Story Time Language Program

For Speech Language Pathologists

Principal Investigators
Stephen Camarata, Ph.D. and Mark Wolery, Ph.D.
Table of Contents

Introduction ............................................................................................................................... 2
Validation ................................................................................................................................. 2
Assessments ............................................................................................................................. 4
Targets ...................................................................................................................................... 4
Identifying Individual Goals ................................................................................................. 4
**Intervention Procedures** .................................................................................................. 5
Daily Probes ............................................................................................................................. 5
Story ......................................................................................................................................... 8
Play .......................................................................................................................................... 10
**Study Overview** ................................................................................................................ 13
**Definitions** ........................................................................................................................ 15
**Appendices** ...................................................................................................................... 16
Introduction

The Story Time Language Program includes the treatment of expressive and receptive vocabulary in preschool children. The intervention portion of this project uses stories and exemplars during play as teaching tools. Not only will the clinician treat curriculum based vocabulary, but other functional skills may be addressed simultaneously to include but not limited to following directions, answering questions and attending to tasks. This intervention may be utilized in an individual and/or group setting.

Validation

The Storybook Language Project is an evidenced based practice. This project was validated on 31 participants, ranging from 3.0-8.0 years of age. In order to be eligible for this project, each participant either qualified as having a diagnosis of Autism Spectrum Disorder or cognitive impairment as defined by the educational eligibility guidelines. During this study, there were varied cognitive levels and impairments. The majority of the participants were seen individually at the Child Language Intervention Program located at Vanderbilt University; although, a portion of this project focused on feasibility and was conducted in a school setting by a speech language pathologist. Each of the participants was seen in separate group settings with same aged peers. In addition to the feasibility portion, a generalization component was also included to assess goal maintenance in the classroom setting. Evidence of learning was apparent during the individual and group settings. Articles are being submitted for publishing in the areas of Autism Spectrum Disorder and Down syndrome. The school speech language pathologist completed a feedback questionnaire (Appendix 7) and the treatment procedures were modified to increase practicability in a group setting. The graph (Figure 1) below shows the acquisition of individual goals as well as goal maintenance over 3 sets of vocabulary targets and the clinician’s procedural fidelity over the treatment phase of this project.

Figure 1
Procedures Validation

The clinician graph below (Figure 2 and 3) displays procedural fidelity percentages for the daily probes, story (Figure 2) and play (Figure 3). Once the clinician reached 80% accuracy over 3 consecutive sessions, no corrective feedback will be provided. Maintenance will be documented to assess the feasibility of implementing the procedures included in the Story Time Language Program.
Assessments

Assessments are included in the evaluation portion of this study to help determine individual goals. Participants who qualify for language services are also eligible to participate in this study. Prior to beginning the initial formal assessments, Consent for Evaluation is received. Click here for the Consent for Evaluation or see Appendix 1. An assessment time is scheduled and the following assessments are used: the Autism Diagnostic Observation Schedule-Generic (ADOS-G), Vineland Adaptive Behavior Scales (VABS), Leiter International Performance Scale-Revised (Leiter), Preschool Language Scale-3 (PLS-3), MacArthur Communicative Development Inventories- Words and Gestures(MacArthur), Test of Auditory Comprehension of Language (TACL), Peabody Picture Vocabulary Test (PPVT), Expressive One Word Picture Vocabulary Test, as well as a verbal imitation task. Click verbal imitation task form or see Appendix 2. All of these assessments are also shown on a chart specifically identifying the assessment procedures. Click Assessment Chart to access this listing or see the attached Appendix 3.

Targets

Once the assessments are complete, a Consent of Intervention is received. Click here Consent for Intervention or see Appendix 4. Then the potential targets can be identified. There are several options when choosing a target. The classroom curriculum is a primary source. Classroom themes, reading textbooks, and assessments are other possible sources. The MacArthur Communicative Development Inventories, Expressive One Word Picture Vocabulary Test, Receptive One Word Picture Vocabulary Test, Peabody Picture Vocabulary Test, Test for Auditory Comprehension of Language (Vocabulary Portion) and any receptive or expressive assessment that has a vocabulary component may be useful. Meeting with other disciplinary members (i.e., classroom teacher, resource teacher) to coordinate vocabulary is also an option and highly recommended.

Identifying Individual Goals

Once there is a pool of potential targets, each target must be trialed receptively and expressively. Each potential target must have 2 distractors that correlate with the target. A distractor must be similar to the target physically, categorically or semantically. For example, for the target, pliers, wrench would be a possible distractor (See Figure 4). The child should not correctly identify the distractor. The qualifying procedures for both receptive and expressive targets are as follows: receptively, there must be at least 4 trials presented for each potential target. In order for a receptive target to qualify the percentage cannot be greater than 25 and expressively, the percentage cannot be greater than 0 to qualify. There should be 4 pairs of target vocabulary words. For the form in its entirety click Goals Form or see Appendix 5.
Intervention Procedures

This intervention consists of daily probes, story and play. Each component is listed below in chart 1 outlining the administration of each task including recording responses and providing feedback.

**Chart 1**

**Daily Probes**

During receptive daily probes, the phrase, show me ________ (target word) or where is the ________ (target word) is used to probe each target receptively. Both targets will be placed on a plate with a total of four pictures, two of which are distractors. See Figure 4 for an example of a receptive plate. Each target is probed four times with an option of two additional trials to be administered at the clinician’s discretion, specifically, if the child is approaching the mastery criteria, which is an average of 90% or above over 3 consecutive sessions (both receptively and expressively).

![Figure 4](Receptive Prompts.m4v)

Click link for an example of receptive prompts: [Receptive Prompts.m4v](Receptive Prompts.m4v)
During **expressive daily probes**, the phrase, *what is this* or *this is a*, is used to probe each target. Both targets will be placed have a corresponding distractor picture. See **Figure 5** for an example of an expressive target and the distractor for that target. Each target is probed **four times** with an option of two additional trials to be administered at the clinician’s discretion, specifically, if the child is approaching the mastery criteria.

![Figure 5](image.png)

---

**Recording Responses**

The child’s responses are recorded as either **correct, error or no response**. Once the clinician has secured the child’s attention, the clinician is to give the child a five second interval before the child’s response is recorded as **no response**. The clinician is however, encouraged to remind the child to point to the picture that he or she presumes as correct. In the event that the child points to more than one picture, administer the prompt again. If the child continues to point to more than 1 picture, the response is recorded as **error**. **Figure 6** is an example of the daily probes portion of the record form. Click here for the record form in its entirety [Intervention Assessor Form](#) or Appendix 6.

![Figure 6](image.png)
Feedback

The clinician is encouraged to give noncommittal feedback liberally throughout the daily probes. For example, the clinician may say thank you for pointing, way to go, awesome job looking at the pictures, thank you for answering, and nice try. Noncommittal feedback is also described as praising testing behaviors (i.e., sitting quietly, looking at the pictures and answering). This feedback should be given 20% (1:5) or more of the given responses for daily probes and stories.

Click link for an example of noncommittal feedback: Noncommittal Feedback.m4v

Corrective Feedback

The clinician is allowed to provide corrective feedback during the daily probes. Corrective feedback includes an acknowledgment of an error followed by the correct response. For example, if the child gives an incorrect response, the examiner says uh oh, here is it or not quite, it’s this one. If the child does not respond to the stimulus, which is recorded as a no response, the examiner says I found it or here it is. Whereas, if the child responds correctly, the clinician says, you’re right or you found the _______ (target word). Please note chart 2 for further explanations and examples.

Corrective

<table>
<thead>
<tr>
<th>Correct</th>
<th>Error</th>
<th>No Response</th>
</tr>
</thead>
<tbody>
<tr>
<td>Receptive: Yes, You’re right and you found the (target)!</td>
<td>Expressive: You are right; it’s a (target)!</td>
<td>Receptive: Uh oh, here’s the target; Oops, it’s this one, it’s the target!</td>
</tr>
<tr>
<td>Expressive: Nice try but it’s a (target), oops, it’s a (target)!</td>
<td></td>
<td>Expressive: There is the target, I found the target, it’s right here!</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Expressive: It’s a (target), thank you for looking; it’s a (target).</td>
</tr>
</tbody>
</table>

Click link for example of corrective feedback: Corrective Feedback.m4v

Chart 2

Click link for example of common feedback errors: Common Feedback Errors.m4v

Common Feedback Errors
**Story**

The clinician is provided a story along with a script that is to be used during this intervention time. The story usually lasts 3-5 minutes. The script narrates each page and includes one model and two prompts (one receptive and one expressive), per target. At the minimum, there are six pages with one model and two prompts on each page (per target). The story length may vary; however, there are always a total of 6 models and 12 prompts per target, per story. See Figure 8 for an example of the story script along with a sample story plate.

**Feedback**

The clinician is encouraged to give noncommittal feedback liberally throughout the story. See the examples from the daily probe section.

**Corrective Feedback**

The clinician is to provide corrective feedback during the story after the each prompt. For feedback details please note Chart 2.

**Story Time Record**

For the intervention component (story and play), the child’s responses are not formally recorded. However, the clinician is to record start time and stop time for the story. The intervention (story and play) should last approximately 12 minutes. Figure 7 for an example of the record form and Appendix 6 for the assessor form in its entirety.

<table>
<thead>
<tr>
<th>STORY</th>
</tr>
</thead>
<tbody>
<tr>
<td>Instructions: Record story length below. Please note story and play should equal 12 minutes.</td>
</tr>
<tr>
<td>Story Start____________ Story End____________ Story Length ________________</td>
</tr>
</tbody>
</table>

**Figure 7**

Click link for an example of a story with child responses: Story Feedback.m4v
**Sample Story Script**

*Targets: Pliers and Silo.*

Say: This story has two special words. One is pliers and the other one is silo.

**Slide One:**

Say: There once was farmer. He had many tools. See his pliers.
Model: Point to the pliers.

Receptive Prompt: Where are the pliers? Or Touch pliers.
Feedback: Correct: Yes, there are the pliers or yes, you found the pliers.
Error: Oops, here it is (Point to pliers).
No response: Thank you for looking. Here it is (Point to pliers).

Expressive Prompt: What are these? (Point to pliers).
Feedback: Correct: Yes, these are pliers or you are right these are pliers.
Error: Oops, these are pliers.
No response: Thank you for looking. These are pliers (point to pliers).

Say: The farmer also had a silo on his farm.
Model: Point to silo.

Receptive Prompt: Where is the silo? Or Touch silo.
Feedback: Correct: Yes, there is the silo or yes, you found the silo.
Error: Oops, here it is (Point to silo).
No response: Thank you for looking. Here it is (Point to silo).

Expressive Prompt: What is this? (Point to silo).
Feedback: Correct: Yes, it is a silo or you are right this is a silo.
Error: Oops, it's a silo.
No response: Thank you for looking. This is a silo (point to silo).
**Commenting Play**

This refers to the play segment of the session (that follows the presentation of the Target Story Book) in which the clinician uses the target words meaningfully in play via **Target Commenting**, which specifically refers to instances within the **Commenting Play** where the clinician says the target words meaningfully. Target Comments occur when the child is attending to the object within play with the clinician. Target Comments should be spaced throughout the Commenting Play.

**Determining the Child’s Attention**

The following chart illustrates examples of when the child is attending to the object within play with the clinician. It is **not required** to get the **child to look to the clinician**, prior to presenting a target comment.

![Securing the Child's Attention Chart](attachment:image.png)

**Presentation of Targets Comments**

Each word in the target set must be presented a minimum of 6 times, each. This will result in a minimum cumulative Target Commenting total of 12. The clinician can comment beyond the minimum of 12 at his or her own discretion. Chart 4 gives guidelines that should be following during commenting play.

Click link for **examples of securing the child's attention**: [Securing Attention during Play.m4v](attachment:file.m4v)
**Target Comments**

- **Occur when the child is attending to the object within play with the clinician**
- **Should be spaced throughout Commenting Play**
- **May never** be a recast of a target word; however, **May follow** the child’s production or attempted production of a target word if clinician provides intervening language and waits 2 seconds.
- **Can never** require that the child demonstrate receptive (i.e. Cl. “Get the submarine”) or expressive knowledge (i.e. Cl. “What is that?”) of a target word. **Choice Questions are permissible** (i.e. do you want the silo or the pliers?)

**Chart 4**

**Spacing Target Comments**

Target Comments should be spaced throughout the Commenting Play. At least 1 Target Comment of each word in the set should occur within each 2-minute segment of play. For example, if the Commenting play last 8 minutes, there should be at least 1 comment of each word from 0-2 minutes, 2-4 minutes, 4-6 minutes, and 6-8 minutes.

**Duration**

The intervention portion of a session is 12 minutes in length, and is made up of the Target Story Book and Commenting play. The duration of the Commenting play will be the number of minutes that remain (of the 12) after presentation of the Target Story Book. For example, if the Target Story Book presentation lasts 6 minute, then the Commenting Play will last 6. Or, likewise, if the Target Story Book presentation lasts 3 minute, then the Commenting Play will last 9, as so forth.
Play Techniques

Play techniques are various forms of play manipulation to increase the opportunities of providing an appropriate target comment. Environmental Arrangement is the use of toy placement, toy choice, breaks, interaction styles with the toys and play. Mirroring Play is where the clinician actively imitates the play actions of the child. During Projecting Themes, the clinician should respond to play actions by attempting to forward the indicated play theme(s) of the child’s. Initiation +1/3 involves the clinician should verbally respond to all verbal and nonverbal initiations by adding 1 to 3 new units of meaning. Lastly, Verbal Turn Rule includes the clinician taking 2 consecutive verbal turns without intervening language from the child. However, if the child does not produce additional intervening language within the next 15 seconds, the clinician may resume verbal initiations. For example, in the video clip entitled Play Techniques, the clinician shows the child a ball and says, “Look, the light comes on inside” then says, “Yay!” The child then responds by saying, “my ball.” If the child would not have produced additional language within 15 seconds, then the 2-consecutive verbal turn rule should continue to be followed. These techniques also stimulate play between the clinician and the child. Chart 5 illustrates some of the techniques that may be used.

Chart 5

Click link for examples of Play Techniques: Play Techniques.m4v
Study Overview

Materials
Listed below are the materials needed for the Intervention portion of this project.

Chart 6

Procedures for Day 1 of Treatment

Daily Probes
Always begin with daily probes. The first day of treatment is considered baseline data; therefore, do not give corrective feedback treatment. However, do give corrective feedback for known words and noncommittal feedback (at least 20% of the time) for all responses. Always give feedback to the individual participant. Do not wait to give feedback to the group as a whole after the trial.

Story
Give corrective feedback from day one of treatment. Make sure to give corrective and noncommittal feedback to the individual participant. Do not wait to give feedback to the group as a whole after the trial.

Play
Make sure to have participants’ attention prior to modeling the target (Eye Contact NOT required). Make at least 2 target comments every 2 minute interval.

Click link for an example of a group session on Day One of treatment: Story Time Language Program Group Session.m4v
Procedures for Sessions after Day 1 of Treatment

Daily Probes
Now provide corrective feedback in addition to noncommittal feedback for all responses. Remember to give feedback to the individual participant and not the group as a whole after the group has completed the trial.

Story
Continue to give corrective feedback. Continue to give corrective and noncommittal feedback to the individual participant.

Play
Continue to make sure to have participants’ attention prior to target commenting.

Click link for an example of a group session after Day one of treatment: Group Session after Day 1 of Treatment.m4v

Recording Instructions
When using the mini DVD camera, there are several procedures that need to be followed to insure the DVDs are formatted correctly. After you put the disc in the camera, select SD if it is already not selected. Do not record in HD. After recording, follow the following prompts:

Finalizing the Disc

Press the home key (Looks like a house).

Press the Manage Disc key (Square and Circle).

Select Finalize and "Okay". Camera will indicate when finalized.

Chart 6

Click here for an example of how to finalize the disc Finalizing A Mini DVD.m4v

Camera Angle
When recording a session, place camera at an angle where all participants can be easily seen including their upper torso so any pointing can be noted. Make sure the camera aim is widened to capacity and the camera is close enough to accurately record verbal responses. Having the camera positioned at an elevated height usually ensures an ideal angle.
Definitions

**Commenting Play:** refers to the play segment of the session (that follows the presentation of the Target Story Book) in which the clinician uses the target words meaningfully in play

**Corrective feedback:** includes an acknowledgment of an error followed by the correct response.

**Daily Probes:** either receptive or expressive series of prompts conducted to assess the child’s performance on the given target.

**Distractor:** a picture used that resembles the target either physically or categorically. This is used during the daily probes both receptively and expressively.

**Environmental Arrangement:** toy placement, toy choice, breaks, interaction styles with the toys and play should be thought out to optimize interaction between the clinician and the child.

**Exemplar:** an example or model of the target that is used as part of a teaching tool during the story and commenting play.

**Initiation +1/3:** involves the clinician should verbally respond to all verbal and nonverbal initiations by adding 1 to 3 new units of meaning.

**Mirroring Play:** the clinician should actively imitate/promulgate the play actions of the child

**Model:** serves as an example usually intended to be imitated by the child.

**Noncommittal Feedback:** feedback that gives praise for testing behaviors versus correctness or identifying an error; this should be used liberally throughout the daily probes and story sessions.

**Projecting Themes:** the clinician should respond to play actions by attempting to forward the indicated play theme(s) of the child’s.

**Prompt:** refers to a receptive or expressive command that results in the child completing an action. For example, a receptive prompt would be touch the (target word); whereas, an expressive prompt would be what is this.

**Recast:** when the clinician contingently repeats a target word (or 1-3 word phrase with the target word embedded) after the child’s production or attempted production of that target word.

**Target:** refers to the individual goal (vocabulary word) that is being taught receptively. Target

**Target Set:** refers to two vocabulary words that are being taught together both receptively and trialed expressively.

**Target Comment:** this refers to instances within the Commenting Play where the clinician says the target words meaningfully (Target Commenting).

**Trial:** refers to the behavior of the assessor designed to elicit the behavior from the child during the session.

**Verbal turn rule:** includes the clinician taking 2 consecutive verbal turns without intervening language from the child. However, if the child does not produce additional intervening language within the next 15 seconds, the clinician may resume verbal initiations. The 2-consecutive verbal turn rule should continue to be followed.
Appendix 1a
Appendix 1b
Appendix 1c
Appendix 1d
Verbal Imitation Assessment

Child ID: ________  Date: ________  Assessor: ________________

<table>
<thead>
<tr>
<th>Trial #</th>
<th>Imitation</th>
<th>No response</th>
<th>Said something other than model</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>9</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Checklist for Assessment Procedures
Participant

Consent Signed

Leiter  TACL  Imitation  Vineland  MacArthur  ADOS  PPVT  EOWPVT  PLS-3

Dates Completed

Qualifies
Yes  No

Clinician _______________

Appendix 3
Appendix 4a
Appendix 4b
Vanderbilt University Institutional Review Board
Informed Consent Document for Research

Principal Investigator: Stephen Camarata, PhD
Study Title: Treatment of Expressive and Receptive Vocabulary in Preschool Children with Developmental Delays
Institution/Hospital: VUMC
Revision Date: August 3, 2011

14. Privacy:

Your information may be shared with Vanderbilt or the government, such as the Vanderbilt University Institutional Review Board, Federal Government Office for Human Research Protections, and the National Institutes of Health, if you or someone else is in danger, or if we are required to do so by law.

STATEMENT BY PERSON AGREING TO PARTICIPATE IN THIS STUDY

I have read this informed consent document and the material contained in it has been explained to me verbally. All my questions have been answered, and I freely and voluntarily choose to participate.

Date ____________________ Signature of patient/volunteer

Consent obtained by:

Date ____________________ Signature

Printed Name and Title ____________________

Appendix 4c
Individual Goals

Participant: ___________________  APPROVED: ______________

Receptive Pairs

SET 1

1. 
2. 

SET 2

3. 
4. 

SET 3

5. 
6. 

Alt Receptive Words

1.  
2.  

Receptive Success Word

Study Description

Number of Trails during Daily Probes: 4 per target

Play:  Commenting X
Average Length of Ix Portion of Session: 12 minutes

Plates:  Expressive Plates:
         X
         W/ 2 distracters: X

         Receptive Plates:
         W/ 2 behaviors per plate: X

Feedback:  Corrective during DP & Story for:
            Behaviors: X

Appendix 5
**Intervention Session:** Daily Probes /Story time / Play

Child’s ID ___  Date: ______  Assessor _________  Target Set 1  IOA: Yes - Observer_______

**DAILY PROBE SET:**

**Targets**

Place in randomized order (4 Trials per Target)

<table>
<thead>
<tr>
<th>Receptive or Expressive</th>
<th>Receptive or Expressive</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Trial #</strong></td>
<td><strong>Stimulus</strong></td>
</tr>
<tr>
<td></td>
<td>C</td>
</tr>
<tr>
<td>1</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td></td>
</tr>
<tr>
<td>4</td>
<td></td>
</tr>
<tr>
<td>5</td>
<td></td>
</tr>
<tr>
<td>6</td>
<td></td>
</tr>
<tr>
<td>7</td>
<td></td>
</tr>
<tr>
<td>8</td>
<td></td>
</tr>
<tr>
<td>9</td>
<td></td>
</tr>
<tr>
<td>10</td>
<td></td>
</tr>
<tr>
<td>Known</td>
<td></td>
</tr>
<tr>
<td>Known</td>
<td></td>
</tr>
</tbody>
</table>

**STORY**

Instructions: Record story length below. Please note story and play should equal 12 minutes.

Story Start__________  Story End_________________  Story Length ________________

**PLAY**

Instructions: Model the targets at least 2 *times* per target every 2 *minutes*. Play Length_______

<table>
<thead>
<tr>
<th>T&lt;sub&gt;1&lt;/sub&gt;:</th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>T&lt;sub&gt;2&lt;/sub&gt;:</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Appendix 6
Feedback Form for Clinicians

To improve our research, we would appreciate your feedback about the story-play intervention for vocabulary. Please fill out this survey and written response on this form. Thank You for Your Help!

1. Rate the extent to which the intervention was feasible in your school.

<table>
<thead>
<tr>
<th>Extremely Feasible</th>
<th>Moderately Feasible</th>
<th>Feasible but Difficult</th>
<th>Not at All Possible</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
</tbody>
</table>

2. Rate how easy the intervention is to learn to use.

<table>
<thead>
<tr>
<th>Extremely Easy</th>
<th>Moderately Easy</th>
<th>Not Very Easy</th>
<th>Not at All Easy</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
</tbody>
</table>

3. Rate how effective the training was in learning to use the intervention.

<table>
<thead>
<tr>
<th>Extremely Effective</th>
<th>Moderately Effective</th>
<th>Not Very Effective</th>
<th>Not at All Effective</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
</tbody>
</table>

4. Rate how effective the feedback was in learning to use the intervention.

<table>
<thead>
<tr>
<th>Extremely Effective</th>
<th>Moderately Effective</th>
<th>Not Very Effective</th>
<th>Not at All Effective</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
</tbody>
</table>

5. What suggestions do you have about the intervention to make it useful to other therapists?

6. What would increase the effectiveness or acceptability of the training on how to use the intervention?

7. What suggestions do you have to help us get other therapists to use the intervention?

8. What was difficult about using the intervention in your school?

Appendix 7