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IN PARTNERSHIP WITH









KEY TERMS, ACRONYMS, AND DEFINITIONS

KEY TERM	ACRONYM	DEFINITION
Applied Behaviour Analysis	ABA	The science of learning used in behavioural interventions to produce a measurable behaviour change and/or promote skill development.
Autism Nova Scotia	ANS	A community-based, not-for-profit, organization in Halifax, NS, providing autism-specific services for families, individuals, and the community.
Autism Spectrum Disorder	ASD	Is a medical term. A person's brain processes information, including information about their environment, in another way. The Autistic person's brain has physically developed differently than a neurotypical brain. Autism can give a person both strengths and challenges. Autism is considered an example of neurodiversity. The terms autism or Autistic are used more often in the community.
Board Certified Behaviour Analyst	ВСВА	A specialized professional holding a graduate-level certification in behavior analysis. The individual completed required courses and supervised training in theory and techniques of ABA and has passed a standardized examination administered by the Behaviour Analyst Certification Board. This professional designs and supervises behaviour analytic interventions, and effectively develops and implements appropriate assessment and intervention methods.
Central Zone		One of the Nova Scotia Health geographic management zones in which QuickStart NS is providing service. This zone covers Halifax area, Eastern Shore and West Hants.
Community Service/ Service Provider		An organization that provides support to families and individuals.
Early Start Denver Model	ESDM	A play-based intervention for young children with suspected or confirmed diagnoses of autism which brings together developmental and behavioural approaches. This intervention can be carried out by a number of individuals including trained therapists and parents.
Eastern Zone		One of the Nova Scotia Health geographic management zones in which QuickStart NS is providing service. This zone covers Cape Breton, Guysborough and Antigonish areas.
ESDM Introductory Coursework		An introductory program which requires an individual to read Early Start Denver Model for Young Children with Autism by Sally Rogers and Geraldine Dawson and then complete online modules which focus on the theoretical framework and curriculum of the ESDM.
ESDM Advanced		After completing the introductory coursework, staff complete in-person training with a Certified ESDM staff member.
ESDM Certification		Individuals who have completed both the introductory and advanced coursework may proceed to work under a certified ESDM trainer who will provide the necessary supervision for the individual to complete the Action Plan as laid out by UC Davis MIND Institute to be certified.
Hearing and Speech Nova Scotia	HSNS	Responsible for providing audiology services to individuals of all ages and speech and language services to preschool children and adults in

Nova Scotia. Services are offered across 34 clinical sites which are

located in 24 communities.



KEY TERMS, ACRONYMS, AND DEFINITIONS

KEY TERM	ACRONYM	DEFINITION
IWK Health Centre	IWK	A health centre in Halifax, Nova Scotia that provides care to women, children, youth and families from the Atlantic provinces.
Modified Checklist for Autism in Toddlers	M-CHAT-R/F	Screening tool of autism characteristics for toddlers.
Northern Zone		One of the Nova Scotia Health geographic management zones in which QuickStart NS is providing service. This zone covers Colchester-East Hants, Cumberland and Pictou areas.
Nova Scotia Early Childhood	NSECDIS	A provincial organization that provides specialized services to Nova Development Intervention Scotian families of young children between birth and school entry, Services who either have a biological risk for or a diagnosis of a developmental delay. Services are provided province-wide through 30 program locations.
Parent Coach	PC	May be an Early Childhood Educators (ECE), Behavioural Interventionists, and/or paraprofessionals trained in the ESDM model. They directly implement QuickStart NS program. They are responsible for working directly with families to support the implementation of the QuickStart NS curriculum and individualized goal setting and programming.
Pediatric Occupational Therapist		A specialized professional holding an undergraduate or graduate-level certification in Occupational Therapy. This individual is registered with the College of Occupational Therapists at the provincial level and has expertise in sensory and motor development in early childhood.
Pivotal Response Treatment	PRT	An evidence-based intervention for individuals with autism. It is a naturalistic intervention model rooted in ABA principles that targets pivotal areas of development promoting widespread collateral improvements in social, communication and behaviour domains.
Provincial Preschool	PPAS	The Provincial Preschool Autism Service is a partnership between IWK Health, Nova Scotia Health, Hearing and Speech Nova Scotia, and Autism Nova Scotia providing services and support for preschool-age children and families across Nova Scotia.
Provisional Diagnosis		Diagnosis usually made from the age of about 18 months onwards where characteristics of autism are present but further testing is required to confirm diagnosis. Sometimes a provisional diagnosis is made when the child is very young, and the child is reassessed at a later date.
QuickStart - Early Intervention Program	QEIP	A one-on-one parent-coaching program, incorporating an interdisciplinary team and utilizing the evidence-based treatment intervention, Early Start Denver Model (ESDM). Derived from Emerging Minds and QuickStart in Ottawa, Ontario.



KEY TERMS, ACRONYMS, AND DEFINITIONS

KFY TFRM

ACRONYM

DEFINITION

QuickStart Nova Scotia

QuickStart NS

Nova Scotia's model of the QEIP one-on-one parent coaching program. A parent-mediated coaching program designed to empower caregivers

QuickStart NS Director

QuickStart NS Manager

QuickStart NS Supervisor

Speech Language Pathologist

SLP

Suspected Diagnosis

Western Zone

of toddlers with a suspected, provisional, or confirmed diagnosis of autism to teach and support their child's development.

Oversees the implementation of the QuickStart NS model.

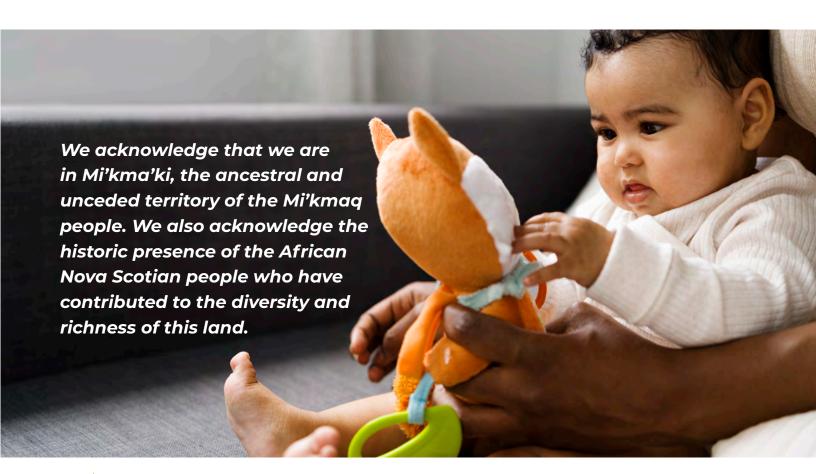
Supervises the entire team across province and provides support in the implementation of ESDM. Oversees day-to-day operations of the program.

Supervises the Parent Coaches implementation of the intervention.

A Speech Language Pathologist is a specialized professional trained at the masters or doctorate level to assess, diagnose, and manage speech, language, voice, and swallowing disorders.

A child who is suspected of meeting autism diagnostic criteria as determined by a relevant professional.

One of the Nova Scotia Health geographic management zones in which QuickStart NS is providing service. This zone covers Annapolis Valley, South Shore and South West.





Program History

In 2016, the province of Nova Scotia announced a \$500,000 investment for a parent mediated early intervention program for toddlers (age range 12-36 months) with suspected, provisional, or confirmed diagnosis of autism for a one-year pilot serving families within the Halifax Regional Municipality. QuickStart Nova Scotia model was selected as the early intervention parent mediated coaching program to be piloted. This funding was later extended to a four-year agreement, totaling a \$2M commitment to the program.

On November 21, 2018, Autism Nova Scotia was given the opportunity to begin the start-up phase and implementation of the parent mediated coaching program in the pilot phase. It was designed for children aged 12 months to 36 months in Nova Scotia as part of an integrated service delivery approach to autism early intervention for children under six years of age. In May 2019, the first cohort of children started across the Halifax Regional Municipality.

Two committees supported the Program in the implementation processes: the Advisory Committee and the Evaluation Committee.

The Advisory Committee initiated their work in 2016 at the beginning of the project roll-out.

This committee was a collaborative partnership who guided this innovative program within the existing system of services. This year, the work of PPAS transformation has covered off many of the QuickStart NS activities and evolution of this committee has been retired.

The Evaluation Committee commenced their work in September of 2019. Members of the Evaluation Committee have supported the program in development of a logical model, Theory of Change, a draft evaluation framework and involved in selecting the evaluator.

The program became part of the Provincial Preschool Autism Services on April 2022, as one of the many services to the new enhanced model for preschool autism services in Nova Scotia. QuickStart Nova Scotia is now offered provincial wide in all four Nova Scotia Health management zones, Central zone, Eastern zone, Northern zone and Western zone.

Program Need

Prior to the original investment, parents and caregivers in the province who were concerned about the development of their toddlers could wait up to three years before they could access diagnostic services.



If they received a diagnosis of autism, the average age of children entering an autism specific intervention was 4.8 years. This lost time and the growing need for parent mediated coaching programs for autism is what built the case for support for the pilot.

Prior to the expansion of QuickStart NS, the program was only accessible to families within the Halifax Regional Municipality geographical location. With increase referrals and increasing prevalence rates of preschool Autistic children, the need for a provincial expansion was evident to ensure equitable access and support in the new enhanced PPAS model.

Program Philosophy

QuickStart NS is built on the intention that the program will empower parents¹ of toddlers with a suspected, provisional, or confirmed diagnosis of autism to teach and support their child's development. The program incorporates key aspects of an autism-focused intervention which includes an individualized approach; family involvement; provides a naturalistic teaching framework; and an approach that is flexible, accessible, collaborative and supportive. The philosophy of intervention is based on the belief that parents are the true experts on their children and professional people, teachers, pediatricians, psychologists and others must learn to be consultants to parents (Nicholas Hobbs, 1978).

QuickStart NS is based on the following principles that contribute to this philosophy:

 Parental goals are an important consideration in creating learning objectives for child skill development

- Parents involved in the intervention process have reported greater feelings of self-efficacy and children maintain gains for a longer period
- Parental training in the Early Start Denver Model (ESDM) program delivery allows for continued practice of objectives in natural environments, maximizing intervention delivery
- Involvement helps parents become better advocates for their children

The QuickStart NS model aims to support parental capacity right from the moment signs of autism are observed or confirmed. It is a model designed to be applicable and adaptable to operational needs based on family priorities and community shifts, while maintaining fidelity of the procedures and processes from the QuickStart Early Intervention Program (QEIP) model and Early Start Denver Model (ESDM) intervention. These features intend to create accessibility to supports at a vulnerable time for the parent and child. It uses the best available evidence within research on autism interventions and aims to bridge the research to practice gap by applying the intervention model in a community-based setting.

QuickStart NS is intended to integrate within the system of services for children suspected of having or who have a provisional or confirmed autism diagnosis. Based on their goals, families may choose to access a combination of services throughout their participation in the QuickStart NS program to support them in meeting their identified needs provided that they do not exceed 10 hours of outside services per week.

¹ Use of parents will assume parents/caregivers/family throughout the report





Program Description

QuickStart Nova Scotia Parent Mediated Coaching for Autism is based on the QEIP model developed by QuickStart and Emerging Minds in Ottawa, Ontario. It is modeled after the parent mediated, low intensity, ESDM for Toddlers (P-ESDM: Rogers, 2012) and incorporates an interdisciplinary team. ESDM is an evidence-based intervention, which incorporates practices from the original Denver Model (Rogers, Herbison, Lewis, Pantone, & Reis, 1986), developmental and relationship-based intervention, and Pivotal Response Treatment (PRT), based on principles of Applied Behaviour Analysis (ABA). Adaptations such as offering the program in the community as well as in the family home and the order of sessions were made to ensure the program is appropriate for the Nova Scotia context.

Parents are taught to use this intervention to target developmentally appropriate domains through routine-based activities with their child.

The uniqueness of this model is the involvement of the interdisciplinary team to support families in gaining access to strategies, within all developmental domains, that they can put into practice immediately upon initiating the program.

The QuickStart NS interdisciplinary team may consist of:

- Speech Language Pathologist (SLP) provides suggestions and recommendations
 to the families and the team on an ongoing
 basis.
- Occupational Therapist (OT) provides suggestions and recommendations to the families and the team on an ongoing basis.
- Board Certified Behaviour Analyst (BCBA) provides program and clinical oversight as well as suggestions and recommendations to the team on an ongoing basis.
- Parent Coaches provides direct implementation of the parent coaching phase of the program with the families.

Another key element of the program is the individualization of the pace of the program. At their own pace, parents are given the opportunity to learn different strategies from the ESDM intervention that are the most relevant to their family. As well, parents have a chance to directly develop and focus on targeted objectives for their child within all developmental domains.

Please see Appendix C for the Logic Model and Appendix D for the program's Theory of Change.



Within the parent mediated coaching sessions, parents have an opportunity to learn the following strategies over the course of the program:

- Supporting their child in paying attention to both them and the toys or materials
- Providing clear and frequent teaching opportunities for their child
- Teaching their child new skills
- Supporting their child in managing their emotional state and/or activity level
- Managing unwanted behaviour
- Using turn-taking and creating back-and-forth engagement
- Optimizing their child's motivation
- Creating positive affect
- Tuning into their child's states, motivation, and feelings
- Providing opportunities for child communication
- Using appropriate language for the child's stage of development
- Setting up activities which allow for multiple teaching opportunities and variations within the activity
- Setting up transitions between activities

QuickStart NS takes place across 19 sessions - 17 weekly sessions and a one and two month follow up. The program includes four consultation sessions - two with an Occupational Therapist (OT) and two with a Speech Language Pathologist (SLP), with a duration of 1.5 hours each, as well as 15 parent mediated coaching sessions at 1 hour per week, from a trained Parent Coach, supervised by a Board Certified Behaviour Analyst. Parent mediated coaching sessions are individualized for the family's wants and needs with the ESDM teaching topics guiding the sessions. Please see Appendix A for a detailed breakdown of the structure of the sessions.





ESDM TEACHING TOPICS

Social Attention and Motivation for Learning
Antecedent-Behaviour-Consequence Relationship
(ABCs of Learning)

Non-verbal Communication
Speech Development
Sensory Social Routines

The ESDM curricular checklist is completed by the OT, SLP, Parent Coach, and parents/caregivers to develop individualized goals for the child. The topics and strategies learned during the sessions are used to teach to the individualized goals with the intention that families are able to incorporate the strategies within their everyday routines to further teach and support their child. The aim for the program is to support the family in learning the strategies of ESDM to teach their child across everyday routines and a variety of goals.

PROGRAM ACCESSIBILITY & ELIGIBILITY

QuickStart NS is offered in-person, at the family's home or community-based setting, and online. The family chooses the location that works best for them and the program does its best to honour that decision, based on availability of resources.

Eligibility:

- Child has a suspected, provisional, or confirmed diagnosis of autism
- · Child is between the ages of 12 and 31 months at the start of the program
- Resides in Nova Scotia
- One immediate caregiver can commit to attending all sessions
- Not enrolled in more than 10 hours per week of services elsewhere



Staffing Composition

QuickStart NS includes staff from Autism Nova Scotia (QuickStart Director, Manager and Supervisor(s), Parent Coaches, and OT(s)), from HSNS (SLP), and from the IWK (OT). As an interdisciplinary team we enrich each others' professional practices to support families in an all-round approach throughout all phases of the program.

NORTHERN ZONE

WESTERN ZONE

EASTERN ZONE

QuickStart Director and Management for all zones

Central Zone

- 2 SLPs
- 2 OTs
- 1 Supervisor
- **6** Parent Coaches

Eastern Zone

- 1 SLP
- 1 OT
- 1 Supervisor
- **2** Parent Coaches

Northern Zone

1 SLP

CENTRAL ZONE

- 1 OT
- 1 Supervisor
- 2 Parent Coaches

Western Zone

- 1 SLP
- 1 OT
- 1 Supervisor
- **3** Parent Coaches

 $^{^{\}rm 2}$ Designated numbers of role does not reflect permanency or full-time vs part-time status







Summary of Program's Success (from May 21, 2019 - March 31, 2024)

*All information in this section is the total from all provincial zones, unless specified



859 program referrals



465
eligible children
enrolled



64% Number of eligible referrals



7,925
visits with parents and their children



4,812
goals for families were supported & developed



5 Year Milestone

QuickStart NS marks its fiveyear milestone in May 2024

AVERAGE WAIT TIME FROM INITIAL CONTACT

CENTRAL ZONE

114 Days

Average wait time from initial contact

EASTERN ZONE



Average wait time from initial contact

NORTHERN ZONE



Average wait time from initial contact

WESTERN ZONE



Average wait time from initial contact

STATUS OF INTERDISCIPLINARY TEAM VISITS

Overall



82% Completed



7% Canceled



11%
Rescheduled

AGE AT ONSET OF PROGRAM

Overall



12-17 months



18-20 months



282



21-27 months

28-33 months

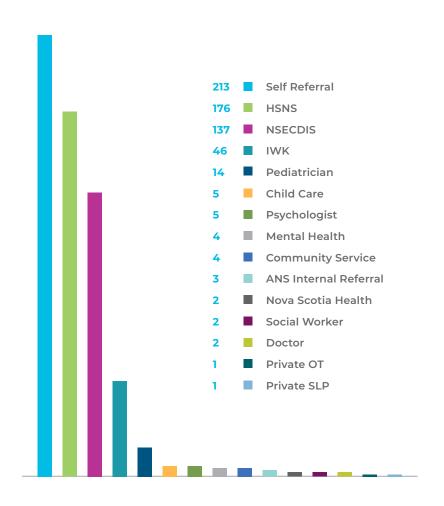
*Since provincial expansion, January 2023



Intake Information Breakdown

*All information in this section is the total from all provincial zones, unless specified

REFERRAL SOURCES TO QUICKSTART NS - All Zones



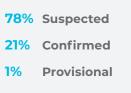
IDENTIFY GENDER OF CHILDREN IN PROGRAM - All Zones





DIAGNOSTIC STATUS WITHIN PROVINCIAL ZONE REFERRALS







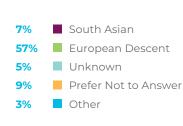
Demographics

ETHNICITY OF FAMILIES



Central Zone

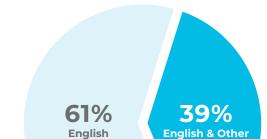












Northern Zone





Western Zone



10%	Indigenous
71 %	European Descent
6.5%	East/South Asian
3 %	Unknown
3 %	Prefer Not to Answer

6.5% Other

LANGUAGE SPOKEN - All Zones

Other Languages Spoken: American Sign Language (ASL), Amharic, Arabic, Bengali, Bisaya, Cantonese, Dinka, Dutch, English, Farsi, Filipino, French, German, Greek, Hindi, Hungarian, Kannada, Konkani, Korean, Malayalam, Mandarin, Nepali, Pato, Persian, Polish, Portuguese, Punjabi, Shona, Spanish, Tagalog, Tamil, Telugu, Tigrinya, Urdu, Uzbek













Language

Goal Attainment

Parent Coaches would collect observable and measurable data on each of the child's goals during the program. From the 3569 developed for the parent coaching sessions, 2884 of the goals that families set progressed during the parent coaching phase for the families who completed phase since commencement of the program to the end of March 2024.

At the end of the program, 5 additional goals are commonly given to families that they can continue to focus on after the program; 73% of families reported that they saw progression on most of these goals set at the end of the program.



goals were developed





of families reported that they have seen progression on the 5 additional goals they selected with their team at the end of the program. These goals are not coached on by the Parent Coach.



of the goals that families set progressed during the parent coaching phase



Parents' Skills & Growth

Parent fidelity demonstrates a parent's ability to implement the strategies to teach their child.

During the 10 weeks of parent-coaching, parents are coached on core skills to teach their child and maximize learning opportunities within their everyday routines. One would say a parent is implementing the strategies to the point of effectiveness if they score a total of 80% across the skills assessed using the fidelity measure.

31%



At the beginning of the program, 31% of families achieved above 80% on the fidelity measure with an average of 71%

75%



At the end of the program, 75% of families achieved above 80% on the fidelity measure with an average of 85%



73% 🗓

of families continued to maintain their skills after the program

*All information in this section is the total from all provincial zones, unless specified







Parents' Skills & Growth

During the parent coaching phase of the program, parents recorded the number of hours per day that they used the strategies from the program. They also recorded the type of activities and routines they used the strategies in during their everyday routines. The graphs capture the average number of hours per day parents report using the strategies and the activities in which they are using them with their child.

ACTIVITIES PARENTS REPORTED USING THE STRATEGIES WITHIN THEIR EVERYDAY ROUTINES



Toy or Other Object Play

17% Social Play

15% Mealtimes

Caregiving (bathing, dressing, changing, bedtime)

Book Activities

Generalized Outside of Home

10% Household Chores

AVERAGE NUMBER OF HOURS PARENTS REPORT PRACTICING EACH DAY



17% () at < 1 hour

4% 0 at 3 hours

21% 0 at 1 hour

4% 0 at 4 hours+



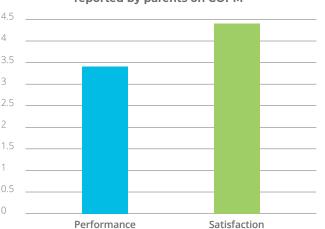


COPM

The Canadian Occupational Performance Measure (COPM) was completed with parents during intake and after the parent-coaching phase. It measures one's perception of performance and satisfaction in areas identified as priorities. The parents rated their priorities for their child on a scale of 1 to 10 on how well their child performs the identified skill and how satisfied the parent is with the child's performance. For performance, a score of 1 would be "not able to do it at all" and a score of 10 would be "able to do it extremely well". For satisfaction, a score of 1 would be "not satisfied at all" and a score of 10 would be "extremely satisfied". Research on this tool has shown that a change of 2 is significant.

For the children who completed the parent coaching phase at this point, common themes parents reported on within this tool were around their child's communication, feeding, play, challenging behaviours, mobility, accepting denial, responding to routine instructions and sleeping. Some of the identified areas for each individual child may not have been directly targeted within the scope of the program, however changes were reported within the overall results. With those considerations, the program saw a total average change in performance of 3.4 and a total average change in satisfaction of 4.4.

Average change in satisfaction and performance as reported by parents on COPM

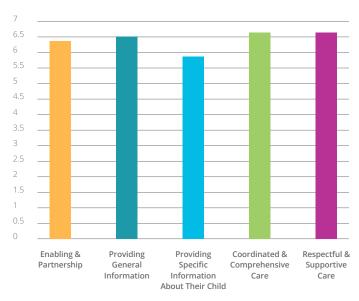




MPOC

The Measure of Processes of Care is a validated and reliable self-report tool that evaluates parent's perceptions of the service they and their child received as family centred. It supports in understanding how parents perceive the interpersonal and informational elements of the program. Parents answer the questions on a score scale range of 1 (Not at All) to 7 (To a Very Great Extent). There are five domains that are measured: Enabling & Partnership, Providing General Information, Providing Specific Information About Their Child, Coordinated & Comprehensive Care, and Respectful & Supportive Care. From these domains, a subscale score can be calculated to determine the mean score for each domain. At the time of reporting, 157 parents had a chance to complete this tool across all zones.

MPOC-20 Average Scores



"We have been able to add these strategies and skills to our regular routines. His grandparents have also been able to implement them into their interactions with little difficulty."





Online Delivery of QuickStart Nova Scotia

The online delivery of QuickStart NS was developed from the need to continue service with the unprecedented times of Covid-19.

This year, 188 families utilized the online format. The team has seen additional trends and benefits of the online format which include an increase in goal sharing meetings with community partners, a method of minimizing the need to reschedule sessions, and a way for families to maintain their family needs like vacations while still accessing weekly sessions.

Overall, the online sessions have not become the main service for families throughout this year but it has been an effective tool in creating flexibility and reliability of the QuickStart NS service, when needed.

382



families utilized online delivery

Please note: this is cumulative since the start of program. 382 families have accessed at least one online session

Please refer to Appendix B for outline of online session and online session plan.



By May 2024, QuickStart Nova Scotia will mark its five-year milestone. This year, the program has operated at full capacity, achieving the targeted outcomes of the expanded provincial model introduced last year. The goal for this year was to enroll 75 children in the central zone, and 25 children each in the Eastern, Northern, and Western zones.

The target was to reach 150 families province-wide, and this year the program successfully reached that goal with 165 families.

Sustained enhanced support has primarily centered on ESDM families. This year, the program extended support to 39 families through services like ESDM, targeted sleep, and behaviour support.

Additionally, all 400 sets of *Exploring Play Together* play boxes and guides were distributed to families. Online videos were introduced to complement this resource, and preparations are underway for the launch of the French version of the play guide.

This year, as the program expanded, a significant focus was placed on enhancing community connections province-wide. Several new initiatives were undertaken, including providing community information presentations at family resource centers, early years services, at Pictou Landing First Nation and for Public Health Nurses. Additionally, collaborative opportunities with various municipalities were initiated, including one with Cape Breton Regional Municipality transit. Furthermore, a pilot program called Play and Connect was launched to facilitate community connections through a drop-in caregiver group.

As preschool autism services undergo transformation, QuickStart NS eagerly joins the array of services under PPAS's umbrella. Expect changes in reporting structure next year as we integrate into the collective team.







Summary of Annual Success (from April 1, 2023 - March 31, 2024)

Central Zone



152



78
eligible children enrolled



1,250

visits with parents and their children

AGE AT ONSET OF PROGRAM - YEAR 5





18 21-27 month

55 28-33 months

Eastern Zone



61 program referral



27



325

visits with parents and their children

AGE AT ONSET OF PROGRAM - YEAR 2

12-17 months

18-20 months

8 21-27 months

16 _{28-33 months}

Northern Zone



42



26



481

visits with parents and their children

AGE AT ONSET OF PROGRAM - YEAR 2



3 18-20 months

21-27 months

9 28-33 months

Western Zone



program referrals



34

eligible children enrolled



507

visits with parents and their children

AGE AT ONSET OF PROGRAM - YEAR 2



2 18-20 month

21-27 months

28-33 months

^{*}Since provincial expansion, January 2023



Staff Training Status & Details

Adjusting staffing resources to accommodate the changing and varied needs of communities and operational requirements is essential for QuickStart NS to deliver effective and timely support. QuickStart NS sustains 30 positions across management, administration, SLP, OT and Parent Coaches. This year, emphasis was placed on culturally inclusive hiring, bolstering supervisor capacity, and Parent Coaches relocating as per demand.

Our goal for the approaching year is to sustain our efforts in evaluating province-wide needs, ensuring ample staffing resources to meet the demand.





ESDM FIDELITY

ESDM fidelity is assessed regularly to ensure that implementation of direct delivery is consistent and at a high quality. 80% accuracy on the ESDM fidelity checklist indicates that fidelity was met.

The Supervisor meets with each of the Parent Coaches, reviews a video wherein the Parent Coach is engaging in direct delivery of Early Start Denver Model with a child and they rate fidelity together. The Supervisor and the Parent Coach work together to determine areas in need of further development which become a focus in future supervision meetings.



ESDM TRAINING

The certification process has allowed for QuickStart NS to develop internal training processes to continue to support the increased demand of ESDM trained staff.

ESDM Certification supports the expansion of the model to allow for staff to be trained under the ESDM certified Supervisor. Currently, 4 team members completed ESDM certification and 3 team members are on final steps of certification.



QUICKSTART NS TRAINING

In addition to ESDM training, all staff members must undergo training in the QuickStart NS model and specific aspects relevant to their roles. This year, professional development emphasized extensive consultation with Laurie Vismara, enabling staff members to expand their proficiency within the ESDM and P-ESDM frameworks. Ongoing training for new staff members is conducted, with initial requirements completed within the first three months. Regular fidelity checks for all roles are conducted to uphold program effectiveness.

QUICKSTART NS PARENT COACHING FIDELITY

QuickStart NS Parent Coaching Fidelity assesses a Parent Coach's ability to implement the elements of parent mediated coaching. 80% accuracy on the fidelity checklist indicates fidelity has been achieved. It is assessed for each of the Parent Coaches at least twice per month at which time the Supervisor directly observes the session, completes a fidelity rating, and meets with the Parent Coach to review. All Parent Coaches have met fidelity.

87%

The Parent Coaches have an average of 87% on their Parent Coaching Fidelity

SLP AND OT FIDELITY

SLP and OT fidelity assesses their ability to implement the elements of their role within the QuickStart NS program. 80% accuracy on the fidelity checklist indicates fidelity has been achieved. This tool is being used to train new staff and to maintain consistency amongst provincial staff.





Program History

In December 2021, additional limited funding was provided for enhanced services within QuickStart NS for a pilot period from December 1st 2021 to March 31st 2022. These included an ESDM program, sleep support, behaviour that challenges support and *Exploring Play Together*: Play Guide and Box. From the success of the pilot, these enhanced supports were embedded within the expansion of QuickStart NS parent coaching as time-limited supports. They are not the primary service but continue to be needed for families to gain success in the main parent coaching service.

Program Need

Enhanced supports were needed for children who were not age eligible for parent coaching or needed additional supports to access parent coaching. Also, it was identified that a continuous ESDM service was required to support the QuickStart NS team in applying ESDM and maintaining fidelity. It was also required to further support the training needs of the program throughout the expansion. Other common themes of support were; minimal services for children aged 3-5, sleep concerns, behaviours that challenge and families not always having access to tangible resources. In some cases, families were not able to continue within the Parent Coaching program due to these concerns.

Program Philosophy

The enhanced supports builds on to QuickStart NS parent coaching. Its main purpose is to continue to support the families by recognizing the individual needs of each family and child are evolving. These supports continue to build team capacity, evidence informed practices to the Autistic community, and support a small portion of those who are not eligible for the parent coaching service and other intensive Autistic intervention services. They continue to follow the philosophy of parent coaching and the aspects of an autism-focused intervention which includes an individualized approach; family involvement; provides a naturalistic teaching framework; and an approach that is flexible, accessible, collaborative and supportive.



Early Start Denver Model Service

This year, the Early Start Denver Model (ESDM) training family program continues to be delivered to children up to 48 months and not eligible for parent coaching. It supported in training staff in ESDM and maintaining ESDM fidelity for the parent coaching service.

The program takes place for two, I hour sessions per week across a period of 4 months. QuickStart NS team members work directly with the child to teach skills across developmental areas through play-based activities for a 3 month period using the ESDM intervention. A modified version of parent coaching is the main focus for the last month of service.

Annually the ESDM training family services aim was to enroll 24 children across the province. This year 27 children were enrolled in total across the province.

CENTRAL ZONE



EASTERN ZONE



NORTHERN ZONE





TOTAL IN ALL ZONES

children enrolled in ESDM training family program

completion rate



of goals progressed in direct ESDM

PARENT FIDELITY



Parent's fidelity from one month of parent coaching



Parental Experience

PARENT REPORT

What did you like about the **ESDM program?**



"Since participating in the QuickStart program, I feel my stress levels have decreased as it relates to being able to support my child." - ESDM Parent



"I feel confident that I have learned new strategies in the QuickStart NS program which I have been able to use successfully with my child during a variety of routines." - ESDM Parent



Targeted Intervention Supports

Sleep Support

This enhanced service supported caregivers with sleep related concerns that were becoming a major barrier to their child's quality of life. The child must be enrolled in parent coaching or ESDM service, as this support is aimed to enhance the participation of those services. A sleep assessment and plan are completed in the first weeks of service, followed by regular check-ins on progress and support for caregivers. The service is on average 6 weeks, based on the needs and progress of the child.

The training and pilot phase of this service started in December 2021. In December 2022, the support developed a sleep webinar to support tertiary of support to families. The families complete the webinar with trained staff prior to enrolling in the second phase of the program, allowing for the flexible need for the families in accessing the level of sleep support they need at that time.

children accessed targeted intervention supports



children accessed sleep support

Behaviour Support

This enhanced service supported caregivers with a specific behaviour that was a concern that significantly impacted their child's quality of life. Sometimes, these behaviours directly affected participation in Parent Coaching or ESDM sessions, necessitating additional sessions aimed at supporting a positive and engaged child-caregiver and child-staff dynamic. As well, consultations with interdisciplinary team members were provided to enhance caregivers' skills in supporting these behaviours that challenge.

If necessary, a Functional Behaviour Assessment was conducted to develop a plan aimed at improving caregivers' understanding and skills for both themselves and the child.

Every year, both of these enhanced supports were intended to benefit 12 children. This year, targeted intervention supports were provided to 12 children as planned.



children accessed behaviour support



Parental Experience

Reported Benefits of Sleep Support

- Heightened awareness of typical sleep expectations for toddlers and the typical duration of sleep for children of that age.
- Improved sleep quality for all other family members and household residents.
- Improved capacity to maintain a more manageable daily schedule for both the child and the family. Before receiving sleep support, the inconsistency in the timing and duration of sleep often disrupted the family's ability to establish a consistent daily routine.
- Having gained confidence in their abilities, they learned to effectively address new sleep-related issues.
- Overall happy with the improvement in sleep resulting from participation in the program.

Reported Benefits of Behaviour Support

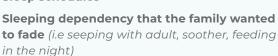
- Appreciated that the intervention plan was straightforward and practical to incorporate into the family's usual daily activities at home.
- Enhanced understanding of behaviour and feeling prepared with essential skills to encourage appropriate behaviours.
- Decreases in behaviours that challenge and enhancement of skills for their child.
- Concluding the consultation with a welldefined plan, parents felt assured in adopting the recommendations and putting the strategies into action.

TYPES OF SLEEP CHALLENGES

Falling asleep

Waking up during the night

Sleep schedules



Behaviours that challenge were occurring around bedtime

Nap-time



of sleep goals were attained in the program



contacts on average with a professional to achieve their goals

TYPES OF BEHAVIOURS THAT CHALLENGE

Screaming Crying **Banging head Biting Throwing Pushing** Perseverating **Flopping**

Kicking Hitting

Elopement Grabbing

COMMON THEMES WHEN BEHAVIOURS THAT CHALLENGE OCCUR

Transitioning Changes in routine Hearing "no", "wait" or "stop" **New expectations or locations**









On average, 2 to 4 consultation sessions from a BCBA, SLP, or OT were added to support children and families through the ESDM or Parent Coaching program.





Exploring Play Together

The Exploring Play Together: Play Box and Guide are an initiative of the QuickStart NS program through Autism Nova Scotia. The idea for a play box and guide came from the identified need for play resources and family activities due to Covid-19 restrictions and circumstances. It is a free resource that aims to provide useful ideas, information and next steps in play to families. It includes a play guide and an assortment of toys for families with a child with suspected, provisional, or confirmed autism diagnosis aged 12 months to 5 years, to explore together with their child.

This year, the distribution of the 400 play boxes and guides from last year continued across the province. With the support of funding from the Public Health Agency of Canada, through Société Santé en français and Fédération des parents acadiens de la Nouvelle-Écosse, the play guide is nearing completion for release in French. Additionally, online videos were created this year to complement both the play guide and box.



French play guides were created with support of funding from the Public Health Agency of Canada





Online six-part video series, 'Exploring Creative Play', were created



PARENTS HAVE REPORTED:

"It was really nice to be connected to other parents despite me feeling nervous. I would come again."

– Play and Connect Parent

"Really enjoyed it, liked seeing the other children and all their different abilities, it was a nice space for me to connect with other adults."

– Play and Connect Parent

Play and Connect

Play and Connect, a recently launched program under the umbrella of QuickStart NS services, provides a drop-in program designed specifically for caregivers.

Introduced as a pilot initiative from January to March of this year in the Central zone, to address concerns expressed by parents who felt hesitant about attending playgroups and community events with their children. This program, held once a month, facilitates opportunities for parents of autistic children to connect with one another. Its primary goal is to foster a sense of community and provide an inclusive environment where caregivers and their children feel welcomed and supported.



parents and their children participated in this pilot



"This is an excellent program that I did not know existed prior. No one pressured me to go for point of anxiety for me. The professionals involved really painted a picture and educated me." – QuickStart NS Parent 0 "I just want to say how thankful I am for a program like this. I am always a little nervous having strangers in my home, but (the Parent Coach) took that anxiety away immediately." – QuickStart NS Parent 29



Appendix A - Sample Timeline of QuickStart NS Sessions

Time Period	Team Members Present and Roles	Purpose of Session	What Might it Look Like?
Introductory meeting	Parent, QuickStart NS Supervisor Child may or may not be present	Initial discussion about the program, screening to be completed and completion of intake forms.	Duration: 1 to 2 hours QuickStart NS Supervisor will provide information and answer parents' questions. Information gathered to support program evaluation and goal development.
Session 1 & Session 2	Child, Parent, Occupational Therapist (OT) or Speech Language Pathologist (SLP) SLP and OT alternate for the first 4 weeks	Initial OT or SLP consultation.	OT or SLP will play with your child to begin to assess current skill level and ask if you have questions related to their role. OT or SLP will consult with you on your concerns and provide strategies and recommendations. A 'Parent Manual', called An Early Start for Your Child with Autism, will be given to you. This manual is yours to keep and can be used as a resource. The strategic topics in the manual will be reviewed during Parent Coaching sessions in weeks 7 to 16.
Session 3	Child, Parent, SLP or OT	OT or SLP consultation and the beginning of direct assessment.	OT or SLP continue to provide strategies and recommendations and answer parent questions. OT or SLP and parent play with child to assess current skill level. OT or SLP may ask questions related to items not observed in session.

Appendix A - Sample Timeline of QuickStart NS Sessions

Time Period	Team Members Present and Roles	Purpose of Session	What Might it Look Like?
Session 4	Child, Parent, OT or SLP, and Parent Coach	OT or SLP consultation, beginning of direct assessment, and first introduction to Parent Coach.	OT or SLP continue to provide strategies and recommendations and answer parent questions. OT or SLP and Parent play with child to assess current skill level. OT or SLP may ask questions related to items not observed in session. Parent Coach will observe majority of the session and may play with child to begin building a relationship.
Session 5	Child, Parent, Parent Coach	Completion of direct assessment.	Parent and Parent Coach will play with child to assess current skill level. Parent Coach may ask questions related to items not observed.
Session 6	Parent, Parent Coach, family invited Service Providers	Share individualized goals.	Duration: 30 minutes to 1 hour Discussion of individualized goals. Introduction of the learning steps for the individualized goals and review of parent binder. Family is welcome to invite Service Providers.
Session7 to Session 16	Child, Parent, Parent Coach SLP, OT, and QuickStart NS Supervisor continue to support Parent Coach and may attend session if direct consultation is needed or for ongoing training purposes	QuickStart NS strategic topics.	Parent provides updates to Parent Coach. Parents will be asked to play with their child, discuss progress, and practice the strategies with their child. Parent Coach will review and introduce new strategies from the 'Parent Manual'. Sessions may be video recorded for ongoing training and supervision requirements of Parent Coach.

Appendix A - Sample Timeline of QuickStart NS Sessions

Time Period	Team Members Present and Roles	Purpose of Session	What Might it Look Like?
Session 17	Child, Parent, Parent Coach	Completion of direct assessment.	Parent and Parent Coach will play with child to assess current skill level. Parent Coach may ask questions related to items not observed in the moment. This direct assessment will support the development of follow-up goals and completion of a report which will be sent to you later via email.
1 Month After	Child, Parent, Parent Coach	In person follow-up and refresher session.	Parent Coach will check-in with parent. Parent will be asked to play with their child and share updates of their child's progress, their progress with using the strategies they learned throughout the coaching sessions and share any concerns. Concerns will be addressed.
2 Months After	Child, Parent, Parent Coach	Follow-up via phone or refresher session or a collaborative Service Provider meeting. Parent Coach will check-in via phone or email with parent prior to this follow up to determine parent's preference.	Duration: 1 hour This check-in may be a discussion on the phone, an additional refresher session or a service provider meeting. If family would like, service providers who are engaging with the family may be invited by the family to attend a meeting to share the follow-up goals and future supports from these providers.

Appendix B - Outline of Sessions - Online Delivery

*This document is for internal use only to guide staff in the delivery of the online sessions.

Session	Attendees	Purpose	Considerations			
Initial pho	ne call to introduce self, pr		rt parents in preparing materials- to			
	e 48 hours ahead of schedu					
1	SLP/OT, parent, and	SLP/OT consultation with	Consultation through video			
	child	family- focus on areas of	conferencing. All			
		concern and make	recommendations and relevant			
		recommendations to	documents should be emailed to			
		address them	the family following the meeting.			
		Duration: 60 minutes				
Initial pho	ne call to introduce self, pro	ogram, structure and suppor	rt parents in preparing materials- to			
take place	e 48 hours ahead of schedu					
2	SLP/OT, parent, and	SLP/OT consultation with	Consultation through video			
	child	family- focus on areas of	conferencing. All			
		concern and make	recommendations and relevant			
		recommendations to	documents should be emailed to			
		address them	the family following the meeting.			
		Duration: 60 minutes				
			vities for session, check in on			
		n, gather information for ass	essment which can be collected by			
parent rep	port- 30 minutes					
3	SLP/OT, parent, and	SLP/OT consultation-	Consultation through video			
	child	follow up on previous	conferencing. All			
		recommendations and	recommendations and relevant			
		initiation of curricular	documents should be emailed to			
		checklist	the family following the meeting.			
		Duration: 60 minutes				
		call following session 3 to de				
			vities for session, check in on			
		n, gather information for ass	essment which can be collected by			
	port- 30 minutes					
4	SLP/OT and Parent	SLP/OT consultation-	Consultation through video			
	Coach, parent, and child	follow up on previous	conferencing. All			
	SLP/OT to set up Zoom	recommendations and	recommendations and relevant			
	link- send to parents	initiation of curricular	documents should be emailed to			
	and PC	checklist. Parent Coach	the family following the meeting.			
		to participate as well.	0-5 mins- Introductions			
		Duration: 60 minutes	6-39 mins- SLP/OT takes lead			
40-50 mins- PC takes lead						
SLP/OT and PC to schedule phone call following session 4 to debrief- 10 minutes						
Parent Coach to call 48 hours in advance of session to prepare activities for session, gather						
		e scored by parent report, re	ecommendations from OT/SLP -			
30 minute	es					

Appendix B - Outline of Sessions - Online Delivery

5	Parent Coach, parent, and child	Parent Coach to complete curricular checklist, confirm priorities for individualized goals to be drafted Duration: 1 hour	Parent Coaches can refer to OT/SLP SOAP notes to support knowledge of toys available in the home. PCs to complete curricular checklist, SOAP note, & attendance tracker following session.			
	oach schedules one week i nent of child goals.	n between session 5 and 6,	to allow time to complete the			
6	Parent Coach, parent, community clinicians wherever possible	Sharing of individualized goals and breakdown of structure for upcoming parent coaching sessions Duration: 1 hour	Provide parents with digital binder through Sharepoint- email link to family ahead of meeting. Include schedule for upcoming sessions in digital binder. Discuss completion of documents with parents and ensure access.			
week 7-10 support p time, pare 20 minut	Parent Coaches to schedule call with parents 48 hours in advance of each session scheduled from week 7-16 to offer choice for topics to be addressed, debrief on how previous week went, and support preparation of items for upcoming session by providing list of toys to prepare ahead of time, parent report on current progress towards goals. Complete call log entry, start SOAP note – 20 minutes					
7-16	Parent Coach, parent, and child	Parent coaching sessions Duration: 40 minutes (this includes up to 5 mins for warm up activity, 5 mins for debrief, 10 mins for explanation of chapter, 5 min practice activity, 5 min feedback, 5 mins for another activity if possible and then 5 for feedback and wrap up/alternatively 10 for wrap up, discussion around generalization, etc.)	Review activity log, ABC data in the call ahead of time with the parent- can share screen to look at document together. Consider use of video models, real life model to support understanding. Ensure that any resources and recommendations are uploaded to Sharepoint following the meeting. Documentation- attendance tracker, fidelity and child data sheet, SOAP note, update parent binder with recommendations and resources.			
		rance of session to prepare a an be scored by parent repo	——————————————————————————————————————			
17	Parent Coach, parent, and child	Curricular checklist re- assessment by Parent Coach Duration: 1 hour	PCs to complete curricular checklist, SOAP note, & attendance tracker following session.			
Parent Coaches to schedule call with parents 48 hours in advance of session to offer choice for topics to be addressed, debrief on how previous month went, and support preparation of items for upcoming session by providing list of toys to prepare ahead of time. — 20 minutes						

Appendix B - Outline of Sessions - Online Delivery

18	Parent Coach, parent, and child	Parent coaching session and check in Duration: 40 minutes	Consider use of video models, real life model to support understanding. Documentation- SOAP note, attendance tracker, parent fidelity and child data.
19	Parent Coach, parent, and child	Parent coaching session and check in, team meeting, or telephonic check in Duration: TBD by parent	See session 18 if this is a parent coaching session. Documentation- SOAP note, attendance tracker, call log (as needed).

Appendix C - Logic Model

Program logic models are intended to show the plausible linkages among the elements of a program and to highlight the underlying logic or causal reasoning.

The program logic model describes the five main components of the QuickStart NS program - Program Development, Recruitment/Intake, Parent Coaching Services, Assessment and Partnerships – along with the outputs and outcomes for each component.

MAIN COMPONENTS	Program Development	Recruitment/ Intake	Parent Coaching Services	Assessment	Partnerships
	\downarrow	\	1	\	\downarrow
IMPLEMENTATION OBJECTIVES	To expand the model across N.S. To support and maintain staff/team competency and performance To train staff to fidelity on the program	To create awareness of program To confirm eligibility and commitment To identify family priorities To provide early access to service providers	To create an environment where parents can learn strategies to implement with their children	To confirm eligibility for program To determine parents' skills and priorities for the child at start and end of program To make data-based decisions throughout program	To involve, and collaborate with, partners in the program To promote integrated service delivery To provide choice of location for sessions
	\	\	\	↓	\
OUTPUTS	# and types of adaptations made # of staff trained to fidelity # of hours spent on staff training # formats of training # staff certified # of staff maintaining competency # of Clinical Meeting Minutes # of Individual Supervision and Group Meetings	# referrals to/from program # of referral sources # of eligible/not eligible # children and age range assessed # spots confirmed Wait time between intake and start date # and type of locations	# of sessions scheduled/attended Info in session plans # of hrs parents practice outside of scheduled sessions # of different daily routines practiced # of parents trained	# families with completed intake # results from parent feedback forms # and type of goals achieved # curricular checklists completed # children completing program	# of partners Location of partners # meetings with partners # of community spaces utilized for sessions # of families seen in community spaces # of community referrals
	\	\	\	\	\downarrow
KNOWLEDGE/ CAPACITY OUTCOMES	†Staff understanding of local context †Staff understanding and appreciation of parent coaching model Staff acquires knowledge of performance expectations	†knowledge of program by parents and partners †knowledge of community based programs by parents and partners †knowledge of admission criteria by parents and partners	Parents gain foundational skills in supporting their children †knowledge of developmental expectations and milestones	†knowledge around target developmental domains for childas a result of parent training (pre and post results)	†knowledge about QuickStart NS program in the community †accessibility to community-based programming
	\downarrow	\	\	\	\downarrow
BEHAVIOUR CHANGE OUTCOMES	The team implements the strategies	†number of appropriate referrals †number of referral sources Families are accessing the program	Parents are confident to teach their children Parents reach fidelity Parents use skills across various settings	Parents feel confident to teach their children Parents show competence in teaching their children Children show improvement in developmental domains	Referrals to QuickStart NS from community-based programs and services tcollaboration among partners Partners support the program.
	\	\	↓	\	\

SOCIAL OUTCOMES Parents are empowered to provide ongoing support of their child's development



Appendix D - Theory of Change

A Theory of Change was developed to support the evaluation process by clearly outlining what the QuickStart NS program is intended to accomplish, mapping out the change process, making clear the expected processes and outcomes, providing a clear theory behind the intervention, making clear the assumptions on which the intervention is based, and allowing the program to be communicated to internal and external partners.

Children and their families experience their best lives.

EXTERNAL FACTORS

Stigma

Culture

Socio-economic status

Geographical location

Illness

Opposition to approach

UNANTICIPATED RESULTS

Increased wait list across other services

Shift in practices and procedures of other services

Clarification of roles of other service providers

Parents not accessing other services because they feel confident

Children do not receive diagnosis

WELL-BEING CHANGE **ASSUMPTIONS** Parents are better equipped to Benefit Parents feel empowered to teach support their children. and support their child's There is an integrated service delivery development. system. Direct Children show improvement in developmental domains. Parents implement strategies. Change Parents complete the program. Parents are using the strategies across multiple environments. Partners collaborate to ensure Behaviour equitable access to the program and support transitions between services. Parents and partners understand the Capacity Change program. Parents and partners gain knowledge about the program. Parents gain capacity to teach children. The program is properly resourced. Parents want to participate in the program. Parents and partners accept the importance of an early intervention Families of children with suspected or approach. diagnosed autism. **Partners** Parents and partners are aware of the program. Referrals AutismNS is understood and Staff trained Outputs respected for its best practices Staff who reach fidelity approach. Families served Locations Program Development Recruitment/Intake Activities Parent training Assessment Partnerships



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