

A. General Therapeutic Procedures

1. Review of Home/School Practice

0 The therapist did not review the home/school programme or the parent/LSA's progress with the communication goals set.

1 The therapist asked the parent/LSA to recall communication goals set in the last session and written in the home/school programme, and reviewed the parent/LSA's progress with the goals in the home/school practice sessions.

2. Use of Video Excerpts to Illustrate Parent/LSA Achievement of their Goals

0 The therapist did not show appropriate positive excerpts to illustrate achievement of parent/LSA communication goals, or selected excerpts and made comments on the parent/LSA-child communication that were vague or not related to the communication targets set.

1 The therapist showed appropriate video excerpts highlighting parent/LSA achievement of the communication targets set and elicited positive parent/LSA comments on change in parent/LSA communication style and child response.

3. Use of Video Excerpts as the Basis of Feedback Discussions

0 The therapist did not adequately use positive video clips to promote discussion of the parent/LSA-child interaction, the focus of the stage and the strategies, AND/OR focused too much on negative clips rather than positive ones.

1 The therapist used appropriate positive video clips to facilitate parent/LSA reflection on the parent/LSA-child interaction, leading to the discussion of stage specific strategies and the focus of the stage.

4. Eliciting Parent/LSA Feedback following the Video Playback

0 Limited therapist use of probes to elicit parent/LSA feedback. Did not use enough cascading probes to encourage the parent/LSA to reflect on the interaction and her/his role in it, or to be sure the parent/LSA understood the communication strategies and concepts being discussed.

1 The therapist elicited sufficient feedback from the parent/LSA. Cascading probes were effectively used to encourage parent/LSA reflection on the interaction and to determine the parent/LSA's understanding of the communication strategies and concepts under discussion.

5. Response to Parent/LSAs Focus

0 No attempt to recognise or respond to parent/LSA's own observations and descriptions.

1 The therapist recognised and responded appropriately to parent/LSA's own descriptions of the interaction when reviewing the video; the therapist used the parent/LSA's own vocabulary and language to describe observations and strategies.

6. Structuring the Session

7. Pacing

0 Little or no structure to the therapy time and/or there were significant peripheral or unproductive digressions that were not handled well by the therapist.

1 The therapist structured session well, so there was a clear beginning, middle and closing of the session. Peripheral and unproductive digressions were either very uncommon, or handled well by the therapist.

0 The therapist's pacing and timing was either too rushed or not appropriately adapted to the parent/LSAs pace. The therapist may have moved on too quickly to another goal, giving the parent/LSA insufficient time to reflect and describe the changes in observed interaction or parent/LSA-child responses.

1 The therapist's pacing and timing was appropriately adapted to the parent/LSA's pace, giving sufficient time for the parent/LSA to reflect, participate and contribute observations to the discussion about the videoed interaction.

B. Interpersonal Effectiveness

8. *Sensitivity Skills*

0 The therapist did not sufficiently reflect or rephrase what the parent/LSA explicitly said, or showed problems responding to implicit or subtle parent/LSA communication. The therapist missed opportunities to respond to the parent/LSA's comments or responses during feedback.

1 The therapist generally seemed to grasp the parent/LSA's meaning as reflected by both what the parent/LSA explicitly said and what the parent/LSA communicated more subtly, and re-capped appropriately reflecting the parent/LSA's comments or descriptions.

9. *Validation and Positive Feedback*

0 *The therapist missed opportunities to reinforce or praise parent/LSA achievements and insights throughout the session.*

1 *The therapist recognised and appropriately reinforced or praised parent/LSA achievements and insights throughout the session.*

C. Specific Communication Therapy Techniques (score appropriate stage only)

1. **10.1 Focus on shared attention (use for PACT-G stage 1)**

The emphasis of this stage is on the development of shared attention between the parent/LSA and child.

0 The therapist did not adequately focus on the concept of shared attention and the stage 1 strategies that promote it, and/or the discussion of stage 1 strategies was not adequately linked to the development of shared attention.

1 There was adequate focus on the concept of shared attention. Appropriate stage 1 strategies were discussed and were adequately linked to the resultant changes in child responses and the development of shared attention.

2. **10.2 Focus on parent/LSA synchronous communication style (use for PACT-G stage 2)**

The focus of stage 2 is the development of parent/LSA's synchronous communication. The aim is to decrease parent/LSA's verbal demands on the child and replace these with comments aimed at facilitating and sustaining the child's communication responses. The parent/LSA's non-verbal responses and language become synchronous with the actions and intentions of the child.

0 There was not adequate focus on the concept of synchrony and the impact of the parent/LSA's communication style on the child's responses, AND/OR Stage 2 strategies were discussed but not adequately linked to the resultant responses of the child and the concept of synchrony.

1 There was adequate focus on the impact of the parent/LSA's communication style on their child's responses. Types of communication which elicited increased responses in the child were identified and discussed. Stage 2 strategies were appropriately introduced and adequately linked to the concept of parent/LSA synchrony.

10.3 Focus on Language Input (use for PACT-G stage 3)

Stage 3 focuses on ensuring that the language input the parent/LSA is giving the child maximises the child's opportunity to understand what they are hearing and to develop their language comprehension.

0 Lack of adequate focus on the identification of language mapping/ modelling opportunities and/or discussion of the appropriate level of language complexity for the child, AND/OR Stage 3 strategies introduced but not adequately linked to the development of the child's comprehension.

1 Therapist focuses session on the identification of opportunities for language mapping/modelling and/or discussion on the appropriate level of language complexity to use with the child. Stage 3 strategies are appropriately introduced and linked to the child's developing understanding of language.

10.4

Focus on predictable routines (use for PACT-G stage 4)

10.5

Focus on Communication initiation techniques (use for PACT-G stage 5)

Stage 5 focuses on the parent/LSA eliciting child intentional communication acts. The parent/LSA purposely uses pause and openings for the child to fill with a non-verbal or verbal response and includes the use of subtle teasing. This stage extends to the therapist facilitating the parent/LSA in eliciting child initiation for a range of communication functions, seeking/ directing adult attention, requesting, negating, acknowledging.

10.6

Focus on language extension, elaboration and reciprocal conversation (for PACT-G stage 6)

Stage 6 focuses on the therapist assisting the parent/LSA to elaborate on and expand the child's expressive language repertoire i.e. finding opportunities to expand their utterances with semantically contingent information. The aim of this stage is to develop and extend child semantics and syntax. The therapist should also facilitate the parent/LSA in reciprocating in verbal interactions to develop mini-conversations that constitute at least 4 element conversational turns.

0 The therapist does not adequately focus on identifying opportunities for parent/LSAs to extend and elaborate on the child's language and does not adequately discuss techniques for

doing this. The therapist's attempts to identify opportunities for verbal reciprocal interchanges between parent/LSA and child were incomplete or inadequate.

1 Therapist focused the session on identifying opportunities and discussing techniques to extend and elaborate the child's language. An adequate variety of child language extension techniques and opportunities for verbal reciprocal conversations were identified with the parent/LSA.

Stage 4 focuses on the parent/LSA using consistent, repetitive, familiar language routines and social routines commensurate with the child's level of language understanding. This is a phase of consolidation of all the preceding stages covering the use of repetition in play, interaction, language (e.g. repetitive rhymes, play themes, interactive routines). It also acts as a bridge to later stages, setting up predictable language routines in which the child may use their expressive language as it develops.

0. Lack of adequate feedback on the parent/LSA's use of consistent language, routines and play. Lack of adequate linking of the use of repetition to facilitate child verbal understanding and to set up predictable interactions in which the child may begin to use their expressive language in later stages.
1. Therapist focuses the session on identifying and encouraging the parent/LSA's appropriate use of consistent language, familiar routine and play. The therapist identifies opportunities for consolidation and elicits parent/LSA understanding of the way repetition facilitates child comprehension and processing, and may provide opportunities for child expression in later stages.

11. No or very limited discussion of techniques or games parent/LSA can use to create opportunities for child communication initiation, AND/OR No or limited discussion of the range of communication functions the child uses/could develop.

12. Therapist focused the session on identifying opportunities for child communication initiation and on discussion of techniques and games the parent/LSA can use to facilitate this. The therapist adequately discussed the range and function of the child's communication responses and initiations.

Setting of mutually agreed goals for the Home/School Programme (PACT-G all stages)

0 Goals were assigned with limited collaboration or were vague or incomplete, AND/OR goals set did not reflect the discussions in the session.

1 There was adequate setting of mutually agreed goals that included specific communication targets arising from the parent/LSA's observations, and insights achieved during the feedback session.

Written Home Programme (PACT-G all stages)

0 No written goals in the home/school programme, or goals were unclear and/or not written in words the parent/LSA uses or understands AND/OR sections summarising the achievements in the session and giving practical examples of goals were not adequately completed.

1 Goals set in the session were written clearly in the home/school programme, in words the parent/LSA uses/understands. The home/school programme adequately summarised the achievements in the session and gave ideas of how the parent/LSA might practice the goals at home/school.

Deviation from Manual

Were there any other deviations from the standard approach measured by this scale?

If so do you think they were justifiable? (Do not include anything already scored)

0 There were deviations and they were not justifiable (explain below)

1 There were no deviations **OR** any deviations were justifiable (explain below)

13. Details of Deviations:

D. Overall Ratings and Comments

14. Appropriate Use of Materials

0 The therapist's selection of materials did not facilitate interaction.

1 The therapist's selection of materials did facilitate interaction.

15. Room Environment

Did the room setting meet the requirements set out in the Standard Operating Procedures?

0 No

1 Yes

16. Quality Time

Was there adequate opportunity for parent/LSA- therapist discussion?

0 No 1 Yes

PACT-G Fidelity Rating: adapted for use in PACT-G by Dr Catherine Aldred, Prof Jonathan Green from the Cognitive Therapy Scale (Jeffrey Young & Aaron Beck, modified by Leech, Harrington and Dubicka, 2002).