# **SECTION 8**

Appendices

## **SECTION 8**

## Appendices

#### Appendix 1:

#### Criteria for Autistic Disorder from the DSM-IV-TR (American Psychiatric Association, 2000).

- A. A total of six (or more) items from (1), (2), and (3), with at least two from (1) and one each from (2) and (3):
  - 1. Qualitative impairment in social interaction, as manifested by at least two of the following:
    - a. marked impairment in the use of multiple non-verbal behaviours such as eye-to-eye gaze, facial expression, body postures, and gestures to regulate social interaction.
    - b. failure to develop peer relationships appropriate to developmental level.
    - c. a lack of spontaneous seeking to share enjoyment, interests, or achievements with other people (e.g., by a lack of showing, bringing, or pointing out objects of interest).
    - d. lack of social or emotional reciprocity.
  - 2. Qualitative impairments in communication as manifested by at least one of the following:
    - a. delay in, or total lack of, the development of spoken language (not accompanied by an attempt to compensate through alternative modes of communication such as gesture or mime).
    - b. in individuals with adequate speech, marked impairment in the ability to initiate or sustain a conversation with others.
    - c. stereotyped and repetitive use of language or idiosyncratic language.
    - d. lack of varied, spontaneous make-believe play or social imitative play appropriate to developmental level.
  - 3. Restricted repetitive and stereotyped patterns of behaviour, interests, and activities, as manifested by at least one of the following:
    - a. encompassing preoccupation with one or more stereotyped and restricted patterns of interest that is abnormal either in intensity or focus.
    - b. apparently inflexible adherence to specific, non-functional routines or rituals.
    - c. stereotyped and repetitive motor mannerisms (e.g., hand or finger flapping or twisting, or complex whole-body movements).
    - d. persistent preoccupation with parts of objects.
- B. Delays or abnormal functioning in at least one of the following areas, with onset prior to age 3 years: (1) social interaction, (2) language as used in social communication, or (3) symbolic or imaginative play.
- C. The disturbance is not better accounted for by Rett's Disorder or Childhood Disintegrative Disorder.
- *Note.* From American Psychiatric Association (2000, pp. 75). Copyright 2000 by the American Psychiatric Association

Appendix 2:

**Ethics Forms** 



THE UNIVERSITY OF AUCKLAND NEW ZEALAND

Level 7, 1-11 Short Street Auckland, New Zealand Telephone: 64 9 – 373 7599 ext. 83043 Facsimile: 64 9 367 7191

The University of Auckland Private Bag 92019 Auckland, New Zealand

#### EarlyBird Project

#### Participant Information Sheet - National Study

Dear EarlyBird Participant,

We (Angelika Anderson, Dennis Moore, Fred Seymour and Christina Birkin) are a team of researchers from the University of Auckland. We have been contracted by the Ministry of Education to investigate the effectiveness and acceptability of the EarlyBird Programme in New Zealand. This investigation will include both a large scale national study, and a small scale in-depth study. This information sheet relates to the **national study**.

In the national study we hope to collect information from all parents involved in the EarlyBird programme during 2003 and analyse it both before, and at two points in time after the programme to find out what effect EarlyBird participation has on families. With your permission the EarlyBird trainers will allow us to use the information that they collect during the programme itself, such as your application form, evaluation sheets etc. We would also like to collect some extra information on the level of stress you experience as the caregiver of a child with ASD, and on the sort of difficulties your child has in day to day life. The additional information that we gather from you will be in the form of a questionnaire, and we anticipate that filling this in will take about 30 minutes of your time on each of three separate occasions. After completion of the study information on the findings of this research will be made available to you if you wish it.

All the information we collect will be confidential and neither your name, nor your child's name will be used in any report. You may withdraw from the study at any time, and may withdraw any information traceable to you up to two weeks after the conclusion of the EarlyBird programme you are participating in without giving a reason. You are under no obligation to participate. Participation is purely voluntary. Non-participation in this research will not affect your participation in the EarlyBird

programme in any way. If you wish to participate please let us know by filling in the attached consent form and posting it in the enclosed stamped envelope.

If you have any queries or wish to know more please do not hesitate to contact us:

Dr. Fred Seymour / Christina Birkin Department of Psychology, The University of Auckland, Private Bag 92019, Auckland.

The Head of the Psychology Department is: Dianne McCarthy, Ph: 373-7599 Ext. 88516

The Head of the School of Education is: Graeme Aitken Ph: 373-7599 Ext. 87552

For any queries regarding ethical concerns please contact:

The Chair, The University of Auckland Human Subjects Ethics Committee, The University of Auckland, Private Bag 92019, Auckland. Phone: 373-7599 Ext. 87830

Assoc. Prof. Dennis Moore / Dr. Angelika Anderson RCITL, The University of Auckland, Private Bag 92019, Auckland.



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The University of Auckland Private Bag 92019 Auckland, New Zealand

## EarlyBird Project

#### Participant Information Sheet - In-Depth Study

Dear EarlyBird Participant,

We (Angelika Anderson, Dennis Moore, Fred Seymour and Christina Birkin) are a team of researchers from the University of Auckland. We have been contracted by the Ministry of Education to investigate the effectiveness and acceptability of the EarlyBird Programme in New Zealand. This investigation will include both a large scale national study, and a small scale in-depth study. This information sheet relates to the **in-depth study**.

In the in-depth study we hope to collect detailed information from a small sample of parents involved in the EarlyBird programme during 2003 and analyse it both before, and at two points in time after the programme to find out what effect EarlyBird participation has on families. As well as the data to be collected in the national study (i.e. the information you will be supplying to EarlyBird in the form of application forms and questionnaires) we will be collecting videotape data, and extra information on family and parental stress (using the Parent Stress Index). We will also be asking participants in this in-depth study to provide telephone contact details so that we can carry out telephone consultations. These consultations will address issues of your child's behaviour which you find problematic, and which will be tailored to your needs. Videotaping of you and your child will take place in your home for one hour before and after completion of the programme, and the additional survey information we will collect will take about 60 minutes of your time on three separate occasions. After completion of the study information on the findings of this research will be made available to you if you wish it. To be involved in this in-depth study you will need to also have given your consent to be involved in the national study.

All the information we collect will be confidential and neither your name, nor your child's name will be used in any report. You may withdraw from the study at any time, and may withdraw any information traceable to you up to two weeks after the conclusion of the EarlyBird programme you are participating in, without giving a reason. You are under no obligation to participate. Participation is purely voluntary. Non-participation in this research will not affect your participation in the EarlyBird

programme in any way. If you wish to participate please let us know by filling in the attached consent form and posting it in the enclosed stamped envelope.

If you have any queries or wish to know more please do not hesitate to contact us:

Dr. Fred Seymour / Christina Birkin Department of Psychology, The University of Auckland, Private Bag 92019, Auckland.

The Head of the Psychology Department is: Dianne McCarthy, Ph: 373-7599 Ext. 88516

The Head of the School of Education is: Graeme Aitken Ph: 373-7599 Ext. 87552

For any queries regarding ethical concerns please contact:

The Chair, The University of Auckland Human Subjects Ethics Committee, The University of Auckland, Private Bag 92019, Auckland. Phone: 373-7599 Ext. 87830

Assoc. Prof. Dennis Moore / Dr. Angelika Anderson RCITL, The University of Auckland, Private Bag 92019, Auckland.



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The University of Auckland Private Bag 92019 Auckland, New Zealand

## EarlyBird Project

#### Participant Information Sheet - Trainers

Dear EarlyBird Trainer,

We (Angelika Anderson, Dennis Moore, Fred Seymour and Christina Birkin) are a team of researchers from the University of Auckland. We have been contracted by the Ministry of Education to investigate the effectiveness and acceptability of the EarlyBird Programme in New Zealand. This investigation will include both a large scale **national** study, and a small scale **in-depth** study.

In the national study we hope to collect information from all parents involved in the EarlyBird programme during 2003, and in the in-depth study we hope to collect more detailed information from a small sample of parents. Information gathered from both of these groups will be analysed both before, and at two points in time after the programme to find out what effect EarlyBird participation has on families. Data to be collected in the national study will be the information already gathered through EarlyBird in the form of application forms and questionnaires. For the in-depth study we will also be collecting videotape data, and extra information on family and parental stress (using the Parent Stress Index).

We are asking for your help in gathering the required information from participants on one or more of the EarlyBird courses you are running in 2003 who have given their consent to participate in the evaluation process. Helping us will mainly involve doing only what you would normally do in the way of information gathering, but with the addition of making this information available to the research team. In the case of the one or two families in the in-depth study we would also ask you to distribute some additional forms to the parents, and to encourage them to fill these in and return them directly to us in the postage paid envelopes provided. We anticipate that this additional responsibility will take no more than 15 minutes of your time. After completion of the study information on the findings of this research will be made available to you if you wish it.

All the information we collect will be confidential. You are under no obligation to participate. Participation is purely voluntary. If you are willing to participate please let us know by filling in the attached consent form.

If you have any queries or wish to know more please do not hesitate to contact us:

Dr. Fred Seymour / Christina Birkin Department of Psychology, The University of Auckland, Private Bag 92019, Auckland. Assoc. Prof. Dennis Moore / Dr. Angelika Anderson RCITL, The University of Auckland, Private Bag 92019, Auckland.

The Head of the Psychology Department is: Dianne McCarthy, Ph: 373-7599 Ext. 88516

The Head of the School of Education is: Graeme Aitken Ph: 373-7599 Ext. 87552

For any queries regarding ethical concerns please contact:

The Chair, The University of Auckland Human Subjects Ethics Committee, The University of Auckland, Private Bag 92019, Auckland. Phone: 373-7599 Ext. 87830

#### Appendix 3:

#### Treatment integrity - description of process, and results

- 1. Monitors will together review all
  - Session evaluations,
  - Home visit evaluations,
  - Video taped footage,
  - Trainer's home visit notes,
  - Post programme and follow up questionnaires
  - for all new Trainers for at least their first two groups.
- 2. A standard review chart (appendix 1) will be used to record information (positive, neutral or negative) fed back in the evaluations and questionnaires about the Trainers, the presentation of the Programme, and noting specific comments about the Trainers.
- 3. All home visit tapes and home visit notes will be viewed by the Monitors for the first two groups taken by new Trainers.
- 4. Random spot checks of the Programme delivery (i.e., calling for a Trainer to video tape the delivery of a particular group session for review by the Monitors) will be required from every trainer during the delivery to their first two groups, and then only as required (e.g., after a long break from delivery or if there are comments from the evaluation forms that raise concern).
- 5. Following review each Trainer will receive a copy of their monitoring forms and opportunities to discuss these with the Monitors. After the Trainer has time to review their form and address any concerns, the forms will be kept in the personnel files held at Autism NZ.
- 6. After the initial review (i.e., the Trainer's first 2 groups) by the Monitors, the responsibility for monitoring the Trainers will be divided so each Monitor is reviewing only half of the Trainers.
- 7. Should any additional monitoring requirements be requested from the National Autistic Society, Autism New Zealand, or the efficacy research team, Trainers will be notified immediately.

#### TRAINER SUPPORT AND DEVELOPMENT:

- 1. Trainers will have contact details for the Monitors and regular (at least one per programme) opportunities via email, telephone conversation and/or meeting to discuss any delivery concerns or questions that arise while delivering the Programme.
- 2. Trainers will meet together with all the other trainers for at least one day per year for professional development, networking, and to review requirements.

#### PROCEDURE FOR ADDRESSING PROBLEMS:

- 1. In the event a concern about Programme delivery accuracy or consistency arise, a letter outlining the specific concerns will be sent to the Trainer/s and a conference time arranged (personally, by email, or by tele-conference) to review the comments from the monitoring forms.
- 2. If required Trainers will have the opportunity to receive 'video feedback' from a Monitor to encourage Trainer self evaluation. During the feedback session, Trainers will be encouraged to review the Programme goals for the session or visit before reviewing their own footage. Following self-evaluation the Trainer and Monitor will 'brainstorm' ideas on how to avoid or improve the future delivery of the Programme. The Trainer and Monitor will then develop an ongoing monitoring plan to support the implementation of the new ideas.
- 3. After completing that group the Trainer will be further supported by ongoing monitoring by both Monitors for their next group [as outlined in (a) 1-5 above].
- 4. In the event the issue is not resolved the National Autistic Society and Autism New Zealand will be notified. Please note the National Autistic Society and Autism New Zealand reserve the right to revoke the Licence of registered Trainers of the NAS EarlyBird Programme.

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Trainer	Session presentation from session video (comments and feedback from session evaluations)	Home Visit presentation from video (comments and feedback from evaluations)	Post Programme comments and feedback from questionnaires	Action taken by Monitors (if required)
T1	Positive group rapport, kept to programme well. "Positive and helpful", "Very informative and helpful suggestions"	Positive rapport and evidence of coaching and EB strategies used by parents (eg. Visual cues for song, parents using less prompting, reduced language and more waiting by HVC).	"Loved them, easy in the home, very open, positive feedback from video experience"; "Very knowledge, awesome, inspiring, excellent. Put me at ease, informative recounting personal experiences with children."	Reminder note sent outlining need for confidentiality so only early intervention professionals that the families have invited are to come to training session only in a support role (especially for home visits). Asked to review end of course parent reports for next programme (need to be focused more on what EB strategies they used rather than generic personal details about the children and families)
T2	Positive comments about 'real life examples' and use of videos. One participant had childcare concerns and another ESL participant found it difficult. "The teaching team is excellent"	Good rapport evident in evaluations, the trainer was 'very reassuring' and helpful. Evidence of coaching in evaluation forms and trainers notes (though not on tape)	"Ideas for everyday life"; ""Full of practical hints and tips"; "Ideas for dealing with behaviour problems".	(As above) also a reminder for this trainer to send video footage of delivering the group sessions. Need to see session video tape.
T3	This trainer co-presented with a monitor for the 2 <sup>nd</sup> EB programme. Excellent adherence to programme and good rapport with families.	Positive rapport with families and coaching evident on video and in notes.	This trainer moved out of NZ so post programme follow ups done by monitor.	Coaching from a monitor after 1 <sup>st</sup> session to review issues of noise while taping, and the role of the EB trainer during home visits (eg letting parent work with child, facilitators not 'experts'). Excellent with 2 <sup>nd</sup> group. No further requirements

Cumulative Data Sheet on Monitoring of NZ EarlyBird Trainers for Auckland Research Team. (continued)

Trainer	Session presentation from session video (comments and feedback from session evaluations)	Home Visit presentation from video (comments and feedback from evaluations)	Post Programme comments and feedback from questionnaires	Action taken by Monitors (if required)
T4	Positive comments on sessions and use of videos 'liked real life examples'.	Evidence of coaching in the evaluations. "Trainers personal experience with autism is very useful"	"Ideas for everyday life"; "Full of practical hints and tips"; "Ideas for dealing with behaviour problems".	Requested copies of trainers home visit notes to be sent in future. Need to see session video tape.
T5	Positive and good adherence to programme. "Excellent presenters"; "Excellent balance of presentation and interaction"; "Good pace – change of activities."	Evidence of good rapport, coaching, personalising, and adherence to goals through tapes, trainers notes, and evaluations. "Good to spend time with instructors"; "Good to be reinforced by instructors"; "Enstructors empowering"; "Excellent".	Positive comments from questionnaires. "Empathetic and understanding"; "Great source of knowledge"; "First hand experience was very valuable".	Requested tape of presenting a session.
<b>T</b> 6	Positive comments from evaluations and evidence from session video that the presentation was clear, good rapport with group, well organised, good timing and adhered to programme. "The teaching team is excellent"	Positive rapport and evidence of coaching. Evidence of families using EB strategies on videos. "Easy in the home"; "Put me at ease"; "Useful ideas about getting eye contact"	Extremely positive feedback. "Loved them"; "Very open"; "experienced", "Good level of formal/informal", "Very knowledgeable and inspiring"; "Awesome"; "Approachable"; "Helpful and encouraging"; "Informative-recounting real experiences with children".	Needed to remind trainer that the reports are to outline what the parents have learned and achieved (not to share personal information in reports). Reports in second group were excellent. No further requirements.

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Trainer	Session presentation from session video (comments and feedback from session evaluations)	Home Visit presentation from video (comments and feedback from evaluations)	Post Programme comments and feedback from questionnaires	Action taken by Monitors (if required)
T7	One participant concerned about reading from book. Positive evaluation and feedback. "Excellent presenter"; "Pace and change of activities good"; Trainer came over and talked through step by step in smaller groups"; "Excellent balance of interaction and presentation".	Evidence of adhering to goals on video tapes, good rapport, personalising and coaching. "Good to spend time with instructors"; "Discussion with trainer while viewing the video empowering"; Trainer helpful in helping us to make a change"; "Excellent gaining information from trainer".	Positive comments from questionnaires. "Empathetic and understanding"; "Great source of knowledge"; "First hand experience was very valuable".	Requested a tape of presenting a session.
T8	Co-presented with a monitor. Positive evaluations, observed clarity, rapport, timing, organisation, and adherence to programme as good.	Observed home visits as positive with good rapport, coaching and strategies, adhered to goals.	Positive comments after programme.	No further requirements.
T9	Co-presented with a monitor. Demonstrated clarity, good timing, well organised, adhered to programme and good rapport with families.	Observed home visits as positive with good rapport, coaching and strategies, adhered to goals.	Positive comments after programme. "We have a toolkit for managing everyday life now"	No further requirements.
T10	Videos reflected effective organisation and implementation of programme, clarity, timing, and rapport.	Evidence of coaching and adhering to goals in video tapes and trainer's notes. Good rapport with families.	Positive comments, trainer's experiences and use of real life examples. "It has been brilliant. We have and will continue to learn how to work –.hold great hopes for the future".	Reminder to make 1 master copy of the video clips for ANZ rather than individual family tapes. No further requirements.

#### Appendix 4:

#### Language Analysis

#### How to Count Morphemes:

Firstly exclude all words read directly from the picture book in the toy set (see below for a transcript)

#### Count

- 1. The -s plural marker (e.g. cat/s, apple/s). Count it even when used on irregular plurals (e.g. mouse/s). Exception: plurals never occurring in the singular (e.g. pants, shoes, clothes) count as just one morpheme.
- 2. The –ed past tense marker (walk/ed, count/ed). The –ed morpheme is counted even when used improperly (go/ed, drink/ed).
- 3. The –ing progressive tense marker (walk/ing, count/ing).
- 4. The –s third person present tense marker (e.g. He like/s candy. Sue walk/s faster than Sara.) Exception: "does" counts as one morpheme.
- 5. Possessive –'s marker (e.g. mom's, boy's)
- 6. Contractions (e.g. she's, he'll, they're, what's, she'd, we've, can't, aren't). Exceptions: "let's," "don't", and "won't" are assumed to be understood as single units, rather than as a contraction of two words, so are just counted as one morpheme.

#### Do not count

- 1. Words which are false starts, reformulations, or repetitions unless the repetition is for emphasis. (e.g. "[then] then [he go] he went to the zoo" is counted as 6 morphemes; "No! No! No!" is counted as 3)
- 2. Compound words, reduplications, and proper names count as single words. (e.g. railroad, choo-choo, Big Bird)
- 3. Irregular past tense verbs and irregular plurals count as one morpheme. (e.g. took, went, geese, men)
- 4. Diminutives (e.g. doggie, horsie, dollie) and catenatives (e.g. gonna, wanna, hafta) count as one morpheme. It is assumed that the child understands these catenatives as single units, as opposed to understanding they are short for "going to," "want to," "have to," etc.
- 5. Do not count fillers (e.g., um, well, oh).

EXAMPLE:

#	Child's utterance	# of morphemes	Notes
1	I want ball.	3	
2	That blue.	2	
3	Give it to me.	4	
4	Doggie's hungry.	3	Doggie = 1 morpheme
			's (is) = 1 morpheme
5	Doggie eated .	3	eated = 2 morphemes
6	xx wagon.	-	utterance excluded because of unintelligible word
7	I hafta go potty.	4	hafta = 1 morpheme
8	She likes toys.	5	likes = 2 morphemes
			toys = 2 morphemes
9	(He go) he go bye-bye.	3	bye-bye = 1 morpheme
			"he go" is repeated, only counted once
10	The mice are sleeping.	5	mice = 1 morpheme
			sleeping = 2 morphemes

#### Appendix 5:

**Questionnaire Package** 

### Administration of EarlyBird APQ

#### Instructions for personnel administering the EarlyBird APQ

<u>Duration and administration setting</u>: The APQ takes approximately 10 minutes to complete, but there is no time limit for completion. Respondents should be advised to set aside about 10 minutes to sit down in a quiet place, and to answer the items thoughtfully. The testing environment, which could be the respondent's home, should be well lit, and have a flat surface on which the respondent can write. The questionnaire can be answered using either a pen or a dark pencil.

#### Time of administrations

The pre-programme questionnaire (green) should be completed before participants begin the programme. Please hand out this questionnaire at the pre-programme visit, and either allow the parents to fill it in then, or ask that parents bring the completed questionnaire to the first session.

The post-programme questionnaire (yellow) should be completed directly after completion of the programme. Please hand this one out at the end of the last session, and either allow parents to fill it in then, or ask that they have it ready for you to collect at the post-programme visit.

The follow-up questionnaire (blue) should be completed six months after completion of the programme. Please take this one to the follow-up visit and ask parents to fill it in then.

At each point in time parents should have the option of either handing the questionnaire to you or sending it directly to the programme provider or researcher by mail.

<u>Instructions for Administration</u>: Ask the respondent to read through the instructions on the first page of the questionnaire. The following script is an example of instruction that could be given when administrating the APQ.

"The purpose of this questionnaire is to enable us to monitor on an ongoing basis the effectiveness of this programme. It is not a test of your performance as a parent. This questionnaire will take approximately 10 minutes to complete. Read the items carefully and rate how true the statements are for you on a 6-point scale, where '1' represents 'Not true at all' and '6' represents 'Definitely true'. Follow the example shown in the instructions and fill in the response bubble completely. Fill only one response bubble per item, and put an X over the response if it needs to be changed. There is no correct and incorrect answer. Remember to also answer the short questions on the last page of the questionnaire."

#### **Pre-Programme**

NOTE: This questionnaire takes approximately 10 minutes.

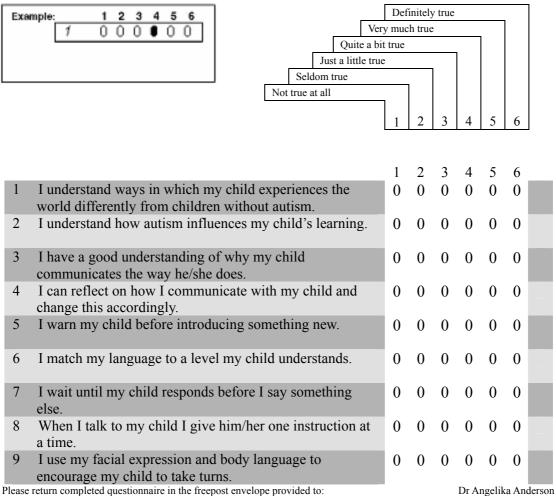
Please set aside 10 minutes to sit down in a quiet place to answer it thoughtfully.

Parenting a child with autism is a challenging job. We are interested in personal experiences, views or beliefs around parenting your child with autism.

Please rate each item according to how TRUE the following statements are for you by using the following scale:

1 = Not true at all	3 = Just a little true	5 = Very much true
2 = Seldom true	4 = Quite a bit true	6 = Definitely true

For each question, fill in <u>one</u> bubble completely with black/blue pen or pencil. If you change your mind, put a X through that response, and fill in the <u>one</u> bubble you want to be counted.



n completed questionnaire in the freepost envelope provided to: Dr Angelika Anderson Research Centre for Interventions in Teaching and Learning, School of Education,

I am happy for my questionnaires to be used for research purposes:

The University of Auckland, Private Bag 92019 Auckland, New Zealand

Yes □ No □

Child-code:



	Def	initel	y true			_	
	y muc	h true	e		1		
Quite a bi				1			
Just a little true	•		T				
Seldom true		1					
Not true at all	1						
	1	2	3	4	5	6	
	1	2	5	-	5	0	
	1	2	3	4	5	6	
10. I know some somes that I can play with my shild that	$1 \\ 0$	$\stackrel{2}{0}$	0				
10 I know some games that I can play with my child that	0	0	0	0	0	0	
will teach him.	0	0	0	0	0	0	
11 There are some games my child enjoys playing with me.	0	0	0	0	0	0	
12 I have a good understanding of why my child	0	0	0	0	0	0	
misbehaves.							
13 I use structure and visual cues to prevent or minimise	0	0	0	0	0	0	
problem behaviour.							
14 I structure daily activities to minimise problem	0	0	0	0	0	0	
behaviour.							
15 When my child has a tantrum I have a number of	0	0	0	0	0	0	
effective strategies.	Ŭ	U	Ū	U	U	Ŭ	
16 I am able to change my child's behaviour by the way I	0	0	0	0	0	0	
react to it.	0	0	U	U	0	0	
	0	0	0	0	0	0	
17 Looking at the triggers and results of my child's	0	0	0	0	0	0	
behaviour is helpful in managing him/her.	~	~	~	~	~	~	
18 My child with autism dominates my life.	0	0	0	0	0	0	
						- 1	
19I feel trapped by the long-term responsibility of having a	0	0	0	0	0	0	
child with autism.							
20I feel confident that things will improve as I learn more	0	0	0	0	0	0	
about how to deal with my child.							
21 I desperately need more help with parenting my child	0	0	0	0	0	0	
with autism.							
22I believe that I have some control over the future	0	0	0	0	0	0	
outcomes for my child.	Ŭ	U	Ū	U	U	Ŭ	
23I feel I can improve my child's condition and future	0	0	0	0	0	0	
prospects.	U	U	U	U	U	0	
	0	Δ	Δ	0	Δ	0	
24 My family functions well as a unit.	0	0	0	0	0	0	
$\mathbf{D}_{\mathbf{r}} = \mathbf{D}_{\mathbf{r}} + $	0	0	0	0	0	0	
25 My child with autism dominates family life	0	0	0	0	0	0	
		_	_	_	_		
26The needs of other family members are met most of the	0	0	0	0	0	0	
time.							
27 The people involved in my child's care are in agreement	0	0	0	0	0	0	
on how to help or manage him/her.							

Please return completed questionnaire in the freepost envelope provided to: Dr Angelika Anderson Research Centre for Interventions in Teaching and Learning, School of Education, The University of Auckland, Private Bag 92019 Auckland, New Zealand

	<i>we'd like to ask fo</i> se tick the approp				bout your <b>C</b>	HILD :		
	Gender:		Male		Fema	ale		
	Ethnicity:			70		-6		
	Age:							
	Diagnosis:		Aspergers		Autism		Other – Plea	se specify
	Approximate a	ge of dia	gnosis:					
Your relationship to the child with autism:								
Father Mother Other – Please specify								
If you have received any assistance in parenting the child with autism, specify.								
Type of assistance Approximate hours per week								
3								
9		Ţ	Fhank you f	for you	ur assista	nce		l.

## **SCORING SHEET**

Scale	ITEM	Score	
Knowledge	1-4		
Communication	5 - 8		
Play	9 – 11		
Behaviour Management	12 – 15		
Stress	16 – 19		ightarrow S
		28 –	R
Confidence	20 - 22		
Family Functioning	23 - 25		
Total Score	1 – 25		

#### **Post-Programme**

NOTE: This questionnaire takes approximately 10 minutes.

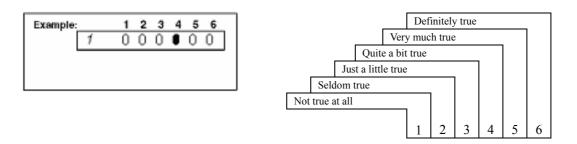
Please set aside 10 minutes to sit down in a quiet place to answer it thoughtfully.

Parenting a child with autism is a challenging job. We are interested in personal experiences, views or beliefs around parenting your child with autism.

## Please rate each item according to how TRUE the following statements are for you by using the following scale:

1 = Not true at all	3 = Just a little true	5 = Very much true
2 = Seldom true	4 = Quite a bit true	6 = Definitely true

For each question, fill in <u>one</u> bubble completely with black/blue pen or pencil. If you change your mind, put a X through that response, and fill in the <u>one</u> bubble you want to be counted.



		1	2	3	4	5	6	
1	I understand ways in which my child experiences the world differently from children without autism.	0	0	0	0	0	0	
2	I understand how autism influences my child's learning.	0	0	0	0	0	0	
3	I have a good understanding of why my child communicates the way he/she does.	0	0	0	0	0	0	
4	I can reflect on how I communicate with my child and change this accordingly.	0	0	0	0	0	0	
5	I warn my child before introducing something new.	0	0	0	0	0	0	
6	I match my language to a level my child understands.	0	0	0	0	0	0	
7	I wait until my child responds before I say something else.	0	0	0	0	0	0	
8	When I talk to my child I give him/her one instruction at a time.	0	0	0	0	0	0	
9	I use my facial expression and body language to encourage my child to take turns.	0	0	0	0	0	0	

Please return completed questionnaire in the freepost envelope provided to: Research Centre for Interventions in The University of Augusta Dr Angelika Anderson

Research Centre for Interventions in Teaching and Learning, School of Education, The University of Auckland, Private Bag 92019 Auckland, New Zealand

Child-code:

Definitely true							1
Very much true							1
Quite a bit				1			1
Just a little true	e		1				1
Seldom true Not true at all		1					1
Not true at all	1						1
	1	2	3	4	5	6	1
	-		5		U	Ũ	
	1	2	3	4	5	6	
10 I know some games that I can play with my child that	0	$\overline{0}$	0	0	0	0	
will teach him.	U	U	U	U	U	U	
11 There are some games my child enjoys playing with me.	0	0	0	0	0	0	
There are some games my enne enjoys playing with me.	U	U	U	U	U	0	
12 I have a good understanding of why my child	0	0	0	0	0	0	
misbehaves.	0	0	U	0	0	0	
13 I use structure and visual cues to prevent or minimise	0	0	0	0	0	0	
problem behaviour.	0	0	0	0	0	0	
14 I structure daily activities to minimise problem	0	Δ	Δ	Δ	Δ	0	
behaviour.	0	0	0	0	0	0	
	0	0	Δ	0	Δ	0	
15 When my child has a tantrum I have a number of	0	0	0	0	0	0	
effective strategies.	0	0	0	0	0	0	
16 I am able to change my child's behaviour by the way I	0	0	0	0	0	0	
react to it.	0	0	•	0	0	0	
17 Looking at the triggers and results of my child's	0	0	0	0	0	0	
behaviour is helpful in managing him/her.							
18 My child with autism dominates my life.	0	0	0	0	0	0	
19I feel trapped by the long-term responsibility of having a	0	0	0	0	0	0	
child with autism.							
20I feel confident that things will improve as I learn more	0	0	0	0	0	0	
about how to deal with my child.							
21 I desperately need more help with parenting my child	0	0	0	0	0	0	
with autism.							
22I believe that I have some control over the future	0	0	0	0	0	0	
outcomes for my child.							
23I feel I can improve my child's condition and future	0	0	0	0	0	0	
prospects.							
24 My family functions well as a unit.	0	0	0	0	0	0	
25 My child with autism dominates family life	0	0	0	0	0	0	
		-	-	-	-		
26The needs of other family members are met most of the	0	0	0	0	0	0	
time.	Ŭ	5	0	0	5	5	
27 The people involved in my child's care are in agreement	0	0	0	0	0	0	
on how to help or manage him/her.	ľ	5	0	0	5	Ĩ	
the norr to help of humage him nor.							

Please return completed questionnaire in the freepost envelope provided to: Dr Angelika Anderson Research Centre for Interventions in Teaching and Learning, School of Education, The University of Auckland, Private Bag 92019 Auckland, New Zealand

	<i>Now we'd like to ask for the following information about your <b>CHILD</b> : (Please tick the appropriate boxes if required)</i>								
	Gender:		Male		Fema	ale			
	Ethnicity:			825		→č			
	Age:								
	Diagnosis:		Aspergers		Autism		Other – Plea	se specify	
	Approximate age of diagnosis:								
Your	relationship to the	ə child wi	th autism:						
	Father Mother Other – Please specify								
lf you	have received ar	ny assista	ance in paren	iting the	e child with	autism, s <b>r</b>	pecify.		
2	Туре	e of assis	tance		Approxin	nate hour	s per week		
3									
9	Thank you for your assistance								

## **SCORING SHEET**

Scale	ITEM	Score	
Knowledge	1-4		
Communication	5 - 8		
Play	9 – 11		
Behaviour Management	12 – 15		
Stress	16 – 19		ightarrow s
		28 –	R
Confidence	20 - 22		
Family Functioning	23 – 25		
Total Score	1 – 25		

#### Follow-up

NOTE: This questionnaire takes approximately 10 minutes.

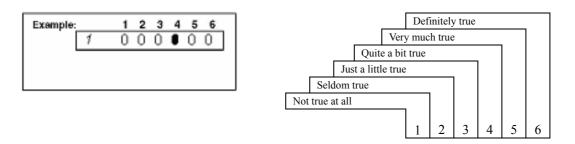
Please set aside 10 minutes to sit down in a quiet place to answer it thoughtfully.

Parenting a child with autism is a challenging job. We are interested in personal experiences, views or beliefs around parenting your child with autism.

## Please rate each item according to how TRUE the following statements are for you by using the following scale:

1 = Not true at all	3 = Just a little true	5 = Very much true
2 = Seldom true	4 = Quite a bit true	6 = Definitely true

For each question, fill in <u>one</u> bubble completely with black/blue pen or pencil. If you change your mind, put a X through that response, and fill in the <u>one</u> bubble you want to be counted.



		1	2	3	4	5	6	
1	I understand ways in which my child experiences the world differently from children without autism.	0	0	0	0	0	0	-
2	I understand how autism influences my child's learning.	0	0	0	0	0	0	
3	I have a good understanding of why my child communicates the way he/she does.	0	0	0	0	0	0	_
4	I can reflect on how I communicate with my child and change this accordingly.	0	0	0	0	0	0	
5	I warn my child before introducing something new.	0	0	0	0	0	0	
6	I match my language to a level my child understands.	0	0	0	0	0	0	
7	I wait until my child responds before I say something else.	0	0	0	0	0	0	
8	When I talk to my child I give him/her one instruction at a time.	0	0	0	0	0	0	
9	I use my facial expression and body language to encourage my child to take turns.	0	0	0	0	0	0	

Dr Angelika Anderson

Research Centre for Interventions in Teaching and Learning, School of Education, The University of Auckland, Private Bag 92019 Auckland, New Zealand

#### Child-code:

Definitely true							
	Very much true						
Quite a bi				-			
Just a little true	e		-				
Seldom true							
Not true at all	_						
		_					
	1	2	3	4	5	6	
	1	2	3	4	5	6	
10 I know some games that I can play with my child that	0	0	0	0	0	0	
will teach him.							
11 There are some games my child enjoys playing with me.	0	0	0	0	0	0	
There are some games my enna enjoys playing whitme.	Ŭ	Ū	Ū	Ũ	Ũ	Ũ	
12 I have a good understanding of why my child	0	0	0	0	0	0	
	0	0	0	0	0	0	
misbehaves.	0	0	0	0	0	0	_
13 I use structure and visual cues to prevent or minimise	0	0	0	0	0	0	
problem behaviour.							
14 I structure daily activities to minimise problem	0	0	0	0	0	0	
behaviour.							
15 When my child has a tantrum I have a number of	0	0	0	0	0	0	
effective strategies.							
16 I am able to change my child's behaviour by the way I	0	0	0	0	0	0	
react to it.	Ũ	0	Ũ	Ũ	Ũ	Ũ	
17 Looking at the triggers and results of my child's	0	0	0	0	0	0	
	0	U	0	0	0	0	
behaviour is helpful in managing him/her.	0	0	0	0	0	0	
18 My child with autism dominates my life.	0	0	0	0	0	0	
19I feel trapped by the long-term responsibility of having a	0	0	0	0	0	0	
child with autism.							
20I feel confident that things will improve as I learn more	0	0	0	0	0	0	
about how to deal with my child.							
21 I desperately need more help with parenting my child	0	0	0	0	0	0	
with autism.							
22I believe that I have some control over the future	0	0	0	0	0	0	
outcomes for my child.	Ŭ	Ŭ	Ū	Ũ	Ū	Ŭ	
	0	0	0	0	0	0	
23I feel I can improve my child's condition and future	0	0	0	0	0	0	
prospects.	0	0	0	0	0	0	
24 My family functions well as a unit.	0	0	0	0	0	0	
25 My child with autism dominates family life	0	0	0	0	0	0	
26The needs of other family members are met most of the	0	0	0	0	0	0	
time.							
27 The people involved in my child's care are in agreement	0	0	0	0	0	0	
on how to help or manage him/her.	Ŭ	2	Ŭ	č	0	-	
on now to help of manage min/net.							

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	<i>Now we'd like to ask for the following information about your <b>CHILD</b> : (Please tick the appropriate boxes if required)</i>								
	Gender:		Male		Fema	ale			
	Ethnicity:			82		-			
	Age:								
	Diagnosis:		Aspergers		Autism		Other – Plea	se specify	
	Approximate age of diagnosis:								
Your	relationship to the	ə child wi	th autism:						
	Father Mother Other – Please specify								
lf you	If you have received any assistance in parenting the child with autism, specify.								
C BLA	Туре	e of assis	tance		Approxin	nate hour	s per week		
3									
9	Thank you for your assistance								

## **SCORING SHEET**

Scale	ITEM	Score	
Knowledge	1-4		
Communication	5 - 8		
Play	9 – 11		
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Stress	16 – 19		ightarrow s
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Total Score	1 – 25		