

Copyright

by

Christina Ann Ulrich

2012

**The Thesis Committee for Christina Ann Ulrich Certifies that this is the approved
version of the following thesis:**

**The Evidence-Based Drama Practitioner: The design and
implementation of a drama program for very young children with
Autism Spectrum Disorder and their parents**

**APPROVED BY
SUPERVISING COMMITTEE:**

Supervisor:

Joan Lazarus

Kathryn M. Dawson

Terry Falcomata

**The Evidence-Based Drama Practitioner: The design and
implementation of a drama program for very young children with
Autism Spectrum Disorder and their parents**

by

Christina Ann Ulrich, B.F.A.

Thesis

Presented to the Faculty of the Graduate School of

The University of Texas at Austin

in Partial Fulfillment

of the Requirements

for the Degree of

Master of Fine Arts

The University of Texas at Austin

May 2012

Dedication

For J., C., T., and all the children and families who have allowed me to bring the magic of drama into their lives.

Acknowledgements

I would like to thank, first and foremost, my thesis committee. To Joan Lazarus (thesis advisor): thank you for always encouraging me to “find the joy” in my work and to continue moving forward no matter what obstacles I encountered. To Katie Dawson (thesis committee and academic advisor) thanks for pushing me to “follow the heat” and keep asking questions. To Terry Falcomata, thank you for letting me bring drama activities into your Special Education classes and for always being open-minded and encouraging about my aspirations to bring a little drama into ABA.

To my DTYC family, both colleagues and faculty, thank you for being such a fantastic support system over these past three years, especially my cohort: Abra, Anne and Sarah. Special thanks to Ben Hardin, my co-facilitator for the drama workshops and Meg Greene, for sharing her experience designing parent-child drama curriculum.

Thank you to the Central Texas Autism Group, Texas Parent Connection, and Best Friends Playgroup for believing in my work and allowing me to share my drama workshops with the families served by your organizations.

To my family: thank you for always believing in me and for your constant support and affirmation throughout this journey. A special thanks to Rob, who has taken on the role of both number one fan and coach these past three years. Thank you for inspiring me to believe in myself and what you knew I could accomplish. Thank you, all.

May 2012

Abstract

The Evidence-Based Drama Practitioner: The design and implementation of a drama program for very young children with Autism Spectrum Disorder and their parents

Christina Ann Ulrich, M.F.A.

The University of Texas at Austin, 2012

Supervisor: Joan Lazarus

This thesis explores the applications of a drama-based intervention program for very young children with Autism Spectrum Disorder (ASD) and their parents. Drama-based pedagogy and practice is merged with behavioral principles from the world of Applied Behavior Analysis (ABA) to create an interdisciplinary program tailored specifically for the unique learning needs of children with ASD. This document offers a comprehensive overview of the history of diagnosis and treatment of ASD and the many factors that can influence relationships between children with ASD and their parents. A drama-based intervention program was designed specifically to address the communication and social skill deficits in children with ASD. In addition, the drama-based intervention program encouraged parents to use responsive teaching strategies to enhance and extend creative play with their child. The document concludes with recommendations for essential components of a drama-based intervention program for very young children with ASD and their parents.

Table of Contents

List of Tables	ix
List of Illustrations	x
Chapter One: Introduction	1
Background and significance	4
What is Evidence-Based Practice?	12
Terminology	13
Organization of the Thesis	14
Closing	15
Chapter Two: Autism Spectrum Disorder and Theatre	17
Autism Spectrum Disorder (ASD)	17
Play in Early Childhood	25
Current Trends in Drama Programs for Children with Autism	38
Section Two: Creating a Drama-Based Intervention Program	41
Closing	47
Chapter Three: Finding Participants	48
Step One – Assessing the Need: Texas Parent Connection	52
Step Two: The Invitation from Central Texas Autism Group	64
Step Three: Recruitment in Waco and Killeen	70
Closing	72
Chapter Four: Drama for Development: Designing a drama program for children on the autism spectrum and their families	74
Family Involvement	74
Participant-Centered	77
Components of the program	79
Development: Participant Goals and Objectives	84
Method	86
Closing	90

Chapter Five: Implementation	92
Implementation.....	93
The Reflective Practitioner	115
Closing	126
Chapter Six: Critical Reflections and Implications for Future Practice	127
Reflections From The Field	127
Questions for Future Consideration.....	141
Closing	142
Appendix A: IRB Proposal #1	144
Appendix B: Letter of Inquiry to Meetup Groups	154
Appendix C: Recruitment Flyer	155
Appendix D: Focus Group/Interview Questions.....	156
Appendix E: IRB Proposal #2.....	158
Appendix E: Data Sheet for Parent Participants	171
Appendix F: Data Sheet for Child Participants.....	172
Appendix G: Lesson Plans for Drama for Development.....	173
References.....	181
Vita	191

List of Tables

Table 1:	Skill, Drama-based activity, and ABA Principles	79
Table 2:	Goals and Objectives for Parent Participants	85
Table 3:	Goals and Objectives for Child Participants	85
Table 4:	For the child participants.....	86
Table 5:	For the parent participants.....	87
Table 6:	Parent responses in post-workshop interviews	121
Table 7:	Parents' use of responsive teaching strategies.....	125

List of Illustrations

Illustration 1:	Visual schedule for the drama workshops	97
Illustration 2:	In the Bear Cave	100
Illustration 3:	Bubbles and Balloons	102
Illustration 4:	The Baby Dinosaur	107
Illustration 5:	Will we all fit in the box?	115
Illustration 6:	Joshua plays with his father (left) and “Mr. Ben”	140

Chapter One: Introduction

“You have one with special needs in this class,” the receptionist whispered to me as she handed over the roster for my Fairy Tale Adventures class for three to five-year-olds. As I walked out into the reception area, it was easy to see which child she was referring to. The mother stood holding her son’s hand, looking around the room with a mixture of apprehension and uncertainty. As I approached her, she smiled and said, “Hi, I’m Elliot¹’s mom. We’re not sure if this is going to work, but we wanted to try.” I reassured her, as I often had to do with parents of very young children experiencing a drama class for the first time, saying things like “I’m sure he’ll be fine,” and “We’ll have a great time!” She smiled hesitantly, but something in her eyes told me she was not entirely convinced. As I lined the students up to walk down to their classroom, Elliot wandered in circles and did not make eye contact with me. When I spoke to him, it was almost as if he did not hear me. His mother walked at the end of the line with him and we all headed down the hallway. As we entered the classroom, she sat down outside the door with a magazine; she was clearly prepared to wait near the classroom.

As class began, I kept an eye out for the ways in which I might accommodate Elliot’s unique learning needs – although at this point, I hadn’t been specifically told what they were. As classes progressed, I noticed that many of Elliot’s behaviors were similar to some other young children I had taught in drama classes before. He appeared not to listen to me when I talked, was often preoccupied and off in his own world and

¹ All names of individuals and organizations used in this document are pseudonyms.

struggled to follow verbal directions. Elliot was quickly frustrated if things did not go his way, occasionally lashing out physically at other students or engaging in self-injurious behavior, like hitting himself in the head or biting his wrist. He struggled in social situations and seemed oblivious to the rules and structures that his peers had set in place concerning their own interactions. The other children in the class noticed this different behavior and often avoided direct interaction with him. Elliot also had difficulty with many of the gross and fine motor tasks involved in drama classes like physical coordination during a game of freeze dance or handling the crayons when we would draw pictures of the characters from our stories. He exhibited an odd gait when walking or running, as if he was always slightly off-balance. Though he had his share of behavior problems that required a trip out to the hallway to visit his mother, Elliot was able to stay in the class for the full eight week session. He seemed to really enjoy the class, and over time, he demonstrated remarkable progress in social skills like taking turns, following directions and participating in group activities. His mother beamed when I told her about the variety of activities that we had done during class each week. She thanked me sincerely after every single class, and even sent me a card after the sessions had concluded. The deep gratitude she expressed to me made me wonder if Elliot's past teachers hadn't been as accommodating of her son's difference.

I later found out that Elliot had been diagnosed with an Autism Spectrum Disorder (ASD). I began doing some basic research into what Autism Spectrum Disorders were. As I learned more, I realized that in my six years as a drama teacher in both school and community settings, I had taught several students that had demonstrated

similar behavioral characteristics to Elliot. These students were predominately male. They had difficulty communicating. They often preferred to play alone, sometimes in repetitive activities that their peers did not seem to understand. In drama classes, they seemed to excel. Drama class was a place that allowed them to practice the communication and social skills that they struggled with the most. I remembered the parents of these children saying things like, “I thought it would be good for him.” At the time, it wasn’t clear why drama classes seemed to be such an appealing activity for children with ASD. What was it about drama classes that parents felt were beneficial for children on the autism spectrum?

For my graduate thesis project, I designed a drama-based intervention program for young children with Autism Spectrum Disorder and their parents. I define the phrase “drama-based intervention” as a blend of activities and instructional strategies from the world of drama with evidence-based instructional strategies from existing research on the treatment of ASD. I researched the applications of this work with parents and practitioners in the autism community and designed a series of three drama workshops to target the needs of very young children on the autism spectrum and their parents. My goal as a practitioner was to meld components from the world of drama pedagogy and practice with behavioral principles from the field of Applied Behavior Analysis (ABA). A program of this nature would be ideally positioned to target the social and communication skills through drama-based activities while employing evidence-based instructional strategies from the world of ABA. In the winter of 2012, I implemented

these drama workshops with a group of ten children and their parents in Waco, Texas, and Killeen, Texas. This thesis explores the following research questions:

- What are the essential components of a drama-based intervention program that could affect the play skills of children with ASD and their parents?
- Which drama-based activities might contribute to shared positive affect between parents and children?

BACKGROUND AND SIGNIFICANCE

Drama and ASD

When I came to graduate school in the fall of 2009 I knew that I wanted to learn more about how and why children with ASD seemed to benefit from participating in drama classes. I was most drawn to drama work that had a primary goal of students and teachers working collaboratively, side-by-side, learning and creating together. This work is often described as “creative drama.” The Children’s Theatre Association of America has defined creative drama as “an improvisational, process-centered, non-exhibitional form of drama in which participants are guided by a leader to imagine, enact, and reflect upon the human experience” (Davis & Behm, 1978, p. 262). Early childhood drama specialists Brown and Pleydell describe this work as “teacher-guided dramatic play.” Throughout their book *The Dramatic Difference: Drama in the preschool and kindergarten classroom*, Brown and Pleydell use the word “drama” as an umbrella term to describe the many aspects of their work. “Like dramatic play, drama is experiential in nature, involving imitation, practice, and repetition and engaging the whole child” (1999, pp. 3-4). In examining how drama can develop social and communication skills in

neurotypical² children, I began searching for ways that these same principles might teach beginning play skills to children on the autism spectrum.

What is Autism? Descriptions and Statistics

Autism Spectrum Disorder (ASD), more commonly referred to as “autism,” is a developmental disorder characterized by a triad of impairments that includes social, communicative, and behavioral symptoms. In recent years, considerable media attention has been devoted to the reported rise in the prevalence of ASD. A study released by the Centers for Disease Control and Prevention in 2012 estimates that the number of children with an ASD is 1 in 88. For boys, in whom the disorder is much more common (five boys for every one girl), the number is closer to 1 in 54 (cdc.gov). The Autism Society of America estimates that at least 1.5 million Americans are affected by the disorder. The number is projected to climb to 4 million by the year 2014 (Grinkler, 2007). About 50% of children on the autism spectrum are non-verbal and many of those that do have language struggle with using it in appropriate and functional ways (Rimland, 1964). Social skills are often very lacking in this population, with many children on the spectrum choosing to engage in solitary play with preferred items rather than seeking out interaction with family members and peers.

The play exhibited by children with ASD is often very different from the play of typically-developing children. Children with ASD often demonstrate restricted interests within play and may have a fixation on particular types of objects (trains, dinosaurs) to

² In this document, I will use the terms “neurotypical” or “typically-developing” interchangeably to refer to a child without ASD or any other disabilities.

the exclusion of other toys. Often, the child may become fixated on a particular aspect of a toy (spinning the wheels of a toy car or swinging a piece of string around in a circle) rather than playing with it in a functional, age-appropriate manner. The term “functional play” in this document is used to describe toy play in which the toy is being used for its intended purpose (i.e., pushing the car along the ground, representing the way that a real car moves). Many children with ASD struggle with imaginative play, especially when it comes to engaging in make-believe (Cohen, 2002). The rigidity and routine in the behavior of many children with ASD can often make playing with them very challenging.

In her book *Making Drama Special*, drama practitioner and special education researcher Peters argues for the types of skills that can be addressed and reinforced through participation in drama activities, including communication skills (verbal and non-verbal) and problem solving (cause and effect, cooperation, and choice-making) (Peters, 1995). Many studies in the field of special education support the notion that intervention programs designed to teach dramatic play can have collateral effects by increasing IQ scores, problem-solving skills, perspective taking skills, language skills, and social skills (Corbett, Gunther, Comins, Price, Ryan, Simon et al., 2010; Reading, Reading, Bellomo, & Pryor, 2011; Thorp, Stahmer & Schriebman, 1995). I wondered if a drama program might be uniquely positioned to directly target these areas of deficit for children on the autism spectrum.

My research revealed several programs across the country in local theaters and community organizations for children with ASD. Most of the programs were targeted at school-age children (ages six and up) and had the end goal of creating a performance

event for parents and friends. This, for many practitioners, is what separates “drama” from “theatre.” The word “drama” is often used to describe work that is process-oriented, while the term “theatre” is often used to describe programming that is performative in nature and is presented for an audience. I discovered The Miracle Project, featured in the 2007 HBO documentary, *Autism: The Musical*, which is about a group of children on the spectrum who came together with a director (also the parent of a child with autism) to create and perform their own theatrical show (Regan, 2007). Similar programs existed at theatres across the country. Many were run by parents of children with ASD or actors and directors in the local theatre community who had an interest in working with this population.

Like the students featured in *Autism: The Musical*, the majority of the programs I could find were designed for children over the age of six with extremely limited offerings for children ages three to five. This seemed particularly interesting in light of existing research on the development of dramatic play in the third through fifth years of life (Vygotsky, 1978; Piaget, 1962; Erikson, 1950). From my own experience working as a drama teacher, I knew that typically-developing children naturally acquired a multitude of social and play skills to use in peer interactions by the time they reached kindergarten or first grade. Where were the drama programs for preschool-aged children with ASD?

As I began delving deeper I realized that any research on very young children necessitated research into their families as well. “No program for toddlers could be complete without active involvement of families... Moreover, parents tend to be most actively involved in teaching their children during the toddler years” (McGee, Morrier, &

Daly, 1999, p. 135). Not being a parent myself, much less the parent of a child with autism, there was only so far that scholarly research could take me in terms of understanding the dynamics of a family with a child on the autism spectrum. This necessitated that my research on children with ASD included research on their parents and families. Since I wanted to design a program that included parents of children on the autism spectrum, it was important for me to know how the experience of parenting a child on the autism spectrum was different from that of parenting a typically-developing child. What kinds of things affect these parents' lives every day, in ways that the outside world might not be able to see? Most importantly, if they knew it was available, would parents be interested in a drama program for preschool-aged children with ASD? As I was learning more about ASD, I was becoming more and more concerned about my lack of expertise on the disorder. There was so much I did not know about ASD. How could I possibly design drama programs for children with ASD without understanding the diagnoses, treatments, and implications for families with children on the autism spectrum?

Applied Drama

In my second semester of graduate school, I was fortunate to take a class called Applied Theatre. Prior to this, I had no idea what the field of applied theatre was. Like the terms “drama” and “theatre,” there remains a debate whether the appropriate term for

this practice is “applied *drama*” or “applied *theatre*.”³ To remain consistent with my choice to use the word “drama” to describe my practice, I will refer to the field as “applied drama” throughout this document unless directly quoting a source. Applied drama researcher and practitioner Nicholson defines applied drama as “forms of dramatic activity that typically exist outside conventional mainstream theatre institutions and which are *specifically intended to benefit individuals, communities, and societies* [italics added]” (2005, p. 2). Creating a drama program for very young children with autism and their families was certainly not a population typically included in mainstream theatre programming, as my preliminary research had demonstrated. Nicholson further explains the ways in which drama can be applied with a particular population. She also describes an important component of applied drama as “...its intentionality – specifically an aspiration to use drama to improve the lives of individuals...” (2005, p. 3). While my process working with young children on the autism spectrum was based on techniques drawn from creative drama, it was my intention to use this curriculum to address particular needs within the autism community. This made my research different from a pure creative drama approach. Once I had conceptualized my work as applied drama, I became particularly interested in the ethical guidelines offered in existing literature on applied drama practice.

I had already determined that my target population would be very young children with ASD. This research would include their parents and families in the program by

³ Many researchers and drama specialists use the terms “drama” and “theatre” interchangeably. This is further complicated by the variance in usage by practitioners in the United States, the United Kingdom, and other countries worldwide.

necessity. Applied drama researchers emphasize the importance of co-creating the program with the target population, is a huge component of becoming an ethical drama practitioner (Nicholson, 2005, Taylor, 2003, Thompson 2006). Parents thus became co-creators of the drama program. It was essential for me to engage in conversations with parents of children with ASD to determine what their needs were and if a drama program might be of interest. Applied drama practitioner Taylor wrote in his 2003 book, *The Applied Theatre*:

A critical element in the success of an applied theatre program is that the community defines the territory to be covered from the project's genesis. This can be a difficult challenge, but communities are less likely to be committed to a project if they have no interest in the subject matter being addressed or if they feel an issue was imposed on them... (p. 87).

Taylor offers additional guidelines for planning an applied theatre project. His first principle resonated with me in a way that transformed the intended trajectory of my graduate career: "Applied Theatre is thoroughly researched" (p. 10). Clearly, if I had a desire to work with this population, families of children who had a complex developmental disorder, it was essential for me as an ethical drama practitioner to become educated about ASD itself and the real-life implications of having a child on the spectrum. Beyond understanding the subject academically, as researcher, I wanted to understand what day-to-day life was like for families with children with ASD in an effort to design programming that fit their unique needs.

To accomplish these goals, in the fall of 2009, I began working as a part-time caregiver for two young children on the autism spectrum. This ten hour per week

commitment over the course of two years taught me more about the unique joys and challenges of living with autism than I could have ever imagined and reaffirmed my commitment to creating programming for with ASD. This job enabled me to explore dramatic play in a real-life context. I was able to use my training as a theatre artist and educator to build relationships with these children and engage in shared play activities that targeted play, social, and life skills within naturally occurring contexts in their home. I also experienced many of the daily challenges of caring for children with ASD and learned more about the experience of parenting firsthand.

In the fall of 2010 I began taking coursework in the Autism and Developmental Disabilities program in The College of Education at The University of Texas. This led to my job as an Applied Behavior Analysis therapist working toward my certification as a Board Certified Behavioral Analysis (BCBA). BCBAs are practitioners responsible for conducting behavioral assessments and selecting appropriate intervention strategies for children with autism and related developmental disorders.

My research agenda for my graduate school career became threefold. First, I needed to become educated in the field of autism research so that I could better understand ASD, current trends in the field with regard to intervention and treatment, and the types of issues experienced in the lives of the children and families I wanted to work with. Secondly, I wanted to learn about existing intervention programs that targeted social and communication skills. What strategies do special educators use to teach new skills to children with autism? Which have been proven most effective? Finally, I was

interested in applying these instructional strategies through a drama-based intervention program for very young children on the autism spectrum and their families.

WHAT IS EVIDENCE-BASED PRACTICE?

My coursework and research in autism and developmental disabilities introduced me to new instructional strategies and the concept of evidence-based practice in special education. This is significant because both state and federal laws under the No Child Left Behind Act (NCLB, 2001) and the Individuals with Disabilities Education Improvement Act of 2004 (IDEA, 2004) require that all instructional strategies used to teach students who receive special education services be “evidence based.” According to the most recently-authorized version of IDEA, evidence-based strategies must have “replicable research on proven methods of teaching and learning” which includes the use of “scientifically based research” published in peer-reviewed publications (IDEA, 2004). From the perspective of a drama practitioner, much is written about the qualitative effects of facilitating drama programming for very young children (Brown, 1990; Fox, 1987; Heathcote, 1984; McCaslin, 1996). Yet, the information contained in many of these research accounts is often invalidated by educators bound by an evidence-based practice mandate. “Although claims of drama’s merits are based on classroom experiences and observations, educators and administrators in today’s high stakes academic environment are wary of this type of evidence” (Mages, 2008). Additionally, there is very little written specifically about drama programming for very young children with ASD. This proves problematic for practitioners who are interested in creating arts-based programming in school and clinic settings for children on the autism spectrum. Though

there are empirically based studies in the field of special education on social skills and communication interventions that utilize dramatic play as a teaching medium for school age children with ASD, there is considerably less literature on the use of these strategies with an early childhood population (three to five years of age).

As I learned more about existing intervention and treatment programs in the field of special education, I determined that the components of an evidence-based drama program may already exist in the literature. It was based on these strategies that I researched, designed, and implemented a drama-based intervention program for my thesis project.

TERMINOLOGY

Throughout this thesis document, I use the term “Autism Spectrum Disorder” or “ASD” interchangeably with the word “autism” to indicate a child who has received this diagnosis. The terms “autism” and “Autism Spectrum Disorder” will both be used to reflect the evolution of the terminology throughout the disorder’s history, though it should be noted that at present, “Autism Spectrum Disorder” is the preferred term for professionals. The phrase “on the spectrum” may also be used to describe an individual diagnosed with ASD. Though the current Diagnostic and Statistical Manual of Mental Disorders lists the disorder as “Autistic Disorder,” there has been a recent movement to officially change the name of the disorder to Autism *Spectrum* Disorder to emphasize that autism is a true spectrum, with individuals who have very mild impairment to individuals who have much more severe impairment. A trend in recent years is to use “person first”

language, with the individual being described as “a person with autism” instead of “an autistic person.” (Folkins, 1992; Texas Council for Developmental Disabilities, 2011).

“Applied Behavior Analysis” (ABA) refers to the collection of instructional strategies often utilized to address learning and behavioral issues in children with autism. Though ABA has longstanding roots in the behavioral sciences, these instructional strategies were popularized by researchers in the 1960s to address behavioral issues in individuals with ASD. ABA can be described as “a systematic process of observing and recording an individual’s behavior, with the information collected being used to shape instruction and devise more effective intervention strategies” (Cohen, 2002, p. 96). The term “intervention,” taken from the field of ABA will be used to describe a program “designed to improve the health of a[n] individual or change the conditions which have negative impact on the well-being of the [individual]” (Jonas, 2004). Finally, when I describe instructional strategies as “drama-based,” this refers to strategies taken from the world of drama and theatre education that have roots in the longstanding pedagogical traditions of this art form.

ORGANIZATION OF THE THESIS

This document is organized into several sections that discuss the implications of designing a drama-based intervention program for children on the autism spectrum and their parents. Chapter One details the background of my work and positions the theoretical frameworks that supported the creation of my thesis research and project. Chapter Two looks at the definition of Autism Spectrum Disorder and details the behavioral excesses and deficits present in individuals with this disorder. This chapter

also describes how having a child with autism can affect families holistically and how their child's individual needs can influence the types of intervention programming that parents find most useful. Additionally, Chapter Two explores existing research in the fields of both science-based and arts-based strategies which address social and communication deficits in very young children on the autism spectrum. Chapter Three describes the development of my thesis project and its evolution based on the needs of the various stakeholders involved. In Chapter Four, I discuss the design and, in Chapter Five, the implementation of my thesis project. Chapter Four discusses the intended research design and data collection process, and Chapter Five describes the evolution of my process as I implemented the program with two groups of children on the spectrum and their parents. Chapter Five also outlines preliminary feedback from participants in the parent-child drama workshops. Chapter Six outlines what I determined to be the essential components of a drama-based intervention program for children with ASD and their parents, explores possible implications for these findings, and offers recommendations for future research and program development.

CLOSING

In Chapter One, I described the background and theory that framed my thesis project, including explanations of my experience working with children with autism, existing research and programming in the field of autism and drama, and the need for additional programming with an early childhood population. In Chapter Two, I explain the history of the diagnosis and treatment of Autism Spectrum Disorder and review

existing literature on the treatment of autism that informed the development of my thesis project.

Chapter Two: Autism Spectrum Disorder and Theatre

In this chapter I examine the description and history of Autism Spectrum Disorder (ASD). I also discuss the development of play in typically-developing children and explain how ASD can affect play skills and, consequently, social and communication development. I argue that ASD is a disorder that affects the entire family and practitioners must address the needs and desires of the child's family when designing any type of intervention programming. In the second section of this chapter, I review several evidence-based instructional strategies from the field of ASD research and discuss how components of these approaches might be used in a drama-based intervention program for very young children on the autism spectrum.

AUTISM SPECTRUM DISORDER (ASD)

According to the most recent version of the Diagnostic and Statistical Manual of Mental Disorders (DSM-IV-TR) issued by the American Psychological Association, ASD, officially listed as "autistic disorder" is characterized by three specific criterion: impairment in social interaction, impairment in communication, and behavior that is restrictive, repetitive, and stereotyped (2000). ASD is listed under the category of "Pervasive Developmental Disorders," meaning that this disorder occurs during a child's early development and that symptoms of the disorder are noticeable across many areas of functioning. There is no agreed-upon terminology to denote the severity of autism: individuals are often described as being "on the spectrum," though many times the terms "high-functioning" or "low-functioning" are used to describe functional skill level. Included under the umbrella of Pervasive Developmental Disorders is Pervasive

Developmental Disorder Not Otherwise Specified (PDD-NOS), in which individuals exhibit specific diagnostic criteria (Hyman & Towbin, 2007). Another term often used in relation to ASD is Asperger's Syndrome, which, though listed under the category of Pervasive Developmental Disorders, is considered to be a discrete syndrome all its own. Individuals with Asperger's exhibit impairments in social skills and behavioral rigidity, but do not demonstrate the language and communication difficulties of individuals with ASD (Hyman & Towbin, 2007).

The History of ASD

The term "autism" did not come into existence until the 1940s when Austrian doctor Leo Kanner began writing about a group of children with unique symptoms that he felt were indicative of a unique, yet-to-be-described disorder. He was the first to use the word "autism," a term that had been used as a descriptive term by psychologists for many years prior – stemming from the Greek word *autos* meaning "self." At the time of Kanner's research, however, the disorder he termed "early infantile autism" was listed as a type of schizophrenic disorder and did not yet have its own diagnostic category. (Hyman & Towbin, 2007).

In 1952 the term 'autism' made its debut in the Diagnostic and Statistical Manual (DSM), one of the world's most comprehensive reference manual for diagnosticians. The DSM classified autism as a "schizophrenic reaction, childhood type" (American Psychological Association, 1952). As time went on the term "infantile autism" became more commonplace as it was determined that the disorder manifested itself in early childhood.

In the 1950s and 60s, as scholars and scientists were struggling to understand this “newly-discovered” disorder, Austrian-born psychologist Bruno Bettelheim became one of the most prominent voices in the field of autism research. His book, *The Empty Fortress* (1967), based on his work at a school for “emotionally disturbed” children was one of the first books dedicated solely to the topic of autism. Bettelheim had his own theory as to the etiology, or cause, of autism that was extremely controversial. He argued that children became autistic as a direct result of what he considered “destructive” responses by their parents. “Such children stop trying. They see no reason to reach out to a frustrating experience, and this is all the world seems to offer. Such children do not develop socially, emotionally, or intellectually...” (Bettelheim, 1967). Bettelheim argued that autism developed as a result of bad parenting, particularly on the part of the mother, the primary caregiver in most families at that time. This theory was popularly termed the “refrigerator mother” theory for Bettelheim’s assertion that mothers of children with autism treated their children like objects: cold, removed, and unloved. Jewish by birth, Bettelheim had spent nearly a year in concentration camps at Dachau and Buchenwald prior to his emigration to America, and often paralleled his experience to that of a child with autism. Throughout his book *The Empty Fortress* and in several public interviews, he went so far as to compare the parents of children with autism to Nazi prison guards. In a 1979 interview on the Dick Cavett show, featured in the 2009 documentary *Refrigerator Mothers*, Bettelheim explains this theory: “In the case of this extremely disturbed children, not only nobody cared, but there was a wish that the child should not

live... This autistic child feels that everyone wants him to be dead, as indeed the Nazis wanted all Jews to be dead” (Simpson, 2009).

In *Refrigerator Mothers*, filmmaker David E. Simpson weaves together the stories of several parents of children diagnosed with autism in the 1950s and 60s. In the documentary, one mother recalls the doctors who described her as a “refrigerator mom” telling her that she was

[s]omeone who held back from interacting and loving a child, someone who was remote. Someone who wasn’t there for the child, someone who wasn’t giving. The child turns into an autistic person because the cold, rejecting refrigerator mother isn’t able to love and care for that child in the warm way that that child needs (2009).

At a time in our society when one of a woman’s most important contributions was to raise happy and successful children, a child’s diagnosis of autism and her responsibility, as assigned by professionals, for its cause, was often too much to bear. This idea of parents causing autism, though eventually determined to be false by later research and eventually by Bruno Bettelheim himself, left an indelible mark on the way that we as a society perceive parents of children with ASD. This misinformation continues to fuel the stigmatization that lurks just below the surface of this disorder. Unlike other developmental or physical disabilities, children with autism may not look any different from a neurotypical child – and as a result, their challenging behaviors, tantrums and meltdowns can appear to be the result of poor parenting by naïve passers-by.

In 1980, the American Psychiatric Association, for the first time, standardized the criteria for autism as a distinct disorder. Prior to 1980 the disorder was still listed under

“childhood schizophrenia” (American Psychiatric Association, 1968). The term used in the new version of the DSM was “infantile autism” due to its manifestation in the early years of a child’s life. The diagnostic criteria were as follows: a) onset before 30 months of age; b) pervasive lack of responsiveness to other people; c) gross deficits in language development; d) if speech is present, peculiar speech patterns such as immediate and delayed echolalia, metaphorical language, pronominal reversal; e) bizarre responses to various aspects of the environment, e.g., resistance to change, peculiar interest in or attachments to animate or inanimate objects); and f) absence of delusions, hallucinations, loosening of associations, and incoherence as in Schizophrenia. (American Psychological Association, 1980). For the first time, doctors, mental health practitioners, teachers, and parents had a clear description of what autism really looked like.

History of Interventions and Treatment for Autism Spectrum Disorders

Ivar Lovaas is often credited for one of the most widely used and most efficacious intervention program for children with autism, the application of Applied Behavior Analysis (ABA) to address the behavioral deficits and excesses of ASD. This program aims to shape a child’s behavior and to teach specific academic and social skills by reinforcing desired behaviors and extinguishing non-desirable behaviors. In addition to reinforcing desired behaviors, early behavior therapy in the 1960s and 70s, referred to as “behavior modification” also used aversive stimuli to discourage problem behavior, such as direct physical punishment, loud verbal reprimands, sprays of water, or even mild electric shock (Lovaas, 1965). Many parents and ABA professionals objected to the use of aversive stimuli, and this practice virtually disappeared by the 1990s. Current ABA

practices do not promote the use of aversive stimuli in behavioral treatment. In addressing this issue, Lovaas has written, “[W]e find that the use of aversives is unnecessary with most young children with whom we work” (Cohen, 2000).

Treatment programs continued to develop rapidly in the 1980s, and researchers like Lynn and Robert Koegel became leaders in the field for developing behavior-based intervention and treatment programs for children with autism. Their research took the Lovaas method of reinforcement for desired behavior and modified it to include naturalistic reinforcement to encourage the child to continue the behavior. For example, in a pure Lovaas method, a child may receive an edible reinforcer (candy, cookie) for engaging in a desired behavior. In the Koegels’ method, they tried to use as many natural reinforcers as possible. If a child were to point to a toy car and then make eye contact with his teacher, the child would be rewarded by having the opportunity to play with the toy, instead of using an un-related reinforcer. If edibles were being used as reinforcers, the teacher might use the edibles as a teaching opportunity, perhaps by instructing the child to pick up the orange M&M or the white jellybean and reinforcing a correct response by allowing the child to eat the item. This shift was intended to mimic the way that typically- developing children learn through natural social and play interactions in early childhood. While some researchers argue that contemporary behavior analysis is fundamentally different from more traditional Lovaas behavior analysis, it should be noted that both styles adhere to the same behavioral principles.

Throughout the 1980’s societal awareness of autism continued to expand. In 1987, the DSM was revised to create the DSM III-R. This version included two types of

autism: “infantile autism,” originally published in the 1980 version, as well as “autistic disorder,” the term listed in the current DSM. The criterion for “autistic disorder” was far more expansive than the criterion listed for infantile autism in the 1980 version (American Psychological Association, 1987). Naturally, by broadening the criterion for an autism diagnosis, clinicians were able to identify a greater number of children affected by the disorder, and thus we see some of the first evidence of autism rates appearing to rise.

In American public schools in the 1980s, there were no records of children with autism diagnoses receiving special education services. Autism was simply not listed as a possible diagnostic code for children receiving special education services until 1991. Prior to 1991, all children with autism in the school system were categorized as having some other disorder, most often schizophrenia, mental retardation, developmental delay, or an “unspecified disorder.” Essentially, there were plenty of children with autism in the public school system in the years prior to 1991; they just were not being classified as having ‘autism’ (Grinkler, 2007). This fact, often overlooked in media reports on the prevalence of autism, can help explain why there appeared to be such a large increase in the number of cases of autism in the 1990s: the diagnostic criteria for children in schools simply did not exist until the introduction of the Individuals with Disabilities Education Act of 1991 (IDEA) and the addition of “autism” as a possible diagnostic code for children in public schools (IDEA, 1991). Statistics from the first years that autism was recognized as a diagnosis in public schools may still be far from accurate. Dr. Roy Grinkler recalls discussing the use of the new code with his daughter’s school principal in

the early 1990s: “[T]he principal said she wasn’t familiar with the autism code, since it was new, and that they were using autism only for kids who were mentally retarded because, as she put it, ‘parents don’t like the term mental retardation anymore’”(Grinkler, 2007, p. 10).

As the 1990s continued and prevalence rates of autism appeared to skyrocket, researchers and the media scrambled to find a reason for what was often referred to as an “epidemic” of autism cases. Some of the most controversial research to come out of the 1990s was conducted by Dr. Andrew Wakefield, a British researcher who published a study in 1998 in the British medical Journal *The Lancet* suggesting that vaccines, specifically, the Measles, Mumps, and Rubella vaccine (MMR), was responsible for causing autism (Wakefield, 1998). This claim, though later disproven due to the study’s questionable research methods and inconclusive findings, led to an epidemic of fear and anger of its own, this one waged by parents convinced that vaccines had caused their child to become autistic. Administration of the MMR vaccine, which for most children happened between the ages of 12 and 15 months of age, seemed to coincide with the onset of many of the symptoms of autism in early childhood: loss of eye contact, speech regression, and a decline in social skills and social interactions with peers and/or family members. However, Wakefield’s study was eventually discovered to be fraudulent, and in 2004, *The Lancet* published a partial retraction of the 1998 study:

We wish to make it clear that in this paper no causal link was established between (the) vaccine and autism, as the data were insufficient. However the possibility of such a link was raised and consequent events have had major implications for public health. In view of this, we consider now is the appropriate time that we

should together formally retract the interpretation placed upon these findings in the paper, according to precedent (2004).

In 2010, a British investigative reporter named Brian Deer was able to unearth documentation proving that not only was Wakefield's study inconclusive, but that he had actually modified the actual data received from participants to reflect his research agenda (Deer, 2009). The British Medical Association removed Wakefield's medical license and forbid him from practicing in the United Kingdom. In 2010 *The Lancet* issued a full retraction of Dr. Wakefield's original paper and it has since been removed from the medical journal.

Yet the crusade against vaccines continues to this day, spearheaded by prominent public figures like actress Jenny McCarthy – an outspoken advocate for her belief that vaccines caused her son's autism. There is an entire group of doctors who have created the Autism Research Institute (ARI), formerly known as Defeat Autism Now (DAN!) that also subscribe to this theory (www.autism.com). The anti-vaccine movement of the 1990s and 2000s has had greater implications for the general population. Many researchers blame the backlash against vaccines and the subsequent choice of many parents not to administer them as directly responsible for a corresponding increase in the incidence of childhood illnesses like whooping cough in school systems today (Connor, 2012).

PLAY IN EARLY CHILDHOOD

As children develop from infants to toddlers, the acquisition of basic communication skills is often taken for granted. In an effort to deconstruct and better

understand the development of these skills, many researchers observe children's behavior almost immediately after birth. In *Educational Drama and Language Arts*, Wagner examined one of the earliest markers of communication: gesture. Even in infancy, typically developing children demonstrate what is perceived as communication long before the development of verbal language. Wagner cited a study by Dr. William Condon of Boston in which Dr. Condon videotaped infants in a nursery for the first 12-24 hours of life. Condon observed that the apparently random movements of these tiny infants did not appear to be random at all.

Infants all over the world move; gesturing with their arms and legs in the gaps between the language that surrounds them. It is as if they are taking a conversational turn. When the nurses or their mothers talk to them, the babies lie still; when they adults stop talking, the infants move (p. 10).

His observations suggest the role of gesture as a child's first attempt at communication. What he discovered was later corroborated with similar studies around the globe (Wagner, 1998). Gradually, this primitive gesturing evolves as infants realize that movement can be used to communicate their intentions, especially when combined with eye contact and vocalization. The child is developing what education and development scholars refer to as "communicative intent," a characteristic that allows babies and toddlers to begin sharing information about their needs and desires with their caregivers (Cohen, 2002). According to the Centers for Disease Control and Prevention, establishment of eye contact and expressive movement are two of the most significant milestones that a child should reach by the age of three months (cdc.gov). As children

develop eye contact and gesture, they are concurrently developing non-verbal communication skills, essential to the development of play.

Many child development scholars describe the development of play as a sequential process, whereby one stage builds on the next and demonstrates higher levels of cognitive functioning (Vygotsky, 1978; Piaget, 1962; Erickson, 1950). Many of these theorists describe the first stage of play, occurring between six and nine months of age, as sensorimotor play. Sensorimotor play is the process by which a child begins to physically examine and test the limits of the physical world around him or her with the five senses. In this phase of the child's life, everything becomes tactile and fascinating (Beyer & Gammeltoft, 1999). Objects must be touched, poked, thrown and gnawed upon.

In this world, the child repeats the same act again and again – every time with the same result. When she bangs the rattle against the bed frame, it makes a sound. When she repeats the banging, it makes the same sound. When she bangs the rattle against her head, it hurts (p. 26).

The child also begins to establish his knowledge of object permanence, the idea that even when an object disappears from view it continues to exist (Beyer & Gammeltoft, 1999). For example, prior to six months of age, babies often become upset if a favorite toy disappears from view. However, as they continue to grow, dropping toys from the crib or high chair often becomes a popular game.

The next stage of play development is symbolic play. Symbolic play refers to the process by which a child uses one object to symbolize another, drawing on his or her own imagination to create the magical “as if” so often referenced in drama activities (Wagner,

1998). A child may pick up a block and push it along the floor while making car sounds; it is clear he is pretending it is a car.

Socialized play begins to develop as children widen their circles of awareness to include those around them. By the age of two and three, typically developing children move from playing independently to parallel play, also called associative play, where they may be playing in close proximity to their peers without necessarily engaging with them (Beyer & Gammeltoft, 1999). Between the ages of three and five, cooperative play begins to develop which signals the beginnings of dramatic play among peer groups of children (Fein, 1981; Forys & McCune-Nicolich, 1984)

Play in childhood is considered by many educational theorists to be essential for learning and development in the preschool years. Vygotsky, a prominent child development scholar, argues for the capacity of play to develop social and communication skills in childhood: that through play, children are able to try out different roles, explore social interactions and construct knowledge of how to act and respond in social situations (Vygotsky, 1966). Due to their deficits in communication and social interaction, many children with ASD do not develop the prerequisite play skills necessary for engaging in many different types of play activities with their peers. Children with autism may be able to play with toys in a sensorimotor capacity, that is, they can physically manipulate objects, but the quality of their play may not be functional or age-appropriate. Children with autism often struggle with symbolic play and role-taking, key components of dramatic play activities with peers. For children on the autism spectrum,

their difficulty engaging in play with peers only adds to their difficulties learning social and communication skills in early childhood (Thorp, Stahmer, & Schriebman, 1995).

Autism in Early Childhood

The earliest symptoms of ASD are usually evident within the first year or two of the child's life. Many parents report that their child's lack of eye contact was one of the first abnormal behaviors they noticed. Others noted that their child appeared to have a speech delay. Still others noticed what appeared to be a rapid regression in their child, where around the ages of 1 ½ to 2 ½ years of age, their toddler was losing language and social skills that they had seemingly already mastered. One of the areas in which parents would tend to observe many of these differences is in the disordered play that is very common in young children with ASD. In several of the interviews I conducted with parents prior to my drama workshops, many reported that their child would not play with toys appropriately, choosing to spin car wheels over and over instead of "driving" the car along the ground (A.L., personal communication, October 11, 2011; G.S., personal communication, November 11, 2011; W.O., personal communication, January 16, 2012). Some parents noticed that their child preferred being alone to interacting with other people – even going so far as to leave the room when the parent or anyone else attempted to engage them in play. One mother recalls, "I think that... he didn't even want us. He'd go in the next room or go away whenever we were trying to play with him" (A.L., personal communication, October 11, 2011).

Although many young children enjoy organizing or ordering their toys in a particular manner, young children with ASD take it to a more extreme level. A common

memory for many of the parents whom I interviewed was their child's penchant for lining up toys and other items in specific patterns around the house. Parents will often initially chalk the behavior up to something that is unique or quirky about their child. "I thought it was really cool, at the time," says one parent, recalling her child's toy lineups. "I have all these pictures of him lining up his toys, setting them in circles. I didn't know that it was one of the signs [of ASD]" (G.S., personal communication, November 11, 2011). For some parents, this odd behavior is an immediate red flag. "I walked into my room and it was all, like, 'Blair Witch' up in here," one mother remembered, describing an odd array of about 20 brightly colored plastic balls lined up in a perfect row from one end of her bedroom to another. Behavior rigidity is also often evident in these play activities, resulting in the child's frustration or intolerance of having their routine or "order" disrupted in any way.

Most of the parents I spoke with had received their child's diagnosis between the ages of two and four, and one mother, an early childhood educator herself, noticed the symptoms and brought her son in to be evaluated at 16 months. For first-time parents, the earliest signs of autism may go unnoticed, often because they do not have a typically developing firstborn as a frame of reference. For children with milder symptoms, many parents do not notice anything different about their child until he or she starts preschool or kindergarten with typically-developing children. In fact, only 50% of ASD diagnoses are made before the child enters kindergarten (NIMH, 2007).

As children with autism prepare to enter the classroom in their early childhood years, their social and communicative deficits can prevent them from participating in age-

appropriate play with their peers. The sensorimotor stage of development is especially significant for children with ASD, especially those who have sensory issues that can make certain environments and situations feel uncomfortable and frightening. “A non-autistic child’s experience of the world integrates cause-effect information as well as intention...Children with autism often try to comprehend the social world by applying cause-and-effect logic. This is a demanding task” (Beyer & Gammeltoft, pp. 28-29). This difficulty can be seen in the use of sarcasm in social interactions. After finishing one of my parent interviews, a child approached his mother and asked excitedly, “Go to McDonald’s?” The mother rolled her eyes and sighed, “David, you’re killing me.” The smile disappeared from David’s face instantly. His eyes widened. His mother realized her mistake. “I *mean*, not right now, honey” (Researcher fieldnotes, November 11, 2011).

In addition to atypical play behaviors, very young children with ASD typically demonstrate a limited capacity for imitation, joint attention, initiation, and eye contact – four communication skills that researchers Matson and Fodstad call “precursor play skills” (2009). When a toddler lacks these skills, prerequisites to inter-personal play, it can be very difficult for peers, siblings, parents, or therapists to engage the child in functional and social play activities necessary for social and communicative development. For parents, their child’s lack of developmentally appropriate play may be alarming, frustrating, and confusing.

Families of Children on the Autism Spectrum

There are few developmental disorders of childhood that create such complex stressors for families as autism. Not only is the disorder hidden behind a physical

appearance of normality, but also, for a variety of reasons, it creates enormous difficulties in terms of obtaining a diagnosis.

Not only do the parents have to tolerate increasingly obsessive behavior, destructive acts, failure to communicate, emotional rejection, aggression and tantrums, but it also appears they have to cope with fragmentary professional services that are difficult to obtain and sometimes downright obstructive from the time of seeking a diagnosis onward” (Randall & Parker, 1999, p. 1).

In designing an early intervention program for children on the autism spectrum, it is essential to consider the ways in which a diagnosis of ASD can affect families as a holistic unit. Having a child on the spectrum can lead to increased stress levels for parents, and feelings of depression, anxiety, and frustration for siblings of the child with ASD. (Bitsika & Sharpley, 2004; Liwang, 1989; Randall & Parker, 1999). For parents, a diagnosis can be an extremely stressful time as they negotiate conflicting feelings of hope and hopelessness while they try to determine their child’s prognosis. It is also common for families of recently-diagnosed children to express relief at finally knowing what is responsible for the behavioral symptoms (A.L., personal communication, October 11, 2011; G.S., personal communication, November 17, 2011; W.O., January 16, 2012; Randall & Parker, 1999). Autism can also be socially stigmatizing for parents and siblings of a child with autism. Bristol (1984) found that mothers of children with autism are less likely to be involved with people and activities outside the home than parents of typically-developing children, which can lead to a sense of social isolation for the entire family

Many parents of children with ASD describe the preschool years (three to five years of age) as the most stressful time period (Bitsika & Sharpley, 2004; Randall & Parker, 1999). During a time when typically developing children are building language, communication, and a budding social repertoire, the behavioral deficits of autism are all the more apparent.

At a time when most parents are proudly showing off their children's skills, the parents of children with autism pray that no one will notice how odd their little child is ("will they notice how he lines up his cars, how he can't talk, how he can't...? and so on). The fear often leads to an overwhelming temptation to shut their child up in the house so his or her autistic foibles will go unnoticed (Randall & Parker, 1999, p. 111).

In light of this information, one of my key research questions is concerned with the types of drama-based activities that might promote shared positive affect (SPA) between parents and children. Shared positive affect is defined by Solomon et al. as "moments where both child and parent are engaged in happiness, laughter, smiling, or affectionate touch" (2008, p. 1768). Research on SPA suggests that occurrence of this behavior may be linked to increased compliance, decreased frustration, and the development of social skills in neurotypical children. Research with parents and their children on the autism spectrum suggest that this type of behavior may also be linked to joint attention and language development (Kochanska & Askan, 1995; Siller & Sigman, 2002).

Parents and Stress

A 2004 study by Bitsika and Sharpley of Bond University in Australia estimated that parents of children with ASD have anxiety levels that are approximately seven times

higher than the general population, and depression levels that are more than four times that of the general population. The majority of this stress, parents reported, came from an inability to cope with their child's challenging behavior. 90% of the parents in this study reported that they were sometimes "unable to deal with their child's behavior, causing them to feel stretched beyond their personal limits" (Bitsika & Sharpley, 2004).

This strain can also be extremely taxing on families. Parents of children with ASD report higher levels of marital stress, less parental competence, and lower levels of family adaptability (Randall & Parker, 1999). In the documentary, *Refrigerator Mothers*, one mother is having a conversation with her husband about the stress she experienced when their son was young:

Mother: One day, I lost it, I called you up and I said if you didn't come home I was going to kill him.
Father: Actually you said you were going to kill yourself.
Mother: Oh. Is that what I said? (2009).

The effects of autism on families are not limited to the child who has the disorder. Grinkler put it best when he wrote: "Autism is really two illnesses. It's the symptoms we're familiar with, plus the stigma and exclusion society attaches to it" (Grinkler, 2007).

Personal experiences early on in my work as an autism researcher illustrated how challenging it can be to try and play with a child with ASD when they appear to take no interest in you. When I look back at some of my earliest fieldnotes, I now see that I was attempting to engage with children on the autism spectrum in the way that I was used to playing with a typically developing child. I asked all sorts of questions, as adults often do when we play with typically-developing toddlers. I tried not to let it bother me when

my attempts went completely ignored, but it felt like rejection – rejection from a child that I was trying to help in any way I knew how. What must it be like, to be the parent of a child who has no interest in playing with you? In looking at you? In talking to you? What must it feel like to try to connect with your child and to be ignored? A mother of a 13-year-old on the spectrum, with a sense of humor that comes from several years of distance, recounted her early attempts to participate with her son in a child development class at the local community center, “We actually used to go to Mommy and Me. And he didn’t like to play with me. I was like “It’s mommy and ME.” You know? (laughing) We’re supposed to play together!” (C.R., personal communication, November 21, 2011).

As a theatre practitioner who hopes to work with children on the autism spectrum and their families, it was important for me to get a better understanding of the unique challenges and unique joys that these families experience in their daily lives. I approached this as an anthropological journey in which I sought to understand and identify with a culture very different from my own. As mentioned in Chapter One, in 2009, I took a position as a part time caregiver for a family with two young boys on the autism spectrum, the Schaeferes. The Schaeferes told me that their oldest child, Sam, was non-verbal. I can admit now that I waited for the longest time for him to spontaneously say words, any words, to have the kind of breakthrough experience that Helen Keller had with her teacher, Annie Sullivan, when she realized that the letters W-A-T-E-R being spelled into her hand meant something. Early on in my tenure as his afternoon nanny, I remember talking to Sam as I would a typically- developing child. “What are you doing, Sam?” “Hey Sam, what does the dog say? Woof Woof?” “Can you say ‘hi,’ Sam? Hi!” I

was convinced that somehow, things would be different with me, that I would be the “autism whisperer.” I decided what I would do: I would research autism and find a way to get Sam to communicate, to find a way to connect with him where no one else could.

I cannot remember the point at which I stopped waiting for Sam to respond to my initiations, to my spirited interactions, to my offers to engage in play. Nor can I remember the point at which I stopped hoping that something, anything, I did would inspire some form of communication on his behalf. Though I tried my best to stay positive, to keep trying new things, keeping up with Sam was exhausting, and it was hard to keep pushing forward when it seemed like nothing I did was working. Columnist Cammie McGovern describes this transition from a feeling of optimism and hope to a combination of exhaustion and frustration.

When your child's disorder is initially diagnosed, you read the early bibles of hope: "Let Me Hear Your Voice," "Son-Rise" and other chronicles of total recovery from autism. Hope comes from a variety of treatments, but the message is the same: If you commit all your time, your money, your family's life, recovery is possible... Every parent of a child on the autism spectrum knows this feeling: I've done everything possible; why isn't he better? The answer is simple: Because this is the way autism works. There are roadblocks in the brain, mysterious and unmovable. In mythologizing recovery, I fear we've set an impossibly high bar that's left the parents of a half-million autistic children feeling like failures. (nytimes.com)

A diagnosis of autism in early childhood can be devastating, shattering for parents and often crucial time is lost and early intervention services are not delivered because parents are hoping that the diagnosis was incorrect – that their child really might grow out of it. Popular media would have you believe that autism is, in fact, a “disease” instead of life-long developmental disorder, and that with that disease, comes the possibilities of “cures”

and “recovery.” This is not a completely unrealistic hope. I spoke with many parents who were initially told that their child would never talk, never potty-train, never have meaningful interactions with family members – and that since then, these children have gone on to prove these doctors wrong by becoming verbal, communicative, social, and in many ways, independent and functioning. This idea of “recovery” from autism as a plausible option is further reinforced by the media and by the many companies that cater to families who seek treatment for their child with autism. Gluten-free diets, hyperbaric oxygen chambers, chelation, megavitamin shots, anti-fungal therapy, organic food, organic clothing, equine therapy, behavioral therapy, occupational therapy, speech therapy: there are more treatment options for families with children on the spectrum today than ever before, all offering the promise of a one way ticket to Recoveryland. Grinkler discussed the false hope that leads many parents to try so many different types of therapies, regardless of their efficacy or surrounding controversy “... [A] diagnosis of autism gives hope to parents of children previously labeled mentally retarded. Many parents I’ve met have faith that autism means there is a “normal” person imprisoned inside, and that, with the right therapy or medication, their child’s true self will emerge” (2007, p. 12).

Granted, many children make amazing progress with participation in treatment programs. Communication, social, and life skills can be taught to children on the spectrum and parents have every reason to pursue treatment programs that they believe will benefit their child. A popular saying in the autism community is, “If you’ve met one

child with autism, you've met one child with autism." It can be frustrating though, when treatments that seem to work miracles for one child do not work for another.

Early intervention programs that include parents can provide support and a sense of community for parents of children with ASD as they are able to connect with others who are experiencing similar challenges. Together they can explore new ways of navigating the uncertainties of life with autism. A survey by Liwag in 1989 found that many parents of children on the spectrum found it helpful to associate with other families with children on the spectrum.

[M]any parents favored talking to the parents of other children with autism and found these conversations helpful, not only because of the support of being able to share experiences, but also because these conversations frequently provided strategies and advice on difficulties. Certainly the parents felt that they were not alone after having had this kind of contact (Randall & Parker, 1999, p. 24).

This was, in large part, a major goal of the parent-child drama workshops I designed and implemented for my thesis project: to provide a space for dialogue and community building.

CURRENT TRENDS IN DRAMA PROGRAMS FOR CHILDREN WITH AUTISM

There are many drama programs across the country and world designed specifically for children on the spectrum. In fact, a Google search of the terms "autism +drama" brings up over 1.7 million hits. In my research, I discovered that the programs were somewhat limited in terms of the ages of the children involved. Most drama programs for children and teenagers on the spectrum are participatory classes that target social and communication skills through drama activities. The vast majority of

programming exists for school age children – ages six and older. Many programs start even older, in the eight to ten-year-old range. Additionally, I found some programs that specifically advertise as being created for “Aspergers/High Functioning Autism/ PDD-NOS,” limiting their scope even further (dramautism.org). While not all programs advertise specifically as being for children who may be considered “higher functioning,” in reading the class descriptions, it seems that many of these classes would not be appropriate for students who have significant communication, social, and behavioral challenges.

Though there has been some research in the field of autism and drama, it also is limited in scope. I found several research studies and projects that utilized drama classes in an effort to teach social skills, but participants were all school age and above. (Corbett et al., 2010; Guli, 2004; Portman, 2006; playandcreativetherapy.com; themiracleproject.org). A press release for a recent study by Reading et al. in cooperation with the People’s Light Theatre Company of Pennsylvania proclaims “New Study Determines that Theatre Experiences Increase Social Skills for Students with Autism” but the participants listed were between the ages of 17-21, much closer to the age many would consider to be adults. While early intervention programs are widespread in the field of behavioral therapy, I found very little programming in the drama community specifically designed for very young children with ASD.

Research and literature in the field of special education emphasizes the importance of early intervention for children on the autism spectrum. The Centers for Disease Control and Prevention (CDC), the United States’ primary institute for public

health, recommends intervention for children who display symptoms of autism as early as possible, with anywhere from birth to age three designated as an “early intervention” period (cdc.gov). Recent trends in the treatment of ASD emphasize that by intervening early, therapists may be able to, literally, re-shape the way that the brain of a child with ASD processes information as a result of the brain plasticity in young children (Dawson, 2008). Research on the reliability and practicality of diagnosing infants and toddlers is ongoing, but recent studies suggest that ASD can effectively be diagnosed in children as young as two years old by looking at several developmental and behavioral milestones (Boyd, Odom, Humphreys, & Sam, 2010 p.78). Once a child receives an ASD diagnosis, the National Research Council recommends a minimum of 25 hours per week of therapy sessions, a low student to teacher ratio (1:1 or 1:2), and also places an emphasis on intervention sessions that take place in naturalistic settings (settings that are familiar to the child) (2001). Based on these recommendations and existing literature in the field of autism research about the effectiveness of early intervention, it became apparent to me that an early childhood drama program might be able to target an area of need in the autism community. Through interactive workshops with drama specialists trained to work with children on the spectrum, young participants would have an opportunity to practice social and communication skills in a way that mirrored the development of these skills in typically developing children.

In the next section of this chapter, I review the existing literature and research in the fields of autism treatment and arts-based research to explore the overlap and commonalities that exist between these seemingly disparate programs in the hopes of

creating an evidence-based drama program that utilizes both science- and drama-based instructional strategies.

SECTION TWO: CREATING A DRAMA-BASED INTERVENTION PROGRAM

To create a drama-based intervention program, I examined several studies that endeavored to teach social and communication skills to young children using a variety of instructional strategies. Each strategy discussed is based on the ABA principles I seek to incorporate in a drama-based intervention program for children on the autism spectrum and their parents. Strategies I reviewed include imitation training (Ingersoll et al., 2006; Garfinkle & Schwartz, (2002); Pivotal Response Training (PRT) (Stahmer, 1995; Schriebman & Koegel, 1991) and responsive teaching (Mahoney & Perales, 2003; Soloman et al., 2007; & Lobman 2005 & 2006). Since my work is family-focused and explores the role of parent as interventionist, a key component is that the strategies are simple to understand and use and could be used by parents to work on their child's play skills in the home setting.

Imitation Training

A 2002 research study by Garfinkle and Schwartz was one of the first studies I read that suggested strong connections between evidence-based strategies and the instructional strategies used in drama classroom. The strategy Garfinkle and Schwartz used was Peer Imitation Training (PIT). The intervention was conducted in a small group setting with typically-developing peers. The teacher selected one student to be the "leader" and prompted the other students to mirror the leader's behaviors. The teacher provided verbal praise to students for imitating the leader. This intervention took place in

an inclusive preschool as a part of daily classroom activities. All four of the participants on the autism spectrum displayed an increase in levels of imitation. The teacher utilized a prompt fading technique for two of the participants, but the other two needed continued prompting for the duration of the intervention.

Of particular interest to me in this study was that the implementation of this intervention strategy, PIT, is nearly identical to a popular theatre game played in drama classrooms from Pre-K to adult, most commonly attributed to theatre teacher Viola Spolin: “Who Started the Motion” (1999). As a drama teacher, I have often used this activity to target acting skills like joint attention, eye contact, and imitation. This reaffirmed my theory that many of the non “evidence-based” practices in the world of drama education are already being used in special education research: researchers are simply using different terminology.

Pivotal Response Training

The instructional strategy, Pivotal Response Training (PRT) was of particular interest to me because it is a naturalistic intervention that can be used to target play skills while utilizing effective strategies from the world of ABA. In PRT, teachers offer reinforcement for target behaviors while interspersing maintenance tasks with novel play tasks to create motivation and behavioral momentum for the learner. A 1991 study by Schriebman, Kaneck, and Koegel asked parents to serve as co-interventionists, using PRT with their children. Schriebman et al. collected data on how parent felt while implementing this strategy as compared to a traditional behavior analysis strategy, Individual Target Behavior (ITB). Nineteen parents of children on the autism spectrum

were randomly assigned to either the PRT or ITB groups. All participants were enrolled in a parent training program at the University of California, San Diego. Parents received training on their teaching technique and were videotaped implementing the techniques with their child. One hundred and four observers unfamiliar with the study's hypothesis used an affect rating scale in a Likert format that asked the observer to rate parent affect on a scale of 1-6. For all four conditions (Enthusiasm, Interest, Happiness, and Overall) parents who were using PRT were rated to have consistently higher positive affect than parents who were using ITB. This study demonstrates the benefits of designing programming in which both implementation and participation are enjoyable for parent and child.

Responsive teaching

Responsive teaching is an essential component of any program that uses parents as co-interventionists. This child-centered approach to teaching and learning is found throughout drama curriculums for the very young. I believe that interactive responsive teaching strategies may be ideal for parents who are participating as co-interventionists in their child's therapy.

A 2007 study by Solomon et al, describes the major differences between the two most popular therapeutic approaches for treating autism: behavioral and socio-pragmatic. Behavioral therapies work primarily by utilizing an operant conditioning model (Skinnerian) that trains the child to learn certain behaviors by reinforcing preferred behaviors and discouraging non-preferred behaviors. Socio-pragmatism takes a different approach: aiming to teach the child behaviors through the naturalistic context of

interpersonal interactions while encouraging fun and positive affect throughout. To date, there is currently a much larger body of empirical evidence supporting behavioral approaches, however their greatest limitation seems to be that children who undergo intensive behavioral therapy have difficulty generalizing the learned behaviors to novel settings and situations (generalization): a crucial component of developing age-appropriate social and communication skills. Soloman et al. argues that the naturalistic context of responsive teaching interventions promotes greater generalization for child participants.

Improvisational Theatre

Lobman, a researcher at Rutgers University and one-time improvisational theatre practitioner, explores theatrical improvisation (improv) as a lens for introducing responsive teaching skills to adults who work with very young children in an effort to encourage more dynamic child-centered play. Lobman (2005) argues that children's play exemplifies the qualities of good improv: participants work together to create and share a story through fluid, in-the-moment interactions. "[I]n play, children use the improv techniques of listening, paying attention to the direction the play is taking, and adding something that is within the context and brings the play a little further along" (p. 307). This instructional strategy of accepting the child's communicative offers and building a play experience together echo the socio-pragmatic approach to working with children with autism.

Lobman (2006) also discusses the use of improv as an analytic tool for looking at the ways in which teachers interact with students in the early childhood classroom. She

describes her rationale for choosing improv as her theoretical lens, citing behaviors of skilled teachers who approach teaching in a way that mirrors successful improv performances: “[T]he moment-by-moment activity is created during the class and in collaboration with the students. Teachers modify and create lessons based on student response and input” (p. 456).

The lens of improv was particularly interesting when I thought about the ways parents and teachers utilize “teachable moments” in working with very young children. When a child is doing something incorrectly or improperly, whether intentionally or not, a teacher or parent often steps in and attempts to redirect the child to the desired behavior. In an example from Lobman’s 2006 study, a child named Larry is marching around with a broom, waving it in the air like a baton. His teacher Rebecca takes that “offer” and tries to get him to use the broom to sweep the floor. Larry is not at all interested in her suggestion, and proceeds to shut her out of his play experience.

By examining interactions with children with ASD through this lens, it became clearer to me why my earliest attempts to engage in play interactions with these children had failed. In my training as an ABA therapist, I learned that when you ask a child questions, even something as innocuous as “what is your name” or “what does the dog say” you are, in effect, placing a demand. Similarly, when you attempt to redirect a child’s play activity without first acknowledging and accepting what they are interested in, you are both rejecting their offer and placing a new demand (as Rebecca did with Larry in the earlier example.) A study on maternal stress levels found that parents of children on the autism spectrum place more demands on their children than do parents of

children with other developmental disabilities. In the same study, it was also noted that children with autism were found to demonstrate far higher levels of non-compliance than children with other developmental disabilities. (Randall & Parker, 1999). I theorized that by examining parent-child play interactions through the lens of improvisational theatre, children on the spectrum and their parents might find new ways to play together while building shared positive affect.

These evidence-based practices suggest several important components for designing a drama-based intervention program that includes both parent and child participants. As Schriebman, Kaneck and Koegel (1991) and Soloman et al. (2007) suggest, when including parents as co-interventionists, it is important to design programming that builds parent investment and parent-child relationships while contributing to positive parent affect. It is also important to recognize the difficulty that many children with autism have when it comes to engaging in these more complex forms of play. Pivotal Response Training can target advanced play skills while utilizing a behavioral approach to skill training that includes reinforcing approximations and presenting mastered maintenance tasks to utilize behavioral momentum when presenting new tasks (Stahmer, 1995). Lobman's research suggests that there may be a strong theoretical link between improvisation and responsive teaching strategies, and that this method of adult instruction may create a positive learning environment for parents of children on the autism spectrum (Lobman, 2005 & 2006). The creation of an evidence-based drama program may seem restrictive to arts practitioners who are devotees of what they perceive to be mostly qualitative research, however, it is my hope that the

development of this program will help to build bridges between arts-based and science-based researchers, paving the way for the use of drama strategies in the special education classroom.

CLOSING

In this chapter I examined the history of the diagnosis and treatment ASD and reviewed existing literature on the treatment of autism that informed the development of my thesis project. Chapter Two also discussed the unique challenges and stressors faced by parents and families of children with ASD. Additionally, Chapter Two examined at current trends in the field of drama programs designed for individuals with ASD. The second section of Chapter Two examined evidence-based instructional strategies in the fields of ASD and early childhood research, including the application of theatrical improvisation as a tool to encourage responsive teaching strategies in parents of children with ASD. In the next chapter, I describe the process of developing a drama-based intervention program for very young children on the autism spectrum and their parents.

Chapter Three: Finding Participants

“The starting point for organizing the program content of education or political action must be the present, existential, concrete situation, reflecting the aspirations of the people.”

Paolo Freire, Pedagogy of the Oppressed

In the following chapter, I outline my journey toward creating an ethical applied drama program for young children with ASD and their parents. Paolo Freire, leading educational theorist, defines the term “praxis” as “reflection and action upon the world in order to transform it” (1970, p. 33). For my thesis project, my praxis was an ever-evolving one. As new opportunities and information surfaced, I found myself constantly negotiating both the goals of my research project and the way in which I was to implement it: my praxis. As you will see from the following chapter, the project I created was very new territory for both researcher and stakeholders. The resulting program synthesized my goals as a researcher with the needs of my participants.

In the summer of 2011, I began my journey towards designing and implementing a series of drama workshops for parents of children with ASD. My experiences working as an in-home caretaker and therapist combined with scholarly research compelled me to create a program specifically for parents of children with ASD. I was particularly inspired by the work of Lobman (2005 & 2006) who used improvisational theatre (improv) workshops as a tool to encourage responsive teaching practices with early childhood educators. Responsive teaching, the practice of playing collaboratively with children while enhancing and extending shared play interactions seemed to be at the heart of many

intervention programs for very young children with ASD (Lobman, 2005 & 2006; Soloman 2007 & 2008). I wondered: could improvisational theatre be an effective tool to encourage responsive teaching skills in parents of children with ASD?

Before designing and offering a parent training program, I felt compelled as both a researcher and practitioner to establish that there was a clear need and desire for the type of programming I wanted to provide. To do so, it was essential to ask members of the autism community. What were the biggest needs in families of children on the autism spectrum? Did parents have concerns about their skills as a play partner for their child? Would parents be interested in a parent training program designed to introduce new strategies for creative play and interaction?

In my undergraduate career, I was fascinated by anthropology and took several classes in social science research. Many people have commented that it seemed to be an odd pairing with Bachelor of Fine Arts degree in drama, but as I continued my studies, I learned two fields have many overlapping theoretical constructs. I found this to be even more apparent in my graduate career. The online Merriam-Webster Dictionary defines anthropology as “the science of human beings and especially of their physical characteristics, their origin, their environment and social relations, and their culture” (m-w.com). I realized that ethnography, an anthropological process by which social science researchers spend time working with and learning about a population in an effort to study and understand how they function, could well serve my research goals. As an ethnographer, the researcher must go into the field with her population, learn as much about them as she can, and report back on her findings. This practice was in line with my

goal of becoming an ethical drama practitioner. The ethnographic researcher is often an outsider to the community, and must negotiate the space between her “other-ness” and the group of participants being researched. Ethnographer Luke Eric Lassiter calls this role “the participant-observer,” someone who is at once, immersed and apart from the community in which they do their research. In *The Chicago Guide to Collaborative Ethnography* (2005), Lassiter wrote:

One way to synchronize the needs of people and the goals of ethnography is to consult with informants to determine urgent research topics. Instead of beginning with theoretical problems, the ethnographer can begin with informant-expressed needs, and then develop a research agenda to relate these topics to enduring concerns... (p. 21).

This concept is very similar how drama researchers often write about the role of the practitioner in community settings. In *Drama Workshops for Anger Management and Offending Behaviour*, James Thompson’s words call to mind Lassiter’s description of the participant-observer. “Applied theatre practice must develop expertise in its area of application in order to get through any metaphorical gates. It requires not an invasion from the outside but a deep understanding of the arena in which you aim to work” (1999, p. 10).

After two years of researching autism and working with families of children with ASD, I had become less of an outsider. I had done considerable scholarly research on strategies to address social and communication skill development for children on the autism spectrum. I had taken on the roles of both therapist and caregiver in the homes of young children with ASD. This preliminary research, a combination of both scholarly and

practical work, indicated that using drama with young children on the autism spectrum may be of interest to parents in the community. My research into the ASD demonstrated that children on the spectrum had social and communication deficits, skills that qualitative research in the field of drama education had addressed on many levels, as discussed in Chapter Two. Analysis of evidence-based practice in early childhood special education had demonstrated that well-planned interventions for this population can effectively teach play skills like to children on the autism spectrum (Soloman 2007, 2008; Mahoney & Perales, 2003; Thorp, Stahmer, & Schriebman, 1995; Ingersoll & Gergans, 2002).

As my second year of graduate school came to a close and my thesis project was fast approaching, I had extensive knowledge of ASD, had done considerable scholarly research into the issues on the implications of developing an applied drama project with this population, and had begun my practical training hours toward becoming a behavior analyst. Yet, Phillip Taylor's "rule" for ethical applied drama practice kept running through my head. "Applied Theatre must be thoroughly researched." (2003, p. 10). Though I had collected information as a participant-observer in my jobs working with children with ASD and had gathered and synthesized volumes of information on ASD intervention and treatment programs, I had not yet been able to open up a dialogue with families and collect information about the needs in the autism community as articulated by the families themselves. How could I gather this information?

I decided the best way to create a program that families of children on the autism spectrum wanted and needed was to conduct a needs assessment through the lens of an

ethnographer. I came to realize that my experience working as a caregiver and therapist for children with ASD was the beginning of my ethnographic fieldwork: these experiences had shaped my current perceptions of the lives of families of children with ASD. I had been working as a participant-observer without even realizing it. My next step was to go into the field again, this time as an overt researcher in an effort to collect more information from my target population. Only by engaging with my participants in a dialogue about what their day-to-day lives were like would I be able to design a drama program that could best meet their needs as a family. I had theories about how drama could benefit young children with ASD. These theories were based on personal experience, anecdotes from the parents I worked with, and evidence-based practices from special education. It was important for me as a researcher to synchronize theory with practice.

STEP ONE – ASSESSING THE NEED: TEXAS PARENT CONNECTION

As I started to think about where to begin my search for my thesis project participants, I recalled a class I had taken in fall of 2010. In Teaching Individuals with Autism and Developmental Disabilities, the professor had brought in several parents to lead class discussions on the experience of raising a child on the spectrum. One of the parents was Janet Powell, who was also the outreach coordinator for Texas Parent Connection (TPC), a local group for parents of children with disabilities that promotes parent advocacy and training. During Janet's visits to our classes, I learned that her organization had worked with several University of Texas at Austin special education faculty to help recruit parent participants for focus groups on ASD. It occurred to me that

a focus group, small group interview of between five and eight participants, might provide me with exactly the type of information that I was looking for from parents of children on the spectrum. I was interested in learning more about how parents made decisions about the types of intervention/treatment programs they selected for their child and what their thoughts were about participating in drama workshops. In the spring of 2011, I contacted Janet about the possibility of Texas Parent Connection helping me to recruit parents of children with ASD for a focus group. As the parent of a young adult with ASD, Janet was interested and enthusiastic and felt that this type of programming would be in high demand from families.

In the summer of 2011, I prepared my research design and submitted a proposal to the Institutional Review Board at The University of Texas at Austin to allow me to begin my study (See Appendix A). As the fall semester began, everything seemed to be falling into place for my project. Janet had agreed to send out my flyer to Texas Parent Connection's email listserv of over 300 area families. I had space reserved at the Texas Parent Connection offices to hold the focus group. The Institutional Review Board had approved my research proposal. I had my lists of carefully researched interview questions. I had purchased audio recording equipment and had recruited assistants to help me facilitate the focus group and provide childcare if needed. As August turned into September, Texas Parent Connection began to send out my flyers via email every week. I was hoping that the parents in the focus group might be interested in continuing on with me that fall in workshops to explore responsive teaching strategies through improv. I knew it was a possibility that participants may not be interested in my improv workshops.

Not everyone likes to play theatre games. My research design for the improv workshops included pre- and post- interviews, as well as observation and data collection, which some participants could dislike. As a researcher with a looming deadline I decided to explore other options for recruiting participants to participate in the parent improv workshops.

Best Friends Playgroup

I thought it might be easiest to start looking for existing parent groups in the area that were specifically for families of children with autism. My search led me to meetup.com, a website geared toward creating and organizing “meetup groups” for people with similar interests. I searched “autism” and came up with five groups that fit my criteria: first, that it was a group for parents of young children with ASD and second that the group was located within 200 miles of The University of Texas at Austin. I hoped that these groups might allow me to come in and speak with their members, which would, at a minimum, contribute my ethnographic research even if the members had no desire to participate in workshops. Members who lived near Austin might even sign up for the focus group at Texas Parent Connection. I wrote up a letter of inquiry and submitted it to the coordinators for five different groups: three were in Austin, one was in San Antonio and one was in Killeen, Texas (See Appendix B). A few weeks went by with no response from any of the group coordinators. Texas Parent Connection had been sending out my recruitment flyers to the members on their listserv for two weeks, but there had been no responses. I was hoping that participants would start signing up soon.

On September 15, I received a message from Sarah Moore, the organizer for the meetup group Best Friends Playgroup based in Killeen, Texas.

Hi Tina,

I responded to you previously but I wasn't sure if you had tried to contact me again. As a parent of a child with autism, I think your idea sounds exciting. I recently told a friend (founder the Central Texas Autism Group and parent of a child with autism) about your plans and she is also very excited to talk to you. I just forwarded her your original message. Please let me know if you are still interested in getting together. (S.M., personal communication, September 15, 2011).

Though I knew it was unlikely that parents from Killeen would be interested in driving down to Austin for my focus group, I had hopes of being able to meet with Sarah and the members of her group. Any conversations I could have with parents of young children with autism would be helpful for my research and would supplement what I hoped to get from the focus group at Texas Parent Connection.

On October 1st, one week before the focus group at Texas Parent Connection was to take place, I received a call from Janet. Despite our best efforts, weekly emails on the listserv, and hard copy fliers distributed in the Texas Parent Connection offices, only one parent had signed up for the focus group. I felt frozen. Janet apologized, and said that she had thought more people would be interested. She noted several potential reasons for the lack of interest, offering that the beginning of the school year was a busy time for families. She reminded me that Texas Parent Connection had many members outside the Austin area, who might not be interested in traveling to Austin for the focus group. Also, though there were many families of children with ASD on their email list, Texas Parent Connection is a support group for parents of children with many different types of

disabilities, and the fact that I was looking for specifically parents of three to five-year-olds with autism was “like looking for a needle in a haystack.” (J.P., personal communication, October 1, 2011). She still expressed optimism, offering that maybe people would sign up later in the week.

I turned my focus to Killeen where I had been emailing back and forth with the Best Friends Playgroup organizer, Sarah. From the group website and emails I had learned the group was made up of parents, mostly mothers, and their children with ASD. Two to three Saturdays a month, Sarah would organize meetings for the group, often centered on a particular theme or event (holidays, craft activities, swimming, bowling). I wasn’t sure if visiting with this group would grant me access to parents who were willing to do formal interviews with me, or perhaps even an opportunity to do a focus group in Killeen, but at this point in my research I knew I needed to try. I was running out of time. I would learn whatever I could from whoever would talk to me. I needed to gain a broader perspective on families in the autism community in pursuit of my goal to design and implement drama programs for this population.

I asked Sarah if she would be willing to let me observe and chat with parents during one of the playgroups. I was hoping to get more information from parents about their experiences raising a child with ASD while also getting their thoughts on what they perceived to be the most significant needs for their family and the autism community. She was gracious and welcoming, inviting me to attend a meetup that weekend. At this point, I still hoped that people would sign up for the focus group with Texas Parent Connection. Having worked in the home setting with children on the spectrum, I knew

that it was often difficult to plan things in advance, and that attending events often depended on the temperament of your child on the day of the event. I was very unsure about my next course of action in the event that no one came forward for the focus group. Little did I know that the visits to Killeen, which I viewed as supplemental research, would eventually create a whole new direction for my thesis project.

When I first arrived at the early childhood center in Killeen where the playgroup was being held, I was anxious. My goal was to become as much of an insider to this community as I could, what some ethnographers call a “pseudo-insider” in order to accurately represent their voices and best articulate their needs to the larger research community (Emerson, Fretz, & Shaw, 1995; Lassiter, 2005). Walking into the classroom without a child of my own, I was clearly marked from the beginning as outsider. Though these were parents who were familiar with outsiders and with being observed due to the nature of their child’s history with diagnostic procedures, it didn’t take away the trepidation I felt as I entered the room. Once I was able to introduce myself and let the parents know the goals of my research, people gradually became more willing to engage in conversation with me. I explained to the parents that I was a drama teacher and ABA therapist from The University of Texas at Austin and that I was interested in learning more about the experiences of families with children on the autism spectrum.

Though I viewed this visit to Killeen as an ethnographic research opportunity, I had decided not to take fieldnotes openly during these visits. In *Writing Ethnographic Fieldnotes*, researchers Emerson, Fretz, and Shaw caution that fieldnotes can sometimes interfere with rapport-building in the first few sessions of collecting ethnographic

research, arguing that taking fieldnotes openly “may not only strain relations with those who notice the writing; jottings can also distract the ethnographer from paying close attention to talk and activities occurring in the setting” (1995, p. 23). This approach seemed to be the best one for my research: I was able to engage with parents and children as an participant-observer drawing minimal attention to my outsider status while I attempted to build rapport and trust with this population. In this way, I was able to interact authentically with the parents and the children, to really listen fully, and to allow the parents’ expressed needs to dictate the questions I asked, not necessarily my particular research agenda. As Emerson, Fretz & Shaw write, “Nearly all ethnographers feel torn at times between their research commitments and their desire to engage authentically those people whose worlds they have entered” (1995, p. 20). Once the parents realized that I was there to listen, not to tell them anything or give them advice, I found several who were willing to share their experiences openly with me.

During this visit, I realized that my scholarly research, two years of childcare experience, and training as a behavior therapist lent me credibility in the autism community as someone familiar with the unique challenges of caring for a child on the spectrum. The second I was able to share a knowing smile with a group of parents discussing the challenges of potty training a six-year-old was the second I was allowed into the inner circle. Lassiter writes of the value of this insider knowledge. “It attests to the ethnographer’s having been there and gives him whatever authority arises from that presence” (2005, p.106). With this credibility, I was allowed information. Parents shared stories of diagnoses, of the various therapies their child had received, of their experiences

with the school district, and their experiences in their homes. Some parents were quick to offer me their opinions on what they considered to be “best practices” in raising a child with ASD, and others were far less confident (Researcher fieldnotes, October 1, 2011).

I asked Sarah about the possibility of coming back for another visit the following Saturday and she said that would be fine. The following week’s agenda was to provide four hours of free childcare for parents to be able to drop off their kids and have some time to themselves, often referred to as “respite care.” One of the parents, the mother of a 14-year-old with autism, had a wealth of experience, as her child was the oldest in the group. In my fieldnotes from that day, I discussed my interactions with her.

I asked her if she was coming to the respite event next week, hoping I might be able to talk to her further.. She kind of paused and said, “I don’t know, I should, I really should. Because I don’t take any time for myself, I never take time for myself. I know I’m supposed to, but I never take time for myself. I like to be with him, I like to know what he’s doing, how he’s doing, what he’s eating, how he’s feeling, and I like to be there. Even if I’m not there, I’m still thinking about him, I’m always thinking about him, it never turns off” And man, fourteen years of that sort of mentality, it’s exhausting. (Researcher fieldnotes. October 1, 2011).

As I got in my car for the ninety minute drive back to Austin, I was left wondering if I might be able to encourage these parents to participate in the Texas Parent Connections focus group the following weekend. Looking beyond my initial plan of a needs assessment for this group to my goal of actually facilitating drama workshops with them, it was still uncertain if the parents in the Texas Parent Connection focus group would want to do workshops with me. I had just begun to get build relationships with the Killeen group, but I wasn’t sure if they were interested in drama classes either. The needs expressed by parents at the Best Friends Playgroup in Killeen were things like ABA

therapy, speech therapy, occupational therapy, and help navigating the special education programs in their school district. No one said anything about drama workshops, or even about a need for more parent training programs. Additionally, most of the children at the playgroup in Killeen ranged in age from six to fourteen. If I wanted to stick to my original research agenda, working with parents of three to five-year-olds on the spectrum, I would need to recruit additional parents with younger children.

Focus Groups with Texas Parent Connection

As October 8th drew closer, no additional participants from Texas Parent Connection came forward. I was feeling discouraged and frustrated about the entire needs assessment process. I was trying my best to be an ethical practitioner in the field of drama and autism research. I wanted to design and implement a program that would be useful to these families. In sticking with my ethical framework, I needed to have a clearly articulated need and desire for the drama workshops if I was going to offer them. How could I create programming to address parents' needs if I could not get access to families to ask them directly what they wanted and needed? In the event that my theories were wrong, that drama workshops would have no possible benefit to parent of children on the spectrum, that there wasn't a need or desire for the programming, what was the point in continuing this work? As Lassiter argues, "If we weren't doing ethnography for others, for whom were we doing it?" (Lassiter, 2005, p. 22). Similarly, if we are not creating applied drama practice for our participants, for whom are we creating it? I was not able to find participants who were able to talk with me. How could I design an intervention to meet their needs when I didn't know, from their perspective, what these needs were?

Should the lack of interest in the focus group be interpreted as a lack of interest in the idea of creating drama programming for this population? Phillip Taylor cautions against the applied theatre practitioner privileging what she perceives to be a population's problems without really listening to participants' articulated needs. "The problems... tend to be designated by an outside agent who wants to use or apply theatre as an intervention... to solve an issue of social and community concern" (2003, pp. 86-87). Was I barking up the wrong tree entirely? Was I missing the boat?

As October 8th and my focus group drew closer, no one else signed up. Janet suggested that I might want to contact the one parent who had signed up and see if she would agree to a personal interview. When I made the first phone call to Alicia, mother of a four-year-old boy with autism, I first noticed her son crying in the background. I noticed the frazzled tone of her voice, the uncertainty when I asked her if I might call her back later at a better time. I heard the frustration, confusion and exhaustion in her voice. Though I was discouraged, this phone call renewed my commitment to working with parents of children on the spectrum: to offer them an opportunity to build community, to get support from others in the same position, all while learning about new ways to build positive play experiences with their child.

When I spoke to Janet later in the week, I relayed my experience trying to get Alicia on the phone. "I know that is part of the reason why people didn't sign up for the focus groups. Because life gets in the way and it's hard to ask people to do one more thing." Janet was empathetic. As a parent of a child with autism herself, she could certainly understand the stresses of raising a toddler on the spectrum. "But you have to go

beyond that,” she told me. “Life is always going to be tough but if you want to make a difference – if you want to make a change in the way things are, if you want to make things better, you need to step outside your comfort zone and do something about it.” (Researcher fieldnotes, October 8, 2011). As much as I felt like she was referring to me as a practitioner in that moment, in hindsight, I believe she was also talking about the experience of being a parent of a child with ASD. She was telling me that there are parents out there who are willing to do whatever it takes to help their child. They might be hard to find, at first, but Janet was living proof that parents who were involved and dedicated were out there. I was finally able to contact Alicia and speak with her, uninterrupted, while her son was at school. We arranged an interview for the following week.

It finally occurred to me that as ethical as I was trying to be, as much as I was trying to serve my population by finding out what their needs were prior to designing programming, I ended up doing the exact opposite of what I had set out to do. It was a big assumption that parents would want to attend a focus group. I had naïvely presumed that a focus group would be an acceptable and even desirable setting for them to talk about their experiences. I had never asked them what they wanted. In retrospect, what parent of a child with autism *would* want to go and talk about their feelings and their child’s disability in front of a group strangers and a graduate student with a tape recorder? It was time to rethink and restructure my approach.

The First Interview

I set out to interview the lone respondent for the Texas Parent Connection focus groups, Alicia, whose son who had recently been diagnosed with an autism spectrum disorder. We met at a coffee shop in north Austin after she had dropped her son off at school. We talked about her son's diagnosis and the obstacles they had encountered in the first four years of his life. We talked about her son's play history, the things he liked to do, and the ways in which she and her husband tried to engage their son in play activities. We talked about some of the unique challenges of parenting a child on the autism spectrum, the things that parents of typically-developing children did not understand. We talked about the types of programming that she felt were lacking in the community for children like her son. One of the comments that really resonated with me was the sense of isolation and uncertainty that often descends upon parents of children with ASD whose only peer interactions are with parents of typically developing children.

I don't really know any other parents. I think it's hard for parents to know what to do, so they kind of stay away. None of our friends have little kids. The one that I talk more to is our neighbor, with the [typically-developing] three-year-old. But they – they don't know how to talk about [autism]. They don't know how to react. (A.L., personal communication, October 11, 2011).

This conversation confirmed what I had learned in my scholarly research on parents of children on the spectrum: it was beneficial to have the opportunity to spend time with other parents who had similar experiences. This desire, to build community with other parents of children with ASD, became a key component in the design and implementation of the drama program I would eventually create.

Alicia mentioned during the interview that she knew two other mothers who had children on the spectrum. I asked her if she thought these other families might be interested in talking with me about their experiences. In ethnographic research, this is often referred to as “snowball sampling,” when one source leads you to the next, that person leads you to someone else, and so on (Weiss, 1995, p. 25). Alicia told me that she would check with her friends, but that they were both extremely busy and that I might not be able to find a time to sit down with them. This was a frustrating thing to hear. As a practitioner who was truly trying to help, I kept feeling like my help wasn’t wanted or that there were too many obstacles to being able to connect with this population in the ways that I felt I needed to. I needed to find out more about these families. I needed to do more interviews.

STEP TWO: THE INVITATION FROM CENTRAL TEXAS AUTISM GROUP

I continued to hope that my first interview with Alicia would lead to more referrals to other parents I might be able to talk with. I kept in contact with Janet at Texas Parent Connection to see if any parents had found out about the planned focus group too late but were still interested in my helping me with my research. My phone was not ringing, and I was starting to worry. Beyond that, if I could not even find participants to talk to me, how was I going to find a group of parents to participate in drama workshops?

The morning of October 8th, I drove to Killeen to attend another Best Friends Playgroup meeting. As I was driving, my cell phone rang, displaying an unfamiliar Waco area code.

“Hello?”

“Hi, is this Tina?”

“Yes.”

“This is Amy Karsnia from the Central Texas Autism Group. I got your number from Sarah Moore and I’d love to talk to you about doing some drama workshops.”

(Researcher fieldnotes, October 8, 2011).

My heart started beating faster. Someone wanted drama workshops! Maybe I was going to get to do my work after all!

Amy and I talked on the phone for about thirty minutes. I told her about my background, the research goals of my thesis project, and that I was primarily interested in working with parents of very young children (ages three to five) on the spectrum. While she agreed that it sounded interesting, she also expressed interest in creating drama program for school age children with ASD to learn acting skills. She mentioned that she would be attending a conference for parents of children with special needs in Temple, Texas the following weekend and suggested that we could meet there to discuss my ideas further. After I hung up the phone, my head was whirling. Was my whole thesis project about to change? I had been pushing so hard with my research agenda: maybe it was time for me to take a step back and listen to the new voices entering my research world. I still had not reached Killeen yet, so I grabbed my digital recorder to attempt to get my thoughts straight.

What do I need for my thesis? I need interviews with parents. I need interviews with parents who can help me to design a program for them – or so I’ve been saying. Yet all the while, I had a plan for what that program would be. It would be these parent trainings. But I’ve got some people who are really excited about the possibility of some drama for kids on the spectrum. What’s my obligation as a researcher? To research what I want to know no matter what? What’s my obligation as an applied drama practitioner? To meet the needs of my stakeholders

– to tailor a program to what they want it to be?” (Researcher fieldnotes, October 8, 2011).

When I got home from my visit to Killeen that evening, I had an email message from Amy waiting. She said that she was excited about my ideas, and had been looking forward to getting a drama program going in the Waco area for a long time. Feeling rejuvenated by her interest in the project, I wrote back detailing the research project that I had been developing for the past year. I wanted to find a group of parents of very young children on the autism spectrum who might be interested in participating in drama-based workshops to improve parent-child play interactions. Amy was enthusiastic about my ideas, but as we continued to exchange emails, I learned that she had a teenage son on the spectrum and was really interested in developing program for older children geared toward the children actually performing on stage. She was much less interested in my ideas for creating a parent training program using improv. At this point, I was beginning to think that I needed to do what my stakeholders seemed to be asking for. So, I sent Amy a letter offering a program with two components: If the Central Texas Autism Group could help me recruit parent participants for my improv workshops this fall, I would create a series of classes for children in the spring. She was very excited about my proposal and we set a firm meeting time and place conference in Temple the following Saturday. She told me that Sarah Moore from the Best Friends Playgroup would be there as well and that she too was interested in learning more about creating drama programming for her group. As the conference drew closer, I grew more excited about the possibility of my project finally being able to happen.

The Central Texas Autism Group

I arrived at the conference the following Saturday, October 15th. It was hard to believe that in less than a week, I had found a new community partner and a possible new direction for my thesis project. The conference was open to both parents and practitioners, and, as I entered the building, I could see a clear mix of both. My first stop was to find the Central Texas Autism Group table and meet Amy in person. She greeted me with a hug and a smile so genuine that it made me even more excited about working together. There were several conference sessions scheduled for that morning, so we agreed to meet at lunchtime to discuss my proposal.

When I began to talk about my research with Shannon and Anita over lunch, I felt even more like an outsider than I had before. Here I was, with two mothers of children with ASD, proposing a training program for parents to teach them strategies for playing more effectively with their child. Both women seemed far more interested in the idea of creating a program for *children* on the autism spectrum, rather than parents. They didn't think that parents would sign up for a parent training program. I could see that there was a need in the community for parents of children with autism to gather together, to relieve stress and to learn some new things along the way – all things I thought my parent improv program would do. Sarah and Amy assured me that parents would not be willing to participate. This information seemed to contradict what I had learned in my scholarly research and personal experience with parents of children with ASD.

“Well, what about a parent-child program?” I suggested. This was well-received. I knew from my research that there were not many programs of this type specifically for

very young children with autism. I also knew that this is the age at which parents are looking to find things to help their child, so why not work with parents and children together? Besides, I had plenty of experience teaching drama classes for the very young. Why not stick with that format? “Parents want to do things for their kids,” Amy and Sarah told me, “They’ll work with you if you can convince them that this [program] is to help their kid” (Researcher fieldnotes, October 15, 2011).

As I drove home from the conference, I collected my thoughts on my voice recorder.

I really tried to make the parent thing go and was met with resistance. And... mid-conversation I thought – let’s do what you want then, give the people what they want. So I said – “what about parent-child workshops?” I will model a strategy and then the parent will do it with their child, and maybe we will do it as a group, because parents understand their kid better than anyone. So a group of parent-child dyads, sitting in a circle, playing drama games together. Parents are working on skills and the children are working on skills. I wanted to do a needs assessment, but if they’re directly telling me what they want... And, ultimately, do I think that any parent really wants to hear how to be better at their job of being a parent, a job that I don’t have? No, no they don’t. So we have to re-evaluate. And we will forge ahead. (Researcher fieldnotes, October 15, 2011).

Refining the program

The next week, I revamped my program description and sent it over to Amy and Sarah. It was already the middle of October and I was hoping that we could get these workshops up and running before the holidays. One of the major obstacles was that I had only received IRB approval to work with Texas Parent Connection, not to work with the Central Texas Autism Group or Best Friends Playgroup. Additionally, I had only been approved to work with and take data on parents in a research context. If my work was to include children, I would need to submit a new IRB proposal which could take a month

or longer to be processed. I had learned from my experience with Texas Parent Connection that recruiting was not always a sure thing and that we needed to allow at least a month to recruit participants. From my research, I knew that this group, in particular might be difficult to reach for a number of reasons: only half of children with autism are even diagnosed prior to kindergarten and parents of a newly diagnosed child often take time to acclimate to the autism community and find services for their family (NIMH, 2007). Sarah could help me recruit in the Killeen area and Amy could help me recruit in the Waco area, but, ultimately I would have to either choose one site or attempt to hold two sets of classes, one in Waco, and one in Killeen. I hypothesized that the hour-long drive between Waco and Killeen would be an obstacle for parents if we only decided to hold the classes in a single location. Amy, Sarah and I was decided that we would offer the classes in both locations and see which one had the most interest.

I proposed to Amy and Sarah that we try to start the sessions in mid-November. That would give me enough time to file a new IRB research proposal that included children in my study, and would hopefully give us enough time to recruit several parent-child pairs, or dyads. After multiple email conversations both Amy and Sarah expressed that November and December were not generally good times for families. They suggested we wait until January, when the holidays were over and families might be more amenable to scheduling weekend events. Though I had really wanted to be able to complete the workshops before my semester break, I felt that I had to listen to my stakeholders. Thompson's words from *Applied Theatre: Bewilderment and Beyond* echoed in my head "We are only ever visitors into the areas we hope to apply our

theatre...” (2003, p. 20). They were the experts in this community, not me. I had tried to push my agenda in my first attempt at parent recruiting, and it hadn’t worked out. If I pushed too hard to make these classes happen in November and they failed, I might not have a second shot at making my thesis project happen. We agreed that we would plan to start the workshops in January, and that we would let participant interest dictate location. I designed flyers for the program which I called “Drama for Development: Workshops for parents and children on the autism spectrum” (See Appendix C). Amy posted the flyer on the Central Texas Autism Group website immediately, and invited me to come to one of their events in November to promote the workshops.

STEP THREE: RECRUITMENT IN WACO AND KILLEEN

On November 12th, the first ever Wild West Roundup for Children with Disabilities was held at the Belton Lake Outdoor Recreation Area (BLORA) just outside of Belton, Texas. This event featured several community organizations who offered services for families of children with disabilities, and Central Texas Autism Group was one of the organizations with a booth. Sarah and Amy had told me that they anticipated many families would attend, and that there would most likely be several with children between the ages of three and five that might be interested in participating in the drama workshops. In addition to a large stack of full color flyers, I brought along a sign-up sheet to gather parent emails, knowing well that paper flyers can often be misplaced or be forgotten, especially when one is the parent of an active preschooler. My intention was to email all interested participants and continue to follow up through the holidays, to keep the workshops fresh in the parents’ minds.

I was able to gather eight email addresses of parents of three to five- year-olds on with ASD who had expressed interest in the program. I left a stack of programs at the Central Texas Autism Group booth and also gave a stack to Sarah who said she would try to get the word out in Killeen. Yet as I drove home from the event, I was still a little doubtful that these parents were actually going to sign up for my workshops.

When people approached our table, the first thing that people would usually ask for would be a doctor, if we could give referrals. A lot of the families were military and had military-provided insurance. They talked about not being able to find a doctor who would take it, and about being on waitlists for six months, eight months, a year, and not being able get a diagnosis. They were looking for doctors, dentists, eye doctors, ABA services. They weren't asking for social skills programs. And they sure weren't asking for drama programs. (Researcher fieldnotes, November 12, 2011).

November turned into December. My third-year classmates were finishing their thesis projects and I still hadn't started mine yet. As first semester wrapped up, I submitted my second IRB proposal. Almost six weeks after we had started distributing flyers, I still didn't have any parents signed up for my drama workshops in January. Maybe people really weren't interested in the work.

Then, in mid-December, I got my first email inquiry from a parent in Waco. A week later, I got an email from a parent in Killeen. Things were starting to happen! The winter holidays came and went, but all the while I was thinking about what was going to happen in January. Would more parents sign up? Would I be able to hold the drama workshops at all?

The first week of January, I sent out an email to the parents I had met at the BLORA Wild West event in November, reminding them about the workshops. I went to

Waco to meet with Amy and talked about the workshops which were set to begin a week later, on January 7th. Like my focus groups, I was again a week away from my scheduled event and, again, only had one participant signed up. This was more than a little unsettling.

I was able to complete my first pre-workshop interview with the Waco parent, Rachel, who had signed up for the workshops (more about these interviews in Chapters Four and Five). I told Rachel that we were still waiting for more registrations and that there was a chance that the start date of the workshops would be pushed back a week or two. When I met with Amy later that day, she tried her best to assuage my fears, offering that many families were still recovering from holiday travel and stressors. We decided to push back our start date to January 21st and that we agreed would re-double our efforts to distribute as many flyers to area organizations as we could. January 7th came and went. I crossed out “Drama Workshops” on my weekly planner, wondering if this was just a repeat of my experience with the focus groups. Were these workshops really going to happen?

The next week I got three email inquiries from parents in Killeen and one from a parent in Waco. The week the workshops were scheduled to begin, I got three more inquiries for a total of four parents and five children in Waco and four parents and five children in Killeen. I had my groups. I could finally proceed with my thesis project.

CLOSING

In Chapter Three, I shared my journey toward creating a drama-based intervention program driven by existing needs as articulated by parents of children with ASD. I

described how I made the decision to shift my original research agenda to meet the articulated needs of my stakeholders and participants as part of an ethical praxis. In the next chapter, I discuss the parent-child drama program that I designed for very young children with ASD and their parents. Chapter Four describes key components of the program design, participant goals and objectives, and the intended methods of data collection.

Chapter Four: Drama for Development: Designing a drama program for children on the autism spectrum and their families

As I continued to move forward in my research, I was at the point where I could now investigate one of my key research questions: What are the components of a drama-based intervention program that could affect the play skills of children on the autism spectrum? In this chapter, I discuss the components of drama workshops developed for groups of parents and children aged three to five on the autism spectrum. The three-session pilot program took place in Killeen, Texas and Waco, Texas in January and February of 2012. Primary considerations for this program were drawn from evidence-based instructional strategies used in the treatment of autism spectrum disorder in early childhood and the applications of drama-based strategies and activities for very young children. In this chapter, I discuss how my experience and scholarly research into the field of autism and drama drove the design of my drama workshops.

FAMILY INVOLVEMENT

As discussed in Chapter Two, a recent trend in intervention programming for very young children on the autism spectrum is the utilization of parents and caregivers as co-interventionists in the program itself. Extensive consideration was given to choosing the appropriate group size for this project. Much of the existing research on working with parent-child dyads in play skills interventions often involves one dyad and one facilitator so that there is one child learner and one adult learner for each facilitator (Ingersoll & Gergans, 2002; Soloman et al 2007, Soloman et al. 2008). In order to provide the dyads with the appropriate amount of direction and coaching, I determined that the ideal group

size would be a minimum of three dyads with a maximum of five dyads. To keep my learner-facilitator ratio at a maximum of three dyads to one facilitator, I decided that if the more than three dyads signed up I would bring in an additional facilitator.

After recruiting parents and children for several months through the Central Texas Autism Group and the Best Friends Playgroup, we had four parents and five children in both the Waco and Killeen groups. One parent in each group brought two children to each workshop, requesting that they participate in the drama workshops together. To achieve my goal of being able to provide the children in the program with one-on-one attention I made the decision to bring in a co-facilitator for this project: Ben Hardin, an M.F.A candidate and colleague in the Drama and Theatre for Youth and Communities program at the University of Texas at Austin. In addition to his experience working with young people in the drama classroom, Ben also had also worked as a classroom teacher for children with ASD prior to graduate school. Prior to facilitating the workshops, the two of us had several meetings to discuss the design of the workshops and the teaching strategies that we would be using throughout. I provided Ben with a description of each of instructional strategies that I intended to use in the curriculum of this project: Pivotal Response Training (PRT), Reciprocal Imitation Training (RIT), and responsive teaching.⁴

Though these workshops were designed to encourage social and communicative development in the children, they were also designed to guide parents in finding new ways to engage with their child. Ben and I decided we would use sidecoaching in the

⁴ These instructional strategies are discussed at length in Chapter Two.

workshops. “Sidecoaching” a term often used in drama pedagogy and practice is defined by theatre practitioner Viola Spolin (1963) as:

[T]he voice of the director seeing the needs of the overall presentation; at the same time it is the voice of the teacher seeing the individual actor and his needs within the group and on the stage. It is the teacher-director working on a problem together with the student as part of the group effort (p. 29).

In addition, we decided to use a strategy from the world of Applied Behavior Analysis called “incidental teaching.” Incidental teaching is described in a 1999 paper by McGee et al. as “the systematic protocol of instruction that is delivered in the context of the natural stimulus conditions of the everyday environment” (p. 136). The concept behind incidental teaching is to find as many naturally-occurring teaching opportunities as possible and reinforce the child for the desired response. The third major strategy we used for working with the parents was to model responsive interaction and teaching practices as facilitators, while we encouraged parents to employ similar practices in playing with their child. Lobman (2006) describes a responsive teachers as “those who pick up on children’s cues and who find ways to extend and enhance what children are doing rather than limiting or redirecting their activity” (p. 456). A combination of incidental and responsive teaching strategies provides parents with tools to create new interactions with their child while responding to these interactions in a way that builds upon the play that the child is already interested in. Research suggests that incidental teaching and responsive teaching approaches support the idea of generalization, a skill that can be very difficult for many children with ASD (McGee et al., 1999; Koegel, Koegel, Harrower, & Carter, 1999). “Generalization” refers to the child’s ability to learn

a skill in one environment and transfer the skill to a new environment. For example, a child might learn how to “feed” a baby doll with a bottle in the early childhood classroom; generalization could be demonstrated if the child were able to perform that same skill at home with a different baby doll.

PARTICIPANT-CENTERED

Each session, first and foremost was child-centered, offering opportunities for child participants to exercise their own autonomy in making choices about their participation. Numerous research studies have shown that having the opportunity to make choices can be reinforcing for children with ASD (Soloman et al, 2007; McGee et al., 1999). Ben and I encouraged parents to follow their child’s lead in the play and drama activities and to try to expand or build upon their child’s play themes when opportunities arose. For example, if a child became particularly interested in lining up brightly colored balloons that were incorporated as part of the session, a parent might join in that activity and then coach their child to roll or toss the balloon back and forth. Particular focus was also given to the importance of building the parent-child relationship in each dyad. It was our goal to create a space for parents and children to play together and share positive experiences in an environment that was designed to be comfortable and welcoming to their child. This was in line with my research goal of incorporating drama activities that promoted shared positive affect between parents and children.

As with the child participants, it was essential to create an environment in which the parents felt comfortable also. Our aim was to create a welcoming space in this workshop where parents could relax and be themselves. It was important that the parents

enjoyed using the teaching strategies used in the program. Parents are more likely to use an intervention strategy if they enjoy using it and believe it contributes to positive affect between themselves and their children (Schriebman, Kaneck, & Koegel, 1991). Beyond contributing to positive affect, play-based interventions with parents as co-interventionists have several advantages: they are affordable, enjoyable, personal, and can provide the child with a more long-term intervention as parents may be able to utilize activities and techniques they learn in the workshops in their homes long after the sessions have concluded. (Nixon, 2002; Meadan, Ostrosky, Zaghawan, & Yu, 2009; Soloman et. al, 2007; Schriebman et al. 2000)

In the table below, I have outlined several of the play skills targeted in the curriculum for my drama-based intervention program. I have also listed the drama-based activity and the embedded ABA principles that my co-facilitator and I used to address this skill in our workshops.

Skill	Drama-based activity in curriculum	Embedded ABA principles
Eye Contact	encouraged throughout all activities	encouraged throughout all activities
Imitation	Freeze Dance, pantomime, Student-In-Role, Free Play	Reciprocal Imitation Training, Pivotal Response Training
Initiation	Teacher-in-Role, Literature-Based Drama, Process Drama, Free Play	Free Play, Reciprocal Imitation Training, Pivotal Response Training
Joint Attention	Hello Circle, Animal Stretches, Freeze Dance, Literature-Based Drama, Process Drama, Teacher-in-Role, Student-in-Role, Goodbye Song, Bubbles and Balloons, Pantomime, Goodbye Song	Free Play, Reciprocal Imitation Training, Pivotal Response Training
Turn-Taking/Sharing	Hello Circle, Goodbye Song, Zoom, Process Drama (Cars), Literature-Based Drama (Dinosaurs and Bears)	Direct instruction on "wait" and accepting "no," incidental communication training to request desired objects (mostly during free play sessions)

Table 1: Skill, Drama-based activity, and ABA Principles

COMPONENTS OF THE PROGRAM

On Dictionary.com, a component is defined as “1) a constituent part, element, or ingredient. 2) serving to compose or make up a thing” (dictionary.com). In designing my drama-based intervention program, I use the term “component” to describe the essential ingredients of this program, based on my scholarly research and professional practice in the fields of drama-based pedagogy and practice and ABA.

Pre-Workshop Components

- Interview/Home Visit
- Assessment of Child Preferences

As I had learned from both scholarly research and personal experience, many children with ASD often demonstrate resistance to changes in routines and sometimes interacting with new people (NIMH, 2007). This was discussed in Chapter Two as a key area of impairment for individuals with ASD. Being able to meet and interact with me in the comfort of their home setting was one way of trying to ease that transition for the child. It was my hope that even though the location of the workshops – the Central Texas Autism Group offices, would be a new environment, the experience of having already met and interacted with me gave the child one less new thing to deal with in that first session. It was also important that the child's first association with me was a positive one. During these visits, I did not come into the child's home to place any demands or ask them to do anything, but to simply to meet them and interact with them on their turf, on their terms. This is built upon the concept of "pairing," a technique widely used in behavior therapy programs. The idea to pair a new stimulus with another preferred stimulus, something you know the child enjoys. In my case, I was pairing the stimulus of "Miss Tina" with positive things: no demands, high levels of attention, smiles, and novel toys that I had strategically tucked into my bag.

I was also using the interview experience to "pair" or build rapport with the parents. I purposely tried to interview each parent participant in their home at a time that

was most convenient for them. I listened. I allowed them to observe me interacting with their child in a comfortable environment, so that I could demonstrate my knowledge and experience working with children with ASD, as well as my sincere dedication to working with this population.

Interviewing parents prior to the workshops allowed me to gain valuable information about the child's developmental and behavioral history so that I would be able to take this information into consideration when designing the drama program. I learned what sorts of play activities each child enjoyed and what sorts of activities they struggled with or did not enjoy. I learned about each child's modality of communication: if they had verbal language or not, and if they used verbal language meaningfully to communicate thoughts and ideas. This helped me to decide which types of activities would be the best fit for the group's drama workshops. As many children on the autism spectrum demonstrate restricted interests, it was helpful for me to learn which play items or activities were preferred for these children so that I could build them into the workshops. "...[I]ncidental teaching dictates that careful attention be paid to children's preferences in the selection of classroom toys and activities which serve as both instructional materials and reinforcement for correct responses" (McGee et al. 1999, p. 137). It was from this list of preferred activities that I chose the themes for each of the three workshops. I made sure that each child's favorites were featured in at least one game or activity over the course of the three weeks.

In addition to using the pre-interviews as a way to build rapport with the children and learn about their personalities, it was also a way for me to learn about the parent

participants. I asked questions about the daily challenges and joys of parenting a child on the spectrum. I learned about the different types of therapy that each family had been tried and was able to gain more insight into each parent's level of information about ASD and treatment. I was also able to ask the parents what play skills *they* were hoping to address through the workshops. What did they think their child most needed to learn before entering Pre-K and kindergarten in the following years? Where did the parents feel their child could use some help? As this project was also a pilot with the goal of helping to build additional programming, another area of focus was asking parents what types of services they felt there was the strongest need for in the community, and how a drama program might fit into their lives at this time. (See Appendix D for interview questions). These interviews also served as a way of building parent's trust in me and helping them know what to expect from the workshops. The questions I asked demonstrated that I was interested in their thoughts and that they knew what their participation in these workshops entailed as this was, for many, a totally new endeavor.

Workshop Components

- Free play
- Incorporation of child preference
- Repetition of activities (for consistency across sessions)
- Incidental teaching
- Facilitator modeling of drama-based and ABA-based strategies

- Literature-based drama⁵
- Process drama⁶
- Drama games as metaphor⁷

As with the Interview/Home Visits, I used the ABA principle of “pairing” to structure my 60 minute drama session. Each session began and ended with a 15 minute free play session in which the children had free access to novel toys and could play with them in any way they liked. This was put in place to help with transitions for children entering and leaving each session. It was also initially intended as a space to collect data on play interactions between parents and children. As described earlier, I intentionally included several play themes in the drama workshops that the parents had mentioned their child enjoyed (i.e., animals, dinosaurs, cars, and trucks). In each session, we followed a similar schedule of activities and repeated many of the activities in an effort to provide consistency for participants and also provide multiple opportunities for them to become more successful at certain tasks (i.e., sitting in a circle in a particular spot). Ben and I modeled incidental teaching, drama-based and ABA-based strategies throughout the three workshops as we led each class. Additionally, our lesson plans included both Literature-Based and Process dramas for parent and child participants. We also used several drama games often called “game as metaphor” to teach specific skills (i.e. “Zoom” in Session Three, a circle game that targets gross motor skills, turn taking, and choice-making).

⁵ (Heathcote, 1984)

⁶ Dawson, K., Grady, S., Lee, B. (n.d.) Drama for Schools Handbook. (unpublished).

⁷ Dawson, K., Grady, S., Lee, B. (n.d.) Drama for Schools Handbook. (unpublished).

Post Workshop Components

- Interviews (Feedback from Parents)

As the field of autism and drama for very young children is still very new, I was very interested in obtaining parent feedback about the drama-based intervention program. I was interested in knowing what they enjoyed, what they didn't enjoy, and what they felt was beneficial to their child. I was also interested in hearing any thoughts or suggestions they might have on how to make the program even more successful in its next iteration.

DEVELOPMENT: PARTICIPANT GOALS AND OBJECTIVES

Assessment techniques are a crucial component of any project for practitioners and participants to be able to say with any real conviction that something “worked.” As my primary goal in this project was to determine the essential components for a drama-based intervention program with this population, I decided that our brief pilot program would consist of a pre-workshop interview/home visit, three workshops, and a follow-up interview one month later. Participant goals and objectives were based on information gathered through the parent interviews. Detailed descriptions, also referred to as operational definitions, for each of the target behaviors are outlined in the “Methods” section on p. 86. Below are tables detailing the goals and objectives for both parent and child participants in the program.

Goal	Objective
Goal: Parents will learn new games and activities to encourage the development of responsive interaction skills while engaging in play activities with their child.	Objective 1: Parent will increase the number of responsive interactions while playing with their child in a 10 minute free-play condition.
	Objective 2: Parent will decrease the number of non-responsive interactions while playing with their child in a 10 minute free-play condition.
Generalization Goal: Parents will maintain responsive teaching skills and continue to demonstrate these skills in play with their child after the conclusion of the workshop sessions.	Objective 1: Parents will be able to describe responsive teaching and how it has or has not impacted the quality of their play interactions with their child in a follow-up interview.

Table 2: Goals and Objectives for Parent Participants

Goal	Objective
Goal: Child participants will demonstrate eye contact and initiations in parent-child play interactions.	Objective 1: Child will increase eye contact while playing with their parent in a 10 minute free-play condition
	Objective 2: Child will increase initiations while playing with their parent in a 10 minute free-play condition.

Table 3: Goals and Objectives for Child Participants

I chose not to include a generalization goal for the child participants, as I did not anticipate that three sessions of intervention would be sufficient time to produce skill gains that would generalize to environments outside of the drama workshops (i.e. home, school). However I hypothesized that their parents might be able to demonstrate more rapid learning progress and meet a generalization goal of having a greater number of

responsive interactions and a lesser number of non-responsive interactions when playing with their child.

METHOD

This program was designed to be a mixed-methods study in which I would collect both qualitative and quantitative data. Qualitative data would be gathered through pre- and post-workshop interviews with parents, researcher fieldnotes, emails between researcher and participants, and anecdotal evidence gathered through the experience of the workshops themselves. The study was designed to gather qualitative data on specified target behaviors: for child participants, the target behaviors were eye contact and initiation. For parent participants, the target behavior was increased responsive interactions. For each target behavior I developed an operational definition. Operational definitions are often used in designing behavioral programming as a way for the researcher to explicitly describe the target behavior to ensure accurate data collection by an observer. The target behaviors are defined as follows:

Behavior	Operational Definition
Eye Contact	The child directs their eye gaze to look directly into their parent's eyes for two seconds or more.
Initiation	The child engages in vocal or gestural behavior that attempts to evoke a social response, attention, or access to objects/activities from parent.

Table 4: For the child participants

Behavior	Operational Definition
Responsive interaction	The parent engages in behavior that is “...primarily acknowledging, enhancing, or elaborating on what the children were doing” (Lobman, 2006, p. 456)
Non-responsive interaction	The parent engages in behavior in which they “...ignored, distracted, or redirected the [child] to other activities” (Lobman, 2006, p. 456).

Table 5: For the parent participants

Participants

All parent and child participants were referred to this project through the Central Texas Autism Group, the Best Friends Playgroup, and flyers distributed by clinics and therapy centers in the Waco and Killeen areas. Group One, which met in Waco, Texas, consisted of five children and four parents (one parent had two children between the ages of three and five). Four of the children (all males) had been diagnosed with an Autism Spectrum Disorder by an agency not associated with this research. One child participant, a three-year-old female, had not been diagnosed with ASD prior to the workshops but had demonstrated symptoms of the disorder and was in the process of being evaluated. Her older brother had been diagnosed with ASD two years earlier, and was also participating in the drama workshops. Research has demonstrated that there may be genetic component to ASD, with siblings of a diagnosed child having an 18.7% chance of also having ASD (Ozonoff et al., 2012). Group Two, which met in Killeen, Texas, consisted of five children and four parents (one parent had two children between the ages of three and five). Four of the child participants (three females and one male) had been diagnosed with an Autism Spectrum Disorder by an agency not associated with this

research. One of the participants, a three-year-old male, had not yet received a diagnosis when the workshops began, but had demonstrated symptoms of ASD and was in the process of being evaluated. His older brother was also diagnosed with ASD and was participating in the drama workshops as well.

All ten child participants demonstrated some form of verbal communication, ranging from single word utterances to full sentences. During the pre-interview I was able to engage one-on-one with each of the children involved in this project and observed that all ten children demonstrated good receptive language skills: they were able to understand what I was saying to them and follow basic directions. Though parents reported some behavioral issues which they referred to as “tantrums” or “meltdowns,” I did not observe any of these behaviors during my pre-workshop visit to the home. Several of the children were not yet toilet-trained, and for several families, this was causing considerable stress. Several families reported that their child had restricted or perseverative play interests, focusing on one item or toy to the exclusion of all others. Many parents reported that their child did not play with toys in a functional manner, preferring to line items up or spin wheels or propellers. Several parents reported instances of repetitive or self-stimulatory behavior (“stims”).

Consent Procedure

Parents for all ten children signed approved IRB consent forms for their participation in this study. This included permission for audio and video recording of all pre- and post- interviews and all drama workshop sessions.

Setting and Materials

Group One's sessions were held in a large conference room at the Central Texas Autism Group offices in Waco, Texas. The office was available on Saturdays and had a large, open room with very little furniture or other distractions for the child participants. Group Two's sessions were held in a large conference room at the Killeen Community Center in Killeen, Texas. After considering an early childhood center in Killeen we eventually decided to hold the workshops at the community center. Though the early childhood center was an excellent option, the available classrooms were filled with toys and games for the children to interact with. For our research purposes we wanted to be sure that the children were only interacting with the toys and activities provided.

Several toys were provided to encourage interactive play. For the three workshop sessions, these toys included: a Melissa and Doug® Cutting Food Box, a Fisher-Price® Little People Eddie and his Boulder Worksite, a Playskool® Poundin Nails set, a Melissa and Doug® wooden car puzzle, a Plan Toys® Click Clack Roller, Edushape® Sensory Balls, a VTech® Sing and Learn Musical Microphone and a Chicco® DJ Guitar. Additionally, there was a bag containing costume and prop items present at each workshop which contained a bouquet of artificial flowers, two large scarves, a tiger mask, a cat mask, two pairs of sunglasses, and assorted animal finger puppets.

Data Collection

To assess the parent-child dyad's present levels of target behaviors, I intended to analyze the data from the first free play session at the start of the first drama workshop, before participants have received any instruction. I would obtain present levels of each of

the target behaviors by reviewing a 10 minute video-recorded observation of the parent and child playing together in the free play condition for the first 10 minutes of the first drama workshop (The workshops structure is explained in detail in Chapter Five: Implementation). For child participant data, the interaction would be divided into 10 1-minute segments, and if the target behavior occurred during that one minute, I would mark an X in the box designated for that minute. To obtain inter-observer agreement, my co-facilitator, Ben would also view and score the recording. For parent participant data, the number of times they engage in the target behavior would be scored on a separate data sheet by obtaining a frequency count (See data sheets, Appendices E and F). For child participants eye contact and initiations would be scored, and for parent participants, responsive and non-responsive interactions would be scored. It was planned that video recordings for each of the free play conditions throughout the drama workshops (six in all) would be analyzed to determine levels of target behavior in each instance

CLOSING

In this chapter, I outlined the key components that I sought to include in the design of my drama workshops based on my prior research and pre-workshop interviews, discussed goals and objectives for parent and child participants, and described my planned methods of data collection. Chapter Five discusses the implementation of these workshops and explains how the logistical realities of the facilitating the workshops prevented my intended data collection and analysis from taking place, shifting my role in the process from deductive researcher to reflective practitioner. In the next chapter, I provide a detailed narrative of each workshop session and the behaviors I observed in

both parent and child participants. I also discuss the preliminary findings from the follow-up interviews with parents one month after the drama workshops had concluded.

Chapter Five: Implementation

In this chapter, I describe the process of implementing drama workshops with two groups of children with ASD and their parents. After the first session with Group One, I realized that I would be unable to collect data from this study in the way I had intended. This realization shifted the type of data collected from primarily quantitative to primarily qualitative. Due to the nature of the data I was able to collect, this chapter does not provide a comprehensive analysis of the target behaviors I had intended to measure. Chapter Five provides a detailed narrative of my experience facilitating each of the drama workshops and details my behavioral observations of both parent and child participants. Observations while implementing the workshops and ongoing feedback from parent and child participants shaped each consecutive session; when we would notice that a particular strategy was not working for a participant, we would try another. Finally, I examine preliminary findings from the results of the post-workshop interviews I held with parents who participated in parent-child drama workshops. In reviewing the interview transcripts from both pre- and post-workshop interviews, I revisited my research questions: *What are the essential components of a drama-based intervention program that could affect the play skills of children with ASD and their parents? Which drama-based activities might contribute to shared positive affect between parents and children?*

IMPLEMENTATION

Data Collection

Immediately after our first session with Group One in Waco, it became clear that my intended method for collecting data on participant target behaviors was not going to be effective. For the first parent/child interview with Waco participants Rachel and Peter, I had brought my hand-held video camera with me, intending to take a 10-minute video of Rachel and Peter's play activities in the home environment. I had not anticipated that the camera would be distracting for both child and parent. As soon as I pulled out my Flip® camera, Peter stopped interacting with his mother and wanted to interact with the camera and watch video recordings of himself. It was impossible for me to expect that he and his mother would play as they normally did in the obvious presence of a stranger with a video camera.

Within the first 30 minutes of the first drama workshop, I knew that my intention to collect pre-workshop data in the first free play session was not going to work either. The first parent arrived at 10:45, the second parent at 10:55, the third parent at 10:05, and the fourth at 10:15. As parents entered the room, they introduced themselves to one another and immediately started chatting as they sat on the floor with their child. They gravitated toward socializing with each other almost instantly.

Another limitation came from the challenges I faced in video recording the workshop sessions. I strategically positioned the cameras in stationary positions that were somewhat inconspicuous to child participants. As I did not have additional researchers available to operate the cameras, each camera was held in place on a tripod. This meant I

was unable to move the cameras during the workshops to capture the full activities of each parent and child dyad as they moved throughout the space. Activities happened all over the room and the cameras' static positions made it difficult to catch interactions when a parent or child moved out of the camera frame. I also did not anticipate that parents would be playing with *each other's* children in addition to their own child to the extent that they did. In reviewing the footage, I noticed that often, the parents were sitting on the floor and the children moved around the room, engaging with different people and different activities. This made it difficult to take data on interactions within the dyads.

The second limitation was the fallible nature of the camera recordings. Once the children discovered the cameras, they picked the cameras up several times and touched the zoom or record buttons. On several occasions, video footage shows the camera being picked up, and the parent removing the camera from the child's hand and putting it back. Unfortunately, the camera is rarely put back at the same angle, meaning I missed several parent-child interactions due to video cameras aimed in the wrong direction. As I was involved with facilitation at the time, I did not always catch the disruptions of the video recording.

Thirdly, the cameras were positioned about three feet off the floor, in an effort to capture both standing and seated interactions between parents and children. The active class meant that parents and children were often on their feet and moving around, and though they tried their best to avoid it, parents and children inevitably ended up standing in front of the camera, making it impossible to collect data on what was happening in the room behind the physical obstruction.

What I learned throughout this process was the value of the evolutionary nature of qualitative research. Each week, I was able to gather data on my participants through researcher fieldnotes, personal experiences, and my imperfect video recordings. The path of my research shifted from my intended deductive course to a more inductive path, with elements of grounded theory. Researchers Stern and Porr (2011) define grounded theorists as a researchers who “...seek to generate theory through direct exploration of the world around them... they don’t set out to prove already established theory” (p. 40). In the end, grounded theory methodology more closely reflected my goal of becoming an ethical drama practitioner with children on the autism spectrum and their parents. The answers I was seeking would come from the data: and the data itself would help determine which areas I explored with participants. The focus of my study shifted to a qualitative discussion of what happened during the drama classes and preliminary findings from reviewing parent interviews after the workshops’ conclusion.

Session One: “Bears, Oh My!”

We framed our first lesson around animals: bears in particular. I decided to use the popular children’s book *We’re Going on a Bear Hunt* by Michael Rosen and Helen Oxbury (See Appendix F for full lesson plans for all three sessions). The text of the book can be used as a call-and-response dramatic play activity, and I thought it would be a perfect fit for our group. Several parents in both Group One and Group Two had indicated that their child was very interested in animals in general, and several children liked bears especially. Capitalizing on the children’s existing play interests was done in an effort to make the classes as engaging and interesting for the child participants and to

encourage as many social interactions as possible. This practice echoed Soloman's socio-pragmatic style of intervention, described in Chapter Two. "When you do what the child loves, he will love being with you" (2008, p. 382).

Free Play

For our first session, parents came into the classroom: a large open space with a variety of toys and play items laid out across the floor. All chairs were pushed up against the sides of the room, and Ben and I verbally encouraged the parents and children to sit down on the floor and play. Upbeat kid-friendly music played in the background while Ben and I moved in and around the parent/child dyads, answering any parent questions or concerns. As we talked to parents, we modeled responsive teaching strategies by engaging with the child, accepting all initiations, and building and extending on the child's play interests or activities.

Ben and I drew parents' attention to the visual schedule for the day, a poster on the wall that had the name of each activity we would be doing along with a picture or symbol that corresponded to each activity (see illustration 1 below). We invited parents to use the schedule to help transition their child through various activities and understand that this class involved a set sequence of events. Research demonstrates that visual schedules can be an effective tool for children with ASD who struggle with understanding when events are to take place (Dettmer, 2000). For Group One, this was an effective tool for transitioning: most of the children were able to understand that although the free play toys were going away for the moment, we would bring them back out later in the session. This was not as effective a transition for Group Two, as we had several

children who were very resistant to putting preferred toys away, resulting in tantrum behavior (non-compliance, crying, and yelling). For children who did not want to relinquish toys, I offered that parents might keep a small toy with them, for example, a finger puppet or a piece of the toy food to offer their child as reinforcement for compliance during the next few structured activities. Most of the parents seemed to prefer that their child comply with their request to put the toys away and not have access to the play items during the circle activities. After noticing this in the first session, I continued to suggest that parents allow their child to retain a small toy during circle time, but did not push it farther beyond one suggestion per session. This was when I began to wonder if the workshops might function more effectively if the parents participated in a parent training on the teaching strategies prior to the workshops.

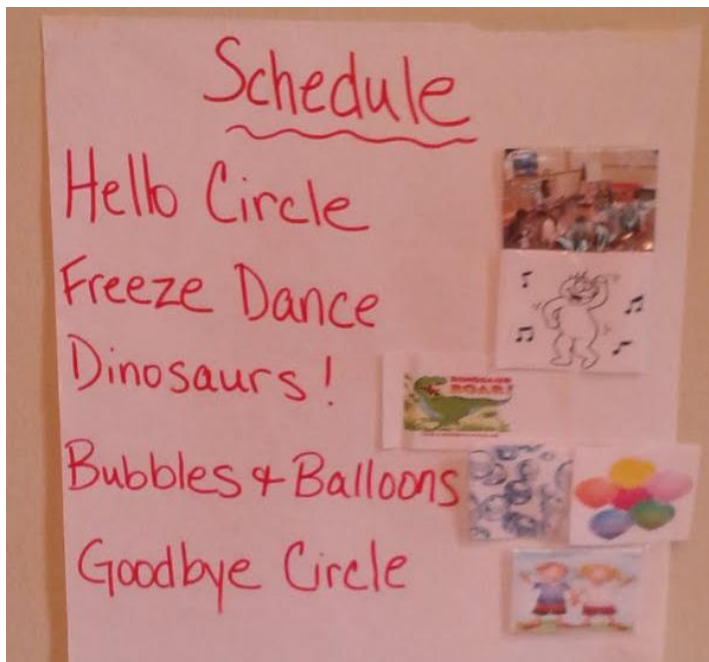


Illustration 1: Visual schedule for the drama workshops

Hello Circle and Warm-ups

Fifteen minutes into our session together, we asked that parents and children begin to put the toys into the bins and join Ben and me in a large seated circle. In Group One's first session, I laid out six round plastic spots on the floor in a circle, and encouraged the children and parents to go sit on a spot. There was some initial confusion and resistance to sitting in a circle in this fashion, which led to a change in the way I transitioned to circle time in Session Two. Ben and I gave a brief introduction of the day's theme and introduced the visual schedule for the day. I brought out a small stuffed monkey, and told the group that it was time to say "Hello." I invited each parent to introduce themselves and their child to the group, and to prompt the child to wave "hello" while we all said "Hi, (child's name)!" After we had gone around the circle introducing ourselves by name, we transitioned into physical warm-ups. This consisted of inviting the children to combine physical stretches and movements with animal postures and movements (i.e., "Reach up tall like a giraffe. Now get down on the ground like a turtle.") Parents were sidecoached to do the stretches themselves while encouraging their child either verbally or with hand over hand prompting to do the motions. Opportunities for social reinforcement, like parents tickling or hugging their children was interspersed in the movements (i.e., "Maybe while our arms are up stretching to the sky we get a little tickle on the tummy...parents, tickle tickle!") Both Group One and Group Two seemed to really enjoy this activity: I observed lots of laughing and smiling as they acted out the animal stretches.

Freeze Dance

Once this sequence was completed, we moved on to Freeze Dance, in which children were encouraged to dance or jump when the music was playing and to stop and “freeze” their bodies in place when the CD player was stopped by a facilitator. Parents modeled this behavior for their children, offering verbal or physical prompts when necessary to help teach their children the “freeze” moments. I observed high levels of positive affect during this activity in Group One. The children in Group One seemed very motivated by the music, smiling and laughing as they jumped and danced around. This led to parent smiling, laughing and positive affect as the parents danced along with their children, modeling with their own body how to “freeze” when the music stopped and prompting their child verbally and physically, if necessary, to freeze their own body. Group Two seemed less comfortable with the freeze dance activity. The children in Group Two seemed less motivated by the music, and demonstrated less interest in dancing. The parents seemed to reflect this affect, by dancing noticeably less enthusiastically than parent participants in Group One.

The Bear Hunt

After Freeze Dance, the class moved into the main dramatic activity for the day. In this session, we acted out the book *We’re Going on a Bear Hunt* with sensory props including grass, leaves, and a “river” (blue sheet) and ended the story by “running home” and “cuddling” in our beds (we prompted parents to hug and cuddle their child). After acting out the story together, we put the blue sheet over a long table to create a “cave” and Ben and I coached the child participants to bring all the grass and leaves inside the

cave to make a nice, cozy bed. Ben and I encouraged parents and children to remember that “bear face” we made in the animal warm-ups that day and we began to crawl on the floor like bears, until, finally, we got to our cave where we went to sleep.



Illustration 2: In the Bear Cave

After a few moments, I prompted the “bears” to wake up, and we all came from under the table for our goodbye circle. Three out of the five children in Group One got down on all fours and walked like a bear into the “cave,” while the remaining two children watched from outside the cave. In Group Two, three out of the four children crawled under the table, but did not want to come out. The child who was not interested in going under the table preferred to collect all of the leaves that remained strewn across the floor instead of pretending to be a bear. Though her mother tried to prompt her to be a bear several times, the mother eventually relented and began to follow her daughter around, helping her collect all the leaves.

Bubbles and Balloons

Following the dramatic play section, it was time for Bubbles and Balloons. In the pre-workshop interviews, many of the parents in Group One and Group Two indicated that their child particularly enjoyed playing with bubbles and/or balloons, so we made a choice to include a five-minute “Bubbles and Balloons” segment into each session. The balloons were blown up before the session started, and then hidden until “Bubbles and Balloons” time. For Group One, the balloons were hidden in an adjoining office, and for Group Two, they were hidden in a large empty cabinet in the meeting room. After the bear hunt had concluded, I announced, “It’s time for bubbles and balloons!” and played upbeat music while Ben retrieved the balloons and we both started blowing bubbles. This was a way to break up the amount of direct instruction being given and allow the children to play together with preferred materials. Participants in both Group One and Group Two were surprised when the brightly colored balloons appeared and bubbles filled the room. The bubbles used for these workshops were from Gymboree®, and were made of a special glycerin-based formula that produced light, durable bubbles that the children could catch on their fingers, resulting in squeals of delight and giggles. Parents seemed to like the bubbles as well, and several parents in both groups commented that they would like to buy the same bubbles to use at home.



Illustration 3: Bubbles and Balloons

Goodbye Circle & Free Play

Each child was then allowed to take a balloon with them to their spot in the circle where we sang “The Goodbye Song” and sang it to each child in the room. The session ended with a big round of applause for everyone and the re-introduction of the tub of free play toys for another 15 minute free-play experience. It was interesting to note that all the parents in both groups always stayed for the final free play session, without any explicit direction to do so from Ben or me. Group One’s child participants were losing focus by this point; it seemed that thirty minutes was about the maximum for structured play activities. Group Two’s child participants behaved in the same way. When we re-introduced the free play toys, I noticed that the parents in Group One began talking in a small group. Their children played around them and would occasionally bring toys or

other object to their parent to solicit interaction. I was struck by how much enjoyment the parents seemed to get out of talking to each other. The forty five minute class, combined with their shared experience parenting a child with ASD seemed to have created an instant sense of community. This was consistent with my observations of the parents in Group Two. Many of parents in Group One and Group two remarked that this was the first time that they had ever had the opportunity to talk to another parent of a child on the autism spectrum. I heard parents asking each other questions about their children, for recommendations on where they could get different therapies, and sharing the positive and negative experiences they had had in the community. I was fascinated by how quickly these relationships formed. By the end of the first session in both Group One and Group Two, parent participants were getting each other's phone numbers and email addresses to be able to stay in contact outside of the drama workshops.

This emerging phenomenon echoed my original research agenda: of creating a space for parents of children on the autism spectrum to build community in parent improvisation trainings. The speed and depth to which these parents were able to connect with each other and share experiences shaped my research agenda from that point on. The parents were showing me that having time to talk, to share information, to get support, was an essential component of this program. This factor, coupled with my realization that my data collection methods were not going to be able to provide me with the quantitative data I had originally sought, motivated me to shift my approach for the remaining sessions.

Session Two: “Dinosaur Roar!”

Free Play

As in the first session parent and child participants arrived to find the classroom set up with a large open space in the center of the room with the same toys, costume, and prop materials available as they had seen in the first session. Ben and I engaged in conversations with the parents about how their weeks had been, noting any experiences that may have contributed to child behavior or temperament. For example, we learned that Avery (Group One) had undergone allergy testing the morning of the first drama workshop, which may have contributed to his non-compliance and crying at points throughout the first session. Joshua’s mother (Group One) let us know that he had already had a busy morning, as they had attended a large family gathering prior to the drama workshop. Brodie’s mother (Group Two) let us know that Brodie had taken a nap right before the class, and that he had still been sleeping in the car on the way to the workshop. This information helped Ben and I to be able to better address the needs of both parent and child participants; it helped us to be sensitive to the needs of our group and to adjust our instructional strategies accordingly.

Hello Circle and Warm-ups

As in Session One, after fifteen minutes of free play, we invited parents and children to help us put the toys away and to make a large seated circle. As there had been some children who had not wanted to relinquish toys in the first session, I used the process of forming a circle as a transition activity. When a child would bring a toy to the bin, I offered verbal praise (“Good job putting the toys away!”) and offered the child a

round plastic spot to serve as their marker in the circle. Offering the child a choice of color served as a redirection from relinquishing toys and obtaining a spot in a preferred color seemed to be reinforcing for the children as well. As in Session One, I passed a stuffed monkey around to facilitate turn-taking in the group. When the monkey was passed to each parent/child dyad, the parent would say their name and their child's name, and the group would respond with "Hi, (child's name)!" while the parent verbally or physically prompted the child to say "Hi" and wave. In Group One and Group Two, child participants formed the circle more quickly when given the choice in poly spot color than they had when I had verbally directed each child to a particular spot in Session One. A notable exception to this observation was a three-year-old girl in Group Two, Emma, who engaged in tantrum behavior (crying and yelling) when her mother tried to get her to put away the toys she was playing with. As in Session One, I offered that her mother might allow Emma to continue to play with a different toy (i.e. a finger puppet or one of the costume elements) and use it as a reinforcer to encourage Emma to participate in circle activities. The mother was adamant that Emma comply with the demand she had placed: to put away the toys. This demand resulted in about 15 minutes of tantrum behavior from Emma and her mother removed her from the classroom for a period of about 10 minutes.

Freeze Dance

After our Hello Circle, we again introduced "Freeze Dance." This time, our music was related to the dinosaur theme, as we danced to "We are the Dinosaurs" by the Laurie Berkner Band. As in the first session, children were encouraged to jump, dance, and

move while the music was playing, and parents were directed to model “freezing” when the music stopped. Some of the children in both Groups One and Two seemed to be familiar with the song, and I noticed several parents who were singing along. One of the child participants in Group One, Joshua, who was bilingual in English and Spanish, started to call out “Alto!” when the music stopped (“alto” means “stop” in Spanish). Ben and I took this exclamation as a communicative “offer” and encouraged other participants to say “alto” or “stop” when the music stopped if they liked. Joshua smiled and laughed: he seemed to enjoy the children and adults around him joining him in saying “alto.” As in Session One, parent participants in Group Two seemed reluctant to participate in the freeze dance activity. The child participants in Group Two, also, were less motivated to participate in the freeze dance activity.

Dinosaur Roar

After the freeze dance activity, we transitioned to reading the book *Dinosaur Roar* by Paul and Henrietta Strickland. This book was chosen for its usage of actable imagery and descriptive adjectives. (i.e., “Dinosaur weak, Dinosaur strong. Dinosaur short, or very very long.” p.2). Through modeling, Ben and I coached parents to act out each page, and many of the children in both groups responded by mimicking their parents’ verbal and physical actions. After finishing the book, we transitioned the group to our next activity, which utilized the drama based strategy Teacher-in-Role (Bolton & Heathcote, 1999).

The Baby Dinosaur⁸

As the lead facilitator, I told parent and child participants that we were going to have a special guest in our class. Our guest was going to be Mr. Ben, pretending to be a baby dinosaur that is very afraid. I pulled out a large blue sheet (the same sheet used in the first session for the “river”) and told the group that when Mr. Ben went underneath the sheet, he would pretend to be a scared baby dinosaur. As a class, we counted, “One, two, three!” I threw the sheet over Ben’s head. The child participants shrieked with delight. Ben acted out the “scared” baby dinosaur by making the sheet tremble when anyone approached him. I guided the child participants to approach the “baby dinosaur.” Each time they would get close, the “baby dinosaur” would jump and try to move away.



Illustration 4: The Baby Dinosaur

⁸ Activity adapted “Frightened Monster” (p. 138) in *Developing Play and Drama in Children with Autistic Spectrum Disorders*, by Dave Sherratt and Melanie Peter

Several of the children in Group One and Group Two seemed to enjoy the cause and effect experience of approaching the baby dinosaur. One child in Group One, Joshua, seemed genuinely frightened of the activity. He hung back by his mother, Winnie, and was reluctant to approach the baby dinosaur until Ben pulled back the sheet so that his face was visible. Only then did Joshua approach the baby dinosaur, offering him a piece of the wooden food toy set used in the free play activity.

Bubbles and Balloons

As in session one, we reserved space in our schedule for Bubbles and Balloons. I turned on the music while Ben went to retrieve the brightly colored balloons that we had kept hidden from the group. Though the bubbles and balloons were not as big a surprise as in the first session, children in both groups responded to the activity by laughing, smiling, and chasing the balloons and bubbles around the room. As in the first session, parents in Group One and Group Two seemed to enjoy this activity.

Goodbye Circle & Free Play

After Bubbles and Balloons, we invited each child to take a balloon with them back to the same color spot that they had selected for the Hello Circle. As in Session One, we took turns singing the “Goodbye Song” to each child, offering each parent/child dyad a round of applause after each turn. Following the Goodbye Song, I brought out the tub of free play toys and encouraged parent participants to spend some time on the floor playing with their child. In both Group One and Group Two, I observed the same behavior I had noticed the previous week. As soon as I announced that it was free play time, the parents took a moment to be sure that their child was engaged with a toy or another person and

then they eagerly grouped together to talk, share information, and ask questions. As an outside observer, it seems that many of these conversations were continuations of what they had been discussing the previous weeks. I noticed too, that the parents had been carefully listening to their new acquaintances, asking questions about things that they had remembered learning about the previous week. “Did you take him to the clinic? What did they say? Well, when they diagnosed my son...” (Researcher fieldnotes, January 28, 2012).

Session Three: “Cars and Things That Go!”

Several children in both Group One and Group Two had expressed an interest in car and truck toy play, as indicated by parent interviews. The theme of Session Three was “Cars and Things that Go.” We decided to take the dramatic play a step further from the week before by moving from teacher-in-role to inviting the parent and children to take on roles within the drama themselves. In this session, we invited parent and child participants to pretend to be cars.

Free Play

For the third session, parents and children were very familiar with our class structure. Child participants walked directly over to the toys and began to play, while parents sat down on the floor and engaged in play activities with their child while having side conversations with the parents who entered the room. Again, I observed them talking about what had happened in their families that past week. One child in Group One, Joshua, had just started receiving Applied Behavior Analysis (ABA) therapy, and his mother, Winnie, was eager to hear about the other children’s experiences with ABA. A

parent in Group Two was in the process of trying to get her three-year-old enrolled in a preschool program for special needs, but was having trouble with the admissions process. While they played with their children, the parents shared information about helpful community organizations, books, and websites (Researcher fieldnotes, February 4, 2012).

I noticed a different trend in the afternoon group, Group Two. Their free play sessions looked different from the parents in Group One. Group Two parents did not immediately go to sit down on the floor to play with their child unless I prompted them to do so. I had noticed this in Sessions One and Two, and decided to try deliberately not prompting them to go and play with their child on the floor during free play time in Session Three. There were five parents in the third session (two of the mothers had brought their husbands along for this session). Of the five parents, only one got down on the floor to play with her child during the free play session at the beginning of class. The other four sat in chairs along the perimeter of the room. One father did move his chair toward the center of the room to be closer to his child, but remained seated, responding only if his child initiated an interaction by bringing play materials over to him. It should be noted that Group Two meetings were held at 3:30 in the afternoon, and Group One meetings were held at 10:00 in the morning. It is possible that energy levels had some effect on parents' enthusiasm and desire to play with their child.

Hello Circle and Warm-ups

After fifteen minutes of free play, we invited the parents and children to put the toys back into their bins and to take a large plastic spot in their desired color and to sit on the floor in a circle. By the third session, I noticed that the child participants were much

quicker and more compliant in making a circle than they had in the previous two sessions. We went through our Hello Circle and then stood up to do animal warm ups. The sequence of animal motions and noises was the same as in Session Two and we ended with bears and dinosaurs, our two most recent play themes.

Freeze Dance

As in sessions one and two, we followed our Hello Circle and warm-up stretches with Freeze Dance. Group One parents and children were excited to dance to the music, and I observed that several of the children seemed to be improving their listening and gross motor skills, by being able to “freeze” when the music stopped more quickly and accurately than they had in sessions one and two. Group Two children were less engaged in the freeze dance activity, and as a result, I noticed that in Session Three, we played Freeze Dance for a much shorter duration of time than we did in Group One.

We’re Going on a Trip

After Freeze Dance, I invited all the parents to come back to a seated circle, give their child the round plastic spot and sit down with their child on their laps, legs extended toward the center of the circle. We introduced our theme for the day, cars, and asked parents and children to make car sounds together. Some of the children did not respond, possibly because they did not understand my prompt, or because they genuinely did not know what sound a car made. Parents in both groups were quick to prompt their child, making the car sounds themselves. I instructed parents to help their child hold the round plastic spot in front of them and to pretend that it was a steering wheel while we sang the song, “We’re Going on a Trip.” Throughout this activity, parents sang and moved with

their children to make the “road” feel “bumpy” (by moving their legs up and down with their child in their lap.) They moved from side to side with their child to imitate the movement of windshield wipers. Finally, we “came home” and the parents “put on the brakes” by leaning back with their child. I observed many smiles, giggles, and happy sounds from both parents and children in this activity.

Stop and Go

After we acted out driving our cars in a seated circle, I invited all parent and child participants to stand up and continue to “drive” their cars around the room. When I held up a red circle, it was time to stop. When I held up the green circle, it was time to go. I instructed parents to help their child “stop” their car through verbal and physical prompts, if necessary. In both Group One and Group Two, the child participants seemed to want to “drive” over to where I was standing with the circle, so I found myself moving around the room. In both groups, this activity evolved into a sort of chase activity, with the “cars” following the “stoplight” (me) around the room.

Car Wash

After taking our cars for such a long drive, I told the parents and children that it was time to take our cars to the “car wash.” Ben and I had brought along a large cardboard box, about three feet across and four feet long that was the perfect size for our child participants to crawl through. We draped a large blue sheet over the box, the same sheet we had used for the “river” in Session One and “baby dinosaur” in Session Two. We turned on some upbeat music (“Car Wash” as performed by Christina Aguilera) and invited the children to crawl through the box. As they came through the tunnel, Ben and I

and several of the parent participants waved streamers attached to sticks to mimic “brushes” found in some car washes. We had also brought along a small squirt bottle with water in it that we used to spray mist into the air for child participants to run through if they liked. Several of the children in Group One and Group Two did not like the water spraying. All the children in Group One and Two seemed to really enjoy the “streamer sticks,” wanting to touch the sticks and play with them on their own. There was one child in Group One (Joshua) who did not want to go through the box. I noticed that his parents were very persistent in trying to coax him to go through. I told them that it was no problem if he didn’t want to go through, that he could watch from the outside, but they seemed very intent on getting him to go through the box. Towards the end of the car wash activity, Joshua finally went through and was met with cheers and clapping from all the parents when he emerged from the other side.

Bubbles and Balloons

By the third session, several of the children in both Group One and Group Two were beginning to understand the visual schedule we had posted on the wall, and had gone up to the schedule and touched the picture of bubbles and balloons to request that activity. Child participants seemed to be just as delighted with the bubbles and balloons in Session Three as they had been in the previous two sessions. Several parents in both groups remarked that Bubbles and Balloons was their child’s favorite part of the class (Researcher fieldnotes, February 4, 2012).

Goodbye Circle & Free Play

As the bubbles slowly disappeared, I invited each parent to bring their child, (and a balloon, if they wanted to hold one) back to a seated circle for the Goodbye Song.

Though the Goodbye Song had a very simple text and melody, I did not observe any of the child participants singing along in any of the three sessions. The singing was done by Ben, me, and the parent participants. Most of the children in Group One and Group Two did join in with clapping after each verse, and I observed smiles and giggles during this song in all three sessions. Ben and I brought out the free play toys, and invited parents to stay and play with their child for another fifteen minutes. In this free play session, the children in Group One and Group Two were far more interested in playing with the “car wash” box than they were any of the free play toys. Group One children were interested in going inside the box and closing the box flaps. They also requested that Mr. Ben turn the box vertically so that they could stand inside it. At one point, child participants in Group One decided that they should all get inside the box together. As this was happening, several of the parents remarked to me that they had never seen their child play with other children in such close physical proximity (Researcher fieldnotes, February 4, 2012). Giggles and squeals emanated from the box as the children tried to negotiate how five small bodies could fit inside such a small space.



Illustration 5: Will we all fit in the box?

Group Two children were also interested in the box. Two of the boys, Henry and Brodie, decided they wanted to take all the balloons from Bubbles and Balloons time and put them in the box. Then Henry decided that he wanted to stand inside the box with the balloons, so I coached him to stand inside while Brodie put the balloons in all around him. Parents in both Group One and Group Two watched these activities from the sidelines, but I noticed them smiling and laughing as they watched their children play together.

THE REFLECTIVE PRACTITIONER

“Show me, Help Me, Let Me”

As I reviewed my experience implementing the drama workshops with the groups in Killeen and Waco, my musings called to mind Jeffery Wilhelm’s book, *Action*

Strategies for Deepening Comprehension. In his book, Wilhelm, a classroom teacher and professional development facilitator, outlines the methodology behind his use of drama-based strategies to encourage student engagement and learning. He uses Vygotsky's theory of the Zone of Proximal Development (ZPD) as a lens through which to view student engagement. Vygotsky describes the ZPD as the zone of learning in which a teacher is able to help a student achieve learning goals that they are not able to achieve independently. In Vygotsky's words, the teacher helps the learner to "behave above his daily behavior; in play it is as though he were a head taller than himself (1978, p.102). Wilhelm conceptualizes the notion of ZPD into classroom practice as three step process he calls "Show me, help me, let me" (2002, p. 22). First, the instructor shows the learner how to accomplish the learning objective through modeling behavior. Second, the instructor helps the learner to accomplish the learning objective on their own, and finally the instructor lets the student complete the task independently. This model is clearly illustrated in a case study of one of our child participants, Joshua.

Case Study: Joshua

Joshua, a three-year-old boy in Group One stood out to me as I reviewed my fieldnotes from the workshops. He and his parents demonstrated remarkable progress over the course of our three workshops, and his particular story well illustrates how the idea of "show me, help me, let me" can be used for an applied drama project with parent and child participants. I had learned in the interview prior to the workshops that Joshua had a very strong interest in rolling balls along the ground, and often in lining them up in patterns along the edges of walls and floorboards. This type of perseverative behavior is

very characteristic of young children with ASD. His perseveration on these objects often prevented his parents from interacting with him. When he was engaged in rolling or lining up balls, he did allow anyone to participate with him, often taking the toys and leaving the room if anyone attempted.

In the first session, the parents suggested that we remove any of the toys that involved balls in the room if we wanted Joshua to be able to focus on the drama activities. It was soon clear that even if the balls were removed, Joshua would find some other objects to fixate on. For example, after we removed the light up sensory balls, Joshua picked up several small wooden pieces from the toy food set and started rolling them across the room. This indicated to me that it was not the ball itself that Joshua was fixated on, but the routine of rolling and patting them along the perimeter of the room that was most important.

Week One: Show Me

In the first session, Joshua was playing with two small wooden balls in the corner by himself and Ben went over to sit next to him. Gently, he took one of the wooden balls and rolled it across the floor to Joshua. Joshua's face brightened, and he smiled at Ben, making eye contact. Gradually, Ben increased the distance between himself and Joshua until they were rolling the ball back and forth. At this point, Ben invited Joshua's father to participate in the "game." Soon Ben and Joshua were rolling the ball back and forth with Joshua's father, and Joshua was following the balls back and forth. Ben and Joshua's father would prompt Joshua verbally and physically, if needed, to roll the ball back to the other player.

Week Two: Help Me

In the second session, Joshua once again went to go get the two wooden balls from the Click Clack Roller to take into the other room and play with them by himself. This time, his father followed him into the other room and encouraged him through verbal and gestural prompts to roll the ball back and forth with him. During this interaction, another little boy, Bradley, entered the room. In the same way that Ben had coached Joshua's father, the father now was helping to facilitate an interaction between his son and another peer. Joshua's father helped him to roll the ball back and forth with Bradley, verbally praising him each time he rolled the ball or received it from Bradley. This interaction was done with zero prompting from either Ben or me: Joshua's father simply took it upon himself to extend his child's perseverative play interest into a back-and forth social activity.

Week Three: Let Me

At the end of the third session, during the free play condition, Joshua went to retrieve the wooden balls from the Click Clack Roller. Again, he brought them into the other room, but this time, there was another child in that room, Bradley. With no prompting, Joshua sat down and rolled both of the balls across the floor to Bradley. Bradley laughed and smiled. Joshua's mother prompted Bradley to roll the ball back, and he did so. The "game" only lasted about ten seconds, but it was huge progress for Joshua. It was a giant leap forward from the perseverative solo play we observed in the first session.

The Post-Workshop Interview Session

When I first reviewed the video footage from the workshops, my first impulse was frustration that I had not been able to collect data on the target behaviors as I had intended. Despite these concerns, I did continue taping in Sessions Two and Three, even though I doubted that I would be able to use the video as I had initially intended. I had seen the remarkable community building that was happening with this group. I realized that what I did have, captured through my fieldnotes and these video recordings was equally as compelling and could also help to answer some of my initial questions about the work.

Approximately one month after the completion of the drama workshops, parents participated in a follow-up interview to gather information on their perceptions of the program. Just as I had been cautious in assigning needs to this population prior to the program, I needed to be certain that I was not also assigning benefits from my singular perspective. To further investigate which components of the program and which activities had been most valuable to my participants, I turned to the interview transcripts from the post-workshop interviews.

For the post-workshop interview session in Waco with Group One, I brought a tub filled with novel toys that had not been present at any of the previous workshops. These toys included a Handy Manny TMTalkin' Toolbox, a Melissa and Doug® Deluxe Latches Board puzzle, Playskool® Busy Balls Terrific Textures, a Melissa and Doug® Classic Bead Maze, a Hasbro® Power Tour Electric Guitar, and a Ficher-Price® Fun 2 Imagine Pocket Camera. The same bag of costume and prop items was also present, though for

this sessions I added the storybooks we used during the three workshop sessions: *We're Going on a Bear Hunt* by Michael Rosen and Helen Oxbury and *Dinosaur Roar* by Paul and Henrietta Strickland. I sent the parents a list of the interview questions before we met, and let them know that I would be bringing a new tub of toys with me so that their child could play while we chatted (See Interview Questions, Appendix D).

Parent Post-Workshop Interviews

I conducted six post-workshop interviews with the parents who participated in the study. Two of the parent participants in Group Two had scheduling conflicts that prevented them from meeting with me at the time of writing this document. Preliminary analysis of the post-workshop interview transcripts suggests four major themes across all six transcripts: belonging, building community, development of prosocial behaviors, and positive affect in both parent and child participants (See Table 6, below).

Theme	Parent Responses
<i>Belonging</i>	<i>"I didn't have anyone looking at me" (K.E.).</i> <i>"It was great to be in an environment where his quirks and behaviors are accepted" (C.C.).</i> <i>"We all really felt like we're not alone"(W.O.)</i>
<i>Building Community</i>	<i>"I enjoyed being able to meet other parents and I appreciated their understanding" (C.C.).</i> <i>"Everyone was in the same boat"(W.O.).</i> <i>"It was nice to be able to run ideas by people who actually understand what it's like" (R.V.).</i> <i>"It offered support for me"(C.C.).</i>
<i>Positive Affect</i>	<i>"I loved them. They were so much fun." (K.E.).</i> <i>"We were all sad when it ended" (R.V.).</i> <i>"He loved it. It was so fun to him lighting up about it" (R.V.).</i> <i>"I thought it was wonderful. We need more!"(W.O.).</i>
<i>Prosocial Behaviors</i>	<i>"They were able to learn from each other"(K.E.).</i> <i>"He likes the social interaction"(C.C.).</i> <i>"[Drama] helps them make connections" (R.V.).</i> <i>"I loved seeing him come out of his little shell and interact with the other children"(W.O.).</i> <i>"For the first time, he actually sat on the seat he was supposed to. He was following instructions and having a good time. So that was huge!" (R.V.).</i>

Table 6: Parent responses in post-workshop interviews

Belonging

One of the unique features of this group was that it was comprised solely of children with ASD and their parents. The child participants in this group were in a very specific age range (ages three to five) which made their commonalities all the more apparent. Additionally, all of the parent participants were female. Across both Group One and Group Two, only two fathers participated in the drama workshops for all three

sessions. To maintain consistency with the pre-workshop interviews, which were all conducted with the mothers, the post-workshop interviews were conducted only with the mothers as well.

Parents also appreciated being in a group with others they felt could identify with their position. “He could be who he is,” said one mother, “And I didn’t have to worry about chasing him across the room... Here, we can be ourselves” (W.O., personal communication, March 4, 2012). Another mother commented, “I love the fact that I belong in this group. He’s got a place he belongs in this group” (K.E., Personal Communication, March 4, 2012).

Building Community

In addition to a sense of belonging, parents appreciated being able to build relationships with other parents with whom they could identify. As discussed in Chapter Two, many parents of children on the spectrum often feel isolated and struggle to identify with other parents of typically developing children. “Interacting with the other moms, that was just a super bonus for me,” remarked one parent (W.O., Personal Communication, March 4, 2012). “It’s a time for you to network with other parents and the teachers, like you and Mr. Ben... so as a parent you learn strategies” (R.V., personal communication, March 4, 2012). Each week, I would hear parents talking about different issues they were having with their children. Sometimes it was related to the type of therapy their child was receiving, sometimes it was about navigating the public school system, other times it was things like feeding or potty training issues. “It was nice to be

able to run ideas by people who understand,” noted one mother (R.V., personal communication, March 4, 2012).

Development of Prosocial Behaviors

Prosocial behaviors can be described as actions that help other people or the group as a whole, including sharing, complying with directions, helping others, and cooperation (Twenge, Baumeister, DeWall, Nathan, & Bartels, 2007). Several parents noted that they had observed an increase in these prosocial behaviors while their child participated in drama classes. In reviewing fieldnotes and videos from the workshops, I noticed several child participants who demonstrated prosocial behaviors that their parents had rarely seen before (Researcher fieldnotes, February 4, 2012). Three-year-old Joshua was primarily interested in perseverative solo play with his preferred toys when the workshops began, as described in the case study earlier. By our third workshop, not only was Joshua initiating play with another peer by using his favorite toy, but I also observed Joshua initiate a game of chase with another child. He chased Peter (age four) around the room, giggling and laughing, and then tapped him on the arm and Peter started chasing him in the other direction.

In another session, one boy started crying during the workshop. His mother later told me that he hadn’t slept very well the night before, and that he often would have “meltdowns” when he was tired. In the middle of a circle activity, five-year-old Peter noticed the crying boy, got up from his spot in the circle, and handed the boy a turtle finger puppet. Though the boy continued to cry, Peter put the turtle puppet down next to the crying child’s feet, and returned to his place in the circle. Peter, though mostly non-

verbal, was finding ways to communicate and support his peers. “They learn from each other, like normal kids,” commented another parent. “They’ve all got their strengths and their weaknesses” (K.E., personal communication, March 4, 2012). Another parent commented on what she perceived to be an increase in her son’s listening skills. “Here, he actually listened. He followed instructions! This [workshop] actually captured his interest so he was willing to follow instructions” (R.V., personal communication, March 4, 2012).

Positive Affect in Parent and Child Participants

I was interested in finding out which drama-based activities children with ASD and their parents most enjoyed. In the parent interviews, I directly asked. “What did you think were some of your child’s favorite activities?” “Which activities did you, as a parent, enjoy the most?” (See Appendix D for interview questions).

When I asked this first question, the most frequent answer was “The bear hunt” or “playing dinosaurs.” Several of the parents said their child most enjoyed the free play sessions, where they could interact with the toys and other children at their own pace. Another parent commented that her son really enjoyed the music, especially the songs “We’re Going on a Bear Hunt” and “We are the Dinosaurs.”

Generalization of Teaching Strategies

Parents mentioned several specific activities that they believed contributed to positive affect between themselves and their child. They also mentioned that the overall structure of the program was very appealing for themselves and their child. I wondered. Did the parents’ positive experiences in the workshops mean that they would be more

likely to implement drama-based and responsive interaction practices in at home with their child? Would the interview data from post-workshop interviews show that parents had achieved my intended generalization objective? Would the parent participants offer any information on how the use of drama-based and responsive teaching strategies had been used in environments beyond the drama classroom? The table below is representative of their responses.

Theme	Parent Responses
<i>Responsive Teaching Practices</i>	<p><i>"This morning I asked [my daughter] if she wanted to go on a bear hunt because she didn't want to get dressed" (K.E.).</i></p> <p><i>"I actually went and got some ribbon and made those [streamer sticks] because he liked those" (C.C.).</i></p> <p><i>"We still have the balloons you've given us in past classes. I keep them in the closet and pull them out when I need them for transitions" (W.O.)</i></p> <p><i>"I really feel like it broadened our repertoire in terms of how play is concerned" (C.C.).</i></p> <p><i>"I have learned to loosen up" (W.O.)</i></p>

Table 7: Parents' use of responsive teaching strategies

Reflections on Implementation of Workshops

I was pleasantly surprised to see how many of the parents had taken the activities from drama class and played them out with their child in the home setting. It was exciting to hear that the child participants remembered the activities when they got home and that they enjoyed playing with their parents outside of the drama workshop setting. It was also reassuring to learn these parents had found value in building relationships with other parents of children on the spectrum. These workshops had provided these parents with

one hour of their lives when ASD was the norm, and not a difference they had to explain or address. As a community, they were able to share collective joy when they watched their children enjoy participating in the drama-based activities with their peers. They were able to offer support to each other when a child was having a difficult day. They were able to experience firsthand their child engaging in peer interactions in a way that was specifically designed for their exceptional learning needs. “If we start now, it gives him someone to grow up with,” one mother commented. “He’d have friends” (K.E., personal communication, March 4, 2012).

CLOSING

In this chapter, I provided a detailed narrative of my experience implementing a drama-based intervention program for children with ASD and their parents. I also discuss preliminary findings from parent feedback and offer reflections on the process as a whole. In the next chapter, I discuss how this experience shaped what believe to be the key components of a drama-based intervention program for children with ASD and their families. I also examine shared positive affect in parent-child dyads, explore the role of facilitator in program implementation, and offer recommendations for practitioners in the field of autism and drama.

Chapter Six: Critical Reflections and Implications for Future Practice

“Just as qualified teachers are critical to the successful implementation of academic curriculum, qualified drama facilitators are essential to the successful implementation of drama interventions”

(Mages, 2008, p. 140).

In this chapter, I discuss the key findings from my thesis research project and lay out implications for future practice in the emerging field of drama and autism. I also offer recommendations for practitioners who are interested in pursuing this type of work with children on the spectrum. Finally, I offer my thoughts on what constitutes ethical applied drama practice when working with children on the autism spectrum and their families.

REFLECTIONS FROM THE FIELD

The Essential Components of a Drama-Based Intervention Program

In Chapter Four, I proposed what I believed to be key components for a well-designed drama-based intervention program for children with ASD and their families. While each of components proposed in my initial research design proved to be essential for effective programming, my discoveries as a researcher and facilitator throughout the process revealed additional elements which may have contributed to the program’s success. These additional components are added to my original list from Chapter Four in *italics*.

Pre-Workshop Components

- Interview/Home Visit
- Assessment of Child Preferences

The pre-workshop interviews with families in their homes were crucial to the intentional design of the workshops and in building a relationship with both parent and child participants. Visiting the family in their home allowed me the opportunity to “pair” with the child in a low-stakes environment: in their home, with their toys, on their terms. It allowed me as a practitioner to conduct an informal assessment of the child’s present level of play skills, and to also learn about his or her abilities in different domains. I could see which toys and play activities the child seemed to enjoy, and could note these preferences to include these themes in the workshop curriculum.

Parent interviews provided me information beyond what I could observe in that single visit as well as insight into parents’ thoughts and feelings about how ASD had affected their lives. Asking these questions showed the parents that I was invested, that I cared about their thoughts, their feelings, and what they wanted to get out of these workshops. I was also able to briefly talk these parents through the methodology behind my work and to let them know what their participation in the workshops would entail.

Workshop Components

- Free play
- Incorporation of child preference
- Repetition of activities (for consistency across sessions)

- Incidental teaching
- Facilitator modeling of drama-based and ABA-based strategies
- Literature-based drama
- Process drama
- Drama games as metaphor
- *Opportunities for parent socialization*
- *Programs that are low cost or free*
- *Space that's relatively distraction free*

As noted in Chapters One and Two, many children with ASD prefer activities that are structured and routine. The workshops were intentionally designed to have the same overall structure each week: Free Play, Hello Circle, Freeze Dance, Dramatic Play, Bubbles and Balloons, Goodbye Circle, and Free Play. With each week, children's competence in the activities seemed to improve, based on facilitator observations and parent reports. As noted in Chapters Four and Five, I intentionally included preferred toys, activities, and play themes for each child into the drama workshop curriculum. Modeling both drama-based and ABA teaching strategies for parents seemed to be an effective way to encourage use of these strategies with their child (as evidenced by Joshua's father in the case study). Literature-based and process dramas based on preferred themes became the focal point of each class and the use of drama games as metaphors allowed us to target specific skills through games instead of direct instruction. One additional component I find essential and will include in future workshops is a

specific time in the schedule for parents to chat with one another. Though I had initially wanted the parents to use the free play time to engage with their child, I quickly learned that this community offered parents support and an opportunity to share their experiences, something they really appreciated (Researcher fieldnotes, March 4, 2012). Parents also expressed in both pre- and post-interviews that they were particularly excited about the drama programs because they were being offered free of cost. Knowing how expensive medical and therapy costs can be for families of children on the spectrum, making drama programming affordable is essential. I also realized how important it was to have a workshop space that was relatively distraction-free. It was incredibly helpful to keep the child participants focused on the activities in each session.

Post-Workshops

- Interviews (Feedback from Parents)
- *A space to reconnect with other participants*

I believe that it is essential to give parents with the opportunity to provide feedback on their experience in the program. To paraphrase Lassiter, from Chapter One, “If we weren’t doing [drama] for others, for whom were we doing it?” (2005, p. 22). The ethical drama practitioner for children with ASD and their families should be interested in participant feedback and want to know what could be improved upon next time. Asking parent participants for feedback shows that the practitioner values their input. It creates buy-in and investment and offers opportunities for parents to comment on whether or not their needs were met. Questions in these follow-up interviews should

focus on the parent's experience as well as the child's experience. In a survey by Randall and Parker, 60% of parents with children with autism reported that professionals involved in their child's treatment "...either did not listen to them or did not attach much importance about what they said" (1999, p. 3). The ethical drama practitioner must consistently value listening over speaking.

In the follow-up interviews, the parents asked me if they could bring their children along. I had not planned on taking follow-up video recordings of parent-child play interactions, but the parents expressed interest in getting together one more time as a group. Though I had given each family an assigned time slot and told them I only needed to chat with them for about 20-30 minutes, all of the parents came early and stayed past their appointment time so that their children could have the opportunity to see each other again and play together.

Shared Positive Affect

Throughout my work, I wondered which activities within the drama workshops might be most enjoyable for parent and child participants. Specifically, I was interested in which activities might help to generate shared positive affect. SPA, as defined by Soloman et al. is described as "moments where both child and parent are engaged in happiness, laughter, smiling, or affectionate touch" (2008, p. 1768)

In order to measure SPA in a quantitative manner, I needed to be able to collect data on the parent and child behaviors. Due to the circumstances outlined in Chapter Five, (I had no staff available to collect data in person, cameras were stationary and imprecise, participants often blocked action with their bodies, and dyadic parent/child

play was not occurring within the free play conditions), I could not collect this information. The parents had told me both during the sessions and in the post-workshop interview what their favorite activities were and what they believed to be their child's favorite activities. As far as being able to prove which activities were most effective in generating SPA, I cannot answer that question. I realize now that the work I did with my groups in this project was laying the foundation for future work where I will be able to collect this data. I believe another reason I was unable to collect this data was a result of not being able to provide the parents with explicit training on the instructional strategies I was modeling as a facilitator. In this project, I was not yet at a place where I could evaluate SPA.

After the program was over, 100% of the parents interviewed said that they would be interested in continuing the classes. A parent-child program, designed specifically to address their child's unique learning needs through the lens of creative drama, had broadened their ideas of what drama was and what drama could be. Suddenly, drama wasn't something unfamiliar, it was *something they did*. Parents shared stories of how they had brought several of the drama strategies into their homes. One mother asked me where I got my songs and games so she could play them with her son at home. Another mother told me she had gone to the fabric store to duplicate several of her son's favorite props from the "car wash" in Session Three. This experience showed parents firsthand the value of a drama program for their child and generated buy-in from parent participants. After my follow-up interviews it became clear to me: it was only *after* implementing this work with parents and their children that I would be able to provide

parent training through the lens of applied drama. Parents needed to know what a drama-based intervention was in order to understand its value for their family.

Essential Skills for Facilitators

In a drama-based intervention program for children with ASD and their families, the facilitator needs to model responsive teaching strategies in their interactions with both parent and child participants. The facilitator can model incidental teaching strategies by utilizing the windows of opportunity throughout each session to teach new behaviors (i.e. requesting preferred items, sharing toys, or sitting in a circle). Facilitation in this context especially is truly improvisation: the ability to adjust one's instructional strategies to keep participants engaged and motivated. For this reason, the facilitator must also be a skilled drama teacher and a skilled improviser, be able to think on his or her feet, and have the ability to solve problems in unique and creative ways.

The Ethical Drama Practitioner and Children with ASD

As I immersed myself in coursework on ABA, on researching intervention and treatment strategies for ASD, on the collateral effects of the disorder on parents and families, I often asked myself, "Why are you doing this?" Before I began intensive research on ASD, I had the skill set, as an experienced actor, director, and drama teacher, to facilitate drama classes for very young children with ASD. There were plenty of successful drama programs around the country facilitated by individuals with little technical knowledge of ASD or evidence-based practices in special education. *Why did I spend so much time learning about autism?*

I had seen firsthand how children with ASD, children like Elliot, from the Fairy Tale Adventures class described in Chapter One had blossomed in drama class. I wanted to know how and why that was happening so that I could become an ambassador for the use of drama in the special education classroom. Early on in my research, I realized that believing drama was beneficial to a child wasn't enough to include into classroom curriculum next to math and science. Instructional strategies used in classrooms are required to have evidence behind them.

When I set out on my journey toward creating an evidence-based drama program, my intention was to find the intersections between existing research in the fields of special education and drama education in an effort to demonstrate that an evidence-based drama curriculum is within our grasp. Researchers from different fields are simply not speaking the same language. Mages (2008) argues as to why this is so. "The interdisciplinary nature of this research may make it difficult for educators and administrators to synthesize the findings and implications of studies from diverse fields within diverse research methodologies" (125). I wanted to make connections between two areas that I believed could work collectively to achieve a greater goal.

By venturing into the field of autism research, I found myself bound by a new set of ethical guidelines. In *Supporting Families of Children with Autism*, Randall and Parker lay out clear recommendations for professionals working with individuals with autism. First, they argue "[n]ot only is it imperative for practitioners to gain a firm understanding and knowledge of the range of "conditions" and disabilities affecting the individuals and families, but it is also essential to obtain specific details" (1999, p. 18) I had done this

through my extensive research of ASD and my own training as a behavior therapist, and had brought that knowledge base with me as I went to interview families in their homes to obtain the “specific details” about their child’s personality.

Secondly, “[t]raining for the helping professionals draws from a range of disciplinary knowledge bases, one of which is social psychology” (p. 19). My training in drama, anthropology, and education provided me with a unique “tool belt” with which to pull from when designing and implementing this type of programming for children with ASD and their families. Finally, Randall and Parker offer this recommendation: “[p]rofessionals need to step back in order to see the effects of their conceptualizations and work sensitively with parents and individuals [with ASD] to find ways of supporting constructively, using the knowledge at their disposal” (p. 19). After each session, I asked myself, “What could I do next week to make this program even more helpful for these families?” I found myself improvising in the moment: if I noticed a child having difficulty with sharing, I might take the opportunity show the parent a way to teach the simple request “my turn” to access the toy they wanted. If I noticed a child who I knew to have limited speech engaging with a preferred play item, I might take the opportunity to show the parent how to encourage speech and object discrimination by using these toys, encouraging their child to request the item by color, “white ball” or “red ball.”

It was crucial to me that this program provided parents with elements of ABA therapy, so they could see firsthand new ways to encourage learning and communication with their children. Randall and Parker wrote, “training in the use of a behavioral approach to simple communication and other skills has been greeted with relief by

parents who had previously felt disempowered by their inability to encourage two-way conversations with their autistic child” (1999, p. 82). As mentioned in Chapter Three, in my initial conversations with parents of children with ASD, no parent ever mentioned social skills, play, or drama programming as one of their top priorities. They wanted help finding behavioral therapy, speech therapy, and occupational therapy. They needed help and resources to address their child’s feeding issues, potty training issues, or aggression issues. They needed and wanted information on how to help their child. I could not, in good conscience, offer drama classes to serve my own individual agenda without gaining the technical knowledge into the issues that were affecting their lives the most. I believed that in order to become a truly ethical drama practitioner with this population, I needed to have enough knowledge and experience on these issues so that when parents would ask questions during our drama workshops, (and they did) I would be able to provide them with accurate information and resources to get their child the services they needed.

My unique experience and training positioned me as the ideal practitioner for this type of work. In an article on evidence-based practices in the early childhood drama classroom, Mages writes, “The ability of an adult facilitator to successfully guide a high quality drama can affect how the participants respond to the intervention and can influence the results of the entire study”(2008, p. 141). As I reviewed the body of research acquired throughout my thesis project, I offer several recommendations for practitioners in the emerging field of autism and drama, particularly for those who work with very young children on the spectrum.

Recommendation #1 – Balance

The beauty of a drama-based intervention is that it can be tailored specifically to each child's instructional needs. Some parents and children will respond more favorably to the open style of drama classes, and others may not. I came to realize through this process that everyone has different parenting styles, and that there are many that seem to directly contradict the ethos of "Yes, and..." a centerpiece of drama-based instruction. I learned that an ethical drama practitioner with this population needs to choose battles carefully. Together with parents, determine what their top priorities are for their child's experience in that class and enlist the parent's help to accomplish those goals. Explain to that parent which instructional strategies you think might help that child, and tell the parent what they can do to support these goals in the home setting.

Recommendation #2 – Be Flexible

If a practitioner is entering the field with the intention of addressing what he or she perceives to be a need in the community, it is essential to allow the project's stakeholders to have influence over how that need is articulated. In the course of my research, I discovered that what I perceived to be a need in the community was not the same as what my stakeholders expressed to me. My intended research agenda shifted from facilitating improvisation workshops with parents to designing and implementing a parent-child drama program because that was what was most important to my participants. This shift did not mean that I had to completely abandon my agenda, but pushed me as a researcher to look at my research questions from another perspective.

Recommendation #3 – Be Patient. Create Buy-In.

Most people are not familiar with the work of the applied drama practitioner. So asking parents to participate in improv workshops (an unknown) with a complete stranger (unknown) was asking too much. Parents told me they wanted programs that would help their child. I needed to prove that what I was offering could really benefit their child before they would be willing to part with precious hours of their free time to serve my research agenda. Ultimately, I could not be the one telling participants what they needed. For them to be truly invested, the need had to come from them. Eventually, it did. On March 4, after the follow-up interviews in Waco, I received this email from Rachel, Patrick's mother.

I just had a thought about what would be helpful to parents. If [you] could offer a workshop or a class for parents to teach us how to better engage our kids and help them through the challenges we go through, that would be amazing and helpful. (R.V., personal communication, March 4, 2012).

It is essential that parents understand what applied drama work is and that they are invested in the process of a drama-based intervention. By listening and taking their needs into consideration while designing programming, practitioners can develop rapport with participants which can lead to greater buy-in and the potential to do continuing work with this group.

Recommendation #4 - Listen

Really listen to your participants. Listen, and remember that although you may have expertise in your field of study, the parent is the expert on their child in many ways. Nevertheless, be prepared to use your professional judgment if you feel that something is not in the child's best interest.

In Session One, Joshua's mother came into the classroom and saw the big blue exercise ball and the small wooden balls from the Click Clack Roller set. "We need to hide all the balls," she told me, "If you don't hide them, you'll never get him to do anything else" (Researcher fieldnotes, January 21, 2012). I had seen some of Joshua's perseverative solo play behaviors when I visited his home the first time, and noticed in the class that even when we removed all the balls from the classroom, he was still finding ways to persevere on other toys. This indicated that it was the routine of arranging that he was most attached to, not the items themselves. Since I knew the balls were reinforcing for him, I suggested to his mother that we might use them as tools to encourage social play in the free play sessions. She remained apprehensive, but I assured her that if it was too difficult for him, we would keep those items hidden, as she had suggested. To our astonishment, Joshua quickly learned how to use his preferred toys to initiate play with another child. (See Chapter Five).



Illustration 6: Joshua plays with his father (left) and “Mr. Ben”

Recommendation #5 - Go the Extra Mile.

There were many times in this process where I wondered if I was doing too much. It was very labor intensive. For example, I had made the decision to conduct all of the interviews before the drama sessions in person, at the families’ homes. It was a lot of extra time and extra driving for me to do these interviews. It was important to me as a researcher that I made this process as easy for the families as possible. This meant doing interviews in the home at times that were convenient for them. I questioned whether or not it was necessary to do the post-workshop interviews in person, thinking that an email questionnaire might accomplish the same goal. The quality of feedback that I was able to get from my in-person post-workshop interviews was considerably higher quality than what I believe I would have gotten via email. When in doubt, go the extra mile. Get the

full-color flyers. Stay after class an extra fifteen minutes to talk with a parent about potty-training strategies. Burn a copy of “We Are the Dinosaurs” for a family who loves the song. Listen without always offering your two cents. If you go the extra mile for them, they will do the same for you and your project.

QUESTIONS FOR FUTURE CONSIDERATION

Though I felt like I learned so much in this process, I was left with some lingering questions. I am still interested in my original research agenda: facilitating a theatrical improvisation class with parents of children on the autism spectrum. Lobman (2005) describes improv as the adult activity that most closely resembles the responsive, engaging play of early childhood. Could experiencing play in this way affect change in parent’s perspectives on play and their play behaviors? One participant in the drama workshops actually articulated a desire for this type of parent training program *after* she had experienced the drama workshops with her child. Are the parent child workshops necessary to generate parent buy-in for drama-based programming? Where is the best location to hold these types of workshops? Could this work happen at as a component of existing parent training programs at behavior therapy clinics that work with the families of very young children with ASD?

How would this have been different if the parents had received training on the strategies prior to the workshops? In my project, I was most interested in determining the essential components of a drama-based intervention program and generating buy-in from parents before I attempted any type of parent training. Future research might explore running a similar study with parent training sessions prior to the workshops. Parents

would receive instruction on strategies from ABA (PRT, RIT, incidental teaching) and responsive teaching. Once parents were trained to implement these strategies successfully, researchers could collect data on the ways in which this training affected their interactions with their child.

With regard to data collection, future research could explore how to best collect data on participant target behaviors in parent-child play groups. The most effective way to accomplish this may be through the use of a one-way mirror and multiple observers assigned to each parent and each child. If cameras could be operated from outside the room to capture all parent-child interactions, these recordings could be reviewed by additional observers to achieve inter-observer agreement for all data collected. This would require considerable resources, staff, and equipment.

CLOSING

A final question remains for me as a researcher in this field: how can applied drama practitioners, special educators and researchers in both fields be in conversation about this work? Even as I write this, I know it is unlikely that many practitioners in the field of ASD research will read this document. Is it because drama practitioners and autism researchers don't use the same field-specific language? If this is the case, the emergence of the field of autism and drama is a call to practitioners from both sides to come together and share their expertise to create interdisciplinary programming to meet the needs of children with ASD and their families. There is a demand for evidence-based practice in applied drama, with rigorous standards for data collection and analysis. This type of practice could produce solid empirical evidence of the impact an applied drama

program has on the lives of children with ASD and their families. Studies conducted in this way could pave the way for drama-based interventions to be widely available at schools, clinics, and behavior therapy programs for children on the autism spectrum.

Appendix A: IRB Proposal #1

IRB PROTOCOL # 2011-06-0029

PI: Christina Ulrich (cu794)

I. Title

Dramatic Play for Development: An early intervention program for children on the autism spectrum

II. Investigator

Christina Ulrich – M.F.A. candidate, Department of Theatre and Dance

III. Hypothesis, Research Questions, or Goals of the Project

This project will explore feelings, attitudes, and perceptions about parent-child play for parents of young children on the autism spectrum. Key research questions include:

- How do parents of toddlers on the autism spectrum talk about their child's play?
- What types of strategies (games, activities) do parents use to play with their child?
- How do these parents feel about their efficacy as a play partner for their child?
- Can improvisational theatre be an effective theoretical lens and teaching tool for parents to learn responsive teaching and play strategies?
- What are the components of successful programs in both arts and non-arts settings that incorporate drama and play-based strategies into programming for children on the autism spectrum?
- Can parents be trained to facilitate a play-based intervention with their child?
- What other factors need to be considered when designing intervention programs for young children on the autism spectrum and their parents?

IV. Background and Significance:

Autism spectrum disorder (ASD) is a pervasive developmental disorder that affects one in 110 children (cdc.gov). ASD is developmental disorder characterized by a triad of impairments: 1) difficulty with communication 2) difficulty with socialization 3) rigidity of thought or repetitive, stereotyped actions or behaviors (American Psychiatric Association). As a result of these impairments, toddlers on the autism spectrum tend to play much differently than their typically developing counterparts. For toddlers who demonstrate what researchers call "impoverished play," this behavior is often the most significant red flag for parents and caregiver that the child may have an ASD.

Young children with an ASD typically struggle in social play situations, often preferring repetitive, stereotyped actions to functional play activities (e.g. spinning the wheels of a

toy car over and over again rather than rolling it along the ground). This lack of developmentally appropriate play skills and the opportunity to engage socially with other children can greatly affect the development of social and communication skills. Lev Vygotsky, a prominent child development scholar, argues for the capacity of play to develop social and communication skills in childhood: that through play, children are able to try out different roles, explore social interactions, and construct knowledge of how to act and respond in social situations. (Vygotsky 1978).

Recent trends in the treatment of autism has been toward early identification and intervention. A 2009 *New York Times* article cites the importance of beginning intervention for children on the autism spectrum as early as six months of age. While limited empirical research exists on the reliability and practicality of diagnosing infants and toddlers, research has shown that ASD can be effectively diagnosed in children as young as two years old by looking at several key developmental and behavioral milestones. Major areas of deficit include eye contact, joint attention, imitation, and initiation of communicative acts. Development of these key skills is crucial to the development of functional communication, an important part of any growing child's social and communicative agenda. Researchers Johnny L. Matson and Jill C. Fodstad call these "precursor play skills" (2009). When a toddler lacks these skills, the prerequisites to inter-personal play, it can be very difficult for peers, siblings, parents, or therapists to engage the child in the type of play activities necessary for social and communicative development.

Often, these behaviors are dealt with by a behavior therapist, at considerable expense and intrusion to families. In recent years, there has been a trend toward utilizing parents as interventionists for their own children, teaching them the skills necessary to engage their child in developmentally appropriate play.

By learning more about the ways in which parents of children on the autism spectrum are interacting with their child in play-based capacities, practitioners can better design intervention and parent training programs that take into consideration both the parent and child's needs.

V. Research Method, Design, and Proposed Statistical Analysis:

The proposed research involves two lines of inquiry. One pertains to the child's current level of play and the ways in which play is or is not taking place in the home, whether on a solitary level, with siblings, or with parent participation. What does the child's play look like? How does the child respond to potential play partners? The second line of inquiry pertains to the parents' own feelings about their child's play behaviors and their self-efficacy as play partners for their child. Does their child exhibit play behaviors that are difficult for them to understand? What is the response when they attempt to interact

with their child? What are some of the questions that these parents have about play in early childhood for children on the autism spectrum?

Research data will consist of qualitative information gathered through personal interview in a focus group setting. Semi-structured interview guides (uploaded on IRB site), containing questions and conversation starters will provide general direction for the focus group sessions. Data for the focus group sessions will be analyzed using the constant comparative method. After transcribing recordings of each focus group, participant responses will be transcribed and will be subject to review and categorization by the primary investigator (Christina Ulrich). After comments from the focus groups are sorted, the primary investigator will interpret the patterns and themes evident in the categories and subcategories.

Personal Interviews With Parents

Should there be an insufficient number of participants to hold a focus group (less than three), the PI will conduct one-on-one personal interviews with participants who express interest in the study. The same interview guide will be used, and the same data analysis procedures will be in place for personal interviews as is in place for focus groups.

Interviews with professionals in the fields of drama and autism

Additional qualitative data regarding trends and issues in arts programming for children on the autism spectrum will be obtained through personal interview. The individuals targeted for these interviews will be recognized expert practitioners in the fields of drama and autism. I will contact adult individuals by phone or email and ask them if they are interested in participating in my qualitative research. All interviews are entirely voluntary. Text for the invitation email is submitted as part of this application in a document called "Email Recruitment Letter."

VI. Human Subject Interactions

A. Source of potential participants

Participants qualify to be included in the study if (a) they are primary caregivers of one or more children with an ASD (b) one or more of the children is younger than six years old. Participants will be a parent or guardian of a child with an ASD; potential participants are all expected to be 18 or older given their parent status role. If they are not at least age 18, they will not be included in the study. Given participants are able to travel to the focus group/interview site and engage in a discussion with the PI, they are assumed to be in good state of health.

Two focus groups will be held, one pertaining to the first line of inquiry, about current play activities, another pertaining to the second, parents' feelings of efficacy as a play partner for their child. Between 5 and 10 participants will be

recruited for each group. Participants will choose to participate in one or both focus groups. Participants will be involved in the research project for the duration of the focus group session. Focus groups will last approximately 1-1.5 hrs.

For this project, the PI will be partnering with Texas Parent to Parent, a parent advocacy group that focuses on supporting parents and families of children with disabilities.

From their website:

“Texas Parent to Parent (TxP2P) is committed to improving the lives of Texas children who have disabilities, chronic illness, and/or special health care needs. TxP2P empowers families to be strong advocates through parent-to-parent support, resource referral, and education. In addition, TxP2P educates professionals about the unique needs of our children with the goal of improving care and opportunities for our children. Lastly, TxP2P is dedicated to championing the efforts of a diverse set of parent support groups and advocacy on behalf of our children’s well-being.

The heart of TxP2P is the parent-to-parent peer support model—parents volunteering to provide support and information to other parents. The parent-to-parent model has been developed by and for parents to address the powerful emotions, new responsibilities, stress and isolation that parents and families face in caring for a child with special health care needs. Parent-to-parent support sustains parents as they develop the skills to manage the new demands on their families and themselves and to advocate effectively for their children”

Personal Interviews With Parents

Personal interviews will explore the same two lines of inquiry as the focus groups, and will last between 30 min and 1 hour.

Interviews with professionals in the fields of drama and autism

The individuals targeted for these interviews will be recognized expert practitioners and artists. I will contact adult individuals by phone or email and ask them if they are interested in participating in my qualitative research. All interviews are entirely voluntary. Text for the invitation email is submitted as part of this application in a document called “Email Recruitment Message.”

No potential participants are expected to be vulnerable to coercion or undue influence. All potential participants are expected to have the ability to give voluntary informed consent.

B. Procedures for the recruitment of the participants

Participants for parent focus groups or interviews will be recruited with the assistance of the Texas Parent to Parent organization. The PI has received a support letter from Texas Parent to Parent (See TxP2P letter of support). Texas Parent to Parent has several support groups located in the Austin area, and have agreed to assist with participation recruitment. The PI will partner with Texas Parent to Parent to send an email announcement about the upcoming focus groups on their list serv (See uploaded Recruitment Flyer). The recruitment flyer will include a link for participants to register online for the focus group(s) of their choice. Potential participants will be emailed a cover letter detailing the parameters of the study and explaining their rights as a participant.

Jeanine, Pinner, Training and Outreach Coordinator for Texas Parent to Parent has been a guest lecturer for several courses in the department of Special Education in which the PI was a student. Ms. Pinner will be assisting the PI with recruiting participants for the parent focus groups through email flyers (submitted as part of this application). Flyers will only be sent to members of the organization that have opted to receive email correspondence from Texas Parent to Parent.

Personal Interviews with Parents

Adult participants may include participants referred through Texas Parent to Parent as well as individuals who meet the criteria for inclusion in the study and who have been referred through professional connections in the field. In qualitative research, this may also be referred to as “snowball sampling” (Weiss 1994).

Professionals in the fields of drama and autism

Adult artists and practitioners who will be approached for an interview have been pre-identified as experts in drama, autism, and arts programming for children with special needs based on a review of literature on programming in this area. All participation in these interviews is voluntary.

C. Procedure for obtaining informed consent.

Prior to the focus groups or interviews, all adult participants will receive a recruitment letter that details the study parameters and their rights as participants.

At the beginning of focus group or interview session, the researcher will explain the study and their role to the participants. Consent forms will be distributed and participants will have an opportunity to read the consent forms and ask questions. Participants will give written consent before the focus group discussion begins.

The consent forms are uploaded on the IRB website (submitted as part of this application).

Compensation:

Focus group participants will receive a \$15 gift card from a local retailer (e.g., Wal-Mart, Target, HEB) to participate in this research (1 per family.)

Professionals in the fields of drama and autism

All adult artists/participants will sign a consent form. The form is submitted as part of this application, in a document called “Consent Form.”

D. Research Protocol.

Focus Groups:

The parent focus groups will examine two lines of inquiry. The first line of inquiry asks parents to consider: *What does play look like with your child?* A second line of inquiry asks parents to consider: *How can parents effectively engage their children with ASD in play?* Each focus group session will last between 1 and 1.5 hours. Between 5 and 10 participants will comprise each focus group. In addition to the researcher, a recording equipment monitor will also be present.

The PI will use a semi-structured interview guides to provide general direction for the focus group discussions (see uploaded Interview Questions). The guide organizes a number of probe questions and conversation starters around the overarching questions of interest. Toward the end of the session, the PI will summarize major points offered by participants and solicit feedback and additional comments (i.e., member checking).

Focus group sessions will be audio recorded with participant consent (see uploaded Consent Form). Recordings will be used to make transcripts of discussions. When transcripts are produced, any names mentioned in the audio will not be used in the transcript to ensure confidentiality. The generic term ‘parent’ or ‘professional’ will be used in written documentation. Only the PI listed on this IRB application (Christina Ulrich) will be involved in the collection, transcription and analysis of the data.

Personal Interviews With Parents

Personal interviews will explore the same two lines of inquiry as the focus groups, and will last between 30 min and 1 hour. These interviews will also use the same semi-structured interview guides as the focus groups. (see uploaded Interview Questions). These interviews will also be audio-recorded and transcribed. When transcripts are produced, any names mentioned in the audio will not be used in the

transcript to ensure confidentiality. The generic term ‘parent’ or ‘professional’ will be used in written documentation. Only the PI listed on this IRB application (Christina Ulrich) will be involved in the collection, transcription and analysis of the data.

Professionals in the fields of drama and autism

All participants will self-select if they would like to be involved in the research study and only the names of consenting adults will be used in publication. The interview process is expected to take between 30 and 60 minutes. These interviews will also be audio-recorded and transcribed with participant consent. (See uploaded Consent Form).

E. Privacy and Confidentiality of Participants

Privacy and confidentiality of participants will be protected in several ways. Participants may choose to disclose or not to disclose information during focus group sessions or interviews. At the beginning of each focus group or interview session, the PI will explain to participants their prerogative to refrain from disclosing information they do not wish to share.

At the outset of focus group sessions, participants will be informed of the requirement that all information disclosed by others must be kept confidential. The consent form also contains a statement in which participants agree not to share information disclosed by others in the focus group session with anyone. Additionally, when written transcripts are made from the audio recordings of sessions, if names are disclosed, they will be replaced with the word “parent” or “professional.” Parents will also be encouraged at the beginning of the interviews to select a pseudonym for their child, and not use their real name, or to simply refer to their child as “my son” or “my daughter.” Records of participants’ names will not be kept – participants will be instructed to use a pseudonym or numerical code for all consent forms.

For participants in the focus group at the Texas Parent-to Parent offices, others may see the individuals entering the room where the focus group will take place; however, no access will be permitted to non-participants. However, the data collected during focus groups will not be shared with any members of the organization.

Personal Interviews With Parents

Data collected during personal interviews with parents will be handled in the same manner as the data collected from focus groups. Written transcripts made from the audio recordings of sessions, will have any names replaced with the word “parent” or “professional.” Parents will also be encouraged at the beginning of the interviews to select a pseudonym for their child, and not use their real

name, or to simply refer to their child as “my son” or “my daughter.” Records of participants’ names will not be kept – participants will be instructed to use a pseudonym or numerical code for all consent forms.

Professionals in the fields of drama and autism

Data collected during interviews with adult professionals will be handled in the same way as data collected from parent focus groups and interviews. Lines of inquiry for these interviews will center around the professional’s own experiences working with children with ASD, and interactions with these children’s parents, as well as their professional opinions on programming for this population in general. Written transcripts made from audio recordings will have any names replaced with the word “parent” or “professional.” No children’s names will be recorded in any way.

While confidentiality is adhered to in the highest manner, there are a few instances when confidentiality may be broken. These instances include: criminal activity, child neglect, child/elder abuse, or an indication of clear, serious, and direct harm to self or others. To protect those affected, these instances will be reported to the police, Child Protective Services, school counselor, or other appropriate authority.

F. Confidentiality of the Research Data.

To ensure the security and confidentiality of research data, all research materials (e.g., consent forms, audio recordings, notes taken during focus group sessions), when not in use by the researcher, will be stored in a locked file cabinet in the PI’s locked office (B 1.114) in The University of Texas at Austin’s Theatre and Dance building or on the secure servers maintained by UT. The focus group sessions will be audio taped (with participant consent). The audio recordings will be .wav files and will be stored on the secure computer network managed by UT, WebSpace. WebSpace is offered to faculty and students at UT. The Information and Technology Services department has deemed this safe for storing Category I data. See website for more details <http://www.utexas.edu/its/webSPACE/index.php>

Additionally, all audio taped and written data collection sources will be coded to allow for confidentiality in the reporting of study findings (through the use of pseudonyms and code numbers for participants.) Recordings will be coded so that no personally identifying information is visible on them. Recordings are kept in a secure place (a locked file cabinet in the investigator’s office). Recordings are heard or viewed only for research and for educational purposes. Access to the locked file cabinet will be limited to the researcher listed on this proposal. Audio recordings and notes taken during focus group sessions will be retained for a

period of 5 years (for the purpose of re-analysis or critical review of the initial analysis) and then destroyed. (see uploaded Consent Form).

G. Research Resources.

The research needs for this project are minimal. No additional funding is needed for this research. I am the primary researcher with support from select personnel at Texas Parent to Parent and the Department of Theatre and Dance. The holding of focus groups and handling of data will take place in the offices, classrooms or conference rooms of the host site (Texas Parent to Parent) or rooms in the Department of Theatre and Dance on the University of Texas at Austin campus. The primary investigator owns her own audio equipment for documentation purposes.

VII. Potential Risks

The primary risk to participants is the loss of confidentiality of the information they disclose. A small risk posed to the focus group or interview participants may be uncomfortable feelings; however, this has not been experienced with past research using similarly worded questions. In case a participant feels uncomfortable at any time during the focus group or interview, it is noted on the consent form that the participant may stop the interview or leave the setting at any time. Additionally, the addresses and telephone numbers of local mental health agencies will be provided to participants along with the consent form.

Another risk is the acquisition of information about familial child abuse. If such information is acquired, researchers will report it to Child and Family Protective Services. This is included in the consent form.

No other risks to participants are expected.

VIII. Potential Benefits

The results of this research may provide a thorough needs-assessment for families with children on the autism spectrum.

- The results of this research may provide a better understanding of the types of creative and play-based services (drama classes, facilitated play groups, parent trainings, etc.) would best serve this population.
- The results of this research may provide information to help parents understand the components leading to improved quality of life for their child(ren).
- Parents may develop a sense of community through participation in a discussion with other parents of children with on the autism spectrum.

- Research obtained through this study may lead to greater understanding in the professional arts community about the experiences of parents with children on the autism spectrum to design programming may best meet their needs.

IX. Sites or Agencies involved in the Research Project

The non-profit organization Texas Parent to Parent will be involved in soliciting participants for this research. A site letter will be uploaded to the IRB website. If additional focus groups are needed, additional letters will be requested and uploaded to the IRB website as well.

X. Review by another IRB:

There is no other IRB attached to this project.

References

- American Psychological Association. (2000). Diagnostic and statistical manual of mental disorders, 4th edition text revised. Washington DC: American Psychiatric Association.
- Centers for Disease Control. "Developmental Milestones." CDC.gov. 1 April 2010.
- Dembosky, A. At the age of peekaboo, in therapy to fight autism. *New York Times*. 1 November 2010.
- Matson, J., & Fodstad, J.C. (2009). Teaching social skills to developmentally delayed preschoolers. In Schaefer, Charles E., (Ed.), *Play Therapy for Preschool Children*, (pp. 301-322). Washington DC: American Psychological Association.
- Vygotsky, L. S. (1978) The mind in society : the development of higher psychological processes. M.Cole, (Ed.). Cambridge :Harvard University Press.
- Wiess, Robert S. *Learning from Strangers: The Art and Method of Qualitative Interview Studies*. New York: Free Press, 1994.

Appendix B: Letter of Inquiry to Meetup Groups

Hi (Name of Organizer),

My name is Tina Ulrich. I am a drama teacher and behavior therapist finishing up my graduate degree at UT Austin, where my thesis work focuses on using drama with children on the autism spectrum.

I am particularly interested in the experience of parenting a child on the autism spectrum. My research looks at the role of play in early childhood, as well as the play experiences between parents and children.

I am looking for a group of parents that might be willing to speak with me about their experiences raising a child on the autism spectrum. What are some of the greatest challenges and the greatest joys? What is important for educators, researchers, and therapists need to know about the experience of parenting a child on the spectrum?

As a teacher and therapist, I am very interested in using drama and theatre activities to facilitate social and communication skill development, and am currently researching the practicability and need for this type of programming in the Austin community. I feel that it's very important to have authentic voices and perspectives from local parents in my work.

I would love the opportunity to meet with some of the parents in your group and learn more about their experiences. I am hoping to be able to interview some parents, either one-on-one or focus group style, whichever is more comfortable for participants. If you all are having a meetup group in the next few months, it may even be something that could be done at the same time, to minimize inconvenience for participants.

If this is something you might be interested in, please contact me at ulrichtina@gmail.com or by phone at 646-337-0597. I would be happy to meet with you at your earliest convenience to discuss possible collaboration.

Here is a link to my bio page at UT Austin
http://www.finearts.utexas.edu/tad/degree_programs/graduate/mfa_dty/current_students.cfm

Looking forward to speaking with you soon!

Best,
Tina Ulrich
MFA Candidate
Drama & Theatre for Youth & Communities
The University of Texas at Austin

Appendix C: Recruitment Flyer

DRAMA FOR DEVELOPMENT: Workshops for parents and children on the autism spectrum



What is it?

This three-session parent/child workshop, facilitated by drama teacher and behavior therapist, Tina Ulrich, will explore the use of drama-based games and activities designed for parents and children (ages 3-5) on the autism spectrum. This workshop will be offered as part of a research study at the University of Texas at Austin, and is completely FREE. Participants will be asked to complete brief pre- and post-session interviews about their experience with the program. All information will be kept confidential, and no names will be shared with any other agency.

Do you have a young child (ages 3-5) on the autism spectrum? We are looking for parents and children to take part in a series of drama workshops for parents and children in the Waco and Killeen areas this January!

Why Drama?

Drama-based play strategies can help teach and promote

- Joint attention
- Motor skill development
- Eye contact
- Turn-taking
- Creativity
- Problem-solving
- Communication
- Perspective-taking
- Confidence
- Self-esteem

Presented in partnership with Heart of Texas Autism Network and First Friends



www.hotautismnetwork.org

www.meetup.com/Fort-Hood-Children-with-Autism-and-Aspergers/

Session #1
Saturday, January 7th

Session #2
Saturday, January 14th

Session #3
Saturday, January 21st

TIME: To be determined, based on participant availability

LOCATION: Waco and Killeen, TX

COST: Free!

**Childcare for siblings may be available for those who register by January 1st.*

**Don't wait to sign up – SPACE IS LIMITED.*

For more information, and to register, please contact:

Tina Ulrich
ABA Therapist
M.F.A. Candidate
The University of Texas at Austin

646-337-0597
ulrichtina@gmail.com

Appendix D: Focus Group/Interview Questions

Focus Group Questions:

1. What is play? How do we define play?
2. All children play, though for children with autism, this play may sometimes look different than their typically-developing peers. What is play for children with autism? Is it different from play for typically developing children?
3. How would you describe your child's most common or favorite types of play? Is it social? Is it solo play? Does it involve objects (toys), electronics, books? How do you know that your child is enjoying this play?
4. What types of strategies (games, activities) do you use to play with their child? What types of play seem to keep your child the most engaged and happy?
5. How do you feel about your skill as a play partner for their child? If ten is the most ideal, effective, and engaging play partner and one is the least effective and engaging?
6. Could you walk me through a recent time that you had a positive play interaction with your child – an aha! moment – in which you felt very connected to your child. What jumps out in your memory?
7. Could you walk me through a time in which you were especially frustrated, embarrassed or saddened when playing or interacting with your child? What do you remember most?

Section 2

1. How does your child relate to peers in play-based activities?
2. What steps, if any, do you take to encourage or direct your child's play with his/her peers?
3. How does your child relate to siblings (if applicable) in play-based activities?
4. What steps, if any, do you take to encourage or direct your child's play with his/her siblings?

Section 3

1. What do parents of children with typically developing children need to know about the parent-child relationship when the child is on the autism spectrum?

2. What do professionals in the community need to know?
3. What is the single most important thing for other parents to know about what it's like to parent a child on the autism spectrum?
4. What types of training/support would be most helpful to your family in helping your child develop play skills?
5. What types of intervention/therapy/instruction is your child currently receiving with regard to play and play skills?
6. What do other parents/peers not understand about the way your child plays?
7. What other factors need to be considered when designing intervention programs for young children on the autism spectrum and their parents?
8. Is there anything else you would like to share with the group?

Appendix E: IRB Proposal #2

IRB PROTOCOL # 2011-12-0059

PI: Christina Ulrich (cu794)

IX. Title

Creating an Evidence-Based Drama Curriculum for Children on the Autism Spectrum: An interactive program for children and families

X. Investigators

Christina Ulrich – M.F.A. candidate, Department of Theatre and Dance
(Primary Investigator)

Benjamn Hardin – M.F.A. candidate, Department of Theatre and Dance (Co-Investigator)

Professor Joan Lazarus, research advisor, Department of Theatre and Dance

XI. Hypothesis, Research Questions, or Goals of the Project

This project will explore the effects of parent-child playgroups for children on the autism spectrum and their parents.

Key research questions include:

- How can a drama-based intervention program affect the play skills of children on the autism spectrum?
- How can a drama-based intervention program affect the parents' feelings of efficacy as a play partner for their child?
- How can drama-based play activities contribute to shared positive affect in parent-child dyads?
- Can improvisational theatre be an effective theoretical lens and teaching tool for parents to learn responsive teaching and play strategies?
- What other factors need to be considered when designing intervention programs for young children on the autism spectrum and their parents?

XII. Background and Significance:

Autism spectrum disorder (ASD) is a pervasive developmental disorder that affects one in 110 children (cdc.gov). ASD is developmental disorder characterized by a triad of impairments: 1) difficulty with communication 2) difficulty with socialization 3) rigidity of thought or repetitive, stereotyped actions or behaviors (American Psychiatric Association). As a result of these impairments, young children on the autism spectrum

tend to play much differently than their typically developing counterparts. For young children who demonstrate what researchers call “impoverished play,” this behavior is often the most significant red flag for parents and caregiver that the child may have an ASD.

Young children with ASD typically struggle in social play situations, often preferring repetitive, stereotyped actions to functional play activities (e.g. spinning the wheels of a toy car over and over again rather than rolling it along the ground). This lack of developmentally appropriate play skills and the opportunity to engage socially with other children can greatly affect the development of social and communication skills. Lev Vygotsky, a prominent child development scholar, argues for the capacity of play to develop social and communication skills in childhood: that through play, children are able to try out different roles, explore social interactions, and construct knowledge of how to act and respond in social situations. (Vygotsky 1978).

Recent trends in the treatment of autism has been toward early identification and intervention. A 2009 *New York Times* article cites the importance of beginning intervention for children on the autism spectrum as early as six months of age. While limited empirical research exists on the reliability and practicality of diagnosing infants and toddlers, research has shown that ASD can be effectively diagnosed in children as young as two years old by looking at several key developmental and behavioral milestones. Major areas of deficit include eye contact, joint attention, imitation, and initiation of communicative acts. These are all areas that can be addressed through drama-based games and interactive play strategies. Development of these key skills is crucial to the development of functional communication, an important part of any growing child’s social and communicative agenda. Researchers Johnny L. Matson and Jill C. Fodstad call these “precursor play skills” (2009). When a young child lacks these skills, the prerequisites to inter-personal play, it can be very difficult for peers, siblings, parents, or therapists to engage the child in the type of play activities necessary for social and communicative development.

Though a wealth of information exists on the efficacy of drama as an instructional strategy, there is limited information about the applications of drama-based strategies for very young children, specifically, very young children on the autism spectrum. In addition, the studies that do exist often do not qualify as “evidence based” teaching strategies as outlined under the Individuals with Disabilities Education Act, a federal law that covers special education classrooms. Evidence-based teaching strategies may be defined as “clearly specified teaching strategies that have been shown in controlled research to be effective in bringing about desired outcomes in a delineated population of learners” (Mitchell, 2008). Key requirements from IDEA state that instructional strategies for students with disabilities should be: based on replicable research on

proven methods of teaching and learning, be scientifically based, and should come from peer-reviewed research (education journals) to the extent practicable.

In looking more closely at the literature on evidence-based teaching strategies for students with Autism Spectrum Disorder, I was able to find several instances in which the strategies used in evidence-based study were extremely similar to several instructional strategies employed in early childhood drama classrooms. For example, in a 2002 study by Ann Garfinkle and Ilene Schwartz, the researchers used a strategy called Peer Imitation Training (PIT). In reading the procedural description, it is nearly identical to a common improvisational theatre game, “Yes, Let’s” or “Who Started the Motion,” both made popular by Viola Spolin in her book *Improvisation for the Theatre*. Further research uncovered the use of Reciprocal Imitation Training (RIT), a strategy that is very similar to the popular theatre game of “Mirrors” or “Circle Mirror” – strategies that are described in books by Spolin and many other theatre teachers. Additionally, there are several studies that look at Responsive Teaching (RT) strategies for very young children. Dr. Carrie Lobman of Rutgers University published two research papers in 2005 and 2006 that directly linked the practice of responsive teaching to the practice of improvisational theatre, ultimately using the latter as a professional development tool for early childhood teachers.

This research demonstrates many of the strategies being used in early childhood drama classrooms, are, in fact evidence based instructional strategies: they are simply known in the field of special education by a different name. It is my goal to create an evidence-based drama curriculum for very young children on the autism spectrum by weaving together discrete instructional strategies from the fields of special education and drama to create a comprehensive early intervention program in which parents and children can participate together.

A secondary focus of this research project includes gathering information on the effects of drama-based interactive play programs for the parents of children on the autism spectrum. In speaking with several parents of children on the autism spectrum, I have found that many parents experienced increased stress, frustration, and feelings of rejection when attempting to play with their young child with autism. These feelings may contribute to what researchers have determined is a considerably higher level of stress in parents of children with ASD than parents of typically developing young children. A 2004 study by Vicki Bitsika and Christopher Sharpley of Bond University in Australia estimated that parents of children with autism have anxiety levels that are eight times higher than the general population, and depression levels that are more than four times that of the general population. The majority of this stress, parents reported, came from an inability to cope with their child’s challenging behavior. 90% of the parents in this study reported that they were sometimes “unable to deal with their

child's behavior, causing them to feel stretched beyond their personal limits" (Bitsika & Sharpley, 2004). It is my hope that participating in this intervention program with their children will provide these parents with new strategies to encourage play and interaction with their children, and in turn increase feelings of efficacy as a play partner for their child while decreasing parent stress levels.

XIII. Research Method, Design, and Proposed Statistical Analysis:

The proposed research involves three lines of inquiry. The first pertains to the child's current level of play and the ways in which play is or is not taking place in the home, whether on a solitary level, with siblings, or with parent participation. What does the child's play look like? How does the child respond to potential play partners?

The second line of inquiry pertains to the parents' own feelings about their child's play behaviors and their self-efficacy as play partners for their child. Does their child exhibit play behaviors that are difficult for them to understand? What is the response when they attempt to interact with their child? What are some of the questions that these parents have about play in early childhood for children on the autism spectrum?

The third line of inquiry concerns the drama-based play workshops in which the parent and child will be participating. How do parent and child respond to the strategies presented in the workshops? How does participation in the workshops affect the child's play skills (initiations, eye contact, imitation, joint attention)? How do the workshops affect the quality of parent child play? Is there an increase in shared positive affect between the parent and child (smiles, laughter, physical affection, initiations)? How do parents report using these strategies in the home environment? What do they perceive to be the program's greatest strengths and where do they see areas for further development?

PRE-INTERVENTION INTERVIEW AND BASELINE MEASURES

Research data will consist of qualitative information gathered through personal interview in a one-on-one setting. Semi-structured interview guides (uploaded on IRB site), containing questions and conversation starters will provide general direction for the interview. Data for the interviews will be analyzed using the constant comparative method. After transcribing recordings of each interview, participant responses will be transcribed and will be subject to review and categorization by the primary investigator (Christina Ulrich). After comments from the interviews are sorted, the primary investigator will interpret the patterns and themes evident in the categories and subcategories.

Parents will also be asked to participate in a short questionnaire – the Parent Stress Index – Short Form (PSI/SF). The PSI/SF was designed by Dr. Richard Abidin as “a screening and diagnostic assessment technique to identify parent and child systems which are under stress” (Abidin, 1983). The original instrument contains 101 questions, however, the short form used in this project contains 36 questions and was designed to be administered in about 10 minutes. The PSI/SF examines three major domains: Parental Distress, Parent-Child Dysfunctional Interaction, and Difficult Child, which are combined to yield a Total Stress score. For our data collection purposes, we are most interested in the Total Stress score. The measurement taken in this pre-intervention interview will be compared to the measurement obtained in the post-intervention interview. (The full Parenting Stress Index Manual is uploaded as a .pdf to the IRB website: the Short Form version begins on page 9 of the document.)

The pre-intervention interview will also include a short observation of parent-child play to assess present levels of performance in this area. The procedure for this observation will be similar to the observation procedure used in Solomon, Ono, Timmer, and Goodlin-Jones, 2008. If the parent agrees to video recording, parent and child will be recorded for a five minute segment of free play in their home, following the parent interview conducted by the primary investigator. The purpose of videorecording this interaction is to allow for additional observers to code the interactions to improve the fidelity of the data without the intrusion of additional people into the family’s home. For each parent-child dyad, three 5-minute segments (pre-intervention, mid-intervention, and post-intervention) will be coded in 15-s increments to allow for a total of 60 segments per participant. The segments will be coded in random order. Coding will be completed using a global system adapted from Kochanska and Askan (1995). Parents and children will be coded individually for positive, neutral, negative affect, or aloofness. Observers will use facial expressions, tone of voice, and body language as basis for judgment (See Appendix 1 for descriptions of affect coding.)

B) In the event that parents do not agree to video-recording of the parent-child play interactions, each five minute interaction will be coded by two independent observers, the PI (Christina Ulrich) and a graduate research assistant who will be trained in coding procedure prior to the observation.

INTERVENTION

Each of the three drama-based play workshops will begin and end with 15 minutes of free play for parents and children. The investigators will obtain observation data from the second workshop as a mid-intervention measure. This measure will be obtained in

the same manner outlined above: parent and child will be observed playing in a natural, free-play context and observers will code the interaction for shared positive affect.

- A) If all parents participating in the workshops agree to videorecording for data collection purposes, videorecording will be used to assess these play interactions.
- B) If all parents participating in the workshops do not agree to videorecording for data collection purposes, videorecording will not be used. Instead, the interactions will be coded by the PI (Ulrich) and a graduate research assistant who has been trained in coding procedure.

POST INTERVENTION INTERVIEW

Research data will consist of qualitative information gathered through personal interview in a one-on-one setting. Semi-structured interview guides (uploaded on IRB site), containing questions and conversation starters will provide general direction for the interview. Data for the interviews will be analyzed using the constant comparative method. After transcribing recordings of each interview, participant responses will be transcribed and will be subject to review and categorization by the primary investigator (Christina Ulrich). After comments from the interviews are sorted, the primary investigator will interpret the patterns and themes evident in the categories and subcategories.

Parents will also be asked to complete the PSI/SF a second time, following the completion of the drama-based play workshop sessions. The PSI/SF was designed by Dr. Richard Abidin as “a screening and diagnostic assessment technique to identify parent and child systems which are under stress” (Abidin, 1983). The original instrument contains 101 questions, however, the short form used in this project contains 36 questions and was designed to be administered in about 10 minutes. The PSI/SF examines three major domains: Parental Distress, Parent-Child Dysfunctional Interaction, and Difficult Child, which are combined to yield a Total Stress score. For our data collection purposes, we are most interested in the Total Stress score. The measurement taken in this pre-intervention interview will be compared to the measurement obtained in the post-intervention interview. (The full Parenting Stress Index Manual is uploaded as a .pdf to the IRB website: the Short Form version begins on page 9 of the document.)

The post-intervention interview will also include a short observation of parent-child play to assess levels of performance in this area. The procedure for this observation will be similar to the observation procedure used in Soloman, Ono, Timmer, and Goodlin-Jones, 2008. If the parent agrees to video recording, parent and child will be recorded for a five minute segment of free play in their home, following the parent interview conducted by

the primary investigator. The purpose of videorecording this interaction is to allow for additional observers to code the interactions without the intrusion of additional people into the family's home, as well as to make possible more in-depth data analysis of the play interactions. For each parent-child dyad, three 5-minute segments (pre-intervention, mid-intervention, and post-intervention) will be coded in 15-s increments to allow for a total of 60 segments per participant. The segments will be coded in random order. Coding will be completed using a global system adapted from Kochanska and Askan (1995). Parents and children will be coded individually for positive, neutral, negative affect, or aloofness. Observers will use facial expressions, tone of voice, and body language as basis for judgment (See Appendix 1 for descriptions of affect coding.)

B) In the event that parents do not agree to video-recording of the parent-child play interactions for data collection purposes, each five minute interaction will be coded by two independent observers, the PI (Christina Ulrich) and a graduate research assistant who has been trained in coding procedure.

DESIGN

Pre- and post- data collected from parent interviews will be coded by the PI to look for commonalities among participants and to examine any changes that may occur from pre-intervention measures to post-intervention measures.

Analyzing video recordings (if all parents involved agree to videorecording for data collection purposes) will allow researchers to gather additional data on shared positive affect in the parent-child dyads participating in the drama-based play workshops.

XIV. Human Subject Interactions

A. Source of potential participants

Participants qualify to be included in the study if (a) they are primary caregivers of one or more children with an ASD (b) one or more of the children is between the ages of three and five years old. Adult participants will be a parent or guardian of a child with an ASD; potential participants are all expected to be 18 or older given their parent status role. If they are not at least age 18, they will not be included in the study. Given participants are able to travel to the focus group/interview site and engage in a discussion with the PI, they are assumed to be in good state of health. Child participants should be between the ages of three and five years old.

Three drama workshops will be held. Between 3 and 5 parent-child dyads (a maximum of 10 participants) will be recruited for each group. Participants will be

encourage to participate in all three drama workshops to increase fidelity of data gathered. Each workshop will last approximately 1 hour. In addition, each parent will be asked to participate in a short interview prior to the workshops and will have a 5-10 minute observation of their play interactions with their child in the natural home environment to obtain baseline data on the dyad's present level of play skills. Approximately one month after the drama sessions are completed, parents will be asked to participate in a short post-intervention interview and will also have a 5-10 minute observation of their play interactions with their child to obtain follow up data on the dyad's play skills. (turn taking, initiations, imitations, responsive interactions, positive affect, joint attention.)

For this project, the PI will be partnering with the Heart of Texas Autism Network, a parent advocacy group that focuses on supporting parents and families of children with disabilities.

From their website:

The Heart of Texas Autism Network provides support, encouragement and information for people affected by autism spectrum disorder (ASD), their families and the community.

We work to improve the resources available to help people with ASD live, work and participate as fully and independently as possible in our society

B. Procedures for the recruitment of the participants

Participants for parent focus groups or interviews will be recruited with the assistance of the Heart of Texas Autism Network (HOTAN) organization. The PI is in the process of receiving a support letter from the Heart of Texas Autism Network (will upload to IRB website). HOTAN has several support groups located in the Waco and Killeen/Ft. Hood area, and have agreed to assist with participation recruitment. The PI will partner with HOTAN to send an email announcement about the upcoming drama workshops on their list serv and also to post a flyer on HOTAN's website (See uploaded Recruitment Flyer). The recruitment flyer will include a link to the PI's email to pre-register for the drama workshops. Potential participants will be emailed a recruitment letter detailing the parameters of the study and explaining their rights as a participant.

Anita Karney, President of HOTAN will be assisting the PI with recruiting participants for the drama workshops by posting the recruitment flyer and sending out the information on the HOTAN listserv. Flyers will only be sent to members of the organization that have opted to receive email correspondence

from HOTAN. In addition, flyers will be made available to participants who attend HOTAN events such as parent support group meetings, play group meetings, and other organized events for families with children on the autism spectrum.

C. Procedure for obtaining informed consent.

Prior to the focus groups or interviews, all adult participants will receive a recruitment letter that details the study parameters and their rights as participants.

At the beginning of the interview session, the researcher will explain the study and their role to the participants. Both adult and child consent forms will be distributed and participants will have an opportunity to read the consent forms and ask questions. Participants will give written consent before the interviews and observations begin. The consent forms are uploaded on the IRB website (submitted as part of this application).

Compensation:

No compensation will be provided to participants at this time.

DI. Research Protocol.

The proposed research involves three lines of inquiry. The first pertains to the child's current level of play and the ways in which play is or is not taking place in the home, whether on a solitary level, with siblings, or with parent participation. What does the child's play look like? How does the child respond to potential play partners?

The second line of inquiry pertains to the parents' own feelings about their child's play behaviors and their self-efficacy as play partners for their child. Does their child exhibit play behaviors that are difficult for them to understand? What is the response when they attempt to interact with their child? What are some of the questions that these parents have about play in early childhood for children on the autism spectrum?

The third line of inquiry concerns the drama-based play workshops in which the parent and child will be participating. How do parent and child respond to the strategies presented in the workshops? How does participation in the workshops affect the child's play skills (initiations, eye contact, imitation, joint attention)? How do the workshops affect the quality of parent child play? Is there an increase in shared positive affect between the parent and child (smiles, laughter, physical affection, initiations)? How do parents report using these strategies in the home environment? What do they perceive

to be the program's greatest strengths and where do they see areas for further development?

The PI will use a semi-structured interview guides to provide general direction for interviews (see uploaded Interview Questions). The guide organizes a number of probe questions and conversation starters around the overarching questions of interest. Toward the end of the session, the PI will summarize major points offered by participants and solicit feedback and additional comments (i.e., member checking).

Interviews will be audio recorded with participant consent (see uploaded Consent Form). Recordings will be used to make transcripts of the interviews. When transcripts are produced, any names mentioned in the audio will not be used in the transcript to ensure confidentiality. The generic term 'parent' or 'caregiver' will be used in written documentation. Only the PI listed on this IRB application (Christina Ulrich) will be involved in the collection, transcription and analysis of the data.

E. Privacy and Confidentiality of Participants

Privacy and confidentiality of participants will be protected in several ways. Participants may choose to disclose or not to disclose information during the drama-based play workshops or interviews. At the beginning of each session or interview, the PI will remind participants of their prerogative to refrain from disclosing information they do not wish to share.

Written transcripts made from the audio recordings of sessions will have any names replaced with the word "parent" or "caregiver." Parents will also be encouraged at the beginning of the interviews to select a pseudonym for their child, and not use their real name, or to simply refer to their child as "my son" or "my daughter."

For participants involved in the drama workshops, others may see the individuals entering the room where the workshops will take place; however, no access will be permitted to non-participants. No identifying information will be collected from parents, outside of the consent forms that they sign at the beginning of the project. No identifying information on participants will be shared with anyone besides the Primary Investigator. Video and audio recordings will not contain any identifying information (names) and any of this information is captured on video or audio recordings, that video or audio will be destroyed.

G. Confidentiality of the Research Data.

To ensure the security and confidentiality of research data, all research materials (e.g., consent forms, audio recordings, videorecordings notes taken during interview sessions), when not in use by the researcher, will be stored in a locked file cabinet in the PI's locked office (B 1.114) in The University of Texas at Austin's Theatre and Dance building or on the secure servers maintained by UT. The interviews and select parent-child play interactions will be either audio taped or video-taped (depending upon how the participants sign the consent forms). The video and audio recordings will be .wmv files and .wav files, respectively. They will be stored on the secure computer network managed by UT, WebSpace. WebSpace is offered to faculty and students at UT. The Information and Technology Services department has deemed this safe for storing Category I data. See website for more details <http://www.utexas.edu/its/webospace/index.php>

Additionally, all audio, video, and written data collection sources will be coded to allow for confidentiality in the reporting of study findings (through the use of pseudonyms and code numbers for participants.) Recordings will be coded so that no personally identifying information is visible on them. Recordings are kept in a secure place (a locked file cabinet in the investigator's office). Recordings are heard or viewed only for research and for educational purposes. Access to the locked file cabinet will be limited to the researcher listed on this proposal. Any audio or video recordings and notes taken during interview and workshop sessions may be retained for a period of 5 years (for the purpose of re-analysis or critical review of the initial analysis) and then destroyed. (see uploaded Consent Form).

G. Research Resources.

The research needs for this project are minimal. No additional funding is needed for this research. I am the primary researcher with support from select personnel at the Heart of Texas Autism Network and the Department of Theatre and Dance. The holding of drama-based playgroups and handling of data will take place in the offices, classrooms or conference rooms of the host site (HOTAN) or rooms in the Department of Theatre and Dance on the University of Texas at Austin campus. The primary investigator owns her own video and audio equipment for documentation purposes.

XV. Potential Risks

The primary risk to participants is the loss of confidentiality of the information they disclose. A small risk posed to the focus group or interview participants may be

uncomfortable feelings; however, this has not been experienced with past research using similarly worded questions. In case a participant feels uncomfortable at any time during the focus group or interview, it is noted on the consent form that the participant may stop the interview or leave the setting at any time. Additionally, the addresses and telephone numbers of local mental health agencies are included with the consent form.

Another risk is the acquisition of information about familial child abuse. If such information is acquired, researchers will report it to Child and Family Protective Services. This is included in the consent form.

No other risks to participants are expected.

XVI. Potential Benefits

The results of this research may provide a thorough needs-assessment for families with children on the autism spectrum.

- The results of this research may provide a better understanding of the types of creative and play-based services (drama classes, facilitated play groups, parent trainings, etc.) would best serve this population.
- The results of this research may provide information to help parents understand the components leading to improved quality of life for their child(ren).
- Parents may develop a sense of community through participation in a discussion with other parents of children with on the autism spectrum.
- Research obtained through this study may lead to greater understanding in the professional arts community about the experiences of parents with children on the autism spectrum to design programming may best meet their needs.

IX. Sites or Agencies involved in the Research Project

The non-profit organization Heart of Texas Autism Network will be involved in soliciting participants for this research. A site letter will be uploaded to the IRB website. If additional sites are involved, additional letters will be requested and uploaded to the IRB website as well.

X. Review by another IRB:

There is no other IRB attached to this project.

Appendix 1 Affect Coding Manual – (from Solomon et al. 2008)

Positive Affect (PA)	Positive affect occurs when there is laughing, joking playfully, singing happily, jumping with joy, smiling, saying “I love you” or an affectionate touch (i.e. placing hand on back, arm or head; kissing; or hugging) from the Parent/Child to the Child/Parent. There is a general sense of happiness. Consider facial expressions, tone of voice, and body language when deciding if there is positive affect. The affect does not need to be expressed directly to each other except for saying “I love you” or the affectionate touch.
Neutral (NN)	Neutral affect occurs when there are no obvious signs of positive or negative affect; however the parent/child is still engaged in the task. Consider facial expressions, tone of voice and body language when deciding if the affect is neutral.
Negative Affect (NA)	Negative affect occurs when there is a display of distress, anger fear, sadness, frustration, or irritation. Consider facial expressions, tone of voice and body language when deciding if the affect is negative. The affect does not need to be expressed directly to each other.
Aloofness (AA)	Aloofness occurs when the Parent/Child is tuned out of the situation or focused only on what he/she is doing. There is no interaction with the other person. The Parent/Child appears bored, actively in his/her own world, or not wanting to interact with the partner. There is a general impression that the Parent/Child would rather be somewhere else or playing alone with the activity.

Appendix E: Data Sheet for Parent Participants

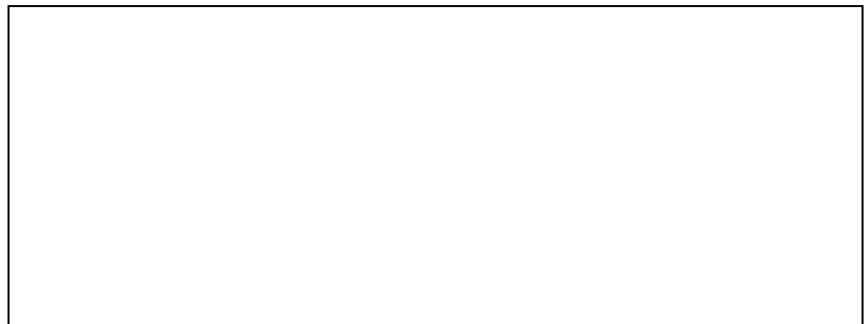
Parent Behavior Data Sheet - Frequency Count

Operational Definitions

- Responsive interaction: The parent engages in behavior that is acknowledging, enhancing, or elaborating on what the child is doing.
- Non-responsive interaction: The parent engages in behavior that ignoring, distracting, or redirecting the child to different activities.

Responsive Interactions (acknowledge, enhance, elaborate)

Session # _____
(Circle) Beg/End
Duration: 10 min



Non Responsive Interactions (ignore, distract, redirect)



Appendix F: Data Sheet for Child Participants

Interval Recording Sheet

Child: _____ Interval Length (in seconds): 60 seconds

Behavior: Eye Contact with parent

Operational definition: The child directs their eye gaze to look directly into their parent/caregiver's eyes for 2 seconds or more.

Free Play - Session # _____

Beginning Time: _____

Ending Time: _____

--	--	--	--	--	--	--	--	--	--

Beginning Time: _____

Ending Time: _____

--	--	--	--	--	--	--	--	--	--

How to Record:

- Partial-Interval Recording: Mark a plus (+) if the behavior occurred at **any** point during the interval; record a minus (-) if the behavior did not occur at any point during the interval.
- Scoring: calculate the percentage of possible intervals that the behavior occurred (ex. $50/60 = 83\%$)

Notes:

Appendix G: Lesson Plans for Drama for Development

Drama for Development: Week 1 – Bears, oh my!

Instructors: Tina Ulrich and Ben Hardin

1/21/2012

Overall Goals for Workshops

- Create opportunities for parent-child interaction and affect through play
- Process and respond to sensory information as a medium for learning and growth
- Heighten physical awareness and control of body and voice
- Develop play skills such as eye contact, joint attention, imitation, and initiation through arts exploration
- Develop connections to concepts

10-10:15 - Free play time/meet parents

Introduction:

Hello! Welcome to drama class. Today we're going to be playing all sorts of different games and acting out a story together while we play. I encourage you to participate fully – modeling excitement and engagement for your child. Another important concept for today is following your child's lead in play – in the theatre we call this "yes, and..."- which means that we accept whatever communicative offer our play partner is making (yes), and we add on to it (and) as a way to extend the activity. If your child does not want to sit in the circle, and would prefer to explore the other items in the room, that's totally fine, feel free to get up and explore the room with your child, and we can come back to the circle when (and if) you are ready. Also, we won't spend too much time in the circle, but aim for gradually increasing the length of time we tolerate circle sitting. Also, we will try to make circle time as reinforcing as possible.

Throughout the class, we may use the term 'reinforcement,' which many of you may be familiar with, we use it a lot in the ABA world. As we go through our class today, we invite you to think about what types of "social reinforcement" your child enjoys most – things like verbal praise, smiles, hugs, tickles – you know them best. One of the teaching techniques we will use today for imitation is very simple – you encourage your child to imitate you, and when they do- whether independently or you help them do the movements hand-over-hand, you will then provide them with their preferred reinforcement. As their imitations improve, you offer more reinforcement to encourage them to keep making progress.

First we'd love to get to know each other, so let's invite our children to come and sit with us in the circle.

Hello Circle

Pass the monkey, say your name and your child's name, everybody wave and say "Hi X!" (Parents, verbally prompt your child to wave, physically help them if they do not, then reinforce)

So if you're ready, let's get started with some physical warm-ups for our actor bodies! (This can be anywhere in the space).

Movement Exercise

A turtle has a tiny shell

And hides his face inside so well.

(curl up in ball, pull head inside shell, peek out)

Snakes slither on their on the ground

With their tongues they make a 'ssssss' sound.

(slither like snakes, stick out snake tongues)

A giraffe stretches way up high,

All the way up to touch the sky.

(Reach up and stretch as tall as a giraffe, get leaves off trees)

A monkey swings his arms around

He loves to jump up and down.

(Jump up and down and make monkey sounds, wave arms)

Bears are big and furry too

They like tickles – just like you!

(tickle/hug your child)

Big face/small face – imitation – reinforce with hugs/tickles/praise for all motor imitation.

Reach out, make your body big like a bear-make bear sound. Whoosh like the wind through the trees—parents pick up child and swing them back and forth. Repeat a few times.

Give yourselves a round of applause (encourage parents to help children clap, reinforce all clapping)

Freeze dance

Many of you (and your kids) might be familiar with the game we're about to play – it's a variation on the ever-popular "Freeze Dance." When the music plays, it's time to dance, jump, wiggle, shake and move your bodies to the music. When it stops, we stop. Parents, I invite you to participate as fully and as silly as you can with this – and when it's time to stop, help your child stop his or her body by verbally/visually cuing (stop hand sign) and physically cuing them if they keep moving. Feel free to use the whole space – bounce on the balls, walk around the room, get on the floor – whatever works!

Add ons – clap, stomp, jump, sit down, stand up, stand on a spot, stand on one foot

Come back to circle – clap and reinforce for coming back

Going on a bear hunt

Build bear cave (parachute) and go to sleep as bears – hear music (Vivaldi 4 seasons) and wake up! It's springtime!

Bubbles and music –CD 2

Come back and sing **goodbye song**

Goodbye, _____

Goodbye, _____

Goodbye, _____

It's been so fun to play!

10:45-11 - Leave music on for free play/parent chats. (CD 1 – preshow - vitamin string, Rio soundtrack, Little Mermaid,)

Drama for Development: Week 2 – Dinosaurs!

Instructors: Tina Ulrich and Ben Hardin

1/28/2012

10-10:15 - Free play time/meet parents

Introduction:

Hello! Welcome to drama class. Today we're going to be playing all sorts of different games and acting out a story together while we play. I encourage you to participate fully – modeling excitement and engagement for your child. Another important concept for today is following your child's lead in play – in the theatre we call this "yes, and..."- which means that we accept whatever communicative offer our play partner is making (yes), and we add on to it (and) as a way to extend the activity. If your child does not want to sit in the circle, and would prefer to explore the other items in the room, that's totally fine, feel free to get up and explore the room with your child, and we can come back to the circle when (and if) you are ready. Also, we won't spend too much time in the circle, but aim for gradually increasing the length of time we tolerate circle sitting. Also, we will try to make circle time as reinforcing as possible.

Throughout the class, we may use the term 'reinforcement,' which many of you may be familiar with, we use it a lot in the ABA world. As we go through our class today, we invite you to think about what types of "social reinforcement" your child enjoys most – things like verbal praise, smiles, hugs, tickles – you know them best. One of the teaching techniques we will use today for imitation is very simple – you encourage your child to imitate you, and when they do- whether independently or you help them do the movements hand-over-hand, you will then provide them with their preferred reinforcement. As their imitations improve, you offer more reinforcement to encourage them to keep making progress.

First we'd love say hello to each other, so let's invite our children to come and sit with us in the circle.

Hello Circle

Pass the monkey, say your name and your child's name, everybody wave and say "Hi X!" (Parents, verbally prompt your child to wave, physically help them if they do not, then reinforce)

So if you're ready, let's get started with some physical warm-ups for our actor bodies! (This can be anywhere in the space).

Movement Exercise

A turtle has a tiny shell

And hides his face inside so well.

(curl up in ball, pull head inside shell, peek out)

Snakes slither on their on the ground

With their tongues they make a 'ssssss' sound.

(slither like snakes, stick out snake tongues)

A giraffe stretches way up high,

All the way up to touch the sky.

(Reach up and stretch as tall as a giraffe, get leaves off trees)

A monkey swings his arms around

He loves to jump up and down.

(Jump up and down and make monkey sounds, wave arms)

Dinosaurs love to stomp the ground

Lots of roars where they are found

(Big roars and stomping)

Big face/small face – imitation – reinforce with hugs/tickles/praise for all motor imitation.

Reach out, make your body big like a dinosaur-make dinosaur sound. Whoosh like the wind through the trees—parents pick up child and swing them back and forth. Repeat a few times.

Give yourselves a round of applause (encourage parents to help children clap, reinforce all clapping)

Freeze dance – to “We are the Dinosaurs” (CD 3)

Many of you (and your kids) might be familiar with the game we're about to play – it's a variation on the ever-popular “Freeze Dance.” When the music plays, it's time to dance, jump, wiggle, shake and move your bodies to the music. When it stops, we stop. Parents, I invite you to participate as fully and as silly as you can with this – and when it's time to stop, help your child stop his or her body by verbally/visually cuing (stop hand sign) and physically cuing them if they keep moving. Feel free to use the whole space – bounce on the balls, walk around the room, get on the floor – whatever works!

Add ons – clap, stomp, jump, sit down, stand up, stand on a spot, stand on one foot
Come back to circle – clap and reinforce for coming back

Dinosaur ROAR! (Reading and acting out the book)

Dinosaurs come in all shapes and sizes and make all different types of sounds. Let's read this book together and act out the different types of dinosaurs we see.
(Read through book, acting out each adjective)

Frightened Dinosaur

Well, I'm glad that everyone here likes dinosaurs because we have a dinosaur here that has a big problem. He is very afraid of people. In fact he's afraid of everyone and everything. In just a moment, when I put this blanket over Mr. Ben's head, he is going to pretend to be a little dinosaur who is very afraid. Are you ready? 1, 2, 3. (Put blanket on Ben's head)

Hello everyone. Thank you for coming today. I have a dinosaur here with a big problem – he's afraid of everything and everyone! Look at how he is shaking under the blanket. And that's not all! Look at what happens when you try to get close to him.

Activity:

The teacher drapes the sheet over his or her head and tells a story (better to use a narrator) about being a dinosaur who is frightened of everything and everyone. Each time the children move towards the dinosaur, it must respond by trembling visibly or running away in panic, only to return to the children. The children can then try wearing the sheet and playing the Frightened Dinosaur.

Extension:

The narrator can change the narrative by telling the children that they must be quiet when the dinosaur comes back or they must be kind to the dinosaur and bring him some cookies. The dinosaur can of course be frightening and the children pretend to be scared

Casual Significance:

I like the dinosaur, it makes me smile. The dinosaur does not feel the same as I do. I must be sensitive to the dinosaur's feelings if he is to stay.

Bubbles and music –CD 2

Come back and sing **goodbye song**

Goodbye, _____

Goodbye, _____

Goodbye, _____

It's been so fun to play!

10:45-11 - Leave music on for free play/parent chats. (CD 1 – preshow - vitamin string, Rio soundtrack, Little Mermaid,)

Drama for Development: Week 3– Cars and Things that Go

Instructors: Tina Ulrich and Ben Hardin

2/4/2012

10-10:15 - Free play time/meet parents

Introduction:

Hello! Welcome to drama class. Today we're going to be playing all sorts of different games and acting out a story together while we play. I encourage you to participate fully – modeling excitement and engagement for your child. Another important concept for today is following your child's lead in play – in the theatre we call this "yes, and..." – which means that we accept whatever communicative offer our play partner is making (yes), and we add on to it (and) as a way to extend the activity. If your child does not want to sit in the circle, and would prefer to explore the other items in the room, that's totally fine, feel free to get up and explore the room with your child, and we can come back to the circle when (and if) you are ready. Also, we won't spend too much time in the circle, but aim for gradually increasing the length of time we tolerate circle sitting. Also, we will try to make circle time as reinforcing as possible.

Throughout the class, we may use the term 'reinforcement,' which many of you may be familiar with, we use it a lot in the ABA world. As we go through our class today, we invite you to think about what types of "social reinforcement" your child enjoys most – things like verbal praise, smiles, hugs, tickles – you know them best. One of the teaching techniques we will use today for imitation is very simple – you encourage your child to imitate you, and when they do- whether independently or you help them do the movements hand-over-hand, you will then provide them with their preferred reinforcement. As their imitations improve, you offer more reinforcement to encourage them to keep making progress.

Let's invite our children to come and sit with us in the circle.

Hello Circle

Pass the monkey, say your name and your child's name, everybody wave and say "Hi X!" (Parents, verbally prompt your child to wave, physically help them if they do not, then reinforce)

So if you're ready, let's get started with some physical warm-ups for our actor bodies! (This can be anywhere in the space).

Movement Exercise

A turtle has a tiny shell

And hides his face inside so well.

(curl up in ball, pull head inside shell, peek out)

Snakes slither on their on the ground
 With their tongues they make a 'ssssss' sound.
 (slither like snakes, stick out snake tongues)
 A giraffe stretches way up high,
 All the way up to touch the sky.
 (Reach up and stretch as tall as a giraffe, get leaves off trees)
 A monkey swings his arms around
 He loves to jump up and down.
 (Jump up and down and make monkey sounds, wave arms)
Bears are big and furry too
They like tickles – just like you!
(tickle/hug your child)
Dinosaurs love to stomp the ground
Lots of roars where they are found
(Big roars and stomping)

Big face/small face – imitation – reinforce with hugs/tickles/praise for all motor imitation.

Freeze dance – to “You Might Think” (CD 3)

Many of you (and your kids) might be familiar with the game we're about to play – it's a variation on the ever-popular “Freeze Dance.” When the music plays, it's time to dance, jump, wiggle, shake and move your bodies to the music. When it stops, we stop. Parents, I invite you to participate as fully and as silly as you can with this – and when it's time to stop, help your child stop his or her body by verbally/visually cuing (stop hand sign) and physically cuing them if they keep moving. Feel free to use the whole space –walk around the room, get on the floor – whatever works!

Add ons – clap, stomp, jump, sit down, stand up, stand on a spot, stand on one foot
 Come back to circle – clap and reinforce for coming back

We're going on a trip!

Child on parents lap, going on at trip

Song-

We're going on a trip, we're going on a trip, climb into your car, we're going on a trip

- Seatbelts
- Test the horn, stretch the arms
- The road is really bumpy, fast, slow:

We're riding through the town, we're riding through the town, the road is really bumpy now, we're riding through the town

- Parent and child sway side-to-side (raining):

The sky is getting dark, the sky is getting dark, splish, splash the rain falls down, the sky is getting dark

- Turn on the headlights- wiggle hands
- Windshield wipers- slow and fast to the side
- Brakes-lean back:

We finally made it home, we finally made it home, put on your brakes and park the car, we finally made it home

Activity: Red Light/Green Light as cars

Parents/children on one side of the room, instructors on the other

Play RL/GL using large colored circles. Encourage kids to act as cars.

Activity: Time to wash the cars!

Uh-oh! We ran out of gas! Go the gas station and get filled up. Use hose or jump rope as gas hose. Press poly spot 'buttons' to pick gas.

Drive around the path a few more times. You are getting very dirty, it's time for a car wash! Spray water in the air (maybe) Drive through car wash tunnel and come out through rainbow ribbons swishing, parent tickles for scrubbing/towel drying.

Bubbles and music –CD 3

Come back and sing **goodbye song**

Goodbye, _____

Goodbye, _____

Goodbye, _____

It's been so fun to play!

10:45-11 - Leave music on for free play/parent chats. (CD 1 – preshow - vitamin string, Rio soundtrack, Little Mermaid,)

References

- American Psychiatric Association. (1952). *Diagnostic and statistical manual of mental disorders*. Washington, D.C.; American Psychiatric Association.
- _____. (1968). *Diagnostic and statistical manual of mental disorders*. (2nd ed.). Washington, D.C.; American Psychiatric Association.
- _____. (1980). *Diagnostic and statistical manual of mental disorders*. (3rd ed.). Washington, D.C.: American Psychiatric Association.
- _____. (1987). *Diagnostic and statistical manual of mental disorders*. (3rd ed., rev.). Washington, D.C.: American Psychiatric Association.
- _____. (1994). *Diagnostic and statistical manual of mental disorders*. (4th ed.). Washington, D.C.: American Psychiatric Association.
- _____. (2000). *Diagnostic and statistical manual of mental disorders*. (4th ed., rev.). Washington, D.C.: American Psychiatric Association.
- Anthropology. (2012) In Merriam-Webster's Collegiate Dictionary. Retrieved April 13, 2012 from www.merriam-webster.com/dictionary/anthropology?show=0&t=1334555980.
- Autism Research Institute. Retrieved April 13, 2012. www.autism.com.
- Autism Spectrum Disorders. National Institute of Mental Health (2007).
- Bettelheim, B. (1967). *The Empty Fortress: Infantile autism and the birth of the self*. New York, NY.: The Free Press.
- Beyer, J., & Gammeltoft, L. (1998). *Autism and Play*. London: Jessica Kingsley Publishers, 1998.

- Bitsika, V., & Sharpley, C. F. (2004). Stress, Anxiety and Depression Among Parents of Children with Autism Spectrum Disorder. *Australian Journal of Guidance and Counseling*. 14(4). 151-161.
- Boyd, B.A., Odom, S.L., Humphreys, B. P., Sam, A.M. (2010). Infants and toddlers with autism spectrum disorder: Early identification and early intervention. *Journal of Early Intervention*, 32(2). 75-98.
- Bristol, M.M. (1984). Family Resources and Successful Adaptation to Autistic Children. In E. Schopler and G.B. Mesibov, (Eds.). *The Effects of Autism on the Family*. New York, NY.: Plenum Publishing Corporation.
- Brown, V. (1990). Drama as an Integral Part of the Early Childhood Curriculum. *Design for Arts in Education*, 91(6), 26-33
- Brown, V. & Pleydell, S. (1999). *The Dramatic Difference: Drama in the preschool and kindergarten classroom*. Portsmouth, N.H: Heinemann.
- Centers for Disease Control and Prevention. (n.d.) *Developmental Milestones*. Retrieved April 13, 2012. www.cdc.org
- Cohen, S. (2002). *Targeting Autism*. Los Angeles: University of California Press.
- Connor, T. (2012, January 3). Whooping Cough on the Rise in New York City. *New York Times*. Retrieved April 13, 2012 from www.nytimes.com.
- Corbett, B.A., Gunther, J.A., Comins, D., Price, J., Ryan, N., Simon, D. et al. (2010). Brief Report: Theatre as Therapy for children with autism spectrum disorder. *Journal of Autism and Developmental Disabilities*. 41(4), 5-11.

- Davis, J.H., & Behm, T. (1978) Terminology of drama/theater with and for children: a redefinition. *Children's Theatre Review*. 27(1), 47-58.
- Dawson, G. (2008). Early behavioral intervention, brain plasticity, and the prevention of autism spectrum disorder. *Development and Psychopathology*, 20, 775-803.
- Deer, B. (2009, February 8). MMR doctor fixed data on autism. *The Sunday Times*. Retrieved April 13, 2012 from www.briandeer.com.
- Dettmer, S., Simpson, R.L., Smith Myles, B., & Ganz, J.B. (2000). The use of visual supports to facilitate transitions of students with autism. *Focus on Autism and Other Developmental Disorders*, 15(3), 163-169.
- Drama and Autism/Autism Theatre. (n.d.). Retrieved April 13, 2012 from www.dramautism.org.
- Editors of the Lancet. (2010, February 2). Retraction – Ileal-lymphoid-nodular hyperplasia, non-specific colitis, and pervasive developmental disorder in children. *Lancet*, 375.
- Emerson, R.M., Fretz, R.I., & Shaw, L.L. (1995). *Writing Ethnographic Fieldnotes*. Chicago, IL: University of Chicago Press.
- Fein, G.G. (1981). Pretend play in childhood: An integrative review. *Child Development*, 52(4), 1095-1118.
- Folkins, J. (1992). Resource on Person-First Language: The language used to describe individuals with disabilities. *American Speech-Language-Hearing Association*. Retrieved April 13, 2012 from www.asha.org.

- Forys, S. & McCune-Nicholich, L. (1984). Shared pretend: Sociodramatic play at 3 years of age. In I. Bretherton (Ed.) *Symbolic Play: The development of social understanding* (pp. 159-191). New York: Academic Press.
- Fox, M. (1987). *Teaching drama to young children*. Portsmouth, N.H: Heinemann.
- Friere, P. (1970). *Pedagogy of the Oppressed*. Trans. Myra Bergman Ramos. New York: Continuum.
- Garfinkle, A. N., & Schwartz, I.S. (2002). Peer Imitation: Increasing Social Interactions in Children with Autism and Other Developmental Disabilities in Inclusive Preschool Classrooms. *Topics in Early Childhood Education*, 22:1, 26-38.
- Grinkler, Roy. (2007) *Unstrange Minds: Remapping the world of autism*. Cambridge, MA: Basic Books.
- Guli, L.A. (2004). *The effects of creative drama-based intervention for children with deficits in social perception*. Unpublished doctoral dissertation – The University of Texas at Austin.
- Heathcote, D. (1984). The authentic teacher and the future. In L. Johnson & C. O'Neill (Eds.). *Collected writings on education and drama* (pp. 170-199). Evanston, IL: Northwestern University Press.
- Hyman, S. & Towbin, K. (2007). Autism Spectrum disorders. In M. Batshaw et al (Eds.). *Children with disabilities* (6th ed.). Baltimore: Paul H. Brookes Publishing Company. (pp.325-343).
- Individuals with Disabilities Education Act of 1990. 20. U.S.C. § 1432(1)

- Ingersoll, B., & Gergans, S. (2007). The effect of a parent-implemented initiation intervention on spontaneous imitation skills in young children with autism. *Research in Developmental Disabilities, 28*, 163-175.
- Ingersoll, B., Lewis, E., Kroman, E. (2006). Teaching the imitation and spontaneous use of descriptive gestures in young children with autism using a naturalistic behavioral intervention. *Journal of Autism and Developmental Disorders, 37*, 1446-1456.
- Jonas, W. (2004). *Mosby's Dictionary of Complementary and Alternative Medicine*. London: Elsevier.
- Kanner, L. (1943). Autistic Disturbances of Affective Contact. *Nervous Child, 2*, 217-250.
- Kochanska G., & Askan, N. (1995). Mother-child mutually positive affect, the quality of child compliance to requests and prohibitions, and maternal control as correlates of early internalization. *Child Development, 66*(1), p. 236-254.
- Lassiter, L.E. (2005). *The Chicago Guide to Collaborative Ethnography*. Chicago, University of Chicago Press.
- Liwag, M.E. (1989). Mothers and fathers of autistic children: an exploratory study of family stress and coping. *Philippine Journal of Psychology, 22*, 3-16.
- Lobman, C.L. (2005). "Yes And": The uses of improvisation for early childhood professional development. *Journal of Early Childhood Teacher Education, 26*, 305-319.

- Lobman, C.L. (2006). Improvisation: An analytic tool for examining teacher-child interactions in the early childhood classroom. *Early Childhood Research Quarterly, 21*, 455-470.
- Lovaas, O.I., Schaeffer, B., & Simmons, J.Q. (1965). Building social behavior in autistic children by use of electric shock. *Journal of Experimental Research in Personality, 1*,(2), 99-109.
- Mages, W.K. (2008). Does creative drama promote language development in early childhood? A review of the methods and measures employed in the empirical literature. *Review of Educational Research, 78*(1), 124-152.
- Mahoney, G., & Perales, F. (2003). Using Relationship-Focused Intervention to Enhance the Socio-Emotional Functioning of Young Children with Autism Spectrum Disorders. *Topics in Early Childhood Special Education. (23)* 74-86.
- Matson, J., & Fodstad, J.C. (2009). Teaching social skills to developmentally delayed preschoolers. In Schaefer, Charles E., (Ed.), *Play Therapy for Preschool Children*, (pp. 301-322). Washington DC: American Psychological Association.
- McCaslin, N. (1996). *Creative Drama in the Classroom and Beyond*. White Plains, NY: Longman.
- McGee, G., Morrier, M., & Daly, T. (1999). An incidental teaching approach to early intervention for toddlers with autism. *Journal of the Association for Persons with Severe Handicaps, 24*, 133-146.

- McGovern, C. (2006, June 6) Autism's Parent Trap: when false hope can be fatal. *The New York Times*. Retrieved April 13, 2012 from nytimes.com.
- Meadan, H., Ostrosky, M.M., Zaghawan, H.Y., Yu, S. (2009). Promoting the social and communicative behavior of young children with autism spectrum disorders: A review of parent-implemented intervention studies. *Topics in Early Childhood Special Education, 29*(2), 90-104
- Murch, S.H., Anthony, A., Casson, D.H., Malik, M., Berelowitz, M., Dhillon, A.P. et al. (2004). Retraction of an Interpretation. *The Lancet, 363*. Retrieved April 13, 2012 from www.thelancet.com
- National Research Council (2001). *Educating children with autism*. Committee on Educational Interventions for Children with Autism. Division of Behavioral and Social Sciences and Education. Washington DC: National Academy Press.
- Nicholson, H. (2005). *Applied Drama: The Gift of Theatre*. New York: Palgrave Macmillan.
- Nixon, R.D.V. (2002). Treatment of behavior problems in preschoolers: A review of parent training programs. *Clinical Psychology Review, 22* 525-546.
- No Child Left Behind (NCLB) Act of 2001, Pub. L. No. 107-110, § 115, Stat. 1425 (2002).
- Peter, M. (1995). *Making Drama Special: Developing Drama Practice for Special Education Needs*. London: David Fulton Publishers.
- Piaget, J. (1962). *Play, Dreams, and Imitation in Childhood*. London: Routledge.

- Portman, E.C. (2006). A social competence intervention program for children with high-functioning autism and Asperger's syndrome: A qualitative study. Unpublished doctoral dissertation – The University of Texas at Austin.
- Randall, P., & Parker, J. (1999). *Supporting the Families of Children with Autism*. London: John Wiley & Sons.
- Reading, S., Reading, J.M., Bellomo, S., Pryor, P. (2011). Do theatre experiences increase social skills for students with autism?
- Regan, T. (Director). (2007) *Autism, The Musical*. [Motion Picture]. Los Angeles: HBO
- Schriebman, L., Kaneko, W.M., & Koegel, R.L. (1991). Positive affect of parents of autistic children: a comparison across two teaching techniques.
- Siller, M., & Sigman, M. (2002). The behaviors of parents of children with autism predict the subsequent development of their children's communication. *Journal of Autism and Developmental Disorders*, 32(2), p. 77-89.
- Solomon, R., Necheles, J., Ferch, C., & Bruckman, D. (2007) Pilot study of a parent training program for young children with autism: The PLAY project home consultation program. *Autism*, 11:3, 205-223.
- Solomon, R. (2008). Play-Based Intervention for very young children with autism: The PLAY project. In Schaefer, C.E., McCormack, J., Kelly-Zion, S. (Eds.). *Play Therapy for Very Young Children*. Lanham, MD: Jason Aronson Publishers, Inc.
- Spolin, V. (1999). *Improvisation for the Theatre*. Chicago, IL: Northwestern University Press.

- Stahmer, A. (1995). Teaching Symbolic Play Skills to Children with Autism Using Pivotal Response Training. *Journal of Autism and Developmental Disorders*, (25) 123-141.
- Taylor, P. *Applied Theatre: Creating Transformative Encounters in the Community*. Portsmouth, NH: Heinemann.
- The Miracle Project. (n.d.) Retrieved April 13, 2012 from www.miracleproject.org.
- Thompson, J. (2006). *Applied Theatre: Bewilderment and Beyond*. Oxford: Peter Lang AG, European Academic Publishers.
- . (1999). *Drama Workshops for Anger Management and Offending Behaviour*. London: Jessica Kingsley Publishers.
- Thorp, D.M., Stahmer, A.C., & Schreibman, L. (1995) Effects of sociodramatic play training on children with autism. *Journal of Autism and Developmental Disorders*. 25(2), 265-282.
- Vygotsky, L.S. (1978). *Mind in Society: The development of higher psychological processes*. Cambridge, MA: Harvard University Press.
- Wagner, B.J. (1998). *Educational Drama and Language Arts: What research shows*. Portsmouth, NH: Heinemann.
- Wakefield, A.J., Murch, S.H., Anthony, A., Linnell, J., Casson, D.M., Malik, M., et al. (1998). Ileal-lymphoid-nodular hyperplasia, non-specific colitis, and pervasive developmental disorder in children. *Lancet*. 351, (9103), 637-41.
- Weiss, R. S. (1995). *Learning from strangers: The art and method of qualitative interview studies*. New York: The Free Press.

Wilhelm, J. D. (2002). *Action Strategies for Deepening Comprehension*. New York: Scholastic.

Wing, L. (2001). *The Autistic Spectrum: A parent's guide to understanding and helping your child*. Berkeley, CA: Ulysses Press.

Vita

Christina (Tina) Ulrich is originally from rural Minnesota. She moved to New York City in 2001 to attend New York University's Tisch School of the Arts, where she graduated with a Bachelor of Fine Arts in Drama. Over the next seven years, Tina began working with young people as a drama teacher and director. In 2008, she moved to Vero Beach, FL where she worked as an instructor and director at Riverside Children's Theatre. Tina became very interested in working with children with unique learning needs, specifically children with Autism Spectrum Disorder (ASD), and came to graduate school at The University of Texas at Austin in 2009.

At UT, Tina spent three years working as a drama specialist with Drama for Schools, a professional development program that promotes arts integration through drama-based instruction to teach curricular content. Tina's own research led her to take coursework in the Autism and Developmental Disabilities program and in 2011 she began working as an ABA therapist, pursuing certification from the Behavior Analyst Certification Board. In her professional practice, she continues to explore the applications of drama-based programming to teach social and communication skills to children with ASD. Please visit www.spectrumartsproject.com for more information about Tina's current projects.

Permanent address: ulrichtina@gmail.com

This thesis was typed by the author.