolupráce s centrem Abaceda, jak užitečné by pro vás bylo?

	Velmi neužitečné	Neužitečné	Ani užitečné, ani neužitečné	Užitečné	Velmi užitečné
Odezva:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

3. Pokud byste viděli toto video ještě před zahájením spolupráce s centrem Abaceda, jak užitečné by pro vás bylo?

4. Doporučili byste toto video rodičům dítěte, které neprošlo žádným formálním školením v centru Abaceda nebo v podobné organizaci?

	Velmi nepravděpodobně	Nepravděpodobně	Tak napůl	Pravděpodobně	Velmi pravděpodobně
Odezva:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>





WPI

5. Byly některé části videa, které se vám obzvláště líbily? Rozved'te, prosím, proč:

6. Byly nějaké části videa, o kterých si myslíte, že by se daly zlepšit? Rozved'te, prosím, proč:



WPI

Děkujeme Vám za čas věnovaný průzkumu.
Vaše odpověď byla uložena.

Appendix J: Formal Sponsor Meeting Notes - Kateřina Čížková I

*This interview was during our first sponsor meeting with Mgr. Čížková. This appendix is the notes from our first sponsor meeting. *

KC=Kateřina Čížková

- What are the **basic principles** or **general guidelines** of starting to work with your child (KC)
 - **Positive and proactive approach** (KC)
 - focus on what the child CAN do, not what they can't
 - Better approach is seeing when they are behaving a certain way
 - Ex: don't focus on negative things - teach parents to learn how to pay attention to the things that work
 - **All the work is based on good relationship (most important)** (KC)
 - Cannot work with the child effectively if the child just wants to get through the therapy session
 - Could go into one guideline and critically observe the relationship the child has with us
 - Need to build positive relationship first before going into any specific methods
 - Ryan mentioned that our target video length is 8-10 minutes and KC agreed that this would be a good length
 - **Earlier the better** (KC)
 - Parents notice something wrong with their child and see GP
 - KC indicated this usually happens when the child is around 3 years old
 - GP says it's nothing and they don't diagnose autism until much later
 - **Parent knows child best** (KC)
 - Experts try to tell parents what to do
 - Parent needs to trust their parental intuition
 - Need to trust that they know what's best for their child
 - **Do with not for** (KC)
 - Learn to do things with the child and not for them
 - Goal is independence for the child on all levels
 - Ex: I won't pump soap for them I will move their hands and pump the soap with them
 - **Trauma Informed Approach** (KC)
 - Need to assume the child has dealt with trauma
 - Their needs are very complex and the parents and doctors don't know how to work with the child so they deal with trauma
 - Sometimes they are overly sensitive

- Can't mold them into something they're not
 - Major goal is for them to feel safe in their body
 - Many goals to work on but never work on more than 3-5 goals at a time
 - This had to do with the therapists being aware of the limited capacities of the families both financially and resource wise
- Video general guidelines
 - Avoid specific topics
 - Covering these topics without proper context can be very harmful (KC)
- ABA therapy details (KC)
 - Approach is extremely individualistic
 - KC said that ABA was not well known in the past and that the therapy is much better known now (increase in awareness)
 - Are the goals critical?
 - Tying shoes can wait
 - What goals do they NEED to learn
 - Goal isn't to make child blend into society but for them to be happy and independent
 - **Independence goals** - communication, emotional regulation, daily living skills
 - Be able to know what their need is
 - Learn how to take care of it or find someone who can
 - Be able to know their emotions and communicate them clearly
 - Be able to take care of myself as much as possible
 - Academic skills is on top of these goals as well
- How will the video go into the goals and principles
 - Teaching starts with a good relationship
 - If the therapists have a good relationship with the children they do not need to use external rewards to motivate them.
 - Dedicate a lot of time to building the relationship
 - They spend months and months playing with the child
 - Once relationship is built the caregiver won't need to use as much external motivation
 - If the child is having fun you can sneak in more teaching and they don't even realize
 - How can I incorporate a goal into playing with the child
 - KC said the therapists act as "part time clowns"
 - What are goals for the child and how can I create motivation to develop those goals
 - Each child is completely different

Appendix K: Therapist Interview 1 - Victorie Balazova

Interview with Victorie Balážová
All WPI Autism Education Team Members Present
29/10/2021
15:00 - 15:30

Ryan Dieselman 0:01

Yeah, so just like a general overview of where we are in our project. So a little bit about you like how long how, how long have you been like working with or starting to work with Abaceda?

Victorie Balážová 0:11

Abaceda, I've been working with Abaceda for about two months, and before I worked with uh with another center and I had one kid for almost two years.

Ryan Dieselman 0:27

Was the other center also like ABA therapy focused?

Victorie Balážová 0:30

Yeah.

Ryan Dieselman 0:32

Yeah. And how do you like get into get into this field? Like what? What like motivated you?

Victorie Balážová 0:39

Oh, it was coincidence. I was looking for work. And, and I made, jumped into it and it was really fun to work with the kid. So I I started working with the family and the kid.

Ryan Dieselman 0:58

Yeah, and what's like your role at Abaceda right now?

Victorie Balážová 1:01

Ah my what?

Ryan Dieselman 1:03

Your your role like what do you do at Abaceda?

Victorie Balážová 1:07

Okay, I right now I am in the learning process. I learned to work with those kids. I work under supervision and I think in a month I could work, I could work the sessions by myself.

Ryan Dieselman 1:34

Yeah, can you talk a little bit about like what you've been learning.

Victorie Balážová 1:38
Right now?

Ryan Dieselman 1:38
Yeah.

Victorie Balážová 1:41
Some new principles and and general like it's about to get to know the kids how they are and what they need what they want.

Ryan Dieselman 1:54
Yeah, so like, what are some of those principles? You think?

Victorie Balážová 1:59
You, I'm learn?

Ryan Dieselman 2:01
Yeah, like what have you been, what are the principles you've been learning?

Victorie Balážová 2:04
Some antecedent interventions like right now I'm learning. In the previous case, when I had the child it was about extinction of the problem behavior and right now I'm working mostly on those antecedent procedures. And to be, to be honest, it's, it's, it's more, more easy, much easier, more easy for me because if I work with antecedents, the child sometimes doesn't have I mean, probably.

Sydney Gardner 2:46
What is considered an antecedent intervention?

Victorie Balážová 2:48
Okay. If you are from a big field.

Vishnu Priya Dendukuri 2:55
We are from different fields.

Victorie Balážová 2:57
Okay.

Sydney Gardner 2:57
Yeah, but yeah.

Victorie Balážová 2:58
Antecedent behavior it's like, it's like if you know there's some problematic, problematic place or action for the child something that the child does or doesn't want to do, or, or, or anything like that. You do some antecedent intervention, like you prepared the child for an action or you

prepared the child with with some, you give him time to to adjust to the change before it happens. So you wouldn't have that problem behavior and you wouldn't have the problem.

Ryan Dieselman 3:47

Yah so like, how, what does your schedule look like as a therapist, like how often do you meet with, with families?

Victorie Balážová 3:55

I meet with them about twice a day and I work in Abaceda two times, two to three times a week, and it's like, we talk to the parents or we take the child we we first **we're playing with the child then we work with him and we're playing pairing working.** It's it's, it's really I don't know what to say. The day is really quick like you, you take the child and then the times go until you give the child back to parents and you don't even know how it happened.

Demetre Doherty 4:44

So are the parents, are they at the like when you're working with the child are they there observing with you or...

Victorie Balážová 4:52

Mostly not.

Demetre Doherty 4:53

Okay.

Victorie Balážová 4:54

I was at adult sessions where where there were parents but, if they take a new child then they work with the parents.

Ryan Dieselman 5:11

Yeah, and how do you how do you like decide what to work on with a child when you first start?

Victorie Balážová 5:18

It's like it's not up to me. I usually get the program of the child and I see that the child is a this a this degree. Alright, I don't know how to say, and I work on those things, which need to be worked on. So first, I am going to go with the with the child. I'm looking at him looking what he wants and what he wants to play with and I'm playing with him. **I'm trying to make like more fun for him with with the thing he's playing with.**

Ryan Dieselman 5:58

Yeah, I know you mentioned like playing with the child. How do you how do you try to like weave like therapy lessons into...

Victorie Balážová 6:05

I do not know what weave means.

Demetre Doherty 6:08

Incorporate them, kind of.

Vishnu Priya Dendukuri 6:10

So while playing with the child, how do you think you can help him learn stuff like indirectly?

Ryan Dieselman 6:18

Yeah

Victorie Balážová 6:18

Okay it's like someone told me that it's about emotions. When you have some emotion and you're trying to learn something you learn more quickly. So I'm trying to make good emotion with the game and then start to learn the child something. So it for me it's mostly emotions, if he's happy, he's learning more quickly.

Ryan Dieselman 6:47

Yeah, and that's, that's all like the emotions you see as you play with the child. Is that really based off of like your relationship that you've built with the child?

Victorie Balážová 6:57

Yeah mostly first, when I see a child, I have to definitely build some relationship. So I could I could even know what he what he probably feels from his face expressions because those children sometimes don't tell you or show you what they what they feel so you have to you have to think.

Ryan Dieselman 7:19

Yeah.

Demetre Doherty 7:27

So yeah, like how what are like the steps you kind of take to start building that good relationship?

Victorie Balážová 7:36

First, I'm trying to find out what the child likes and find something similar. For example, if he if he likes running, I can, I can think about some game where I can encourage running or if he likes something squishy, we can find something squishy, and I give it to him so he so he will know that I'm the one that is giving the reinforcement to him or that good thing so he would think about me as a good person.

Ryan Dieselman 8:10

Yeah, so it's like a positive reinforcement.

Victorie Balážová 8:14

This is not like a reinforcement, but it's like a pairing.

Demetre Doherty 8:18

Yeah, he's like associating that with you

Victorie Balážová 8:22

Yeah, something positive with me.

Demetre Doherty 8:23

Okay.

Ryan Dieselman 8:25

Yeah and what what sort of like principles you try to keep in mind like no matter what skill you're working on with the child? Yeah, I mean, I get it's a big question.

Victorie Balážová 8:39

Okay, for example, if it comes through any type of behavior, trying to enforce the good behavior, I want to see. If the child is behaving good. If it's anything like he's, he's eating with a spoon. I reinforce it. I tell him he's a good buddy. And if there's problem behavior usually I'm trying to figure out what was the cause and how to how to act about it. And most of the time I have helped my head is full of stuff because before the session I read some stuff I have to I should be trying to learn the kid and and there are a lot of a lot of stuff every child is is different and has its own problems. Sorry I can't think of anything else right now.

Ryan Dieselman 9:52

Yeah, when you said like, the child has being good. Do you mean like, can you talk a little bit more what you mean by good?

Victorie Balážová 10:00

Like, not like any child is good or bad. I think I mean that the behavior is what I want to be.

Demetre Doherty 10:11

That makes sense.

Ryan Dieselman 10:12

Yeah.

Victorie Balážová 10:14

Yeah. What is accepted from our society specifically

Ryan Dieselman 10:20

Yeah.

Demetre Doherty 10:24

So when you first started at Abaceda, I know you you're pretty new there. Like, what were the first things that they sort of taught you? For the day, like, I don't know, maybe some of like the...

Victorie Balážová 10:37

They started teaching me. First, they started teaching me how to come to the level of the kid because previously I had some really advanced student, so I had to adjust my behavior to those

little kids. Because most of them just don't talk in sentences. And they, they act differently than than the child I used to work with before.

Ryan Dieselman 11:15

Yeah, the child you worked for before, was that like an older child.

Victorie Balážová 11:18

Yeah. He was almost 10 and he was going to school. He was like, almost like a neurotypical child. He was. So just a little different.

Sydney Gardner 11:35

Was there any or were there any principles that you were able to bring from your experience with that one child?

Victorie Balážová 11:42

Yeah, like 50% of my work is coming from this place.

Vishnu Priya Dendukuri 11:50

So when you're trying to teach them some basic life skills like the kid, like, for example, like washing your hands or whatever any basic life skill, what kind of approach do you use?

Victorie Balážová 12:05

I think we should usually we're usually use prompting from behind if you, it's like a physical prompt from behind. You are shading the child it means that you're standing standing behind him and and you're taking or prompting his hands to to do stuff and you don't talk to him and then you when the child, for example, washes his hands, you will reinforce that behavior.

Ryan Dieselman 12:40

Yeah, what what do you see from from parents that are like just coming into therapy sessions like what what are the things that all parents seem to really be struggling with in your experience?

Victorie Balážová 12:54

I would say that with them, it's it's like with kids every parent is different.

Ryan Dieselman 13:02

Yeah, definitely.

Victorie Balážová 13:12

It depends on the particular parent. Sometimes it's sometimes they they are struggling to make contact with the child like for example, to play with the child and so so sometimes, parents say that the child wants to wants to play by himself and they can't, can't start playing with him. So that's one of the things I can think of then, I don't know.

Vishnu Priya Dendukuri 13:59

When you're talking about parents, so how like what is some of the things that you believe the parents should actually, like know definitely when they're like caring for their kids? Like, what are some of the qualities that you think they should have or some of the things that she should remember?

Victorie Balážová 14:21

I think that relationship with the child is the first. It doesn't matter that the child doesn't, doesn't know the things that academics skills that other children know, but it's still a child. And you should think, to the child as if it was a child, just just someone who, who doesn't have enough of, I don't know, some some knowledge or something like that. That's the first thing that I can think of. Because most parents come and they say he doesn't know how to do that. He doesn't know how to do that. And they don't see those, those positive things like, like he learned to do this and yeah, it's it's good. It's really good.

Ryan Dieselman 15:20

Yeah, so like going off that, like, how, how do you work with like, working on what a child does well, like?

I don't know how to read that.

Demetre Doherty 15:33

Kinda like when you see the child like doing something, that they're good at, like any kind of branch off that. Is that what you're saying?

Ryan Dieselman 15:40

Yeah, like, how do you like build off of what a child does well? To like, try to get them to like, learn more skills.

Victorie Balážová 15:49

Okay.

Ryan Dieselman 15:50

Confusing way to say that.

Demetre Doherty 15:51

Yeah.

Victorie Balážová 15:51

You mean how do I teach him something new or?

Ryan Dieselman 15:55

Yeah.

Vishnu Priya Dendukuri 15:57

I think he means like, if you're teaching a kid one skill and once you're done with that, how do you approach like similar kinds of skills around it?

Victorie Balážová 16:07

Usually approach it in the same way because children with autism have some some problems with generalization. And, and you just have to repeat it until they they get it and they start repeating and doing just that by themselves.

Sydney Gardner 16:33

and how do you interact with like or do you interact with parents and caregivers and like, is there, I'm trying to figure out how to word this like bringing the like what you do essentially home? Would you have any knowledge about that?

Victorie Balážová 16:52

Um, I usually don't tell them what to do. At this at this time I'm learning how to talk to parents because I used to talk just to just two parents of one child and I also learned how to do that. So now I have to learn how to talk another parents. So I didn't know how they do it exactly.

Vishnu Priya Dendukuri 17:25

So you mentioned like one of the really important things that the parents should know is like, having a relationship good, like relationship with the child and like and not really forcing them like not really focusing on negative things that they do or that, so what are some of the other things that you might suggest or like from your experience.

Victorie Balážová 18:00

So like, I think parents should find us, I don't know how to say, a lot of time to play with their with their kids. So they they could pair themselves with reinforcement and trying to be stressed, because the child knows that and.

Demetre Doherty 18:28

You mentioned that you're working with younger kids now. Like, do you think that that's better like that you need to start working with them, like at a young age that that'll kind of create that better relationship and that the younger they start this therapy, the more progress they'll make kind of.

Victorie Balážová 18:47

Yeah because the brain is flexible. So if you start working with them from early age, it's just more success.

Ryan Dieselman 19:00

Yeah, definitely. How do you go about like trying to develop the kids to be independent?

Victorie Balážová 19:14

That's a really long process. They usually build independence by themselves when they have enough skills for that. So we have to take the long run.

Demetre Doherty 19:33

Definitely no shortcuts.

Ryan Dieselman 19:34

Yeah it's like over time, like as you like, repeat and like keep doing the same things without like they eventually get.

Victorie Balážová 19:42

Yeah but it takes a lot of time.

Ryan Dieselman 19:47

Yeah, and I assume that that of time is like completely dependent on the kid. Like it's it's probably very different.

Vishnu Priya Dendukuri 19:55

Is the time, like the time that the kid takes to be more independent varies over different kids.

Victorie Balážová 20:02

Yeah. Some kids maybe may not be independent, but we are trying to at least make them the most independent they can be.

Demetre Doherty 20:51

Yeah, I think we kind of covered it.

Ryan Dieselman 20:53

Yeah we cover like a lot of a lot of the stuff we wanted to.

Sydney Gardner 21:00

We made a lot of ground.

Ryan Dieselman 21:01

Is there any other things that like, you could think I'm obviously like, we don't know everything. We're not going to learn everything in a couple weeks.

Vishnu Priya Dendukuri 21:11

Would you like us to cover like, cover anything? Like, that is beneficial to the parents?

Demetre Doherty 21:20

Yeah, like I know, our video like is really tailored towards the parents so like what do you think like is just the most important things that parents that don't have any knowledge of working with, you know, a therapist before need to know.

Victorie Balážová 21:36

I think it might be prompting. Like, when you're teaching the child, you have to give prompts and and slowly take the prompts out.

Ryan Dieselman 21:48

Yeah.

Demetre Doherty 21:49
What do you mean by prompt?

Victorie Balážová 21:54
Oh, you don't know prompts?

Vishnu Priya Dendukuri 21:58
No.

Ryan Dieselman 22:00
Yeah, tell us.

Victorie Balážová 22:02
There are more types of prompts. Not just physical, but there are vocal gesture. And sometimes if you you have to, if you want to learn a new skill, you have to decide which which prompt you want to use. For example, if you if you want to teach the child to I don't know, wash his hands, or wash his plate or anything like that. You would, you'd probably use prompting from behind like the shadowing, but sometimes use other other types of prompts. So that's prompts is sometimes difficult for me.

Ryan Dieselman 22:53
Yeah. So that's something that you think like parents definitely don't don't like know how to do?

Victorie Balážová 22:59
Oh, sometimes then they don't. I sometimes it's, it's like the parents I think it's up to the professionals of the child to tell the parents how they could teach the child specific skill. But I think prompting is really, really like important because if they prompt the child, the child is successful. And sometimes just children want to learn more because they're successful. And help build a new skill. So if you use use prompting, you know, in the right way, it's good.

Ryan Dieselman 23:54
Yeah, I think that makes more sense. Do we have any other questions? Yeah, I think we, I think we covered we covered a lot of what we have written down to talk about. Obviously, like you have you have our email address. If there's anything else that like you think of later that you'd like to add feel free to email us.

Victorie Balážová 24:23
Okay

Demetre Doherty 24:23
Thank you for spending time with us. We really appreciate it.

Transcribed by <https://otter.ai>

Appendix L: Informal Sponsor Meeting Notes - Kateřina Čížková II

*This interview was during an informal sponsor meeting with Mgr. Čížková. This appendix is the notes from that meeting. *

Informal Sponsor Meeting Minutes

1/11/21 ; 9-10

AM

All Attendees Present

Location: Our apartment

Kateřina Čížková (KC)

Chair: Ryan Dieselman

Secretary: Demetre Doherty

Additional Principles

- **Each child is different**
 - The training for each parent is going to be different
 - Similar to parent needs to know the child
 - Age, gender, cultural background, plans to move to another country
- **Top priority should be the parent taking care of themselves**
 - If the parent isn't taking care of themselves they can't take care of the child
 - Parents need to focus on their selfcare
 - Get into cycle of resentment, exhaustion, depression
 - Need to learn how to take care of themselves
 - Repeat often: if they want to continue seeing us they should seek out a therapist to help them
 - Many times a big barrier with the child is the mental state of the parent
 - Strong selfcare policy in the center
 - Many parents (90%) struggle to accept that they need to take care of themselves as well
 - This is because the child needs to continue this at home and the parent is the one who continues this
 - If the parent is burned out they won't have the energy to work
 - The children can see all of the emotions
 - If a child sees his mom depressed then they immediately start regressing
 - If they see a parent upset they usually think they are the cause of it
 - "Children are like sponges"
- **Positive Approach**
 - Positively react to everything you want to support
 - If there's a problem: must stay neutral
 - If the parent gets angry and lashes out it could be detrimental to the relationship

- Sometimes for attention the child will seek negative attention because that is better than no attention at all
- Parents need to become very mindful of their reactions
- Ignore the behavior but not the child
 - If you ignore the child completely they can take it as I don't love you which isn't the case
- **Proactive Approach**
 - Intentionally set the environment in a way so that they behave in a way they want them
 - Ex of bad environment: if child really wants candy: put them in a room with tons of candy and you block them from getting candy
 - Alternate approach: start them in room where there's no candy and then continuously add more candy to the room to make it more difficult
 - Child must have mastered the last environment before they move on to the next level
 - Child who struggles with attention starts in room with no distractions and then they add more and more distractions to the room
- SET A GOOD ENVIRONMENT - should definitely be in the video
- Capacity of the child
 - Families are 100% proactive and help them get back on track but they ignore the nature of the child
 - They need lots of time to relax and play and have a childhood
 - Only goals aren't just academic - play, living, daily skills

Appendix M: Therapist Interview 2 - Terézia Lukšicová

Interview with Terézia Lukšicová
All WPI Autism Education Team Members Present
3/11/2021
18:15 - 19:00

Demetre Doherty 0:00
Are we good to record?

Ryan Dieselman 0:01
Yeah,

Vishnu Priya Dendukuri 0:01
Can we talk about the project? so are the project basically like creating an educational video? I'm not sure how much you've heard about the project but

Terézia Lukšicová 0:10
not much.

Vishnu Priya Dendukuri 0:12
So what are you trying to do is do some research and like get information from therapists and also and then create the final product is basically creating an educational video that is very helpful for the caregivers later on. When they want to watch it and like help take care of the child basically,

Sydney Gardner 0:29
on just clarify, no caregivers are when we are we will receive caregivers referring to parents, grandparents nannies all that's all.

Vishnu Priya Dendukuri 0:37
Yeah, whoever is taking care of your audio.

Ryan Dieselman 0:45
Yeah, so we're trying to gather as much information so that Abaceda can publish this video and we can also spread it online. I know a big problem that when we talked with MGR. Cizkova that she's really stressed to us is that like, there's just too many people to help all at once. That was a big reason that she wanted to sponsor this project. So just like some introductory questions I have you get into the fields of therapy,

Terézia Lukšicová 1:12

how

Ryan Dieselman 1:12

Yeah, how have

Terézia Lukšicová 1:15

I started psychology and I always you know, I always felt that I want to help somebody that I want to do something for others. And I had a lot of volunteer experiences before with a child with disabilities or even adults. And I, when I started its to do the ABA therapy. I was in my first year in the master of psychology Do you know? Yeah. And I just saw the opening position. And I said, why not? And I've been in the field. For more than two years working with ABA, ABA, and I love it. But now I because I finished my master's and I wanted to do something else as well. And I've started at Diagnostic Center for Autism. So I'm doing right now I'm doing the trapeze public forum one day. Oh,

Ryan Dieselman 2:28

yes, you work at both this diagnosis center and Abaceda?.

Terézia Lukšicová 2:32

I used to be in Abaceda much more before but now I wanted something more stable to move somewhere. But I love it. I just needed to change.

Ryan Dieselman 2:48

Yeah, so your role at Abaceda is you're still doing therapies but just much less?

Terézia Lukšicová 2:53

Yes. But I still work with autistic kids. Yeah.

Ryan Dieselman 2:58

So in terms of in terms of working with autistic children, how often do you meet with them you said once a week so is that ...

Terézia Lukšicová 3:04

I meet them at work as well at the showcase for our child as well we are doing on the diagnostic process for autism. Okay, so

Vishnu Priya Dendukuri 3:15

when the when the children come with their parents who check if they have autism diagnosing them, basically, okay.

Terézia Lukšicová 3:23

I'm still in the training. But yeah.

Ryan Dieselman 3:29

yeah, what do you what are you looking for in terms of diagnosing autism? I think in our research we understand that is basically like watching their behavior and developments. Is there any, like can you give us a little more detail about it?

Terézia Lukšicová 3:41

Like, how is the diagnostic for

Ryan Dieselman 3:43

Yeah, yeah.

Terézia Lukšicová 3:45

Well, it depends on how old is the child. In the center where I work, first we have a consult, consulting the parents. First they will give us a questionnaire. They will fill out the questionnaire, it's quite long. We also send the questionnaire to their kindergartner or to the school or something then we have like analytic Okay, nevermind. Like we talk to the parents for two hours or something like that to get old information. This part is without a child, two hours with the parent and then some other day, we have the diagnostic process with the child. So they're there for three hours or something like that, we have some standardized tests. They need to we need to check the criterias for autism. We are testing for the intelligence, the intelligence,

Sydney Gardner 5:02

I'm first like what age range would you say that people tend to come to the Diagnostic Center?

Terézia Lukšicová 5:07

Oh wow. They can come from age something like one one year and a half. And we also have 60 years person I'm not doing that.

Ryan Dieselman 5:19

Yeah. Do you think a lot of people go through childhood undiagnosed?

Terézia Lukšicová 5:26

I would say so.

Ryan Dieselman 5:29

You just mentioned a lot of like you had this two hour session with parents. What are you talking you're talking to the parents about like what they observe?

Terézia Lukšicová 5:36

well basically we are talking about the questionnaire they gave us we need to ask them for details sometimes and we are trying to cover, cover all areas. So the early development of the child, the first signs of autism they observe. We are asking also some questions for differential diagnostic. You know what I mean? We're asking some questions can help us to say if it's really autism, or it can be something else. Yeah. Yeah, early development, how they are with new persons, What are their interests, So strange habits, everything. We're trying to cover all areas. Does it make sense?

Ryan Dieselman 5:38

Yeah, definitely.

Terézia Lukšicová 5:45

And we are also talking about that question are from the kindergarden. All

Ryan Dieselman 6:38

Yes. In your experience, is there is there a difference between whether it's the mother or the father of the child who usually starts to notice these things?

Terézia Lukšicová 6:49

I don't really know. We are trying to have both parents there when we are doing this dialogue, to find all the information so I think it's really necessary because sometimes the parents have a different point of view on the situation. Of course, sometimes it's not possible that both of them are there, because they're, I don't know, divorced or something that we are essentially trying to involve both them at least to get the questioners for both of them and then maybe to have have the dialogues just have one

Ryan Dieselman 7:23

in terms of parents, before they start therapy sessions, at Abaceda what what do they seem to be struggling with the most?

Terézia Lukšicová 7:31

I would say communication. I think that the communication is the biggest one because especially here in Czech Republic. There is not enough of the services.

Ryan Dieselman 7:44

Yeah, we've definitely gotten that sense.

Terézia Lukšicová 7:46

It's truly horrible. Situation is crazy. Even for the diagnosis process. They're waiting, like, you have to wait a one year and a half, or something like that. When when they're adults, they're waiting for four years because it's only 2 persons in Czech Republic. So it's taking really

Ryan Dieselman 8:08

I mean, that's a big reason that our project has been sponsored.

Terézia Lukšicová 8:14

So, I would say communication, and maybe problem behaviors that they don't know how to how to connect with the child because it's just too difficult. Yeah.

Ryan Dieselman 8:25

What are some like misconceptions that you think a lot of parents have? Either about autism in general or like their child specifically?

Terézia Lukšicová 8:39

Misconceptions that parents have?

Vishnu Priya Dendukuri 8:42
Yeah, before coming to session.

Terézia Lukšicová 8:50
Maybe they sometimes what the thing I'm struggling when the parents came here for therapy for the first time or something, sometimes they expected we will do a miracle, that it will be like this *snaps* and the child is going to be normal. It's not like that. We have noticed that autism, developmental disease, right. So they have to I know they should expect that it's not just going to be instant, but some time. I don't know how to say, sorry. It's gonna it's gonna be a process. They definitely need to be involved. But it's not about us because I don't know if you know but you probably know, in America, you have something like 40 hours of ABA therapy per week or something like that.

Ryan Dieselman 9:41
Yeah. We've gotten that sense.

Terézia Lukšicová 9:43
Yeah, it's definitely not possible here. Yeah. So we really need to involve the parents as much as we can. Because we have a child maybe for four hours for a week. And that's just nothing because we can do something with the child. But if we have the child there for four hours, you cannot do anything. Yeah. So you really have to train the parents that you need time to understand that it's going to be mostly about them that it's their responsibility to be trained and to know how to work with the child. Does that make sense?

Ryan Dieselman 10:20
Yeah.

Vishnu Priya Dendukuri 10:22
I'm sure it really depends on child to child but like how how long do you think therapy might take for a child?

Terézia Lukšicová 10:31
I don't think there's nothing I can I could say you never, you never know. I never know. Because sometimes it can be really fast. We have some really clever kids that you just you just have to put their input to train the parents to teach them how to use demands or something. How to handle problem behavior. Yeah. And the child is going to do a mild steps do you know what I mean? Yeah, but sometimes it really can takes weeks. I don't know years. Do just a small step.

Ryan Dieselman 11:12
Yeah, so do do a lot of parents seem to like have kind of done their own research before they end up talking to a medical professional and gone to therapy?

Terézia Lukšicová 11:21
would say so because when you have the suspicion that your child has an autism or something, and you have to wait for a year for diagnosis process, yeah, you probably are going to do some

research. Yeah, we're going to learn or study something but sometimes it's not the best because they also can study some not correct information. You know, a lot of links or

Ryan Dieselman 11:51

yeah, do they find like incorrect information online, for example? On the internet, the

Terézia Lukšicová 11:57

internet Yeah. Oh Facebook groups are the worst.

Vishnu Priya Dendukuri 12:01

Yeah, yeah.

Terézia Lukšicová 12:03

Parents facebook groups are evil.

Vishnu Priya Dendukuri 12:10

What are some of the incorrect things that you've heard? What is bad?

Terézia Lukšicová 12:14

I think somewhere in top position is going to be the vaccination. Autism, right, right. It's still huge here. Here. I am in a few of those parents groups on on Facebook because when I did my master's thesis I did my research and I needed to send them my questioner. And the things you see there is like, Oh, my God how could you?? It's really crazy. Yeah. And a lot of people are fighting against ABA as well. Because I think that they do not really understand. And I would say that here in Czech Republic, it's still really new. And most of the people do not have any experiences with Czech Republic. They just heard something and usually the things you hear they may not be the nicest, or even not correct.

Ryan Dieselman 13:20

In terms of like working on working with the children, what are some like general guidelines and kind of keep in mind?

Terézia Lukšicová 13:29

Guidelines, I don't know I think usually the first thing I'm thinking about in any situation is that it's just a child, there's my first place. So I'm not usually the person who is going to force them breathing force to do the extinction burst. Really, really harsh. Because for me as a child, of course, we are using the principles and everything. But it's still a child. I didn't want to do a robot of the child. It's still a child, so that I love to play with them. I love when they're playing. It's really appropriate for this age. So for me, it's just the child in a good way. I mean, yeah.

Ryan Dieselman 14:10

You're talking about playing with them a lot. How do you like weave lessons into that into that play and

Terézia Lukšicová 14:20

What do you mean?

Demetre Doherty 14:21

kind of like when you're playing with them, try to, like sneak in a lesson without them really knowing that they're learning something while they're playing. They just think of it as they're just playing. But you're really teaching on something at the same time kind of tea?

Terézia Lukšicová 14:39

Well, I think it's really natural for this for the child to learn from the natural environment to learn through playing. Yeah, of course, with our child with our kids. That has special needs. We need to structuralize it and we need to teach them even sitting at a table and chewing all the time, of course, but still I think it should be just the small part of the sessions with we have to develop that natural motivation are you usually the natural motivation is from play coming from the play Yeah. Okay.

Demetre Doherty 15:20

So, during a typical session, how much would you say is focused playing versus on trying to teach them?

Terézia Lukšicová 15:31

what we are trying to teach even when we are playing and I think it really depends on how old is the child Of course, I'm going to play much more with the child who is 2 then with a child that we seek that is going to go to school, and we need to focus on table work because the child has to be able to sit in the class. So it depends and of course, when we have some early students, again, we are starting much more with the with the game to build the motivation to build everything and then we are going to have much more to structuralized work

Ryan Dieselman 16:11

When you start working with a brand new child what are the steps you go through to assess their needs, and like what they need to work on most.

Terézia Lukšicová 16:20

But to be honest, I hadn't started with so many new child's but I think it's really important to connect with the child to build a relationship, because we want the child to be able to learn, we need to have that positive relationship there. If the child child is not happy with us, we cannot teach anything. Yeah. So build a positive relationship to map all the areas maybe the needs of the family. For me, it's also important really to know how the family is in the most general term, how they are. What are the relationships between the child and parents? How the child's reaction to the parents, how we can train them, and how it will work in their natural environments, because I can train them something in the center, and they will go home and it's completely dysfunctional. Yeah, so there's something Yeah, for example, I had I had one child here. And then they're like, I'm doing the program for this child. And sometimes in the center, I trained in something and they're like, yes, well, I understand everything. They will do it. I know that they understand and I go to their home, and it's not working. The child is completely different there. So we always have to take a look what's going to be most beneficial for the center.

Ryan Dieselman 17:53

Yeah, it definitely makes sense. I know you mentioned communication as the biggest thing they struggle with, like a lot of families seem to struggle with. How do you like how do you even started working on communication?

Terézia Lukšicová 18:05

Or maybe maybe the important thing is the parents will understand that everything gets some kind of communication, even when the child is clean. It usually has a reason, right. Yeah, um, so for me, it's important that it understand this. And then, according to the abilities of the child, we can start to develop it at least to point out something to build the eye contact or to use facts, or science or something. And we definitely celebrate every little step.

Ryan Dieselman 18:46

Yeah, definitely. I'm sure I'm sure it is a very long process.

Terézia Lukšicová 18:50

yeah, some childs are fast learning learners some not.

Ryan Dieselman 18:57

Yeah. In terms of like daily living skills for the child's Are there any sort of daily living skills you think, like more children seem to struggle with and others?

Terézia Lukšicová 19:13

when we work with small child, usually we are working on the toilet training as well. Have you met Lucy?

Demetre Doherty 19:22

Oh, yeah. We are meeting her tomorrow.

Terézia Lukšicová 19:26

She's our trainer for the toilets. I don't know many things about it, but she definitely can tell you more. So I think it's really important. Our child's know how to how to control it. And the other thing we are usually facing is that the child is really relying on the parents help. We are teaching them not to use the vocal prompts for the self care skills.

Vishnu Priya Dendukuri 20:01

Yeah, you're prompting them vocally to do

Terézia Lukšicová 20:05

No, we are teaching them not to use the vocal prompt for self care. Because the child is going to rely on that like, pick your jacket, put your hat or gloves on, and you just can see how the child's like this and waiting for instruction. So when in terms of self care, have you asked for self care right or not? Really?

Ryan Dieselman 20:28

We talked about it a bit with Mgr. Cizkova just about

Terézia Lukšicová 20:35

Oh, okay. Okay. So we are using the physical prompts for these kind of things to hold the hands, was there I have not tell them. Turn on the water put your hands on put the soap on. So when are doing this we are using physical prompts because it's much more easier to decrease them. And to lead the child to to be not be dependent of you. Sorry,

Demetre Doherty 21:08

So you're kind of doing it with them.

Terézia Lukšicová 21:10

Yes, And then you are decreasing. You're okay with this self care. Yes. Yeah, not every Yeah.

Ryan Dieselman 21:18

And then the end goal is to like make them independent and like not not reliant on you giving them those prompts?

Terézia Lukšicová 21:24

Yeah, because they're relying really you can see it with our child, very often. They're just sitting there using your hands to do it for you. And it's something we don't want. We want the child to be able to get dressed by themselves, right but because it's a really important skill, or to eat by themselves, to go to the toilet by themselves. I think it's really important.

Ryan Dieselman 21:48

Yeah, that's really important.

Terézia Lukšicová 21:50

And usually parents, when I see that, the less functional is the child, then they're doing most of the things for the child. And it's not helpful, right? Yeah, it's easier for the parents, because it's much, much faster to dress the child then to do it with the child to say it's easier for the parents. Yeah, right now, but it's not gonna be easier.

Ryan Dieselman 22:21

Yeah, that actually leads very well into our next question, which was, Well, I think that the parent needs to learn. So you mentioned that like the principal was described to us was do with not for. Would you say you have anything else like that would be a central for parents to know?

Terézia Lukšicová 22:40

Like anything up to many things that parents should know? But before us, it's also really important to remember no, say big steps, and to just focus maybe on 1 2 3 or something like this and three goals more because they are not going to be able to so I think I don't really know right now.

Ryan Dieselman 23:15

In your experience how much you work directly with the parents? Once you're in like a therapy stage with the child, how much are you working with their parents?

Terézia Lukšicová 23:26

Again, depends. Our standard model should be that we've worked with the child, usually our sessions are one hour and 40 minutes directed for the child and 20 minutes per hour undirected. You know what I mean? Just to take all the data that has anything, so in that one hour and 40 minutes usually work with the child one hour and 10-20 minutes and we leave that 20 minutes for the parents usually are 20 to half an hour. But it depends sometimes when we are teaching a new skill. It can be the whole sessions. Sometimes, as I mentioned you that one boy I'm doing the program for him when I go to their place, sometimes it's just the whole session to session to work with them to observe the natural environment and to teach them how to work there. So yeah.

Demetre Doherty 24:27

So are you ever working with the caregivers and child at the same time trying to kind of show them what you're doing?

Terézia Lukšicová 24:34

Sure sure sure. I think it's really affects the parents to see how to do and usually it can be like, I will show it, how to do it with the child and I will try with the parent that I am the child or their parents or vice versa. And then I will lead them to try it themselves.

Vishnu Priya Dendukuri 24:55

Yeah, okay. So they, they can observe the instruction?

Terézia Lukšicová 24:59

And usually when we have just really early student who does not like what the parents are leaving and do not mind when they stay at the same time. And then maybe slowly we are trying to be able to work with the kids independently because it's again a new ability to be able to stay in the room without the parents. But in the beginning we do not mind and they can learn from us while we are using in the sessions.

Ryan Dieselman 25:27

Yeah. Do you have a sense of like how parents are able to continue that work once you're no longer there, with them?

Terézia Lukšicová 25:36

Well, it depends. Again, I do not really have this kind of information because we because we do not have a lot of those candidates. Yeah, we all like the whole Abaceda we work in a different center before, two years ago. Our one hour sorry, one year ago, we work in a different center and then we left. We have Abaceda. And we have some connections with the families but they're still in the other center. So they're working on a separate supervision. Still and for Abaceda are we thinking only one center left? And we do not know. But we are always if it depends on the reasons why they're leaving. The reasons are financially situation. We are trying to support them somehow or at least offer them either online consulting and right to work with them through the internet once now or something but we do not have many of those.

Ryan Dieselman 26:40

How important is it for parents to be taking care of themselves?

Terézia Lukšicová 26:44

Oh my god it's the most important thing.

Ryan Dieselman 26:47

Yeah, we've, we've definitely gotten that sense that that's kind of important.

Terézia Lukšicová 26:53

that's really huge. Because if you're not like okay, you can not want your child to be okay, the feelings and also, of course your frustration toleration is also lowered. So this pays for work and for learning it's much much more than when you want to. And I think it's really important sometimes we can see that our parents are like, I have to invoke all the money all the time all the energy everything to taking care of the child because the child has special needs. And it's the most important thing, but it considered that the parents are depression, that they're tired they're not sleeping they're not having any activities by themselves by their partner or anything. And I don't think it's a good thing, or it can work for some period, but it's not going to work.

Ryan Dieselman 27:47

Yeah. Yeah. So how do you convey to parents that they need to take care of themselves?

Terézia Lukšicová 27:58

It's difficult. I would say this is maybe one of the most difficult things because they do not want that. They don't think it's important. They do not see from our perspective. I think we can all learn those things from Mgr. Cizkova because she has really nice point of view on those things and she can communicate it really well. We are trying to make them understand that the child is learning from them. Yeah. At the child's also connect on their energies on how they're feels and everything. And they just feel it if they're not okay. And when the child is okay when they're in the red zone and their domains, no learning. So we're trying to, to maybe use some information. There is a lot of research on how the depression of the caregivers can involve the child. you know, we're just trying to educate them and make them understand.

Ryan Dieselman 29:09

Yeah. For all these things that you teach, the parents are the only things that seems like the parents have a really hard time accepting?

Terézia Lukšicová 29:22

Can you maybe just clarify?

Ryan Dieselman 29:24

Yeah, I guess are there any specific points that parents seem like they are reluctant to accept? Like they have a very high time realizing that they need to be doing something differently. If that makes sense?

Terézia Lukšicová 29:39

I understand what you're saying and I'm just thinking about it. I don't know. I think it's really just again, depends from case to case. Yeah. Sometimes, maybe the big sometimes focus the parents on is that they're putting too much stress on the child that can be difficult for parents to accept that they can also accept how the child is maybe they do not maybe unconsciously? Yeah, they're doing some things that they're affecting the child. For example. The child has ABA speech therapy. OT, they go to school, they go to somewhere somewhere somewhere somewhere, and the child does not have any any free spot in the week schedule. And sometimes it is difficult for parents to realize this can do more harm than than what good.

Sydney Gardner 30:47

You just briefly mentioned OT can you just clarify what that is?

Terézia Lukšicová 30:55

Occupational therapy.

Sydney Gardner 30:58

Can you elaborate on that, again we are not from therapy fields. So if you please explain a little bit?

Terézia Lukšicová 31:05

It's difficult to explain Occupational Therapy. You can google it.

Ryan Dieselman 31:26

In terms of a general question, how do parents know when it's time to like, go away from therapy?

Terézia Lukšicová 31:34

like from Abaceda?

Ryan Dieselman 31:37

like once, when does the parent know that like, okay, the child is now like they've accomplished the goals they wanted to?

Demetre Doherty 31:44

independent. They're independent.

Terézia Lukšicová 31:48

Are you asking me how the parents realize that it's time to go?

Ryan Dieselman 31:53

if you have any sense of it.

Terézia Lukšicová 31:57

independence again, sometimes it's, I think, the most common thing we are facing, I can ignore that often because we don't have that many clients. We have not worked in Abaceda for a long time. But I think that the thing is that when you go to school, the whole profession has to change.

Because most of the time they're in the school, so maybe this is the one day I have to change the schedule, but I'm not sure if I'm going for it question because you mean like when's the time to leave the session? Like what time are they know that it's time to leave or?

Ryan Dieselman 32:29

like how do they know that their child is ready to ready to like not have therapy sessions.

Terézia Lukšicová 32:41

I don't know. Because I believe that most of the child most of the child to work with will need some kind of support for many, many years. And then that is not going to grow up from the work like that. So I think it's really critical to find balance, and letting go to try to work independently maybe with our support, maybe doing the online meetings under our supervision once a month or something like that. And where is the level that we need to work more it's really difficult to say? For example, now we have one boy, but he doesn't have autism he has just I'm not sure something like developmental speech delay, or something like that and the problem behavior. And now we just said that he's too good to be in our care every week, so if we just decrease it for like, making him every two weeks and then we will see how it is. Usually we are trying to decrease it slowly. And we'll see how the child is how the whole family is doing if they're able to halfway if they need some additional support and then according to that we are conscious of that to make a decision.

Vishnu Priya Dendukuri 34:05

Yeah, yeah I think that makes a lot of sense. So like going back to the parents do the parents realize how much time they have to spend with the child. Do they realize how much time they have to work on with the child.

Terézia Lukšicová 34:24

I understand what you're saying but can you maybe ask again?

Vishnu Priya Dendukuri 34:31

Something like do they understand how much they have to spend with the child? And like how like, the limit of like overworking them is not fair, but like not underworking them?

Terézia Lukšicová 34:48

I think it depends on the parent. Some parents, they want to be involved on every second with the child. And sometimes the parents are connected with what I said and do not expect miracles to happen. And then they expect that they're going to start the ABA sessions, they don't have to do anything else. And this is your question? Yeah, yes. And it's important. So this one, like some, I think that so maybe we just did but I think sometimes to answer your question as well. I think it's difficult for parents to see the child's living as well. Sometimes they do not want to face the reality. A lot of child's with autism also have some kind of mental mental issues, right? They have decreased intelligence. to it doesn't have to be like that. The parents more or sometimes they expect less, and they're going to get lazy because they do not have to do anything. So I think the most important part of our job is to look every case individually. Yeah. Make any general wise decisions.

Ryan Dieselman 36:14

I think that's pretty much it on the questions we had prepared. Do you have, you have our emails if you would ever like share any more information.

Vishnu Priya Dendukuri 36:32

Do you have any general questions about us or our project?

Terézia Lukšicová 36:37

Not really sorry. I didn't really have time to prepare anything. So I haven't been thinking about that. Yeah.

Demetre Doherty 37:00

We really appreciate you taking the time to talk to us today.

Transcribed by <https://otter.ai>

Appendix N: Therapist Interview 3 - Kateřina Jandáčková

Interview with Kateřina Jandáčková
All WPI Autism Education Team Members Present
4/11/2021
11:00 - 11:50

Ryan Dieselman 0:00

Yeah, so our goal is to really learn as much about the specifics of how you do therapy with children, and especially how you like interact with the parents, because video producing is targeted towards parents since we really learned that there's not enough resources to help the parents that need it. I'm sure you agree with that. So I think the goal that Katerina had in mind is really to be able to distribute this to parents that haven't been able to get into therapy. So that's really what we're trying to figure out. In terms of in terms of you introductory, introductory questions, like how long have you worked in behavioral therapy?

Kateřina Jandáčková 0:43

I mean, working there since 2018. So it's almost three years. Yeah. Three years now. Yeah.

Ryan Dieselman 0:50

Yeah. How do you like get into this field?

Kateřina Jandáčková 0:52

So I studied psychology, so I saw an offer for a job. It was like a part time job and I wanted to do something in a field. And before I was a volunteer, working with children with autism, so I knew a little bit about it. And I was interested in the field. So...

Ryan Dieselman 1:08

Do you like working with kids?

Kateřina Jandáčková 1:10

Yeah. That's like something I wanted to do, like, forever I think.

Ryan Dieselman 1:16

Yeah it was definitely fun to see how ... see how excited you are. I know the child was really excited.

Kateřina Jandáčková 1:21

Yeah. [Inaudible Overlap]

Ryan Dieselman 1:25

Yeah, and what's your role like within Abaceda; I know obviously therapy sessions. Is that, Is that like your main role?

Kateřina Jandáčková 1:32

Well, kind of partly, I also want to be a clinical psychologist. So this is not something where I am aiming as well. So I want them to like part time here, but part time some in a hospital or something like that and become a clinical psychologist, preferably for children. Yeah, because I think it's good for us as well, for... for the center, for Abaceda, to have somebody who can diagnose children, you know, that they can do far more stuff than just ABA therapy.

Vishnu Priya Dendukuri 2:07
Like Terezia?

Kateřina Jandáčková 2:10
Oh, yes. [Overlapping Conversation] Yes, exactly. And so I'm aiming more in a hospital field than Terezia.

Ryan Dieselman 2:20
So you're working in like a hospital. Would you be like diagnosing autism like to patients of the hospital that come in?

Kateřina Jandáčková 2:26
Yeah. Well, here it depends on the hospital because in Czech Republic, the situation with diagnosis is very bad. It's pretty hard to get to a place where you could be diagnosed with autism. There are very long waiting lists. And so there is like one hospital that has a program for diagnosing autism and they usually...

Ryan Dieselman 2:47
One in the whole country?

Kateřina Jandáčková 2:48
Well, yeah, I think I was like, this special program is only this one particular hospital. Yes, you can go like a to a clinical psychologist and they can like diagnose you as well. But like this particular hospital has a program for diagnosing autism and they usually go there and they spend five days and they get the whole package like clinical psychologists, neuro psychologist, everyone.

Ryan Dieselman 3:14
Yeah. So how do parents like find a way to that step where they're like actually going to get the child diagnosed? What's the first place they go to when they start to have these concerns?

Kateřina Jandáčková 3:25
They usually go to a psychologist I think or they talk with, chil- um... with teachers in in the [kinder]garten, and they usually like recommend them they go to the psychologist, but it's very hard in Czech Republic to find one, to a find a clinical psychologist who can like have a space because I think now in the waiting time is like at least six months or something like that, or even more. So they usually contact like a clinical psychologist who have the space and they go there. I think that's the first step usually.

Ryan Dieselman 3:59

In terms of working with families, how often do you meet with with the same family like during the normal week?

Kateřina Jandáčková 4:07

Well, usually, I would say once a week or at least I try or try here. Sometimes once in two weeks. It depends on the family because somebody has like sessions quite a few times, like let's say three times a week then it's like either meet them, but sometimes you just have like one or two sessions per week. So then as we take turns as well as a therapist, so that's two weeks

Ryan Dieselman 4:33

Yeah, how long it looks sessions usually isn't usually like the same time?

Kateřina Jandáčková 4:38

Like it's like usually one hour and 40 minutes for the children. For the parents.. uh...and yeah. is like the most typical time for us like one hour.

Ryan Dieselman 4:48

Yeah, and how many how many different families you work with at a time?

Kateřina Jandáčková 4:55

[Inaudible] Families? Probably like a call center. We have like 25 families I think, but right now I think I meet like ten of them.

Ryan Dieselman 5:10

How often do you work with children versus with their parents?

Kateřina Jandáčková 5:15

We try to combine both. So this is usually something when when parents come here for the first time we usually say to them, Hey, we want to work with you as well. So we are trying to let them know before this is what we expect from that. But usually let's say if the session has like one hour and 40 minutes of usually, like one hour increments with the children and 20 minutes the parents I would say that's the most typical scenario. I mean, it depends on the family and on the needs of the family. If we are like working on something we can we need to discuss more with the parents or we read something which is which is a behavior that is occurring at home we need to work with them more than it is something we just learned.

Ryan Dieselman 6:01

Yeah. And are there any times that you're working with like both the child and at once?

Kateřina Jandáčková 6:06

Yes, sometimes. When we for example, when we teach them self care skills, usually we need to like show them first on the on the child then we work with them. Then they show us the child, how they do it. We sometimes see applied behavior skills training, if you know what it is like. There are like four steps you need to do. And it's that very good thing for teaching somebody how to teach somebody else.

Ryan Dieselman 6:36
What are those four steps?

Kateřina Jandáčková 6:39
Yeah, first is instruction. So you like describe it. Write it down as well.

Ryan Dieselman 6:45
Like vocal instruction?

Kateřina Jandáčková 6:46
Yeah, exactly. Then there's modeling. So you show them with the child or with themselves like how you do it. Then there's roleplay so I would be the child and the parent would be the therapist. They would like try it on me. And then there's feedback and I would give them feedback how to do it and then there's research for it, but it's actually a very good skill to have... like to... how to teach parents to do something.

Ryan Dieselman 7:14
Yeah, those are mostly for self care skills?

Kateřina Jandáčková 7:16
You can do it for anything for anything really. If we teach them ITT, the work behind a table, it's also possible to do it

Vishnu Priya Dendukuri 7:26
What is ITT?

Kateřina Jandáčková 7:27
Oh, sorry, intensive training. So I think maybe you saw it, Lucy did it today. [Team affirmed] Yeah, so yeah, that's that's supported as well. So it's Intensive something Training. Sorry, I'm missing one word in that but it's like, like the "intensive" work you do with a child. It just not like playing it's like working behind a table.

Vishnu Priya Dendukuri 7:50
Yeah, I observed like each picture, when they will get each picture when they do one task...

Kateřina Jandáčková 7:54
Yeah.

Vishnu Priya Dendukuri 7:55
...to complete six pictures to actually get a reward is it?

Kateřina Jandáčková 7:58
Yeah, exactly.

Ryan Dieselman 8:00
I think we observed a lot of that [Overlapping Conversation].

Kateřina Jandáčková 8:02

Yeah, definitely. And so it's like you teach something to child in like more of artificial environment, I would say, and then we like apply that to a game or to more natural environment. So that's why when you play with them, we actually are working on that skill as well. So let's say I will teach the child didn't do I don't know, do this [mimes action], like this. I would first teach them how they were and then I would apply that in a natural environment in the game as well. So I'm gonna cook with them and drink with them and stuff like this. So it's like two different kinds of environments need to like combine them both.

Vishnu Priya Dendukuri 8:42

Oh so that's why you're first here [the trampoline] and then she pulled them back there [the table] and then...

Kateřina Jandáčková 8:47

Yeah. And so when we are like teaching them in the natural environment the child doesn't know he has been taught. So that is what we are trying to combine here.

Ryan Dieselman 9:04

In terms of before coming to therapy, what are some things that all parents seem to be struggling with with their children?

Kateřina Jandáčková 9:12

Oh, okay. Yeah, no, I understand. Usually I would say definitely communication. That's a very big goal, self care skills as well, but that's very interesting. That they usually don't think it's that important.

Kateřina Jandáčková 9:12

You mean, like in terms of what kind of behavior?

Ryan Dieselman 9:17

Yeah either what kind of behavior or are they struggling to like connect with them?

Ryan Dieselman 9:37

Don't think the self care skills are as important?

Kateřina Jandáčková 9:39

Yeah. And the parents usually don't think so. So yeah, they'd rather teach them communication, academic skills, rather than self care skills, which is kind of interesting. There's also like recently tons of research for it. That usually that's like the second goal for parents.

Vishnu Priya Dendukuri 10:01

Do you have an idea of why?

Kateřina Jandáčková 10:05

I think in my opinion, that's an important thing. Because when they're small children it's not that hard to do the stuff with them or for them, you know. It's not hard to like dress them. So they are rather like... they would rather see the dad communicating with them, which is like more struggling for them. So that's, I think that's why but sometimes they forget that, "Okay, but they will grow older" and then it gets more harder. Yeah, exactly. So I would say one one area is definitely communication. They are struggling with that sometimes problem behavior if the child has is aggressive or they're screaming and stuff like this. So definitely these two are the most common, I'd say.

Ryan Dieselman 10:52

Yeah. Before before the parents come to therapy and like get any sort of formal training or instruction, what are some like misconceptions that you think a lot have about ABA? About either ABA or autism in general? Anything you can think of?

Kateřina Jandáčková 11:10

Well, sometimes I think they they think that it is just like the work behind the table. And then they're surprised how much we play with the child and how some of them how slow slow up we are like, we're trying to be very slowly in like, terms of getting to know the child, building relationship with them, connection. So that could be one day they're like ready to work. And then they're like, okay, but first we will play. Okay. Sometimes they don't see we actually are working on something and they just say, "Oh, so you just play that the child" like no, I'm teaching the child something and they just don't see it. So that could be one [misconception] about autism. Sometimes I think they think they will never communicate, like they will never talk and they're surprised it's possible. Or sometimes when we say that there's like a possibility of automatic communication. Like, let's say they would be using signs or communication products, then they think, okay, so that means he will never be vocal, or verbal and that's not that's not true. Actually, when we use something else, it's connected and it's supporting the vocal communication as well as maybe these are what I can think of right now.

Ryan Dieselman 12:38

Where do the parents seem to like look for information first, like when they first started to have like concerns that their child is autistic?

Kateřina Jandáčková 12:48

Maybe they try to like read about it. But definitely they go to internet they go to Facebook groups, I'm in two Facebook groups of parents with children with autism, and it's interesting to like read sometimes what's really going on and sometimes I just want to write down that it's not true.

Demetre Doherty 13:09

Terezia talked about that last night. She said a lot of Facebook Groups are the worst.

Kateřina Jandáčková 13:16

Yeah, they are.

Vishnu Priya Dendukuri 13:16

Yeah. It's interesting. If they're run by parents like, with kids who have autism, like how do they like do they like, are those parents generally the ones who took therapies or are they ones that they have their own ideas, and you just want to share.

Kateřina Jandáčková 13:31

I think, everything I everything, and sometimes they read about something and it works for them. So they just want to recommend to everybody, but it's not that easy. [Inaudible Overlap]

Kateřina Jandáčková 13:44

Yeah, and sometimes they just don't have the resources. Or I would say a big problem in Czech Republic is that we are very Prague-centric. So every services are in Prague, but not in a smaller city. So imagine living in a town: they just don't have the resources to go to somewhere. They would like to have someone advise them so they just try whatever they can. And they're mixing everything together and yeah. Yeah, it's hard when you know how to... how you can do it and then you see, like, they struggle with the basic steps but going for it.

Ryan Dieselman 14:26

America is no stranger to weird things on Facebook. Can you experience this it is usually like the mother or the father of the child starts to kind of notice the signs first if there is a difference.

Kateřina Jandáčková 14:43

I don't really know. I would think mother because usually we communicate more with mothers. But I haven't read that like, like they never... I've never heard specifically said that... Like "I will visit first though", but I will say maybe mother because they spend more time with children. Usually it ends at age because I don't know if you know it guys, here in Czech Republic, maternity leave is for three years. [Inaudible sounds of shock]

Vishnu Priya Dendukuri 15:09

... in other places three months.

Kateřina Jandáčková 15:13

So yeah, I know.

Ryan Dieselman 15:15

US is... not the same.

Kateřina Jandáčková 15:18

I think we have one of the longest in the world. Maybe the longest so usually, first three years they said with the child and this is when they start seeing.

Vishnu Priya Dendukuri 15:32

Okay, so as to spend a lot of time they [Inaudible Overlap]. So while working on the therapies, too our mothers more present than fathers?

Kateřina Jandáčková 15:42

I would say like 90% of mothers like sometimes we don't even meet the fathers. Yeah, like always so happy when we finally see the the dad. Like, "Oh! You exist! Good!" [Overlapping Laughter] Yeah, no but it's like very often, just mothers come here. And it can be because the dads are working, that's like... or they they're like separating their jobs. And they're like, Okay, so you're doing all this stuff you have [Inaudible]. No, it's very good when the parents cooperate with each other. And it's not that common to be honest.

Ryan Dieselman 16:22

Yeah. Do you get a sense of if fathers and mothers seem to have like very different views on autism and like what to do with the child's?

Kateřina Jandáčková 16:30

Yeah, I can't. I can't say it's a rule. But I've observed it in some cases that let's say one family, the mother rarely tries to be understanding following the ABA rules and doing this kind of stuff and the father didn't accept that his daughter has autism, and he's more like, strict with her. He's like, Okay, you're just like, spoiled and he's like, is being very strict with her and it's the little girl. So yeah, or even in a different family and it was like completely different scenario when the father was like, allowing the child everything. And then he didn't set any boundaries for the child so we can do whatever he wanted. And it also like was the trouble in a family and with child as well. So

Ryan Dieselman 17:17

Were those cases that like you didn't really interact with the father as much as the mother?

Kateřina Jandáčková 17:21

Yeah, definitely. But when we interviewed what was both of them, you can sense that they are on the same, right like rung, and yet they tried to cooperate with each other. They talk about that. They tried to do the same stuff. There's always a little difference, but like we're people. There always will be a little difference. It's good for the child as well. You can't be robots with them. So

Ryan Dieselman 17:49

In terms of working with children, now, what are some like general guidelines that you try to keep in mind to all children? Obviously, every child is different, but in terms of like, very general guidelines that you try to keep in mind.

Kateřina Jandáčková 18:01

Say like, for us, for all of us, very important, is the relationship with the child. So we will definitely first try to build the relationship, as I've already said, and then the whole family because if there's no trust between us it's not working. So this is like definitely one of them: trust into communication. There's also like very important that when I'm working with the family I'm always trying to think of like be, be like open about what was going on. But obviously like in terms of like, still still being nice and caring to the family. We don't want to like say the stuff like strictly. So this is like I would say maybe it's not a bad guideline, but it's like something we're trying to follow. And then we definitely follow like basic ABA principles obviously. Yeah. But

still, I think we're very soft and slow in that you're very like cautious about trauma that ABA preformed incorrectly. What can it can do so we are very like [aware].

Ryan Dieselman 19:13

Yeah, how does that trauma happen like through... bad ABA? Can you talk about that?

Kateřina Jandáčková 19:20

Yeah, sure. For sure. Like, I can never I think I've never experienced it on my own, thankfully. [Overlapping Laughter] {Jokingly} "Yay I didn't traumatize a child, yes" [Overlapping Laughter]. I hope so at least. But what we know about it, or what I've read about it, it's usually because um, so the ABA a few years ago was more strict. I would say that it is now now we are more talking about okay, there's psychology going on as well and everyone is different and we need to be you know, following the child. And so, I will say before it was more about the principles like when I said "you sit down", you sit down you know, and now we are working more towards like what we can do before we say the instruction, what we can do so the child follows with and is happy about it and before like few years ago, I would say it more about the instruction and the consequence. So now we are working more about the before stuff and yeah, do I make sense?

Ryan Dieselman 20:23

Is that change like entire ABA field or is that change, like, Abaceda-specific like how you do ABA here?

Kateřina Jandáčková 20:30

I would say... maybe the entire ABA as well. I know in the states they're like movements. They are like trying to advocate for this kind of approach. So I would say maybe like the whole field that not everyone definitely. And I think we as Abaceda we are like the most of the people I know or I have spoken with about it. So yeah, more like, general.

Ryan Dieselman 21:14

You talked about like first thing you do is try to build a relationship with the child. What steps do you take to do that?

Kateřina Jandáčková 21:20

Well, let's remember that [Inaudible] is motivation. Like I get... so the child I have and sorry guys that you didn't get to see him yeah, he was there like this I think... [this was his] fourth time here maybe fifth. So we are very slow. The mom is there the whole time. Last session, we tried that... she would go away with a colleague, and she didn't say that she's going away and the child was like suddenly like, "what's going on" and today he was very like cautious and careful about like if the mom was there so I just leave him like like this like me when I just follow him. I don't like try to give him instruction, trying to be very gentle and the mom can be there the whole time. And I follow his motivation. I can see his motivation, for example for a car. So I sit with them with the child and I play with the car. And I'm just like naming the stuff and then I bring something else and see if he is interested in that and then now I'm trying to be the source of the fun, but like not to like take the stuff away from him. So like this.

Ryan Dieselman 22:31

Yeah, I think trying to be the source of the fun takes a lot of sense. Yeah. In terms of like relationship-building. And you've talked a lot about playing with the child and how, how exactly do you try to like sneak lessons into that? To teach them while you're playing.

Kateřina Jandáčková 22:47

Yeah, so when we are already like when we have the relationship then the child can like ask for the stuff you know so this like big part of the like teaching in like in a game the child would want to have a train, I'm hoping he says "train" I'm giving the train first on the map and then slowly he says to send it by himself. So this is like the source of fun. And like naming this stuff is like one one area of it. Or then when I don't know when I teach him to like something in a play, let's say as I was saying with the drinking, you know, so I incorporate into play like "Okay, now we're like, you know, having fun with the water with a cup" and think you know, he he has he's having motivation for a cup or for water. So I can like trying to introduce the skill I am teaching.

Ryan Dieselman 23:54

How do you work on communication? You mentioned that's something a lot of families struggle with?

Kateřina Jandáčková 23:59

Yeah, definitely definitely like the first start with our demands like demand so the child is asking for stuff. So this is like the first first step up. Engage the child is already somehow vocal so they can like repeat after me. So then like definitely we start with that, but if the child isn't vocal, you get started with demands in like in terms of eye contact, they look at me I give them what they want or they look at me and we will be jumping on the trampoline or stuff like this. So yeah, exactly. So this the way we start, first with commands. So they asked for the stuff and then so my verbal appearance in ABA, so their text so that means that the child is making stuff on the internet browser, which means like child is answering my questions. But definitely the first thing you need to do is start with the demands. So the child has fun, you know, because yeah, yeah asking for something and I'm giving it to them. That's perfect. Yeah.

Ryan Dieselman 25:20

Yeah, and that you mentioned problem behavior earlier, too. How do you go about working on problem behaviors? I mean, I'm sure it's very different.

Kateřina Jandáčková 25:29

Yeah, yeah. Yeah, I think it's what I've said before that now we are working more on [inaudible] what he said happening before. So I'm trying to somehow like avoid problem behavior. You know, by like, I would say I did see that the child doesn't want to work. And it's maybe because he can say, hey, I need a break. So I first need to teach him hey, I need a break. And then he can like asked for it and maybe avoid the problem behavior. For instance, then I will teach him that not every time he can ask for a break. And that's another skill but first I will teach them, "I want to break" and then okay, sometimes you can but you can't have it this always.

Ryan Dieselman 26:20

Like teach them how to recognize their needs?

Kateřina Jandáčková 26:23

Yeah, exactly. And somewhat like avoided... We were here we are observing then the problem behavior is happening and what was the reason like or why it didn't happen? So is it because the child has doesn't have the skill in there like behavior repertoire or is it because maybe they are too many stuff happening; the light is like very bright or what's going on. So, this is what we are trying to see first. I would say before, like few years ago, as I mentioned, it was more about the extinction of the behavior. So the behavior was happening. And the therapist would kind of, like ignore the child, so they wouldn't reinforce the behavior. And now we're trying more avoided that if it's not necessary completely and work more on the skill before.

Ryan Dieselman 27:14

Yeah, that makes a lot of sense.

Vishnu Priya Dendukuri 27:16

When working on a skill like how how like, you try to teach them a skill like that's basically?

Kateřina Jandáčková 27:25

Exactly what do you mean?

Vishnu Priya Dendukuri 27:26

Like Anything like wearing clothes or washing face or hands and shower?

Kateřina Jandáčková 27:32

Oh, yeah. Okay, like this. Well, this is something where we try to work more with parents because it just makes more sense. And it depends on the skill and on the child obviously. But we usually use a method which is called chaining. So these behaviors are skills are usually very, like complicated behavior. So if you want to like I don't know, put on the jacket, you need to know put on the sleeve and you need to, like you know, you know, somehow how you zip it up and stuff like this. So we would take this behavior and you would like cut it into smaller pieces. And these are the steps you need to teach to the child first. And we are like doing it with them. That's very important that we use the same events you need to do with it, not for them. Yeah, so the parents meet the children's hands but the child still has like feeling that he's doing fine by myself and you kind of like shape it the behavior, you know, then you the help you give them is smaller smaller and then, like not at all, but uh, usually we usually need to have some kind of reinforcement after so we can even even like chocolate you know, he zip it up then we give them chocolate.

Vishnu Priya Dendukuri 29:07

[Overlapping Conversation Joking About Chocolate]

Ryan Dieselman 29:20

And in terms of... is there a difference between prompting a child like visually or prompting them like speaking?

Kateřina Jandáčková 29:28

Oh, yeah, definitely. Well, yeah, like, for the different skills and action we would use different prompts sometimes because sometimes you can just prompt them visually to speak to them. But in terms of daily skills, daily living skills is better to prompt them visually or physically then speaking. Because I will say that that's a mistake. Many parents do that they just, you know, say, "Okay wash your hands. And now this soap Okay, turn on the water and now the soap." And this is something then the children can do it. They just say look, he can like wash your wash his hands. Okay, now I'm do it without telling them. They can't do it because they're like waiting for the mom to say it. So usually we... we're trying to support the parents to prompt the child more manually... physically because it's easier to like, how do I say it you know, to make the help smaller and smaller.

Ryan Dieselman 30:33

Yeah, in terms of the parents, what are the guidelines that you think it's the most important for parents to learn? What's the most important thing that you need to tell parents?

Kateřina Jandáčková 30:47

I think play with the child because sometimes the parents of children with autism or any other special needs, they forget that they are still children and they like like, you know, I would say sometimes they're so scared of the diagnosis and so focused on the diagnosis that they they forget about the relationship with the child that it's still a child and they need to play and they need to have fun. Yeah, so I would first encourage the relationship and the play and the fun. Because when there is that instead of agreeing goes better. And also what I think many parents struggle with is accepting the diagnosis itself.

Ryan Dieselman 31:27

Yeah

Kateřina Jandáčková 31:27

And I can see okay, so my personal view is as psychologist you know, so maybe that's also why I'm saying that I can see when the parents are frustrated and pressed because of the diagnosis and they're trying to work with the child. And you can just see it that the child like there is like the relationship is somehow I don't want to say broken but I can't think of a better word. And the when the parents and accept diagnose and accept the child how they are it just, it just goes better like and the child starts to, like, develop so much faster and easier. And yeah, so yeah, I'm trying to encourage many parents so usually our like hard conversation even for me like to say to them, "Hey, you need to learn differently around the child" and this is something like, not easy.

Vishnu Priya Dendukuri 32:23

So what are some of the other things that you feel like the parents feel really reluctant to accept like?

Kateřina Jandáčková 32:32

So I would say very hard for them. It is the diagnosis itself. Oh, for many parents that means like okay, my child won't be normal but what's normal and I would say they were often think the children that they do not speak and stuff like this. And they don't know, that case is that what the

person is already about and they are like, yeah, they are handling no I thought with this and just a little bit different so that there's that.

Kateřina Jandáčková 33:04

I would also say sometimes there is problem with self stimulating behavior, the child presents, because it's, it's been my you know, my child does something different than the other children. But everybody can see from like, from the first sign that they're different. So I take parents have problems accepting that. And they want to like change it but very often we say that, hey, when you're waiting in line, let's say in a queue, and you're like on on your phone, or you're playing with your hair, or when you're nervous, you also do this [crosses arms and rubs them]. Okay, so the child does this [shakes hands in air]. It's different, and we see it as different, but it's the same. Yeah, and I think this is a sometimes a bit help helpful for parents and I say hey, everybody does it. It's just different. Like, yeah.

Ryan Dieselman 33:57

Do you have any sense of like, where that stigma comes from?

Kateřina Jandáčková 34:02

I think society you know, like that. We are like, we just are more set on like accepting what is normal like what is... I don't want to use the word normal. Yeah. Exactly how we should behave and how we should look. Yeah. And I mean, like I don't wanna... there are cases that we need to work on that behavior. I'm not saying that every status might be here, it's completely fine, because in certain age, it would be more problematic for the child to have the behavior because exactly, everybody will look it not the child. So it's better for teaching them each different strategies, but not in every case. We have to like think of like, "Hey, do we really need to reteach them or find a different way?"

Ryan Dieselman 34:57

Yes, he's mentioned how like hard it is own parents. How do you teach the parents that like they need to take care of themselves?

Kateřina Jandáčková 35:04

Yeah. Well, it's hard. I think, the easier job is with the child than with the parents. Well, usually, well, for me, sometimes it's hard to do. I'm here as ABA therapist and not as a psychologist. So I want to like sit there and be [inaudible]. But then you shouldn't be without them. Like, "Hey, do you have any support? Do you go to like a psychologist or psychotherapist, we think it would be good for you." I mean, like, we want them to encourage them to find find the help. We also offer and "hey, if you need like help with that, we also know some psychotherapist who can give you a contact" and you can like write them or call them. So we just try to encourage them as much as possible.

Kateřina Jandáčková 35:54

With some parents I have some parents who are very... they hear when I say okay, there is a research for that it's good for you if you take care of yourself and it's going to be better for the child. So that's because and I will present the research and so it depends on the family and on the relationship I have with them. Yeah, and also maybe this is what we have here in the center that I

mean, we work with almost every child like almost every therapist works with every child, but we have them like these are like my children, you know, I think yeah, I think take care of the program of the communication of the parents. So then I will say this to the parent and its child of Lucie I would let Lucie tell the parent because the relationship is a little bit more established.

Ryan Dieselman 36:47

Yeah. What most parents really want to get out of therapy like what's their goals of being a child here?

Kateřina Jandáčková 36:56

It depends, I would usually say the communication. When we first meet with a parent and with a child we have like a consultation just like entry consultation with them. We ask, what are their goals and usually they really say communication and then we talk with them more and then say okay, and then if he can't go by itself to toilet and stuff like this. So, but I would say communication.

Ryan Dieselman 37:23

So communication, then secondary areas like living skills?

Kateřina Jandáčková 37:27

Or... or social skills, I would also say, communication and social skills, then maybe daily living skills, but they usually forget about it. That's like, except toileting, they usually forget.

Ryan Dieselman 37:40

Yeah, and a lot of a lot of these skills are stuff that the parents try to like continue working with the kids at home when they're not in therapy?

Kateřina Jandáčková 37:48

Yeah, definitely. I would say, first that you come here we start to work with the child kind of like how you say, firing it up you know, like and then we pass it on more parents and because it will be also very hard for the child if you celebrated on everything at once. So first we start here working on communication rights here, and then bring in the parents more and we would like introduce another thing.

Vishnu Priya Dendukuri 38:24

So the tactics of teaching that for the parents where is very similar to the tactics that you use to teach the child?

Kateřina Jandáčková 38:32

Yeah, definitely. Definitely. And also, we we want parents to have like a workshop with us. Like, as soon as possible when we start to work with the children. So we make these workshops for parents and give them instructions and like the main ABA principles, and we talk about that, and then we teach every parent like separately what we like individually the goals of the child.

*Otter.ai, our transcription software, rolled over to a new recording. All timestamps after this line are +40:00 minutes.

Ryan Dieselman 0:01

How do parents know that the child is ready to stop doing therapy sessions, if that makes sense?

Kateřina Jandáčková 0:06

Yeah, I, well, I will say usually it should come from us or it comes from us. The child is very different for everything is like, okay meaning it's going to be the time to stop because he He's fine now or like there are still some stuff we need to work on but it can just you can do it on your own and usually the parents don't want to because they're scared.

Ryan Dieselman 0:37

Yeah.

Kateřina Jandáčková 0:37

Like it really depends on every family and what was the goal and if the child goes to kindergarten where he is like, fine, and he just needs a little bit little help with communication and socialization, that's fine they can like handle it on their own or we still we can still keep in touch with them and whenever they need us they can contact us.

Ryan Dieselman 1:08

Yeah, I mean that's kind of all the major things that we wanted to cover. Any more questions.

Vishnu Priya Dendukuri 1:14

I have a quick question though, just like, like parents like I. I'm not sure if this is right, but in one of the research papers, they were like going to normal school specifically related to autism. Kids like you must have been coaching on all the like.

Kateřina Jandáčková 1:31

yeah, yes.

Vishnu Priya Dendukuri 1:32

Like high schools and public schools and stuff. So like, do the other teachers and everyone aware of the situation and they know how to help children?

Kateřina Jandáčková 1:40

Yeah

Vishnu Priya Dendukuri 1:40

In most of these schools do they get special training.

Kateřina Jandáčková 1:43

No no no no unfortunately not, I don't know if it's just here, Czech Republic. Yeah, I can't really say but they usually don't know enough. Even doctors don't know enough. It's very sad. Like doctors who would who would use both they should know they just don't know. And this is also what parents usually talk with us about. That they're very frustrated about that, that they go to institution call doctor, teachers, and they just don't know what autism actually is. They just know this their advice about autism.

Ryan Dieselman 2:16
Yeah.

Kateřina Jandáčková 2:17
And sometimes it even happens that they started telling the parents, hey he doesn't have autism. Why do you think he has autism because he just looked at me or the child waved back and they're like oh he doesn't have autism because he just waved at me. It's not like or they want to cuddle and there's like a talk about people so that patients don't want to cuddle and they just say they have like more emotions. So they actually don't know like, Yeah, I'm not saying every teacher doesn't know. But like many of them, they don't know.

Ryan Dieselman 2:51
Do you think there's a general lack of understanding.

Kateřina Jandáčková 2:53
Yeah, definitely

Ryan Dieselman 2:54
Sufficient understanding.

Kateřina Jandáčková 2:55
Yeah, definitely. And even among professionals, which is like very bad. And so sometimes we meet with that. Even if the child is in the like special kindergarten for for children with special needs, not just for children with Autism but with special needs. They want to start doing something I just talked with the mother of the boy who was here that they will start with cards like communications cards, and they want to teach him how to say yes and no. And he meant a little bit he likes you repeat stuff after me but I tried to teach him yes and no is very upset for him and also it wouldn't teach him how to communicate. Like, if I asked you like, Hey, do you want to train to say yes or no, Hey, do you wanna phone yes or no? And it doesn't like develop him. You know, if I if I teach him drink, if I teach him phone, it's easier for him and it's like more like, you know, bigger vocabulary.

Vishnu Priya Dendukuri 3:56
Learn what to ask for.

Kateřina Jandáčková 3:58
Yeah. And like he's already, those should have the training, but they don't have the training in ABA. So sometimes I'm not saying everything is bad, not at all. But sometimes we just go like, you know, sorry. What's the word for...

Vishnu Priya Dendukuri 4:11
Reaction?

Kateřina Jandáčková 4:12
Yeah, yeah. Now we kind of like it's like figured out how to do it because the child does something with us and then something else in kindergarten or at home, so sometimes it's hard. So that's why also we need to like concentrate. More on the needs of the family then on like, you know, following the ABA program in like 100%, because sometimes it just doesn't work because they if they don't do it at home, there's no like, why would we do it here?

Ryan Dieselman 4:44
Yeah.

Kateřina Jandáčková 4:45
Sorry maybe now I'm talking about something about something else that you weren't originally asking? But it lead me there.

Sydney Gardner 4:52
Everything is helpful.

Kateřina Jandáčková 4:56
Yeah, but with the problems with um doctors, it's a very like big problem. I think. Like they go to a doctor because they trust doctors. And they say [unintelligible] . And that's my opinion.

Ryan Dieselman 5:50
In terms of our video, it's going to be mostly kind of animated/graphics. The voiceover like since it is going to be published like by you guys here. It's going to mostly be was originally it was going to be like mostly Katerina. She said that maybe like you and Lucy also might want to do.

Kateřina Jandáčková 6:13
Yeah definitely.

Demetre Doherty 6:15
That's great to hear.

Ryan Dieselman 6:17
We'll probably try to split up the voice into like three parts. And in terms of like, schedule wise, that'll, like we're going to look to be recording the voiceover. Probably not next week, probably the week after that. We can definitely email you to set up a time. To come here. We have all the equipment with us to do that recording. That's awesome to hear that you're interested.

Kateřina Jandáčková 6:45
Yeah, definitely.

Vishnu Priya Dendukuri 6:55

Yeah do you have any general questions

Kateřina Jandáčková 6:58

I don't think so because Katrina told me all about like what you guys talk about so I am happy that you are here and that you can help us with that stuff because yeah, I think it's very good. It's very like connected with what Abaceda like that the public knowledge is very bad.

Ryan Dieselman 7:17

Yeah, I think we've we've definitely gotten that sense in our research. And just like talking to a couple of you. And there's just not enough resources.

Kateřina Jandáčková 7:26

Yeah, I know one organization here is trying to cover it kind of a main website about autism and they're trying

Ryan Dieselman 7:36

Which organization is this?

Kateřina Jandáčková 7:36

Nautis, n a u t i s. It's like, like the National Institution for autism. It's not national. I don't know where they are like, they just are here and I think they the vast part is even in English so we can check it out. It's autism port, I think

Vishnu Priya Dendukuri 7:41

Oh, yeah. National Institute for autism.

Kateřina Jandáčková 8:06

Yeah. So they have this flip side, autism port or something like that. It should be given the text of these books. There.

Ryan Dieselman 8:19

Yeah.

Kateřina Jandáčková 8:21

And I know they're not trying to make lighter information there. So when parents have this suspicions so they can and I also I don't know if you know guys, but now into Republic your checking is very good. Men, children have their 18 months checkup. The doctor give their screening test about like the parents. The parents fill out the screenings. and yeah, so I think now the they're like trying to get as much as possible and if it's if it's positive for for screening, so they usually send them to someone.

Ryan Dieselman 9:04

Yeah. Is that screening test like is asking like, have you noticed these signs?

Kateřina Jandáčková 9:09

Yeah, it's, it's focused on the behavior. Yeah, they're asking about eye contact, communication and how the child is playing. I think they're like more the basic answer is yes or no from like their scores add up to a certain number and if it's higher, they they recommend them to go to a psychiatrist or clinical psychologist, I think this is the procedure now.

Ryan Dieselman 9:32
Yeah.

Kateřina Jandáčková 9:32
So and it's mandatory like every doctor should give it to a parent in the 18th month. I think it's like three years now. It's just not that long.

Okay, so this is where they're making changes.

Yeah I think they're trying because I think everybody's talking about it, like about autism more and more. So. I think it's, it's getting better probably. And with you guys here its gonna get even better.

Ryan Dieselman 10:01
We're gonna change the whole scene.

Vishnu Priya Dendukuri 10:06
We have a final presentation on the sixth of December it would be great if you could come like online.

Kateřina Jandáčková 10:15
Ya sure.

Demetre Doherty 10:17
Yeah i know we told Katerina today so she can talk to you about it.

Kateřina Jandáčková 10:22
oh, I have made a graduation ceremony so I might not be able to.

Ryan Dieselman 10:26
Ya that seems more important. It'll probably be recorded.

Kateřina Jandáčková 10:37
Hopefully, I'll try because I have it like earlier so maybe i'll be able to join you for the time. It would be cool if you can bl mean you guys are sponsoring our project. This is for you guys.

Vishnu Priya Dendukuri 11:00
Do you have any ideas on opinions on the video or how you want it to be.

Kateřina Jandáčková 11:02

Oh I have to think about it probably. I'll tell you what I'll talk to Katerina and Lucie about it so we can like maybe like you know.

Ryan Dieselman 11:10

Ya I know when we've talked to Katerina I think originally she had thought kind of like an interview style. And then this past week, it's like she's indicated that maybe she wants us to kind of be more creative.

Kateřina Jandáčková 11:24

Yeah, I think it's better idea actually. Because I think it can be like easier to watch for people. You know if it's like

Ryan Dieselman 11:32

yes, we're definitely gonna make some sort of like animations.

Kateřina Jandáčková 11:36

Yeah, no, I think it's good because like interviews journalists not that interesting you know, like you wouldn't like watch just a random interview. Like yeah, you know, so I think the this kind of stuff is definitely better.

Vishnu Priya Dendukuri 11:52

Yeah, she was mentioning something about the logo and like the leaves.

Kateřina Jandáčková 11:55

Yeah.

Demetre Doherty 11:56

Yeah so like a nature theme or something like that.

Kateřina Jandáčková 11:58

Yeah, definitely. If you if you like can do it in our like, style, like the colors and everything.

Ryan Dieselman 12:04

Yeah.

Sydney Gardner 12:07

Yeah, we as checkmarks our advisors having us do presentations to help keep us on the right track. And we have actually just recently changed our presentation theme to match the Abaceda logo.

Kateřina Jandáčková 12:28

That's perfect because I think our logo unlike this kind of like post is something we are very proud of.

Transcribed by <https://otter.ai>

Appendix P: Therapist Interview 4- Lucie Škvorová

Coded Interview with Lucie Škvorová
All WPI Autism Education Team Members Present
4/11/2021
12:10 - 13:00

Ryan Dieselman 0:00

The parents all signs or the one parent I guess sign a form

Lucie Škvorová 0:06

this one, the mama of the boy you saw just I asked a that, I asked her if she's okay with you observing him. I knew she was like yep fine. But, we trust her because the relationship just to be sure I gave her a form to sign.

Ryan Dieselman 0:21

[Inaudible affirmation] That's pretty cool. I don't think we need it. I don't think, we definitely, we don't need the signs.

Lucie Škvorová 0:28

We can give it to you if you want but,

Ryan Dieselman 0:30

yeah, I don't think I don't think we need like her signed form. [D- No, we don't]. I think we'll just include like the blank form in our report. So this is what this is what you had the parent sign. [affirmation- yeah (D)]. Yeah, if our advisor really needs one. Yeah.

Lucie Škvorová 0:45

I have it here somewhere.

Demetre Doherty 0:46

I think Katerina already sent us.

Lucie Škvorová 0:47

Oh, alright.

Ryan Dieselman 0:48

Yeah, she sent it to us. Yeah, so like, just kind of like introduction about you. How long have you worked in behavioral therapy?

Lucie Škvorová 0:58

Let's see. It's been three years now. I started. Now it's 2021. So I started in 2019. So two and a half years.

Unknown Speaker 1:10

has that all been Abaceda?

Lucie Škvorová 1:13

No, we started at another different center about [Not sure what the name of the center is] centrum. And then we, we just we didn't like it as much. There was some issues. So we decided me, Katrina, and Katrina that we will open this center. So we did one years ago, actually, one year and 2 months.

Ryan Dieselman 1:33

Yeah. And how did you get into the field of behavioral therapy?

Lucie Škvorová 1:37

Well, I moved to United States with my boyfriend at the time. Um, because he got a job there.

Ryan Dieselman 1:44

Where in the US?

Lucie Škvorová 1:46

Wisconsin. [inaudible] Freaking cold.

Demetre Doherty 1:51

Yeah we all know. it is cold

Ryan Dieselman 1:52

There is a lot of Cheese up there.

Lucie Škvorová 1:53

Oh, yeah. And I love cheese [inaudible] but your beer sucks sorry.

Lucie Škvorová 2:02

Yeah, it was beautiful but we lived right next to the Lake Michigan. And we though, ah, this romantic and spiritual. Then winter came.

Ryan Dieselman 2:12

yeah. We know. We also from the North of the country so, we know what winter means.

Lucie Škvorová 2:21

it's freaking cold. So I ended up in the United States and I was looking for a job but it wasn't that easy. How To sum up? I just, I don't know, you don't, you're not familiar with [inaudible] this autism projects. I just emailed them that I'm here and I'm looking for a job. And I love working with kids. And I have some [inaudible] blessing [??] experience with kids with autism. So, I got a job as a part time job with kids with autism and they were working with ABA. Yeah. And then I came back to Czech Republic and I was looking for a center of where they work with ABA and I found a previous center and then we open this one so, yeah.

Unknown Speaker 3:10

Yeah. And what's what's your role here at Abaceda? Is it, you do therapy sessions? That's your main role?

Unknown Speaker 3:17

Well, me, Katerina and Katerina, we just we're the directors of Abaceda. So we do all the boring stuff, the paperwork and everything. And we just make sure, we just make sure that the Abaceda is you know, running as it's supposed to. So, we are communicating with families, with new families, you know, yeah, pretty much everything. Yeah.

Ryan Dieselman 3:45

So in terms of working in, working with families, how often do you meet with the same family in a week?

Lucie Škvorová 3:52

With the same family or

Ryan Dieselman 3:54

Do you work with them? Like once a week, twice a week?

Unknown Speaker 3:57

Once a week, usually

Ryan Dieselman 3:59

The sessions are usually like an hour, 40 minutes?

Lucie Škvorová 4:02

Yeah

Ryan Dieselman 4:04

Yeah. And like how many families do like, you work with at a time?

Lucie Škvorová 4:09

It's hard to say, we try to rotate with the kids. Yes, Our goal is not umm [inaudible] it's nice and [inaudible] a kid comes to us and is worki ng with me for example, and he's all good, the decision is perfect, but then, I get sick or something and another therapist needs to work with the kid and as you know he doesn't know how to work with different people. So that's why we were like okay, so it's hard to say for me, with how many kids I work but we have all.. we have meany kids right now many families. so I work with 15 of them.

Ryan Dieselman 4:47

And how often do you work with children versus the parents?

Lucie Škvorová 4:52

depends. **It depends as each kid has his individual program.** We try to make it as enjoyable as possible. So with this kid, you saw, I work almost every time with a mom the last 10-15 minutes. Yeah, it depends on the kid

Ryan Dieselman 5:11

Yeah. Are the parents usually present while you're working with the child or you do generally work seperately?

Lucie Škvorová 5:19

Generally, we work separately but as you saw an other boy his new here. I believe Katerina was looking over him. He's, you know, so [unintelligible] that's why the mum was there with him but usually the kid is alone with us for like at least one hour and then the parents come.

Ryan Dieselman 5:35

Yeah, I noticed that kind of the parent was in here for like last 15-20 minutes.

Lucie Škvorová 5:40

Yeah, 15-20 minutes

Ryan Dieselman 5:41

Yeah, so before, before families come to Abaceda, what are some things that parents seem to be struggling with?

Lucie Škvorová 5:50

Well, at first, when they get a diagnosis, or when they you know, they see that there's something different with their child. It's quite hard to find a good psychologist here. So, this is the first thing they struggle with. To find a good one and then, they get a diagnosis or, it's either autism or any, any other, it really doesn't matter. And the psychologist or the doctor they don't really give them any recommendation of where to go. They just say, "Okay, This is it, your kid has autism" and that's it.

Ryan Dieselman 6:26

Yeah.

Lucie Škvorová 6:27

So, this is the huge, huge gap here in the Czech Republic that the parents don't know about the services. There aren't enough services for them. So yeah, this is an another one and then always look to find good services and yeah.

Ryan Dieselman 6:44

Yeah. What do they struggle? What do they struggle with with their child?

Lucie Škvorová 6:47

With their child? Well, it depends on the issue. Some some child children have problem with communication, some have for severe problem behavior like they are screaming biting. I don't know. Self Care, most of them, they are really dependent, they are dependent on their parent. They aren't able to do anything at some cases. They struggle a lot with food and drinking as well.

Ryan Dieselman 7:17

With like eating?

Lucie Škvorová 7:18

Yeah, they are picky eaters. Almost 90% of them, they're really picky. Some of them, they eat just like plain bread, or pasta.

Ryan Dieselman 7:31

That's what I had last night. It had Basil on top.

Lucie Škvorová 7:36

And most of them they hate vegetable and fruit.

Demetre Doherty 7:41

So it's like any kid.

Lucie Škvorová 7:43

Yeah, not all of them actually. I know one and he love vegetables and fruits. He works for vegetable and fruit

Demetre Doherty 7:52

His mom must love that.

Lucie Škvorová 7:58

So they struggle with that and Yeah, they struggle with how to find a way to talk to children to the child. Because, if the child is, you know, closed in their own world, and it's not really, he or she's not really communicating with the parent, and there is not huggy kisses, you know, and the mom, she just doesn't feel a connection with a child.

Group 8:23

Yeah. And that's a huge, huge thing.

Vishnu Priya Dendukuri 8:27

I saw some like, a lot of physical actions during the session too.

Lucie Škvorová 8:31

Yes, that way he is perfect. He has no issues with contact now.

Vishnu Priya Dendukuri 8:36

Yeah, I saw you like smiling, patting on his head and like

Demetre Doherty 8:41

Yeah, that was awesome.

Vishnu Priya Dendukuri 8:42

So all of these are like, actually helping him form connection with you then.

Lucie Škvorová 8:47
Yeah

Ryan Dieselman 8:49
In terms of like, before parents start therapy and get any sort of formal training. What are some like misconceptions that you think a lot of parents about either autism or like ABA therapy?

Lucie Škvorová 9:01
Well, oh ABA therapy, there is a huge one that they think that it's, it's like really military. That we will, I believe you read it too. There is a huge history of ABA.

Ryan Dieselman 9:15
Yeah, we've done a bit of background research.

Sydney Gardner 9:17
Yeah, that has come up.

Lucie Škvorová 9:19
We [inaudible] them as dogs and everything.

Ryan Dieselman 9:21
Yeah, we've definitely gotten that sense of it. It used to be a lot more of it.

Lucie Škvorová 9:26
It used to be like that and I mean somewhere unfortunately, it is that way. So this would parents. Not all of them but some parents think about ABA therapists so they come to us and they're a little bit shy. And they're like, you know, I'm not really sure if this is for me. And we're like open with them. We say to them, "Okay, let's try. You can ask us questions and if it's not for you, you can leave anytime. It's up to you." And [inaudible] autism. Back to your question, I still have to say, in general, I would say so many parents think that. This is it. The child will never be normal or never be independent. Yeah, that's not true.

Ryan Dieselman 10:18
Yeah, do parents seem to try to like seek out their own information before going to a ,like psychologist, to get diagnosed where do they where do they seem to find information?

Lucie Škvorová 10:31
I think nowadays, Facebook was a huge helper with the groups and everything. So there was a huge group. Mom, I don't know how to explain this. it doesn't matter. But it's a group full of moms or dads with kids with autism. And this is where they go for advice. I would say most of them do. Yes. And I think it's just because help they can get good experiences from our moms or from our parents.

Ryan Dieselman 10:58
Yes. You just mentioned moms and dads. In your experiences does it usually seem like it's the mother or the father who seems to like notice signs of autism first.

Lucie Škvorová 11:07
Mother.

Ryan Dieselman 11:08
Definitely?

Lucie Škvorová 11:09
Yeah. Yeah. And it's natural I think. It's just you know, intuition. Which sorry guys, we are better at it [laughter] No offence.

Ryan Dieselman 11:33
[overlapping voices] Yeah, no, our advisor was very very good at predicting that. He was like "Yeah, you're gonna find that the mother is always the one noticing the signs." [inaudible laughter]. So not offended. So in terms of working with a child, what are some like general guidelines that you try to keep in mind for all children?

Lucie Škvorová 11:59
First it's child, for us, for all of us, it's always a child and keep in mind its child and he's three years old. So he's, he doesn't need to do this and that [inaudible]. When we try and a child's getting better, we set the goals you know, higher, higher, higher, and sometimes it's not even relative to the age of the child. So, we need to and remind it to the parent as well. And to our point that he's just a child so sometimes he's not in the right mood. Sometimes he's crying. Sometimes he doesn't want to work and it's okay if he's two years old. He's just a child.

Ryan Dieselman 12:40
Yeah.

Lucie Škvorová 12:40
So and this is not like common in ABA work I would say.

Ryan Dieselman 12:45
You said not common in ABA?

Lucie Škvorová 12:48
Not common.

Ryan Dieselman 12:49
Yeah. Definitely does make sense. During a session, like sessions observed today, how much of it was focusing on kind of just general playing with the child versus like working on a specific skill with the child?

Lucie Škvorová 13:05
Today, I would say it was like thirty percent playing and some other percent doing specific work with him.

Ryan Dieselman 13:13

Yeah, cuz I noticed you were working on nails.

Lucie Škvorová 13:15

Yeah.

Ryan Dieselman 13:16

Cutting nails with a [inaudible].

Demetre Doherty 13:18

Yeah. I know when I was [inaudible]. We could tell that you kind of come over here and play with him and then you go over there and kind of try to teach him something.

Lucie Škvorová 13:27

Yeah, and we always try to make it fun.

Demetre Doherty 13:30

Yeah.

Lucie Škvorová 13:30

for I mean, [inaudible] you love it even the tickles.

Group 13:33

Oh, yeah. Yeah. He like the cars and he also like "Wee-woo"

Ryan Dieselman 13:41

During the session, like, I was like everywhere you go, you kind of get a new toy or get a new like sheet of paper. How much of that is like kind of planned out that you want to go there versus like, on the fly, just like I'm gonna make use of Mr. Potatohead

Lucie Škvorová 13:53

for me, it's like a third person, one and the rest of us like go

Ryan Dieselman 13:59

yeah, the vast majority of just like, kind of, he's over here and I'm gonna reach for toys over here. Yeah.

Vishnu Priya Dendukuri 14:06

I observed, like, you... you will also go with what he chooses. I think whatever he chooses, you try to get something related to that.

Lucie Škvorová 14:14

Yeah, yes, we work with motivation. You know, it's the same as with us if I'm not motivated, why would I work. Of course I won't. So if he takes this toy, I will try to make something from it.

Vishnu Priya Dendukuri 14:28
Yeah.

Ryan Dieselman 14:28
Yeah, I think we're definitely noticing like all different, toys. This is kind of an introduction, but different toys kind of like building different skills. Like the Mr. Potato Head, versus like, the little xylophone balls. Are those kind of like actually different skills you are building building?

Lucie Škvorová 14:50
Like colors and you know, it's the following instruction, okay. Pick the red one and put it where it belongs and Mr. Potato Head obviously nose, eyes.

Ryan Dieselman 15:02
Yeah,

Lucie Škvorová 15:03
Et cetera, and with the cars, with the cars I do nothing, I just let him play with cars cause he loves them so I don't want to take it from him.

Sydney Gardner 15:06
I saw like the little animals like putting those with the cars too.

Lucie Škvorová 15:15
Yup, yeah because we are trying to teach him what is a cat. So that's why I took the little cat and I was riding it with the car.

Group 15:24
Yeah

Vishnu Priya Dendukuri 15:25
Yeah, he also names the cars is like Ferrari.

Lucie Škvorová 15:27
Yeah. Ferrari, Porsche. He knows more than me. [Laughter]

Ryan Dieselman 15:39
Yeah, you seem to be very like excited whenever like he did like a thing correctly.

Lucie Škvorová 15:43
Oh, yeah. that comes in what you need to do but again, it depends on the child because the child was like quiet. So then, when I would be this excited, "Yeah! Good job!" He would get scared. But with this boy, I see, he's really excited as well. So then I can like over react.

Ryan Dieselman 16:01
Yeah, I noticed. It's like every time he did something you'd be like "Yay! Good job!"

Lucie Škvorová 16:05

Yeah. And the reason why we do this is because, [inaudible] reinforcement, it means that when he does something good, we just give him what he wants. Most of the time when he's, when we begin with a session with therapies, it's some like chocolate, candies etc. And because we all love it. [laughter]

Lucie Škvorová 16:32

[Overlapping Conversation] so that was a case with this boy as well. So we started with chocolate and gummy bears. And [inaudible] everytime I gave him a gummy bear, I said "Good job. Perfect." And now he knows when she say "good job perfect". It means "Yeah, good job. Perfect." I did a good work.

Group 16:47

Yeah.

Lucie Škvorová 16:48

Yeah. And he's like when I say "Okay, good job", and it's you say a lot. I was saying when I cut his nail, he even looked at his mom and he was showing "Yay! I did it mom! Perfect!". And that's our goal. We don't want them you know, we don't want them to be feeding them with chocolate and everything. No, because when to say good job we give chocolate.

Ryan Dieselman 17:15

The goal is to kind of like, decrease the actual like tangible reward.

Lucie Škvorová 17:21

Yeah, for sure.

Ryan Dieselman 17:23

Yeah.

Lucie Škvorová 17:23

It's not real work. You know? They don't give you chocolate for everything in life.

Demetre Doherty 17:30

Yeah.

Lucie Škvorová 17:31

That's also Yeah.

Ryan Dieselman 17:33

Our advisor is not giving us chocolate. He's taking us for dinner but is not giving us chocolate. Yeah, we noticed like a bunch of things like repeated. I wrote down the word like 'shakehola'. Something like that.

Lucie Škvorová 17:56

How's it Shikula[??]. It's means like "good boy" or "you did it, you made it." That the most common word.

Demetre Doherty 18:08

I noticed you doing the cheers. The water.

Lucie Škvorová 18:13

Oh, yeah. As he was coughing, I wanted him to drink more water obviously. And he doesn't drink a lot of water so that's what that's why I drive I drink water as well and I tried to make it fun.

Vishnu Priya Dendukuri 18:28

What was like this [knocking action] and then he said "huff huff".

Lucie Škvorová 18:32

It's woof woof. Like what does the dog say? Woof woof.

Vishnu Priya Dendukuri 18:37

Oh, it was the dog. Oh okay.

Lucie Škvorová 18:39

And Meow Meow is a cat.

Ryan Dieselman 18:42

that's pretty similar. Dogs say bark in America.

Demetre Doherty 18:48

Yeah, well big dogs do bark.

Ryan Dieselman 18:52

Some dogs they do woof though. Yeah, we noticed a lot of a lot of like you kind of doing the action with child like kind of guiding the hands.

Lucie Škvorová 19:04

Yeah. I know he's not able to perform a skill. So I just use prompt we call it and overhand and I helped him to finish the task.

Ryan Dieselman 19:16

Yeah, yeah. The one thing that I really noted was like you helped him open a water bottle and 10 minutes later he opened the water bottle himself.

Group 19:24

Yeah

Lucie Škvorová 19:28

fading out your help, my help. So I really first time I was really put a hand over him and then I kind of fade.

Ryan Dieselman 19:36

But how important is the difference between like, a physical prompting them, like vocally prompting them to do something

Lucie Škvorová 19:42

Physical prompt you can really decrease step by step but vocal prompting it's really hard and they are really do research say that the child [inaudible] and even we all tend to be dependent on vocal prompt

Ryan Dieselman 19:58

Yeah, so they just kind of become like too reliant and then it's too hard to decrease it

Lucie Škvorová 20:03

Exactly and some children, they can be waiting like even two minutes standing and waiting for you to say open the door. And they would be staring at a room, staring at you and just waiting for you to say it. So

Ryan Dieselman 20:16

Yeah. And I noticed like he got like frustrated sometimes when we could.. like it seems like he got like frustrated over the Mr. PotatoHead.

Lucie Škvorová 20:23

He wasn't frustrated actually he was excited.

Ryan Dieselman 20:25

Oh, alright I misinterpreted it. I saw it. I just saw him like lie down.

Lucie Škvorová 20:25

It's okay. I've known him I've known for 10 months maybe so I know that it was excitement so.

Ryan Dieselman 20:37

That's good because my general note of him was that he seemed very excited and happy to be there. Like definitely compare that to like, we didn't observe the other child. We heard him like we see like when we went to the room like when me and Sydney were in there.

Sydney Gardner 20:52

Yeah,

Ryan Dieselman 20:53

He definitely seemed more, in general, nervous. Whereas the kid you were with was like Friendly.

Lucie Škvorová 21:01

Yeah.

Demetre Doherty 21:01

I mean, like right when we walked in like, I wasn't sure like he's just gonna be uncomfortable with us and he had no problem

Lucie Škvorová 21:06

No, not at all.

Demetre Doherty 21:06

He was like "Ciao"

Ryan Dieselman 21:12

Yeah, it was definitely fascinating to observe and actually like see what you guys are doing. Especially cause like, we obviously talk to Katerina and we talked to Terezia last time and we actually saw a lot of the things that you guys talk about. [overlapping conversation]

Ryan Dieselman 21:36

We really like the Castle and the ramp.

Lucie Škvorová 21:39

Oh, yeah. [inaudible] And I don't know if you know something what I was using when [inaudible] This tokens.

Group 21:49

Yeah, we're gonna ask you about that.

Lucie Škvorová 21:52

yeah for [inaudible] I tell him okay, we will be working for like five minutes. What does it mean for him?

Ryan Dieselman 22:00

Little kids have no concept of time.

Lucie Škvorová 22:02

Yeah. So that's why we use this. Okay, you need to collect six pictures and then you get your prize. And then he knows okay, one more task and then I get whatever I want. So it's easier for them to understand.

Ryan Dieselman 22:16

And the prize in this is was playing with a little car.

Lucie Škvorová 22:19

Yeah. Yeah.

Ryan Dieselman 22:20

Yeah, he did love those cars.

Ryan Dieselman 22:33

Do we have more questions about like observations, before we kind of get back onto the actual questions. [inaudible] Yes, kind of getting back onto like actual track. It wasn't like, I mean I love getting to observe.

Group 22:47

Yeah

Lucie Škvorová 22:50

He so perfect child. He is just a sweetheart.

Demetre Doherty 22:52

Yes, Terezia last night told us like, "Oh, you got a great boy tomorrow" Yeah, we were like awesome.

Group 22:57

Yeah.

Ryan Dieselman 22:59

Awesome. [overlapping conversation] Yeah, so when when you start working with like a brand new child, what steps do you take to start building a relationship?

Lucie Škvorová 23:10

First, I just follow him where he goes. If he plays with cars, with ball or with puzzles, I do everything what he, what he loves, and I try to make it more fun. So he comes to me to play with give it a try as well. So if he loves cars, so I don't know, I take the car and I, I ran from my legs or something. So I just you know, try to add something more to the toy so the child is not, is not not forced but naturally comes to me for fun.

Ryan Dieselman 23:46

Yeah. Like you wanna be the source fo the fun.

Lucie Škvorová 23:47

I want to be the source of the fun and I take the toys and I collect them before the session if I know he wants. Bubbles, trains, playdough so I just take it and I give it to him [inaudible]. So yeah, that's what we do to build our relationships. Give him whatever he wants and be the source of the fun. Yeah.

Ryan Dieselman 24:11

And then how do you how do you try like incorporate lessons into this playing with the child?

Lucie Škvorová 24:19

Well, we call it building instructional control.

Ryan Dieselman 24:22

Yeah,

Lucie Škvorová 24:23

It's the first thing we usually start with. Mending [??], which means the child asking for what he wants and fully incorporated sorry. Yeah, it's actually really easy. When a kid is coming to towards you just say, "Come to me", and then you say, "Oh, you are coming to me. Perfect! Good job!" And then for sitting down, you say, you just insert an instruction there. "Please sit down", "good sitting down! perfect!". So it's actually really easy. It's natural and basically it's naming what a child does and reinforcing him or her for it. So this is how we will let them then slowly increase the amount of time working and the actual instructional time [inaudible]. So it's kind of natural, so the kid doesn't even notice.

Ryan Dieselman 25:17

Yeah, yeah. They've been duped. No, they just, they're just playing with Mr. Potato.

Lucie Škvorová 25:25

No, no, no.

Ryan Dieselman 25:27

Yeah.

Lucie Škvorová 25:28

So yeah, that's how and then when he's reaching for a ball, and I know he's a he's pick up a same ball. So I just say "ball" and he repeated after me and I give him the ball and this is how, how we teach them to speak.

Ryan Dieselman 25:43

So it's like teaching them how to understand what they want?

Vishnu Priya Dendukuri 25:48

Communicate what they want.

Lucie Škvorová 25:47

Yes Communicate what they want. Yeah, and teaching them to understand our language which most of the children they don't they don't understand when he's told them to sit down they are like what are you talking about.

Group 26:02

Yeah, yeah.

Kateřina Jandáčková 26:05

[overlapping conversations]

Ryan Dieselman 26:13

yeah, is that kind of where like, physically prompting the child comes in? I know it's a lot of times, like when you were going cut the nails you would be like "put the hands down" Yeah. And then he would be like, yeah.

Lucie Škvorová 26:24
Yeah

Ryan Dieselman 26:28
And in terms of like daily living skills, like I guess, cutting nails is an example of that, what are the kind of steps you take to work on that?

Lucie Škvorová 26:35
First, the interview the parents, "what is the issue they struggle with?" And most of the time we ask them, okay, what he's not able to do and what do you do for your.. So many times the parents just does everything for a child.

Ryan Dieselman 26:52
Yeah.

Lucie Škvorová 26:52
And they're like, "No, he's not able to do it", "No, of course because he doesn't know how to" and then I say okay, show me and then you'll see that clearly the mom is doing everything, every single time,

Ryan Dieselman 27:04
Yeah,

Lucie Škvorová 27:04
for a child. So we just let him think about it. Try it again at home, and just then, give us a sheet with a what he's actually not capable of doing. And then we prioritize so obviously when he's not able to pull up a sock and brush his teeth. So priority is brushing teeth. And then we break it down. We do task analysis, we break down a skill, and we take it step by step.

Ryan Dieselman 27:34
Step by step like for your for that skill, like you break it down into steps?

Lucie Škvorová 27:38
Oh yeah, like brushing, brushing teeth. So first, I need to know if the child [inaudible] with a toothbrush? if he's okay with it, perfect. Is he able to take it and to put it in his into mouth? Yes, perfect. So yeah, he breaks down each and every skill what he what he is struggling with.

Ryan Dieselman 28:01
In terms of in terms of like the parents, what is what are like the most important things that parents need to learn in you opinion? And I'm sure there's a lot

Lucie Škvorová 28:11

There's a lot. Where to start? First, I would say, to be friends with your child. You build a relationship. You know, as they struggle that their child is different and they don't know how for how to communicate with him and they listen from each side, you know, you should do this, you should be doing this, you should be doing this and that. So firstly, comfort them that everything they do it's alright because they do the best and you remind them that it's still the child and they need love and support from them. So this is the first thing. Basically what we do with the children [inaudible/overlapping]. Yeah, we built a relationship so does the parents. And sorry I forgot the question.

Ryan Dieselman 28:59

Oh, just saying like, what do the parents need to learn?

Lucie Škvorová 29:02

Oh, yeah. how to build a relationship and how to play with the child. And then how to, we be teach them is how to work with a child in the natural environment. There's so many skills they can teach your child at home and it doesn't take them extra one or two hours. Not at all. They can just, you know, slowly incorporate it in the lives. That is what we teach them.

Ryan Dieselman 29:30

Yeah, so of all the things that you teach parents is there anything that parents seem to like have a very hard time really accepting?

Lucie Škvorová 29:40

Yeah. But again, it depends on the child. But for example, this boy you saw, as he just started to talk and to communicate what he wants when he came here, so parents just give him everything what he wanted everything, every time. Every time he asked for candy, every time he asked for, I don't know, chocolate he got he got it every single time. And then I told him, "okay, it's time for you to stop giving it to him every single time". And of course, he was screaming or he was yelling, he just wanted, you know, because the mom gave it to him each and every single time and now she said no. And it's like, no, you're gonna give it to me. Yeah. So the mom had and in general parents, have issues to kind of ignoring the screaming and yelling and not giving the child whatever he or she wants.

Ryan Dieselman 30:34

Yeah.

Lucie Škvorová 30:35

So this is the part where they struggle and we do it here with them. Yes, it's hard for them obviously child is crying. It's hard for them to ignore the crying and it's just not home for them at a time. But yeah, I struggled with it too with [inaudible] children. So they,

Ryan Dieselman 30:56

I mean, yeah. You don't want to hear the child cry obviously.

Lucie Škvorová 31:02

But this is why ABA has kind of, like why most of the parents don't like ABA. Just in ABA, like really strict ABA therapy, they ignore the child for like 20-40 min. This is what we don't do here. I don't know if you've read histories about it.

Ryan Dieselman 31:23

Yeah, that's it's definitely come up in our research.

Lucie Škvorová 31:26

Yeah. And that's what we don't do it here. Because then you know, we have one hour and 40 minutes and then the children will be screaming here for 40 minutes. [overlapping conversation] And the relationship you know, so like, breaks down step by step and half of the session is gone, and child learned nothing at all. So, we do this procedure as well, but we don't give him what he wants, but we try to teach him something like alternative behavior what he can do instead.

Vishnu Priya Dendukuri 32:00

Okay so how do you like, just in the case of like, screaming, do you like, like, like, distract him and then be like, okay, we have something else to play with come over here?

Lucie Škvorová 32:11

[inaudible] when he's screaming because he wants this, I don't know, this cup. It's like, okay, I understand you're angry, you can scream for a little bit, but when you want this cup, you need to ask nicely. And when he's, I don't know, crying [and sniffing] and says "cup" then I'll give it to him. Or you know, we do something when I know he would be screaming. It would go on and on for like 40 minutes. I say okay, give me fi and do this, do this. Okay. Good job.

Ryan Dieselman 32:43

Yeah, I noticed you were touching the heads a lot especially with like Mr. Potato Head. I noticed he like to pat on his head.

Lucie Škvorová 32:49

Oh, yeah. And also one of my goals is he hates cutting his hair as well. So I'm trying to you know, get his hair.

Ryan Dieselman 32:58

That makes sense because he has large hair

Lucie Škvorová 33:02

Yes, they do it in sleep, so. They cut his hair.

Lucie Škvorová 33:08

It's like tooth fairy.

Ryan Dieselman 33:09

Is there a tooth fairy in Czech Republic?

Lucie Škvorová 33:11

We do. We do. yeah. So that's how we do it.

Ryan Dieselman 33:19

How do you teach parents that they need to take care of themselves?

Lucie Škvorová 33:24

It's really hard. But we try to embrace it here. When they don't need to be here with us during the session with and weather is nice outside. They're like, okay, you know, we have one hour 40 minutes, to go out, take a walk, read a book of all the time for yourself. And it's hard. Yeah, so how do we teach them just embracing the repeated all over, over over that it's really hard for them to take care of themselves and most of the time they don't even have the time you know, because they have another three children. They need to work full time cook, clean the house, do laundry. So we try to embrace it here because here they use the time. We have the child and they can do whatever they want

Ryan Dieselman 34:14

Yeah, we've definitely, we've definitely gotten sense that it's really hard on the parents.

Group 34:19

Yeah

Lucie Škvorová 34:20

You know, they take all the responsibility. A lot of times they blame themselves for the child.

Ryan Dieselman 34:26

Yeah,

Lucie Škvorová 34:27

that it's their...Yeah

Ryan Dieselman 34:29

Do a lot of parents seem to come in with like, ingrained stigma about autism?

Lucie Škvorová 34:33

Oh yeah, it still, it surprises me a little bit that the stigma about autism is still around. I would think it's better nowadays but it's not. Like, here in Czech Republic, right now, when you go to the school, like the first grade? They use - "Okay, you're autistic", as a something really bad

Vishnu Priya Dendukuri 34:57

oh it's like an insult?

Lucie Škvorová 34:59

Yeah like an insult. Which is...

Ryan Dieselman 35:02

Do you get a sense of where that stigma like comes from?

Lucie Škvorová 35:06

Not at all actually. Yes. Or then you have like high function kids with autism? Yeah, well with IARC. (they are a little bit weird) They are but. Yeah, understand why they are special. So that's maybe you've heard comes from them the children "Hey! he is weird, look at him. He, doesn't look in, doesn't look at my eyes" or something like that. And the kids you know, they are mean.

Ryan Dieselman 35:32

Yeah,

Lucie Škvorová 35:33

Unfortunately. We've all been there.

Ryan Dieselman 35:36

Yeah. And did you, have you ever thought of any way that that stigma gets like countered, or like, how we like help lower that stigma. I mean, that's not like the focus of our projects, but just like, here's is some thoughts.

Lucie Škvorová 35:49

Well we can do, you know, like, lectures at school and talk about it, and make little little short videos about it. And right now on Netflix go to Good Doctor and Love on the Spectrum.

Vishnu Priya Dendukuri 36:05

Oh Good Doctor. I have seen the Good doctor.

Lucie Škvorová 36:08

Yeah. And love on the spectrum?

Vishnu Priya Dendukuri 36:10

No no

Lucie Škvorová 36:13

Just about autistic people with autism and they serve other people. And it's a purest purest thing.

Vishnu Priya Dendukuri 36:22

[inaudible] Yeah, he's a genius doctor but is socially awkward. [inaudible]

Lucie Škvorová 36:33

This is, you know, to make something popular, like TV show or something. But of course, it's not possible for for me, for example, to create something like this, but we can go we can talk about it with my I can talk about it with my friends, my family and you know, just yeah.

Ryan Dieselman 36:53

Yeah, definitely.[inaudible]

Demetre Doherty 36:56

I feel like it's just like, if you're educated on more [inaudible]

Lucie Škvorová 37:03

But it takes time

Ryan Dieselman 37:04

Yeah, yeah, definitely.

Lucie Škvorová 37:06

Especially here the [inaudible] communism. It's been 30 years now, since we are like free country. During the communism, when you has a child on the wheelchair or autism. They were just locked up somewhere. And they can't talk about it. [inaudible]

Ryan Dieselman 37:26

Yeah, we definitely got that sense that in our research that if you go back like 30 or 40 years, just descriptions of autistic people, like they are mentally... Like that is clearly not the case. That's clearly not how we should be thinking about this.

Lucie Škvorová 37:43

I know for example, my grandfather I love and adore him. He still thinks that they should be you know, shoot or you know, locked somewhere because he is an old generation. [overlapping conversation]. And they were I didn't blame him. You know, he wasn't he wasn't taught how to talk with children. They're not bad even by it.

Vishnu Priya Dendukuri 38:09

I think they were brainwashed at that time? Yeah, people who were..

Lucie Škvorová 38:15

Yeah

Ryan Dieselman 38:15

Yeah. Do you think a huge a huge key becoming better was like, just if you know, if you like realize that those still normal people.

*Otter.ai, our transcription software, rolled over to a new recording. All timestamps after this line are +40:00 minutes.

Ryan Dieselman 0:00

In terms of in terms of parents, like what do they want to get out of therapy? Why why do they come here?

Lucie Škvorová 0:12

first they, they want to know how to communicate how to work with the child and how to connect with the child. And they want to get out of here, like normal child, which we don't promise because that's something we don't cure autism about us.

Ryan Dieselman 0:33

Yeah, I think we understand in our research that it's a very weird subject if should you cure? I use the word cure very loosely.

Lucie Škvorová 0:43

Yeah. So the parent most of the time, they want us to help them how to connect with the child and how to communicate the communication is the biggest piece.

Ryan Dieselman 0:56

Yeah, yeah, we've definitely gotten that sense

Lucie Škvorová 1:00

Or the social interaction. We have a group of Asperger's the high functioning children. It's free of them and we teach them the social skills that something that they struggle with and emotions they don't understand. When I am smiling that I am happy and when I am like this I am sad so that's something they have a hard time with. So that's something we want to teach what we teach as well, social interaction.

Vishnu Priya Dendukuri 1:26

So you mentioned communication is something that the parents really want to have. So to develop that what do you think the parents should keep in mind? They're trying to do it by themselves with the child.

Lucie Škvorová 1:39

First, don't kill the motivation. I guess. You'll see it so many times that when the parent reaches the child the child just runs away, because he's afraid he or she is afraid that the mom will take the toy away from him because that's what's happening. You know, during the day mom needs to get him clothed or something. So she just takes the toy away from him. So then the child runs away from the parent, so preserve the relationship and make it more fun as we do it here.

Ryan Dieselman 2:09

Yeah

Lucie Škvorová 2:10

so if you know you know the motivation to ask for because he knows it will be something awesome and amazing.

Ryan Dieselman 2:20

Yeah, cause I think the key part of our project is that you know I think the reason Katerina wants this sort of video is to get it out to the parents that can't get in here.

Demetre Doherty 2:30

It's a very limited amount of resources. And just centers for them for like a long waiting list sort of thing the video with the main goal is just to really get info that they can all have.

Lucie Škvorová 2:45

Perfect, that's perfect.

Ryan Dieselman 2:46

Yeah. In terms of the video, so it's probably going to be kind of like an animated graphic style with a lot of this information. Obviously, since you guys are going to be publishing it. It will be in Czech and I know Katerina said that she will do some of the voiceover and she also mentioned that you and other Katerina, she did also say like, you guys also might want to be part of the video, are you interested in doing some voice work?

Lucie Škvorová 3:20

Yeah.

Ryan Dieselman 3:21

Awesome. [...]

Lucie Škvorová 4:26

You know, physicians and other specialists, they just don't know what to do with the children.

Ryan Dieselman 4:45

So like a lot of people come a lot of people go undiagnosed.

Lucie Škvorová 4:49

Yeah, but then you know, when our parents or the child needs the dentist, or neurologist, the specialist, they don't know how to communicate with the child. [...]

Vishnu Priya Dendukuri 5:42

Oh, I just had a question. I noticed that when you were doing that part. And you gave him a photo. He's kind of like playing with it and like he's not focused on the task. I saw you gathering his hands together on the table to get his.

Lucie Škvorová 6:05

to get his attention, because I know he was playing with the car. but I didn't want him to be playing for that long too. Because he would lose the attention. So that's why I guided him back and I didn't to to took it from him and do it myself. I want him to do it by himself. So that's why I guided him. [...]

Vishnu Priya Dendukuri 7:32

I had a quick question. So is it like this way so like when you want the child to do something is it like first you show him visually And then you said stuff like like. If you're showing the card with the cucumber, you say like this one, and then you do sound of it, and then you say

Lucie Škvorová 8:19

It depends with him. I can just say okay repeat after me cucumber and he will repeat it, but with some children as we have another boy coming in later on today, I will show him first and then I teach him because I want him to connect it, the sound with picture. [...]

Always you want to end the session in a good mood. We don't want them to leave it crying screaming.

Ryan Dieselman 9:45

Yeah, that definitely makes sense. [...]

Lucie Škvorová 9:56

We teach them we have one boy. And we teach him what's appropriate to ask and what's inappropriate to ask so we teach him okay, I know you're really curious about this, but it's really inappropriate to ask about what they did on the toilet if they poop or yeah, and he is 12. So it's really not a fun question to ask our children. So we found another topic he's interested in and it's buses and trams and trains and stuff like that. So we taught him that he can ask something else.

Transcribed by <https://otter.ai>

Appendix Q: Initial Outline

Part 1: Building the Relationship

- Most important thing to remember when caring for a child is to have a good relationship.
- Always remember every child is different
- Parents need to use a proactive approach
- Try to have realistic expectations
- Play with them, teach them, repeat with them, be patient with them as they are still a child
- We understand that you might want your child to do everything but let's start with baby steps..
- Learning is important but give the child some leisure time

Part 2: Building Skills with the Child

- Focus on the good actions (foster and build on the actions they can do)
- Use the positive reinforcement
- Prioritize skills (give examples brushing teeth vs tying shoelaces)
- The most important skills to focus are communication and life skills as the final and most important goal as it is to make the child independent.
- To teach these skills prompts are required. These prompts differ as every child is different and the suitable prompt would be different (based on suggestions from the therapists)
- We have to then talk about handling behavior (not delve into specific methods but talk about shift in the way of looking at the why they do it)
 - Positive behaviors & problem behavior
 - Talk about interdisciplinary aspects of it? That there needs

Part 3: Parent Self-Care

- While everything before is really important, there is still something that is more important. It is to take care of yourself (Self care for the parents).
- The child also can feel the stress that parents feel and can blame themselves for it.
- You need your own space and time just like your child does and not get stressed.
- Try to create a support network to help you
- This is to give you and your child the best you can etc... (As the parents put the selfcare as the last thing we are trying to make an impact)

Appendix R: Observation Sheet – Vishnu

Observation Sheet Number: 1

Observer 1: Vishnu Priya Dendukuri

Observer 2: Demetre Dougherty

Date: 05/11/2021

Therapist: Lucie Škvorová

Start Time: 9:23 A.M. End Time: 9:57 AM

Category	Therapist Observations	Child Observations
Activities Done	<p>Notes:</p> <p>Play Area</p> <ol style="list-style-type: none"> 1. Playing with the kid by using Mr. Potato head 2. Hitting the balls with hammer so that the balls fall onto the Xylophone. Same with the balls in the house 3. Puzzle area with different modes of transportation <p>Table area</p> <ol style="list-style-type: none"> 4. Making him guess the family member with their pics with the child. 5. Matching items with the pictures 6. The colors activity she took his hand to point at the color, identifying the color name and putting it on the right spot. 	<p>Notes:</p> <ol style="list-style-type: none"> 1. Trying to guess the names of the facial features 2. Following by example 3. Put the puzzle pieces in place by naming the vehicle and the sounds for each (Noises 2), name the colors and mentioned the actually said the parts of the vehicle (like wheels) 4. Said "Papa", "Mama" etc.
Actions and Movement	<p>Notes:</p> <ol style="list-style-type: none"> 1. She asked him to say hi (Ciao) to us 2. She asked him to stand up 3. Whenever he was distracted she gathered his hands and gently guided him to the pictures board 4. Closing and opening the bottle cap guidance was provided 5. She said cheers before drinking 6. When shows the airplane 7. She allowed him to open the door as he asked her nicely. 8. She asked him to share the toy car with the other child who was shy. 9. She asked him to say bye to the other child 	<p>Notes:</p> <ol style="list-style-type: none"> 1. He greeted us with a smile. He didn't deem mind us watching him. 2. When he did stand up she picked him up and played with him more 3. He started doing what she wants him to 4. He did by himself after she guided him once 5. He did the same 6. He takes the airplane in his hand and moves around in the air. 7. He pointed to the door handle to get into the other room with another kid. 8. He shared it with him without any hesitation 9. He said Ciao!
Facial Expressions	<p>Notes:</p> <ol style="list-style-type: none"> 1. She always made sure to keep and a happy expression 2. She was always excited 	<p>Notes:</p> <ol style="list-style-type: none"> 1. He really smiled all throughout whenever he got something right 2. He smiled whenever she complimented him

Body Language	Notes: <ol style="list-style-type: none"> 1. She was trying to do the puzzle on the floor 2. She slowly pulled him towards her and tried to play with him a little more 	Notes: <ol style="list-style-type: none"> 1. When he saw the sofa on the corner he just jumped and lied down on it and wasn't getting off 2. He did play with her and started doing the puzzles 3. He was very active throughout the session. 4. He was running around and playing with many different toys
Noises and Sounds	Notes: Table <ol style="list-style-type: none"> 1. When talking about different animals related them to sound 2. Cars (Auto) -> zoom / Ambulance -> Wheewoo WHeewoo 3. When hitting the toy with the hammer she said "tuk tuk tuk" (2 Activities done) 	Notes: <ol style="list-style-type: none"> 1. Both the name and sound of the animal(dog – woof woof, cat meow meow, Duck – quack quack) 2. Repeats the sound of the car and names the cars too (Ferrari)
Other Observations	Notes:	Notes:

The whole session was a combination of play and learning (at the table). Once the child was playing in the play area for some time, he was allowed to take a toy (it was a car in all the cases in this session) and then she guided him to the table where he would perform different tasks every single round. These tasks vary, some of them include different objects (food, animal, puzzle, color identification, etc.) Once he completes each task, he is given a token which he has to stick to the paper in front of him. Once he completes 6 such tasks and collects 6 pictures he is allowed to play with his toy. This was iteratively done up to 3 times in this session of 40 min. She said she made him sit on the table to do these tasks so that he knows that he is actually learning.

Session:

Play -> Table -> Play -> Table -> Next Room (play and interaction with another child) -> Play -> Table.

Extra Important notes:

1. When doing this task Therapist was making sure to give the Children 2 options to choose from. He could say the word or point for her to give the piece and he assembled it to the

body. When he said something wrong, for example he could guess what the nose is so she took it to her nose to give him a clue.

2. She always played with the toy that the child picked up.
3. While doing the hammering thing she also made sure to keep asking him different colors names and kept him engaged
4. She said she did this also as he doesn't drink too much water and she wanted to make sure he stays hydrated.
5. She would always repeat the word she asked him to guess after he said the right word multiple times to confirm he is right.

When right

1. Encouraging and complimenting
 - Use the high pitch to compliment
 - Smiling
 - Saying – “Good boy”, “Perfect!” and “Good job” whenever he does guess do something right.
 - Exaggerated reactions
2. Physical
 - Tickling
 - Patting on the head/ ruffling his hair (which was also due to him not being comfortable with cutting hair and making him used to touch by doing this)
 - Picking him up and swinging him around.

When Wrong

1. Giving the first letter as a clue
2. Bring it up to her own face
3. Using her hand over his to gently guide him to the right things

Appendix S: Observation Sheet – Demetre

Observation Sheet Number: 1

Observer 1: Demetre Doherty

Observer 2: Vishnu Priya Dendukuri

Date: November 4th, 2021

Therapist: Lucie Škvorová

Start Time: 9:23am End Time: 9:57am

Category	Therapist Observations	Child Observations
Activities Done	<p>Notes:</p> <ul style="list-style-type: none"> -Put the nose toy piece up to her nose to help him associate the toy with the nose -Held two cards up and had him pick one based off a noise she made -Opened up her water and hit her water up to his while saying “Na zdravi” and then drank her water to show him that he should drink his as well -Laid down pieces of a mat for him to fill in and then gave him a piece one by one and helped him find the spot if he needed and then helped him place it in correctly if he needed -Laid out puzzle pieces, would hand him a piece one by one and would give him help if needed -Laid out cards with pictures and handed him a 3D model of the card while saying a sound associated to the object with goal of getting him to place it on corresponding card, helped him if needed 	<p>Notes:</p> <ul style="list-style-type: none"> -Putting together Mr. Potato head and pic between two toy body parts -Putting colored balls up to the matching colored holes and using a hammer to hit the ball through the hole -Put his water bottle up to the therapist’s water bottle and then drank out of it -Put pieces of a mat in the correct place -Twisted the cap on after drinking out of water bottle -Put a 3 and then a 4 piece puzzle together -Was given a choice between two cards repeatedly and picked the correct one -Was given an object and placed it over the corresponding card
Actions and Movement	<p>Notes:</p> <ul style="list-style-type: none"> -Constantly holding up shapes and having him pick between two of them -Gets a car and has a car race with the child -Tickling and laughing with the child after correct responses when working on skills -Being playful with the child constantly -Does an action herself to try and get the child to repeat the action -Held child’s hands to help him up -Lifted him to the sky and made a silly face -Held his hands to help him sit down -If he was ever having trouble placing things she would hold his hands and guide them to putting the object where it was supposed to go -Picked him up and carried him around the room while going “vrrm” 	<p>Notes:</p> <ul style="list-style-type: none"> -Pointing to shapes and picking between two different shapes -Playing with toy car and moving around the room with it -Gave “high 5s” to the therapist after giving a correct response -Picked out a car and then had a race with the therapist using their cars -When given a fake cucumber toy he practiced putting it up to his mouth as if to eat it -Lied down on the couch and played more with his toy car
Facial Expressions	<p>Notes:</p> <ul style="list-style-type: none"> -Constantly making silly faces and laughing and smiling 	<p>Notes:</p> <ul style="list-style-type: none"> -Repeats expression of the therapist and very respondent to therapist expressions

Body Language	Notes: -Clapping hands whenever an activity is completed -Very positive at all times, standing up straight -Constantly clapping hands	Notes: -Responds to positive emotions of therapist by displaying same emotions -Clapping his hands together
Noises and Sounds	Notes: -Constant positive talk -Saying “ano (yes)” when the child give correct response -Saying sounds that reflect an object, for example “woof woof” to imitate a dog -Said “3 2 1” before they started a race -Used many sound effects based on the object that she was holding up -Used “ano, super” a lot as positive reinforcement -Used “yum, yum, yum” when trying to help him with how to eat -She would associate a sound with an action “nose”	Notes: -Said “hi” and “ciao” to observer 1 and 2 when they walked into the room with a little help from the therapist -Repeats the same sounds as the therapist -Made a “vrrm” sound when he was playing with his car -Continued to mimic many of the sounds the therapist made
Other Observations	Notes:	Notes:

Notes:

- Therapist and child are at toy cash register
 - She hands him cards and he places them in the right place in the cash register
 - Therapist said “ano” after each correct action
- The child said “cakey, cakey”
- Child grabs a shape collector and puts a shape in the correct place
 - Therapist gave assistance when necessary by moving his hand to the correct place
- The therapist held up two animals and she said the name of one of the animals
 - The child points to the name of the correct animal
 - If he points to the incorrect one she says the animal name again and pushes the correct card forward
 - She also used sounds that represented the animal names instead of using the animal name
- The child pulled out a toy hammer with a little toy that has toy nails you can hammer in
 - Therapist has her own hammer and hammers a toy nail and then he does the same with her placing her hands over his to help him hammer in a different nail
 - Then she had him hammer in a nail on his own

- Then she pushed down one with her thumb and he copied her
- The child started to play with a red car and ran around the room with it
- The child takes a sip out of his water bottle on his own
 - Unscrews the cap too
- The therapist brings out cards with animals and says either animal sounds or name of the animal
 - Has two options and when he picks the correct animal he gets a token
 - The therapist says “huff huff, huff huff” to imitate a dog
- Therapist pulls out a puzzle
 - Gives him one piece at a time and helps him by moving the piece to match where it should go
- Therapist grabs a caterpillar with different color circles
 - Child has to put right color circle in the matching place on the caterpillar
 - He figures out what color it is first and then places it
 - She moves airplane token around and places it on his head before giving it to him
- The therapist starts pointing to body parts on her and says the word in Czech and says a sound that associates with the body part
 - The child points to the correct body part on his body and gets a token
- Once the child got 6 tokens from the different mini tasks he was doing he got to play with his toy car

Appendix T: Observation Sheet – Sydney

Observation Sheet Number: 2
Observer 1 (Writer): Sydney Gardner
Observer 2: Ryan Dieselman

Date: 11/4/2021
Therapist: Lucie Skvorova
Start Time: 9:57am
End Time: 10:50am

0.00 minutes in

- Therapist & Child hild are jumping on trampoline
 - Sing-song repetition of word
 - Talking
- Sit on trampoline
- Therapist rolls arms
 - Child copies
- Therapist raises with thumbs up
 - Teaches words
 - Teaches animals
 - Puts animals in cars and asks about them
- Repeat several times (reinforcement?)
- Both hop off trampoline
- Go to drink water
 - Clink
- Close waters
 - Therapist helps C
 - Holds his hand as they do the action

3.30

- Brought to the table
 - Child plays with car
 - Therapist makes car sounds
 - Start using cards (memory cards? sorting?)
 - New words
- Child whispered something
 - Therapist whispers back (mirroring/matching energy?)
 - Switch back to normal volume
- Therapist celebrates/praises Child when tasks are done with the cards

5.40

- Playing with animal figure
 - “Hop hop hop” (Twice on table once on head)
- Action repeated
- Begin playing with cars

6.18

- Therapist begins holding scissors
- Shows them to C

6.30

- Cutting piece of paper
 - Therapist holds Child's hand during the action
- Talking (prompting?)
- Repeated words (teaching?)

7.40

- Walk back to trampoline
- Child brings car with him (seems calm)
- Therapist cleans/organizes area briefly
 - Brings more toys over
 - Cars and planes
- Child picks up a piece and puts it in a car

9.14

- Therapist brings out Mr. Potatohead
 - Moves cars to focus Child's attention on Potatohead (but cars are still in sight)
- Therapist teaches Child parts of the face
 - Holds up to ask for name
 - Has Child put it on Potatohead
 - Therapist would guide hand only if needed
 - Therapist is smiling, and relatively calm demeanor
 - Child lays down on trampoline after every part
 - Makes a sound (cannot tell what kind)
- Finishes Potatohead

11.32

- Child reaches for bag of pieces
 - Opens them himself
 - More car/plane pieces
 - Puts them in cars
- Therapist brings animals out again
 - Asks Child which ones they are
 - Animal sound in response
 - Therapist tries to get "horse" but Child is focused on truck (specifically truck)

13.46

- Hop off the trampoline and shuffle back to the table (to make it fun?)
- Therapist has Child trace shapes
 - Guides hand for some
 - Teaching colors?

15.36

- Flipping between activities fast (Therapist has many different activity sheets to use)

16.07

- Matching activity sheet

- Therapist sometimes guides hand, sometimes just points where to draw
- Praise
- Child “vrooms”
- Therapist brings attention back to specific part of activity

18.23

- Therapist retrieves puzzle
- Child plays with car
 - Is smiling
- Therapist helps wind up car (it goes in circles)

19.12

- Therapist brings out castle ramp
 - Has car go down it
 - Child says “try again” (note: in English)
- Therapist asks for something, then lets him go again after response

20.22

- Therapist & Child blow their noses
 - Therapist has Child do it himself, then helps with cleanup
 - Asks him to throw out his own
 - Trashcan is near door and Child gets distracted and tries to open it
 - Therapist closes door and points to can
 - Child throws away tissue

21.30

- Drinks water again
- Child does cap by himself most of the way
 - Therapist just secures it
- Back at table
 - Therapist plays something (Classical music? Might be intro to main video)
 - Video is actually in English
 - Child enamored
 - Therapist counting?
 - Therapist counting and bringing scissors (presumably nail scissors) to Child’s hand
 - Show not to fear?
 - Video is about cutting nails
 - Child is smiling

25.00

- Therapist starts cutting nails slowly
- Child neutral, watching video
- Video included hand washing too

25.30

- Parent (presumably mother) arrives (neutral)
- Approaches Therapist and Child slowly, smiling
- Child is talking about parking spot for his toy car

- Child looks to castle ramp again, excited
 - Grabs it
 - Showing it to parent?
- 27.00
 - Therapist talks to parent
- 28.00
 - Child playing with castle
 - Asks for “auto”
- 29.00
 - Can tell when Therapist is talking to parent vs. C
 - Tone is deeper and talks faster
 - Child is watching nail cutting video
- 33.00
 - Child shows thumbs up to mother
 - Therapist has Child put hands on table(“tak”) and continues cutting nails
 - Counting to ten on Child’s fingers pointing with scissors
 - Probably to make Child more comfortable around them
- 41.00
 - Child picks up scissors himself (Therapist is watching)
 - Puts cap on scissors
 - Praise
- 44.00
 - Therapist takes socks off (presumably to cut toenails)
 - Repeats video
- 45.00
 - Child doesn’t want toenails cut
 - Therapist puts socks back on
- 47.00
 - Therapist and Child leave room
 - Presumably bathroom
- 48.00
 - Returns, Child is jumping, very happy
 - Child plays with ramp and card
 - Therapist talks to parent
- 50.00
 - Parent and Child leave
 - Therapist starts cleaning up
 - Tells observers that:
 - Child has been there for 6 months
 - Has had a lot of progress
 - Used to just sit and arrange cars and animals in a line, not moving much
 - Now is comfortable asking for things
 - Loves to move around and is comfortable in the space

Appendix U: Observation Sheet – Ryan

Observation Sheet Number: 2
Observer 1: Ryan Dieselman
Observer 2: Sydney Gardner

Date: 11/4/2021
Therapist: Lucie Skvorova
Start Time: 9:57am
End Time: 10:50am

- One child seemed more nervous around us
- Excited to bounce on trampoline
 - Therapist helped child to sit down on trampoline
 - Therapist prompting
- Therapist got some toys out
 - Moving cars in a circle
- Practicing holding out thumbs
- Showing child toys to identify, the bouncing when done right
 - Little bounce thing to get off trampoline
- Showing how to open water bottle “do with not for”
- Sitting down at table, hard to really see too well
- Child playing with car toy
- Doing something with cards/chips
- Assembling a puzzle “super!” child seems very happy and bubbly
- Puzzled expressions on his face
 - Therapist really getting him excited
 - Tap on table then on head the toy (repetition)
 - 000000000 (tapping on mouth)
- Teaching using scissors, prompting from behind
 - Doing it with the child, cutting paper
- Mickey mouse!
- Child is excited when they do something right
- Back to trampoline
 - Both therapist and child are ignoring us
- Child in other room is crying/screaming loudly
- Putting on Mr. Potatohead slowly putting them back together, was excited when he got it right
 - Therapist has to prompt to get them back up
 - Miming putting on a hat
 - Child seems excited when they finished Mr. Potatohead
 - Trying to put toys together
- Child really likes the car toy
- Running around the room therapist prompted him to run
- Trying to color within the lines (shape tracing)
 - Therapist shows him how to do it
- Pulling out a sheet with a bunch of objects (matching activity)
 - Therapist guiding his hand.
 - Child still same mood, maybe a little confused
- Going back to scissors
- Really excited when doing something right

- Back to the puzzle
 - Child not paying attention to the puzzle, likes the wee woo car toy
 - Bringing the car down the ramp
- “Try again” in english
- Really loves the ramp
- Motioning to the trash can, child gets distracted by the door handle instead
- Child now opened water bottle himself, needed help closing it
- Started playing the nail cutting song
 - Distracting him with the song while cutting his nails
- Parent walked in
- Keeps giving him the little white cards
 - Wee woo
- Happy nail clippings day video
 - The kid was really excited after nail clipping, kept showing his mom
 - Parents keeps looking suspicious at us out of corner of her eye
 - Giving visual prompts to lay hand down flat on the table
 - Trying to work up to the child cutting his own nails
- Child can take cap off scissors by himself
- Tried working on toenails, child pulled his foot away and kept focusing on ramp
- Kid couldn't remove his own sock
- Child captured by the nail clippings video
- Letting child assembling the ramp himself
- Showing the parent the shape tracing activity they did earlier
- Waiting for child to go to bathroom
- Really happy and bouncing
- He's been here for about 8 months
- At first he would only sit and say a few words
- Able to now say what he wants and understand instructions.

Appendix V: Official Script Outline

- **Intro (together live) (1-2 min)**
 - We are therapists / Abaceda
 - Quickly introduce yourself and your credentials
 - Specialize in ABA therapy
 - “Outline” shows who will talk about what
- **Building the Relationship (animated) (around 4-5 min)**
 - The most important thing to remember when caring for a child is that you must have a good relationship.
 - It takes time to build this relationship.
 - You need to use a proactive approach, where:
 - You need to set a good environment that best suits your child.
 - ex. If a child struggles with attention, start them in a room with no distractions and then add more and more distractions to the room as the child progresses
 - Play with them, teach them, repeat with them, be patient with them as they are still a child
 - Focus on the good actions that you can foster and build on.
 - What can your child already do? Try not to focus on what they “can’t” do.
 - What things motivate your child? (ex. What types of toys do they like?)
 - Remember to constantly be using positive reinforcement.
 - Try to be the source of the fun for your child.
 - We understand that you might want your child to do everything but let's start with baby steps.
 - A concluding sentence about the information that was just talked about
- **Building Skills with the Child (animated) (around 4-5 min)**
 - Another important part of raising a child with autism is building skills.
 - Some of the most important skills a child needs are:
 - How to work on communication skills
 - Communicating one’s own needs
 - Working on asking for things
 - How to work on daily life skills (ex. Dressing, washing, etc.)
 - Problem behavior tends to stem from a lack of communication ability
 - Try to ignore the behavior but make sure not to ignore the child
 - Make sure to stay neutral when dealing with problem behavior
 - To work on skills, break them down into simple steps (ex. putting on a jacket is broken down into ____)
 - Prompting is a technique used to teach important skills.
 - There are many different kinds of prompts, some of them being physical, vocal, visual, etc.
 - Which prompt to use differs based on the child and the situation.
 - Do the action with the child not for the child
 - This is a gradual process where you continuously use less and less prompting as the child progresses so that they can continue improving on the certain skill

- Interdisciplinary Cooperation is required
 - Behavior is complex and is not caused by just a single cause and multiple factors (biological, cognitive, etc.)
 - Therefore, the parents need to refer and work with multiple professionals to understand the behavior. It includes doctors, clinical psychologists, pediatricians, teachers, etc.
- Learning is important but give the child some leisure time too as he / she is still a child.
- A concluding sentence about the information that was just talked about
- **Parent Self Care (animated) (around 4-5 min)**
 - The most important thing to keep in mind about raising your child is that you need to take care of yourself.
 - The best way to help your child is to help and take care of yourself physically and mentally.
 - The child also can feel the stress that parents feel and can blame themselves for it.
 - “Children are like sponges” and can take on the emotions they observe.
 - You need your own space and time just like your child does.
 - Many parents struggle to accept the fact that they need to take care of themselves.
 - Until you have a good support system and are taking care of yourself you cannot effectively start building a positive relationship with your child.
 - A concluding sentence about the information that was just talked about
- **Conclusion (together and live) (~1 min)**
 - Thank you for watching
 - We hope that this information was beneficial
 - Where to find more information

Appendix W: Czech Script

Úvod

Kačka J:

Moje jméno Kateřina Jandáčková. Jsem psycholožka a studuji Aplikovanou behaviorální analýzu na MUNI v Brně. Spolu s kolegyněmi Lucií a Kateřinou, se kterými jsme založily terapeutické centrum Abaceda Vám v tom videu představíme principy, které jsou důležité při práci s dětmi. V první části se zaměříme na budování vztahu s dítětem.

Luci:

Jmenuju se Lucie Škvorová. Vystudovala jsem ergoterapii a Aplikovanou Behaviorální Analýzu s certifikací BCaBA Asistent Behaviorálního Analytika. Společně se podíváme na to, co je zásadní při budování dovedností dítěte.

Kačka Č:

Moje jméno je Kateřina Čížková. Jsem psycholožka, terapeutka a certifikovaná behaviorální analytička. V dnešním videu se s vámi podívám na to, proč je péče o sebe při práci s dětmi daleko důležitější, než si myslíte.

A. Budování vztahu s dítětem

A.1 Jedním z nejdůležitějších aspektů jakékoliv práce s dětmi je navázání dobrého vztahu mezi námi a dítětem. Bez pozitivního vztahu, který je třeba aktivně a dlouhodobě budovat, bude velmi náročné učit dítě nové dovednosti.

A.2 Pozitivní vztah je třeba budovat nejen na začátku každé spolupráce, ale také v jejím průběhu. Je třeba mít na mysli, že vybudovat vztah chce čas. Dovolte si ho s dětmi mít. Dítě se s námi musí cítit dobře a bezpečně, aby nás nechalo jej vést k učení nového a neznámého, což se jistě shodneme, že znamená výzvu téměř pro každého z nás. Je tedy zásadní, aby při této výzvě mělo dítě oporu ve vybudovaném dobrém vztahu.

A.3 Někdy od rodičů slyšíme, že navázat vztah s dítětem bývá frustrující, protože mají pocit, že o to jejich dítě nestojí nebo to ani nevnímá. Snažte se vstoupit do světa dítěte tím, že ho budete následovat. Nemusíte si společně hned začít hrát s autíčky a jezdit s nimi po silnici, pokud dítě rádo točí kolečky aut. Buďte s ním u toho a přinášejte další kolečka, která by ho mohly zaujmout.

A.4 Samy děti jsou nám skvělými ukazateli toho, jak se nám daří navázat vztah. Pokud od Vás dítě vždy odběhne, když se k němu přidáte u jeho aktivity, zkuste se zamyslet, jak Váš společný čas vypadal doposud. Stávalo se, že jste k dítěti přišli a vzali mu hračku z rukou, abyste se mohli zapojit, nebo aby si o věc samo řeklo? Zkuste to změnit. Při hře by jste měli být zdrojem zábavy pro dítě. Tudíž vy jste ten, kdo dítěti dává jeho oblíbené hračky a následuje ho v jeho oblíbených aktivitách. Využijte času k tomu, že budete s dítětem přítomni, budete se věnovat jeho zájmům. Během těchto chvil je možné přidávat do prostředí další podněty, které možná obvykle dítě nezaujmou, nicméně v kombinaci s jeho oblíbenou činností mohou nabírat na nových rozměrech.

A.5 Pomocníkem pro budování vztahu a následné učení je prostředí, které je nastavené tak, aby vyhovovalo především dítěti. Popřemýšlejte nad tím, jak vypadá dětský pokojíček u vás doma a co by bylo možné změnit, abychom odstranili překážky, které dítěti znesnadňují učení a tím pádem nám navázání vztahu. V prostředí by měly být dostupné hračky a aktivity, které má dítě rádo a jsou pro ně motivující. Je zásadní si uvědomit, co je skutečně zábavné pro dítě a co si myslíme, že by se dítěti mělo líbit.

A.6 Pokud v pokojíčku nebudou všechny hračky dostupné po 100% času, zvýšíme tím motivaci dítěte, čímž vzniká skvělá příležitost k budování vztahu a přirozenému učení. Zároveň však nezapomínejme, že děti jsou dětmi a ne všechno by mělo být o učení. V naší práci se setkáváme s tím, že jsou rodiče natolik motivováni k rozvoji nových dovedností, že nenechávají svým dětem žádný prostor. Je důležité, aby i děti měly čas pro sebe a přístup k některým hračkám bez přítomnosti dospělého.

A.7 Zvažujte, kolik instrukcí dáváte dítěti během času určenému k podpoře vašeho vztahu. Tyto instrukce často mohou vypadat nevinně a vy je můžete považovat za součást hry, nicméně pro dítě už mohou být znamením toho, že musí něco udělat. Lepší je také užívat méně komentářů, které pro děti s poruchami porozumění řeči mohou být matoucí a zavalující. Využívejte toho, že když má dítě o hru a o Vás zájem, vše se stane ještě zábavnějším a veselejším.

A.8 Víme, že budování vztahu může být náročné a někdy i zdoluhavé. Soustřeďte se na dovednosti, které již dítě umí a využívejte aktivit, které dítě motivují, chvalte ho. Snažte se být trpěliví a začněte s těmito malými krůčky. Díky nim pak vše půjde lépe.

B. Budování dovedností

B.1 Po navázání pozitivního vztahu s dítětem, můžete postupně přejít k učení dovedností.

B.2 Často se nás vy, rodiče, ptáte, kde jen začít. Je toho tolik, co dítě nezvládá a co musí dohnat. Soustředit se na to, co je potřeba dítě naučit a co ještě neumí, je přirozená lidská vlastnost. Zkuste se ale na chvíli zastavit a podívat se na to, co už vaše dítě umí a co už se zvládlo naučit, vždy se něco najde!

B.3 Při stanovování cílů je důležité mít na paměti, co je opravdu zásadní a nezbytné pro budoucí samostatný život vašeho dítěte a co byste si vy přáli, aby umělo. Dalším z faktorů, který je nutné brát v potaz, je nejen kapacita dítěte, ale také ta vaše. Zvažte, jaké jsou vaše časové možnosti, kolik finančních prostředků můžete uvolnit na odborné terapie a kolik máte energie, kterou musíte rozdělit mezi starost o domácnost, práci, partnera, učení dítěte a jeho sourozence.

B.4 Všechny tyto faktory jsou velice důležité při volbě priorit a cílů. Začněte malými krůčky a stanovte si takové cíle, které budou pro vás i vaše dítě dosažitelné a budou vás motivovat kupředu. Je lepší začít s pilováním dovedností, které má dítě téměř zvládnuty – dáte tím sobě i vaší dceři nebo synovi možnost zažít pocit úspěchu a získáte novou energii na ty dovednosti, kde je potřeba více úsilí.

B.5 Jednou z hlavních priorit by měla být co největší možná míra samostatnosti dítěte, která je úzce spojená s kvalitou jeho života, ale také celé rodiny. K dosažení nezávislosti je nezbytné pracovat především na komunikačních, sebeobslužných a praktických dovednostech, ale také na schopnosti si hrát a trávit čas samostatně bez pozornosti ostatních. Mezi další klíčové cíle patří tolerování nepříjemných podnětů nebo aktivit, které je úzce spojeno se schopností regulovat vlastní emoce.

B.6 Všechny tyto oblasti jsou jako velký balík, který čeká na konci žebříku, a vy můžete vašemu dítěti pomoci se k němu dopracovat krůček po krůčku. Tak, abyste nepřeskočili žádnou příčku, která by při učení navazující dovednosti mohla chybět a zároveň, abyste zabránili tendenci klást na sebe i vaše dítě příliš velké nároky a přeskočit rovnou do poloviny žebříku, bez vybudování pevného základu.

B.7 Pozorujte a všimněte si toho, co vše děláte za vaše dítě vy. Tedy to, co vaše dítě opravdu nezvládne samo a co ani nezkouší, protože to někdo jiný dělá za něj. Mnoho dovedností můžete učit v přirozeném prostředí – během hry, která je pro dítě tou nejpřirozenější aktivitou, a nebo v průběhu běžného režimu dne, kdy se vyskytuje mnoho příležitostí k učení sebeobslužných a praktických dovedností.

B.8 Je snadné stanovit si zvolit si nereálné cíle a poté přemýšlet nad tím, proč to nejde a co jste měli udělat jinak. Pokud máte pocit, že stojíte na místě a nevíte, jak pokračovat dál, vraťte se o krok zpět a myslte na to, že vždy je tu i já cesta, která může být pro vaše dítě vhodnější. Nebojte se kontaktovat školené a studované odborníky, kteří vás nasměrují nebo pomohou zvolit terapeutický přístup, který bude vhodný pro vás i vaše dítě. Myslete na to, že vy jste na prvním místě rodičem.

C. Péče o sebe na prvním místě

C.1 Všechny principy, které zmínily Kateřina s Lucií, jsou při práci s dětmi nesmírně důležité. Je však ještě jedno pravidlo, bez kterého žádný z nich nebude fungovat. Naprostou prioritou pro vás musí být... vaše vlastní zdraví a pohoda.

C.2 Víme, jak snadné je soustředit se na všechno, co musíte udělat pro vaše dítě, obzvláště pokud má nějaké speciální potřeby. Najednou je na všechno málo času, už včera bylo pozdě a vy musíte využít každou možnou chvíli efektivně. Vaše vlastní potřeby často spadnou na poslední příčku důležitosti. My vás ale chceme učit dělat pravý opak. To nejlepší, co můžete pro své dítě udělat, je totiž starat se o sami sebe.

C.3 Dítě je tak trochu jako houba. Ať už je na tom vývojově jakkoliv, velmi dobře cítí, když rodičům není dobře. A to zejména, pokud je důvodem ono samo. Běžně jsme svědky toho, že se dítě výrazně zhorší ve chvíli, kdy je rodič ze stavu dítěte dlouhodobě frustrovaný nebo zažívá náročné období a nemá na sebe dostatek prostoru.

C.4 V letadle si musí při poklesu tlaku vzduchu nejprve nasadit masku rodič a teprve potom může pomoci dítěti. A v běžném životě to platí úplně stejně. Nejprve se musíme postarat sami o

sebe a teprve potom se můžeme soustředit na dítě. Pokud totiž dojdou síly nám, nezbude už nikdo, kdo by dítěti pomohl.

C.5 Když se naučíte na sebe nezapomínat a dobře se o sebe starat, budete mít daleko více energie a chuti na to budovat pozitivní vztah s dítětem a také trpělivost na to učit ho novým dovednostem.

C.6 A co všechno spadá pod sebepéči? Starejte se o své zdraví – to psychické i fyzické. Nezanedbávejte svoje základní potřeby jako je kvalitní spánek, jídlo, pití ale třeba také preventivní prohlídky u lékařů. Nestyďte se vyhledat odbornou pomoc a podporu psychologa či psychoterapeuta nebo se zapojte do skupiny jiných rodičů a nezůstávejte na všechno sami. V neposlední řadě si vyhrad'te pravidelný čas na sebe, své partnery, odpočinek a svoje záliby. Jen tak si zajistíte průběžné dobíjení baterek a dostatek sil na všechno, co potřebujete zvládnout.

C.7 Běžně slyšíme, že to všechno hezky zní, ale realita vám to neumožní. Z naší zkušenosti je to ale často otázkou priorit a strachu z nedostatku času. A pokud potřebujete slyšet ještě jeden dobrý důvod, proč se o sebe starat, udělejte to už jen pro to, že tím svému dítěti dáváte skvělý vzor, aby se jednou samo o sebe staralo stejně tak. Kde jinde by se to totiž mělo naučit?

Závěr:

Děkujeme vám za čas, který jste věnovali tomuto videu. Ať už se svými dětmi pracujete na čemkoliv, doufáme, že jste slyšeli alespoň pár užitečných informací nebo možná připomínek něčeho, co sami dobře víte, ale co je snadné zapomenout. Držíme vám palce!

Appendix X: Roughly Translated Script

Introduction

Kačka J:

My name is Kateřina Jandáčková. I am a psychologist and I am studying Applied Behavioral Analysis at MUNI in Brno. Together with my colleagues Lucie and Kateřina, with whom we founded the Abaceda therapeutic center, we will introduce you to the principles that are important when working with children. In the first part, we will focus on building a relationship with the child.

Lucie:

My name is Lucie Škvorová and I work with my colleagues Kateřina and Kateřina in the Abaceda center. I studied Occupational Therapy and Applied Behavioral Analysis with the BCaBA Assistant Behavioral Analyst certification. Today I will tell you an introduction to learning and building a child's skills.

Kačka Č:

My name is Kateřina Čížková. I am a psychologist, therapist and certified behavioral analyst. I work as a therapist with adults and together with Kateřina and Lucie in the Abaceda center. In today's video, I'll take a look at why taking care of yourself when working with children is far more important than you think.

A. Building a relationship with a child

A.1 One of the most important aspects of any work with children is establishing a good relationship between us and the child. Without a positive relationship that needs to be actively and long-term built, it will be very challenging to teach a child new skills.

A.2 A positive relationship must be built not only at the beginning of each cooperation, but also during it. It must be kept in mind that building a relationship takes time. Allow yourself to have time with the children. The child must feel good and safe with us in order to lead us to learn the new and the unknown, which we will certainly agree is almost a challenge for almost all of us. It is therefore essential that the child has a positive relationship in this challenge.

A.3 Sometimes we hear about parents that it is frustrating to have a relationship with a child because they feel that their child does not care or perceive it. Try to enter the child's world by following him. You don't have to start playing with cars and drive them on the road right away if your child likes to spin the wheels. Be there with him and bring other wheels that could interest him.

A.4 The children themselves are great indicators of how well we are in a relationship. If your child always runs away from you when you join him in his activity, try to think about what your time together has looked like so far. Did it happen that you came to the child and took the toy out of his hands so that you could get involved in the activity, or so that he could talk about the matter himself? Try to change it, the game should look so that you are a source of entertainment for the child. Therefore, you are the one who gives the child his favorite toys and follows him in his favorite activities. Use the time to be present with the child, you will pay attention to his interests. During these moments, it is possible to add other activities to the environment and the game that the child may not normally be interested in, but in combination with his favorite activity, they may take on new dimensions.

A.5 The helper for relationship building and subsequent learning is an environment that is set up to suit the child in particular. Think about what the children's room looks like at home and what could be changed to remove the obstacles that make it difficult for the child to learn and thus establish a relationship for us. Toys and activities that the child likes and motivates should be available in the environment. It is essential to realize what is really fun for the child and what we think the child should or might like.

A.6 If all the toys in the room are not available 100% of the time, we will increase the child's motivation, which creates a great opportunity for relationship building and natural learning. At the same time, let's not forget that children are children and not everything should be about learning. We found that parents were so motivated to develop new skills that they left no room for the child. It is important that children also have time for themselves and access to some toys without the presence of an adult.

A.7 During the time set aside to support your relationship, avoid giving instructions to the child in the game. These instructions can often look innocent, but for a child they can be a sign that they have to do something. It is also better to use fewer comments, which can be confusing and overwhelming for children with speech comprehension. Take advantage of the fact that when a child is interested in the game and you, everything becomes even more fun and fun.

A.8 We know that building a relationship can be challenging and sometimes time consuming. Focus on the skills the child already knows and use the activities that motivate the child, praise him. Try to be patient and start with these little steps. Thanks to them, everything will be better.

B. Skills building

B.1 After establishing a positive relationship with your child, you can gradually move on to learning skills.

B.2 You parents often ask us where to start. There is so much that the child cannot handle and that he has to catch up with. Focusing on what a child needs to learn and what he or she does not yet know is a natural human trait. But try to stop for a moment and look at what your child already knows and what he has already learned, there is always something to find!

B.3 When setting goals, it is important to keep in mind what is really essential and necessary for your child to live independently in the future and what you would like them to be able to. Another factor that must be taken into account is not only the capacity of the child, but also yours.

B.4 Consider what time options you have, how much money you can release for therapies, how much energy you can divide between taking care of the household, work, partner, learning of the child and his siblings.

B.5 All of these factors are very important in choosing priorities and goals that will be manageable for you and your child. Start in small steps, set goals that will be achievable for you and your child and will motivate you ahead. It is better to start honing a skill in which the child is

good and has almost mastered it - this will give you and your daughter or son the opportunity to experience a sense of success and gain new energy for those skills where more effort is needed. One of the main priorities should be the greatest possible degree of independence of the child, which is closely linked to the quality of his life, but also of the whole family. To achieve independence, it is necessary to work primarily on communication, self-care and practical skills, but also the ability to play and spend time alone without the attention of others. Other abilities include tolerance of unpleasant stimuli or activities, which is associated with the regulation of one's own emotions.

B.6 All of these areas are like a big package waiting at the end of a ladder, and you can help your child work on it step by step. So that you don't skip any rungs that might be lacking in learning that follow-up skill, and at the same time prevent the tendency to put a lot of demands on yourself and your child and jump straight to the middle of the ladder, without building a solid foundation.

B.7 Learning does not necessarily mean x hours of work for more. Observe and pay attention to what you are doing for your child. That is, what your child really can't do on their own and what they don't even try, because someone else is doing it for him. You can learn many skills in a natural environment - during the game, which is the most natural environment for your child, or during the day mode, when there are many opportunities to learn, for example, self-service and other skills.

B.8 It's easy to choose and fix yourself on real or unrealistic expectations and then think about why it doesn't work and what you should have done differently. If you feel that you are standing still and do not know how to proceed, take a step back and keep in mind that there is always a path that may be more suitable for your child. You are primarily the parent of your child. Don't be afraid to contact trained and studied professionals who will guide you or help you choose a therapeutic approach that will be suitable for you and your child. Keep in mind that you are a parent in the first place.

C. Take care of yourself in the first place

C.1 All the principles mentioned by Kateřina and Lucie are extremely important when working with children. However, there is another rule without which none of them will work. Your own health and well-being must be a top priority for you.

C.2 We know how easy it is to focus on everything you need to do for your child, especially if he has any special needs. Suddenly there is little time for everything, it was too late yesterday and you have to use every possible moment effectively. Your own needs often fall to the bottom line. But we want to teach you to do the exact opposite. The best thing you can do for your child is take care of yourself.

C.3 The baby is a bit like a sponge. No matter how developmentally it is, he senses very well when his parents are not well. Especially if the reason is itself. We usually witness that a child gets significantly worse when the parent is frustrated with the child's condition for a long time or is experiencing a difficult period and does not have enough space to wear.

C.4 When the air pressure drops, the parent must first wear a mask on the plane before he can help the child. And in everyday life, the same is true. We must first take care of ourselves and only then can we focus on the child. If we run out of energy, there will be no one left to help the child. When you learn not to forget and take good care of yourself, you will have far more energy and the desire to build a positive relationship with your child and also the patience to teach him new skills.

C.5 And what is all about self-care? Take care of your health - both mental and physical. Do not neglect your basic needs such as quality sleep, food, drink, but also preventive check-ups by doctors. Don't be ashamed to seek professional help and support from a psychologist or psychotherapist, or join a group of other parents and not be left alone.


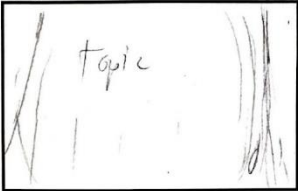

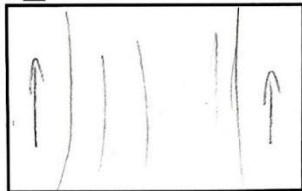



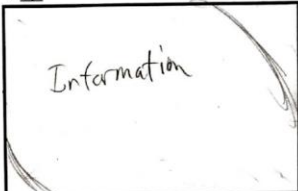

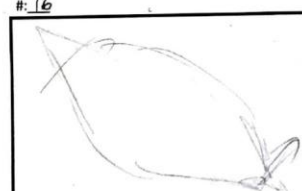

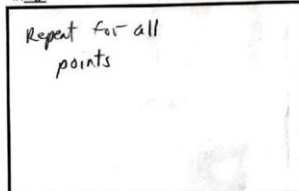
C.6 Last but not least, set aside regular time for yourself, your rest and your hobbies. This is the only way to ensure continuous recharging of the batteries and enough power for everything you need to manage.

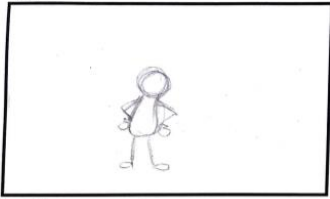
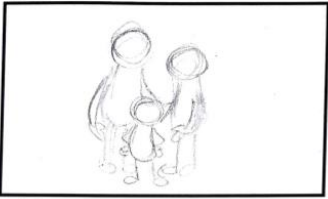
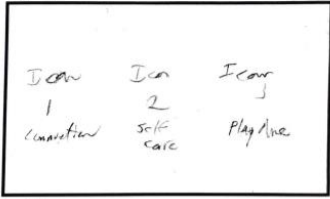
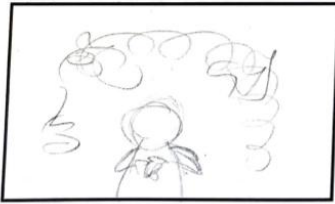

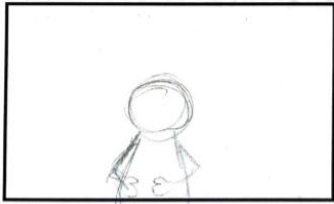
C.7 We often hear that it all sounds nice, but reality will not allow it. In our experience, however, it is a matter of priorities. And if you need to hear one more good reason to take care of yourself, just do it to give your child a great role model so that he or she will take care of himself the same way. Where else should it learn?

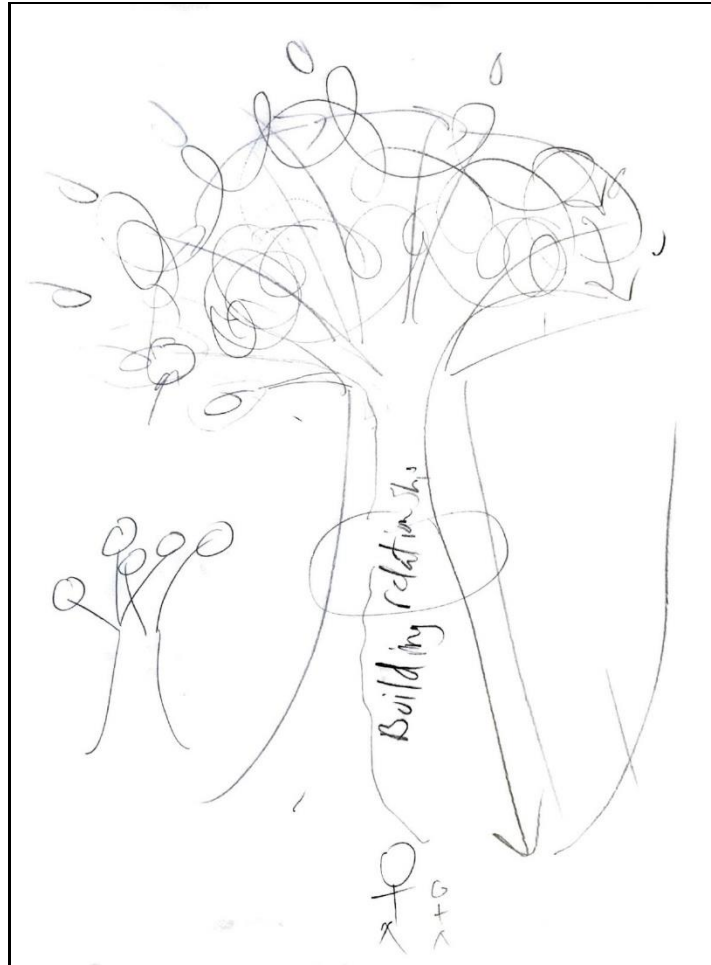
Conclusion:

Thank you for your time in this video. Whatever you work with your children, hope We have heard that you have heard at least some useful information or perhaps comments on something you know well, but it is easy to forget. We keep our fingers crossed!

Appendix Y: Storyboard Sketches

Section: _____		Artist: _____		Date: _____	
# 7		# 8		# 9	
Description: _____		Description: <u>Topic of which type</u>		Description: _____	
Spoken Line/SFX: _____		Spoken Line/SFX: _____		Spoken Line/SFX: _____	
Movement: <u>Camera zoom to Trunk</u>		Movement: <u>Pause</u>		Movement: <u>Moving up the tree</u>	
# 10		# 11		# 12	
Description: <u>Moving up the tree trunk</u>		Description: <u>Following a specific branch</u>		Description: <u>Following branch</u>	
Spoken Line/SFX: _____		Spoken Line/SFX: _____		Spoken Line/SFX: _____	
Movement: _____		Movement: _____		Movement: _____	
Section: _____		Artist: _____		Date: _____	
# 13		# 14		# 15	
Description: _____		Description: _____		Description: _____	
Spoken Line/SFX: <u>Fading out</u>		Spoken Line/SFX: _____		Spoken Line/SFX: _____	
Movement: <u>Go</u>		Movement: <u>Remove a lot while speaking</u>		Movement: _____	
# 16		# 17		# 18	
Description: _____		Description: _____		Description: _____	
Spoken Line/SFX: _____		Spoken Line/SFX: _____		Spoken Line/SFX: _____	
Movement: _____		Movement: _____		Movement: _____	

Section: <u>B5</u>		Artist: <u>SKG</u>	Date: _____
# <u>1</u>	# <u>2</u>	# _____	
			
Description: _____	Description: _____	Description: _____	
Spoken Line/SFX: <u>main person is independent...</u>	Spoken Line/SFX: <u>...connection to...</u>	Spoken Line/SFX: <u>teaching...</u>	
Movement: _____	Movement: _____	Movement: _____	
# <u>4</u>	# <u>5</u>	# <u>6</u>	
			
Description: _____	Description: _____	Description: _____	
Spoken Line/SFX: <u>other abilities...</u>	Spoken Line/SFX: <u>travelling...</u>	Spoken Line/SFX: <u>catching...</u>	
Movement: _____	Movement: _____	Movement: _____	



Appendix Z: Technical Implementation

Table Z.1: Description of Video Production Equipment

Name	Type	Short Description/Purpose	Product Page
Panasonic Lumix DMC-G85	Hardware	Camera for recording necessary videos.	https://www.bhphotovideo.com/lit_files/286639.pdf
Sunpak 5858D	Hardware	Tripod for stabilizing camera while recording.	https://www.bhphotovideo.com/c/product/1026794-REG/sunpak_620_585_5858d_tripod.html
CAD u37 Condenser	Hardware	Microphone for voice-over work.	https://www.cadaudio.com/images/uploads/u37_user_manual.pdf
Wacom Intuos Pen & Touch CTH-680	Hardware	Drawing tablet for the creation of visual assets.	http://101.wacom.com/UserHelp/en/TOC/CTH-480.html
Adobe Illustrator	Software	Used for developing graphics.	https://www.adobe.com/products/illustrator.html
Adobe Premiere Pro	Software	Used for bringing components together into one space to edit.	https://www.adobe.com/products/premiere.html
Adobe Animate	Software	Used if individual animations need to be developed	https://www.adobe.com/products/animate.html
Adobe Media Encoder	Software	Used for ensuring all files work together and are compatible.	https://www.adobe.com/products/media-encoder.html
Audacity	Software	Used for Audio Editing	https://www.audacityteam.org/about/
Reaper	Software	Used for editing audio in a more robust manner.	https://www.reaper.fm/
Qualtrics	Software	Survey creation program	https://www.qualtrics.com
Otter.ai	Software	Used for recording interviews and generating transcript	https://otter.ai/home

This chapter provides a brief technical review of how the team used the specific hardware and software to implement the video. Table Z.1 above presents the details of each piece of hardware and software that our team brought to Prague.

All hardware belongs to Sydney Gardner, and all software is licensed both on Sydney Gardner's personal computer and extra laptop obtained from WPI's Academic Technology Center (ATC).

For audio, the team first used Audacity, a free audio editing software, for the initial recording recordings and cutting. When the team recorded the voice-over segments for the wholly animated portions of the video, they used the CAD u37 Condenser microphone connected to a team member's laptop and recorded directly into the Audacity software. After recording, a member used the *selection* and *grab* tools to remove any "bad" takes of the script (any part of the audio that had an error) and presented the initial audio to the Abaceda therapists for approval. The team later took the approved audio and brought the recordings into to Reaper, a digital audio workstation where the team could edit the audio further. Within Reaper, the team applied two audio filters and effects to make the audio clearer: an *equalizer (EQ)* filter to remove excess noise and a *compression* filter to keep volume levels consistent. The team then exported the audio as a Waveform Audio Files (WAV) for future use.

To create the graphics in the video, the group primarily used Adobe Illustrator, a vector graphics editor. Every member chose a certain tool within Illustrator that they felt most comfortable with. The team members with advanced artistic skills selected the *paintbrush tool* and drew the graphics freehand. The other teammates downloaded an image from the Internet for reference and used the *pen tool* to trace over the image to create the graphic. Once a team member created a graphic, they saved it as an Adobe Illustrator (AI) file, which lets the user edit

the file later. The team exported the AI file into a Portable Network Graphics (PNG) file with a transparent background, which is essential to the editing process. The team members then uploaded their AI and PNG files to a Google Drive folder so that all team members had access to the files.

The next step, developing the animations, utilized Adobe Animate, a vector-based animation software, and Adobe Premiere Pro, a robust video editing software, to sync the visuals, or graphics, with the audio to create the final video. The team split the video into five main parts: the three “sections” of informational content discussed in chapter five on video production, the “in-between” animations that occur between them, and the live footage at the beginning and end of the video. The group saved development time by reusing the “in-between” animation.

For the “in-between” animation, the team created several layers of trees in PNG file format that they put into Adobe Animate. The group used the *tween tool*, which allows a user to set specific points to move between and calculates a smooth path between them, to move the different layers at different speeds and directions to create the illusion of movement. Since the team created PNG assets, the pieces could appear and move without completely blocking graphics under it. The team then exported this “in-between” animation as an MPEG-4 Part 14 (MP4) file, and then later imported the files into Adobe Premiere Pro.

Additionally, some parts in the informational “sections” of the video needed simple hand-drawn animations. To create these, the group brought the audio and still background into Adobe Animate. The team used this to create simplified animations that would otherwise be difficult to develop in Adobe Illustrator, and then brought those animations back into Adobe Premiere Pro to

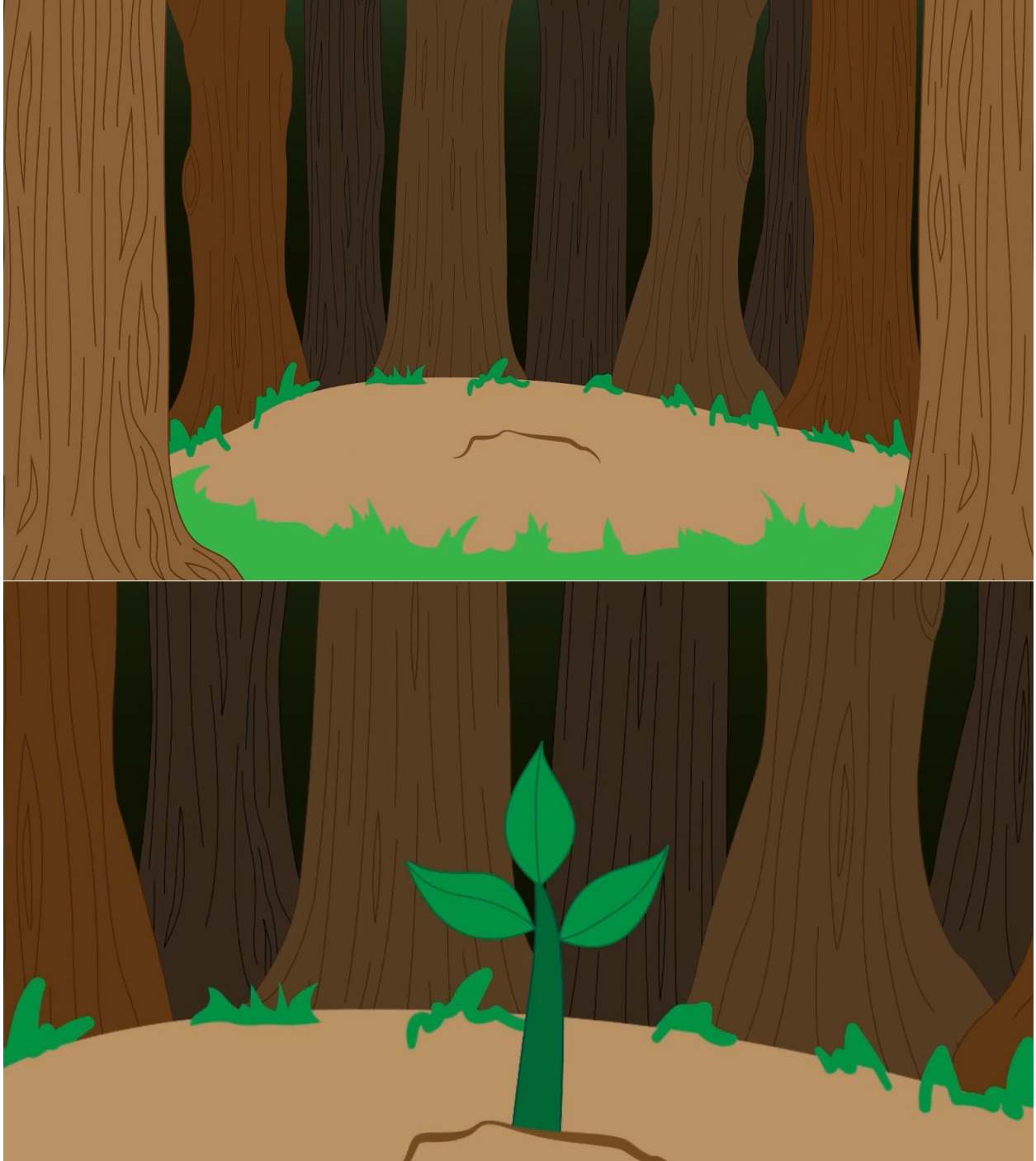
put them in the video. The team exported these specific animations as individual frames in PNG file format to be brought into Adobe Premiere Pro to be synced to the audio.

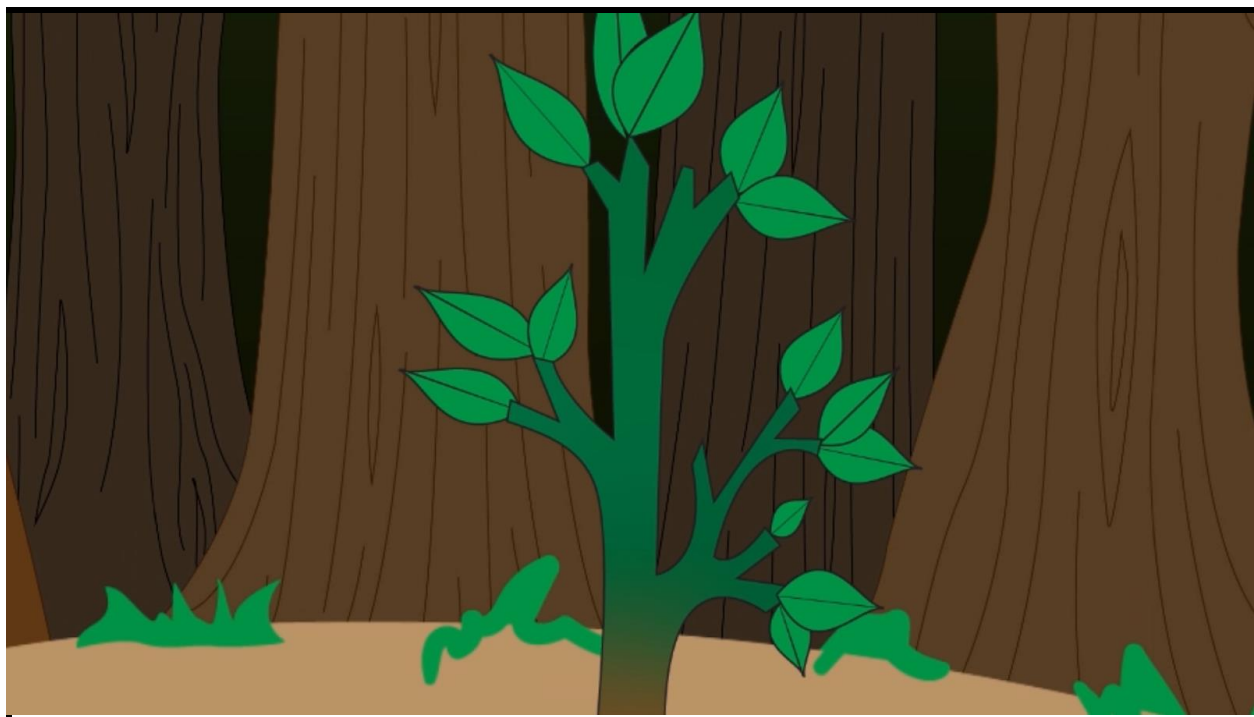
Finally, to assemble the video, the team imported every audio file, PNG file, and live video into a single PRPROJ (Premiere Project) file. Each of the five main parts (live footage, “in-between” animations, and the three informational sections) had a designated *sequence*. This allowed the team to focus on one section at a time without worrying about affecting others, while also keeping everything in one file. For the final animation of the informational “sections” of the video, the team utilized Adobe Premiere Pro’s ability to modify the opacity of objects and move them through *keyframes* along a *timeline*. This allowed for icons and graphics to fade in and out or move up, down, left, and right when needed so that they could emphasize key points of the video.

After completing the informational sections, the team made one final *sequence* that combined the live footage with the three informational sections with “in-between” animations. With the main content in one *timeline*, the team added background music. After polishing the video by tweaking volume levels and timing, the team rendered the final video as an MP4 and gave it to the sponsor.

Appendix AA: Video Screenshots

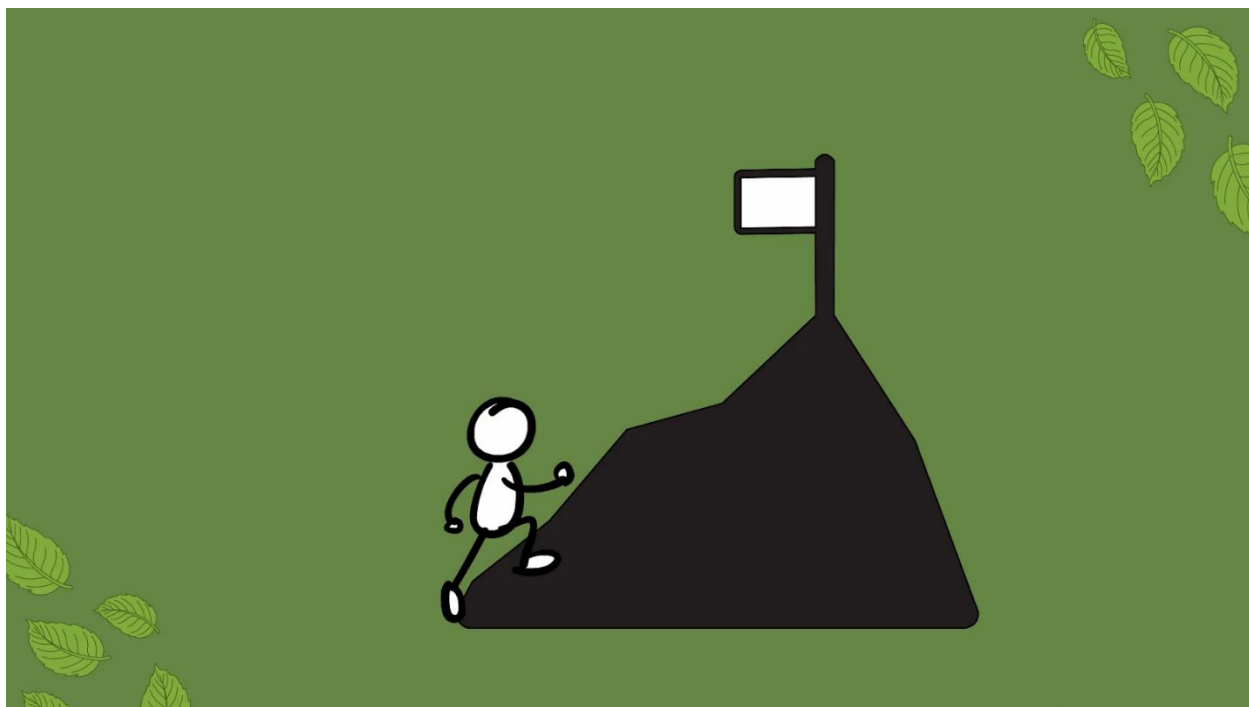
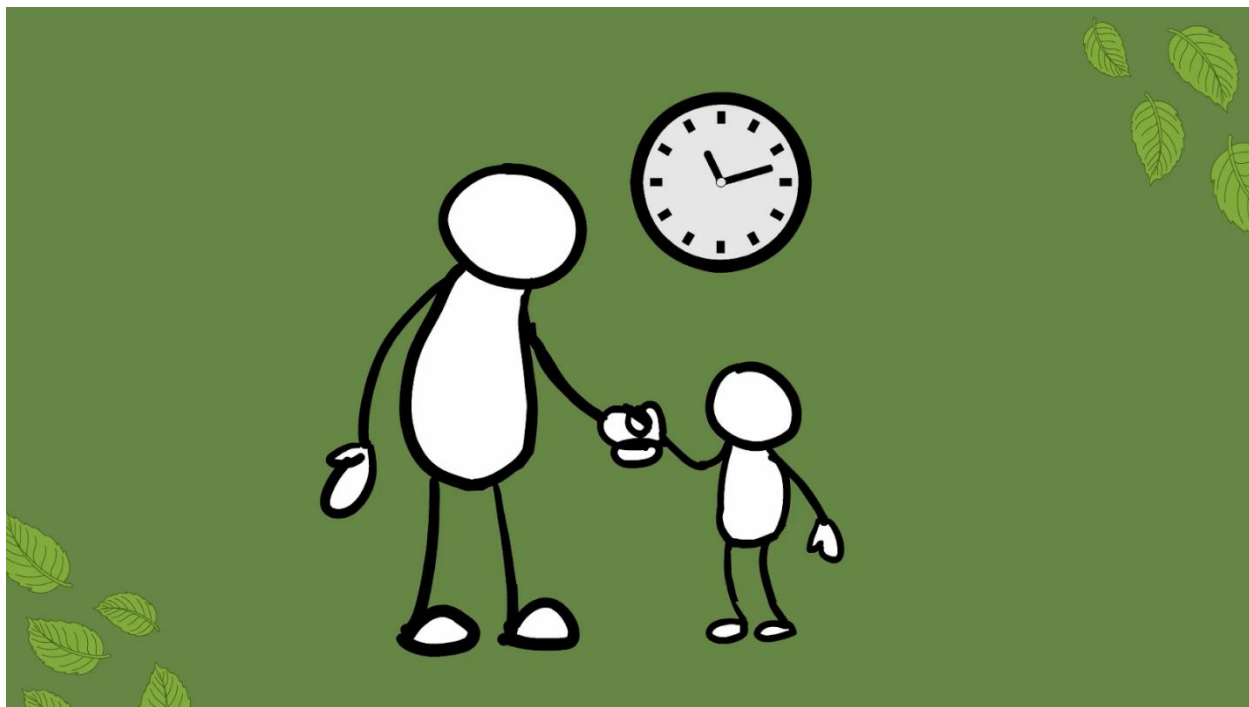
In-between Animations

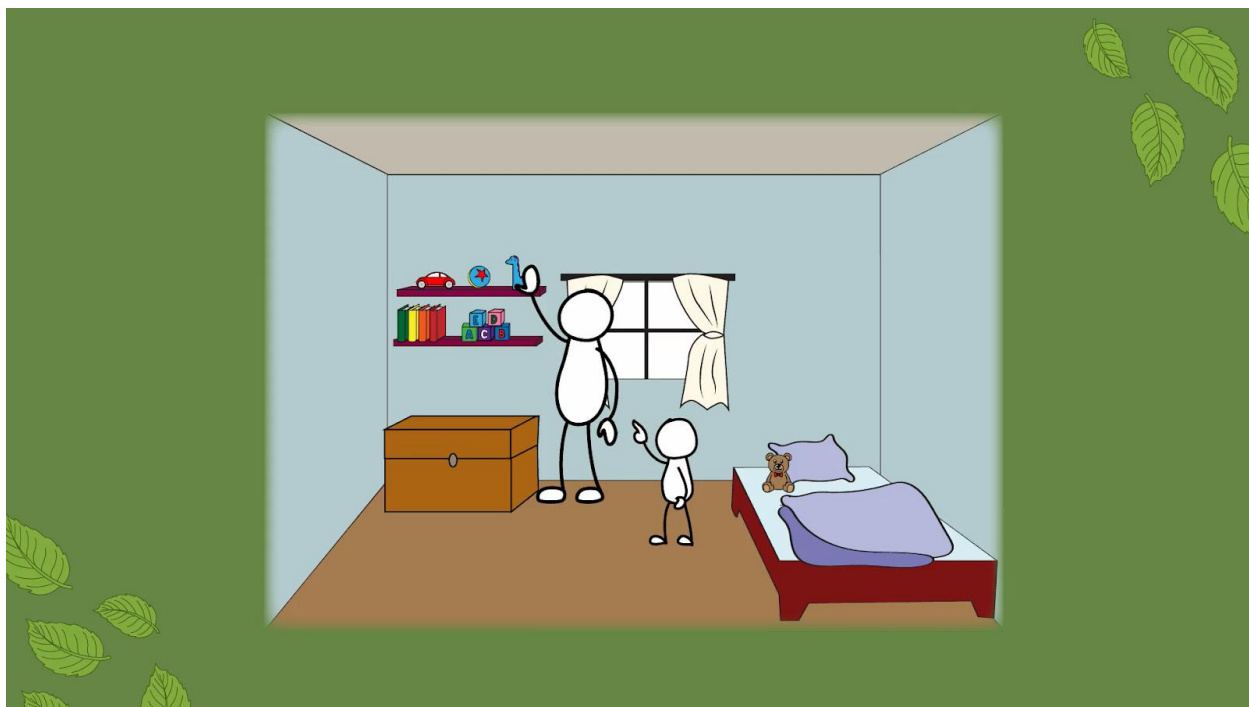
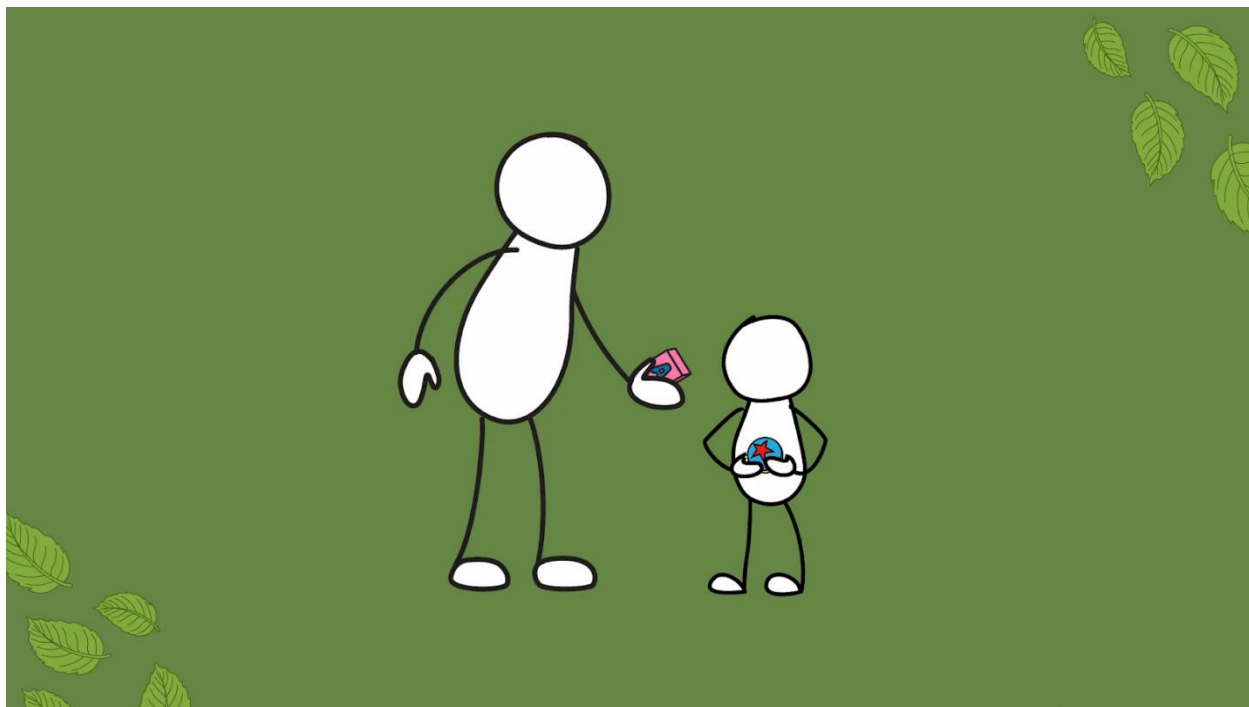




Section A: Building a Relationship



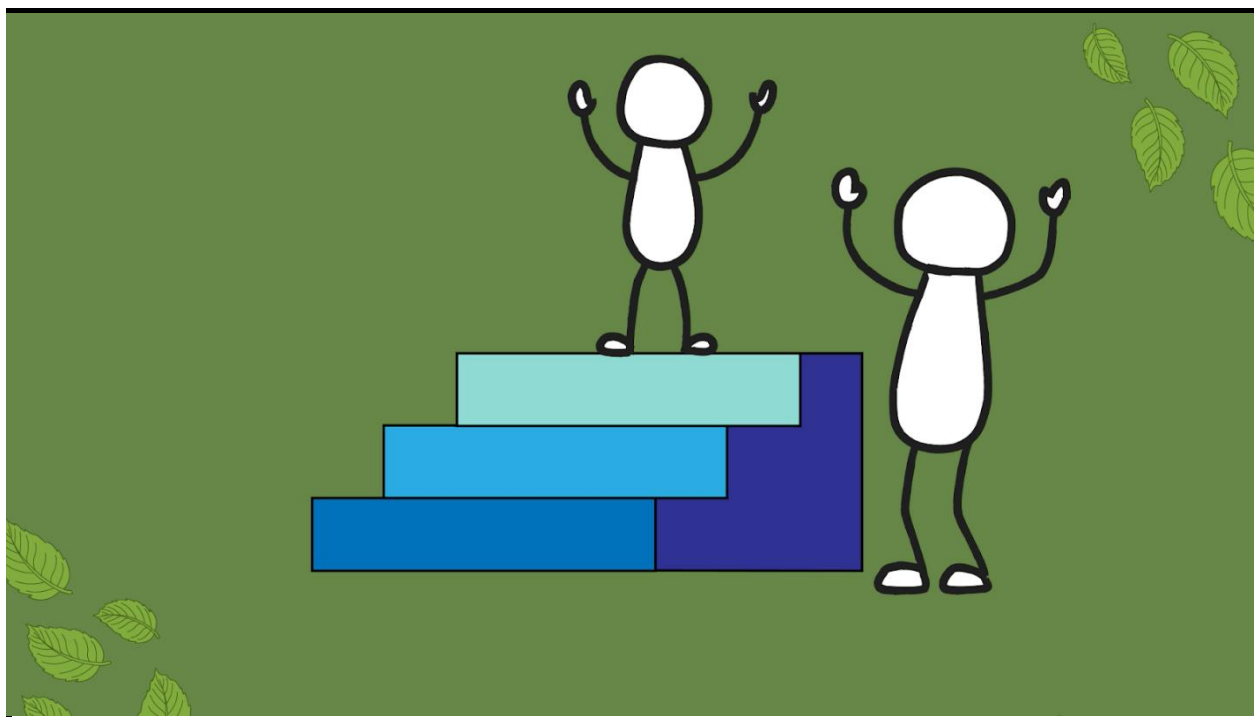
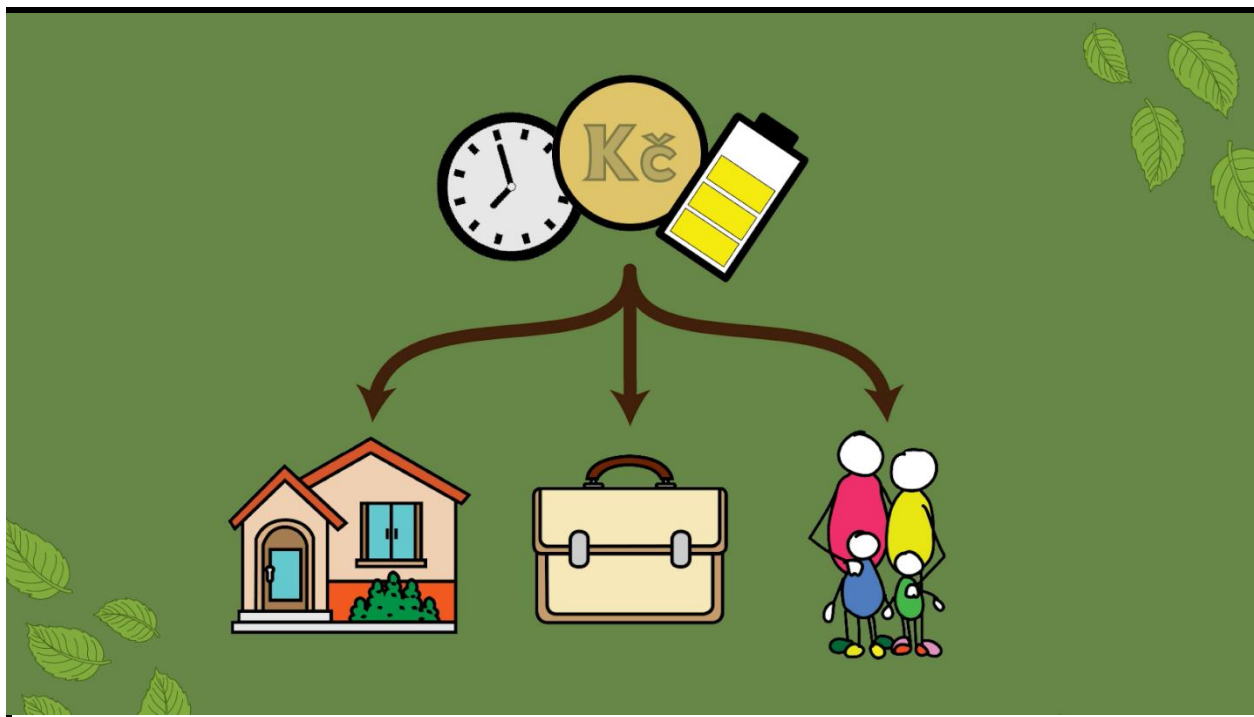


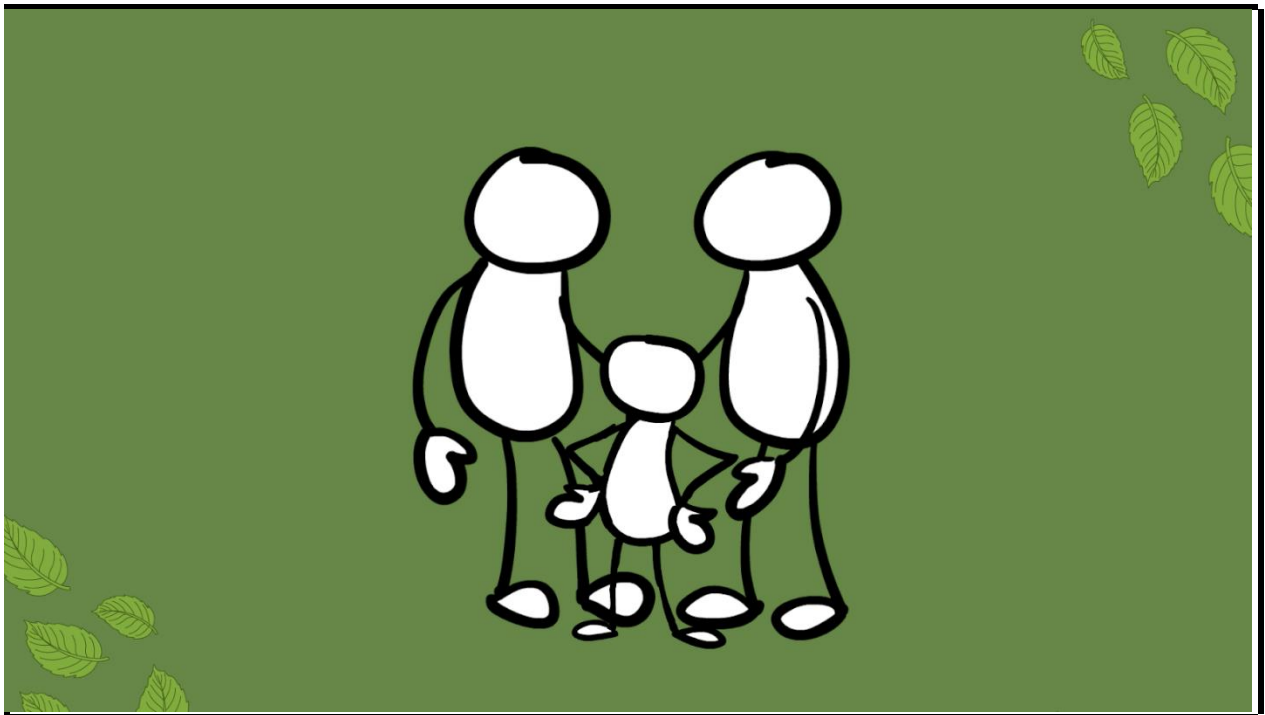
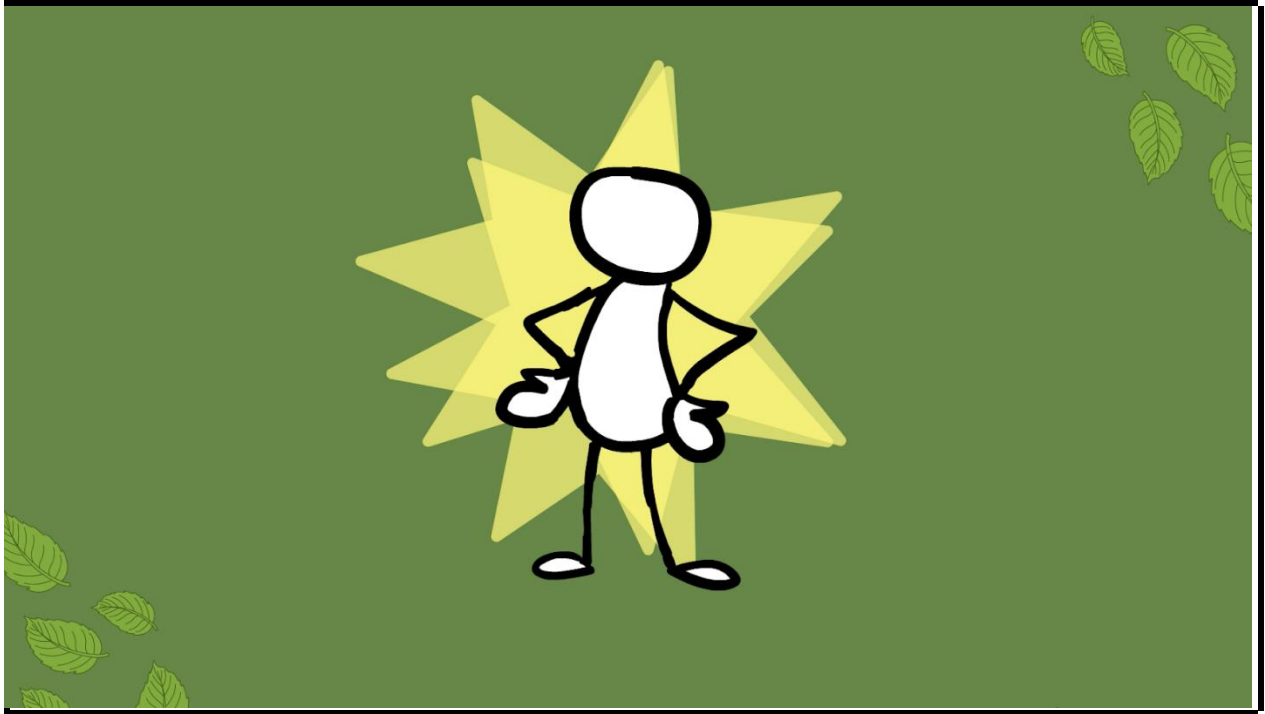




Section B: Building Skills with the Child

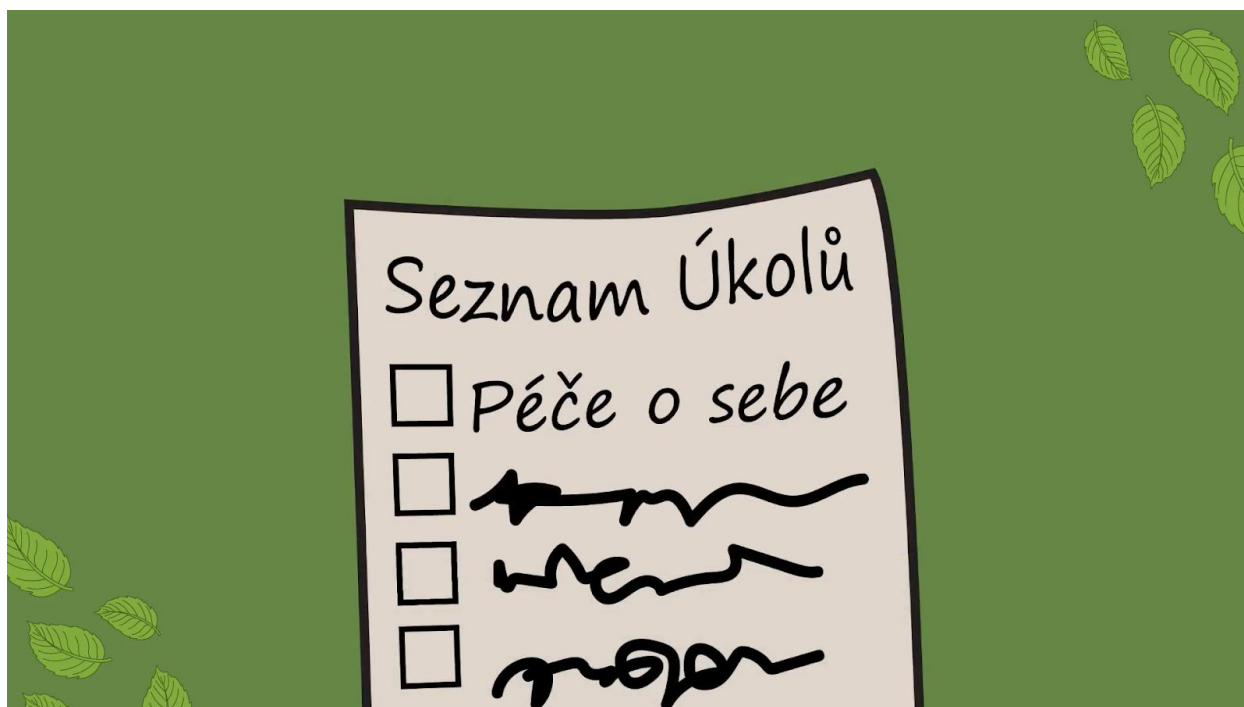


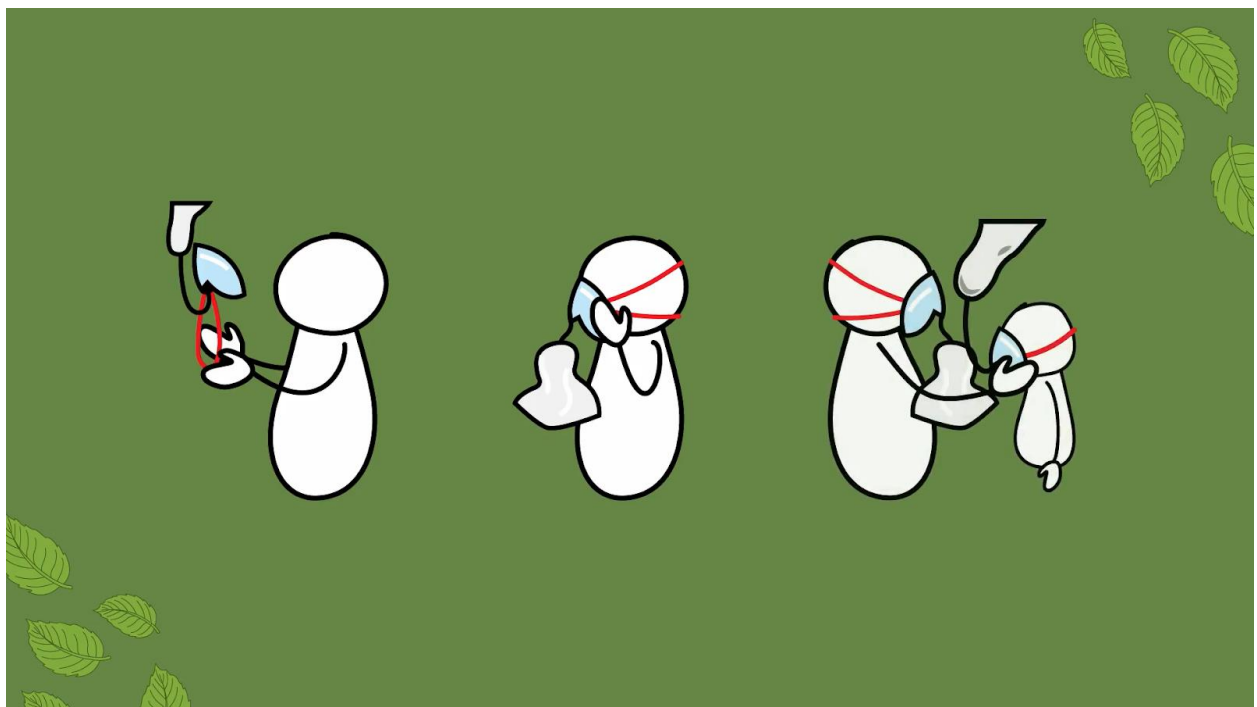
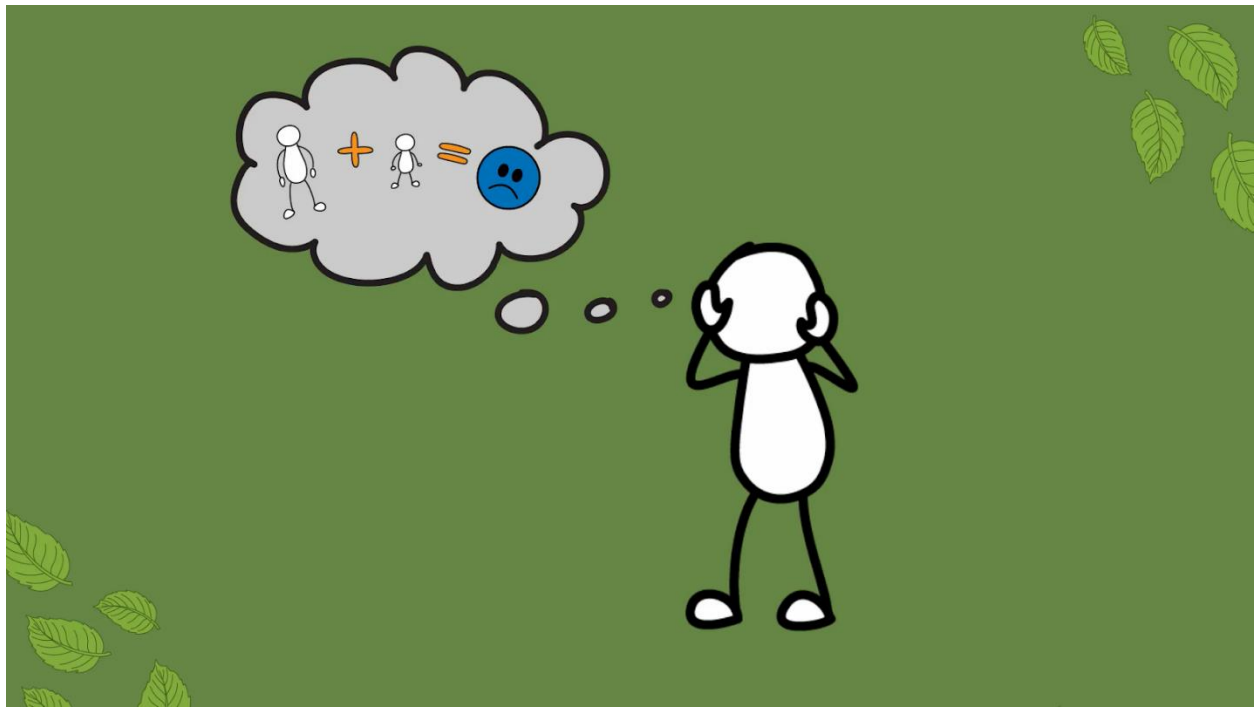


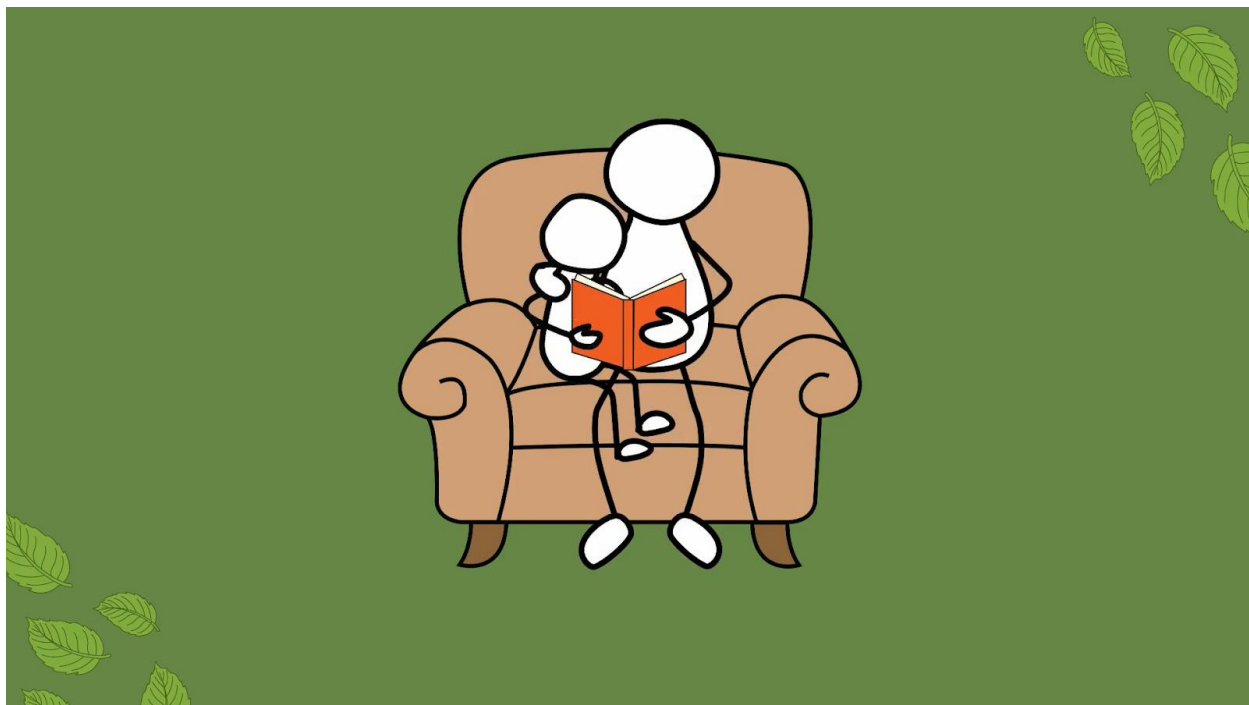




Section C: Parent Self-Care









Live Footage



Poděkování

Sponzor: Abaceda a Roste.me

*Videem provází: Mgr. Kateřina Čížková, BCBA;
Bc. Lucie Škvorová, BCaBA; Mgr. Kateřina Jandáčková*

*Hlavní animátor/střih: Sydney Gardner
Grafičtí designéři: Vishnu Priya Dendukuri, Demetre Doherty
Vedoucí výzkumník: Ryan Dieselman*

Hudba: "Tenderness" od Bensound.com

2021