**Symposium Title**: **Implementation of Caregiver and Educator Mediated Interventions** **to Best Support Outcomes for Young Children with Autism and Developmental Disabilities**

**Overview**: This panel will share findings on from five different experimental intervention studies across four presentations, each examining considerations for the implementation of caregiver and educator-mediated interventions across delivery modalities (online, in person), age groups (toddler, preschool), and settings (classrooms, community early intervention programs, and family homes).

The first presentation focuses on an adaption of caregiver-mediated Joint Attention, Symbolic Play, Engagement, and Regulation (JASPER) social communication intervention for online delivery. Results from a pilot randomized controlled trial including caregivers’ implementation fidelity and children’s joint engagement and initiations of joint attention and requesting will be shared.

The second presentation focuses on baseline child level characteristics and their influence two types of strategies used by practitioners to support caregivers’ intervention implementation: (a) observation plus coaching: caregivers observe for 4 weeks and then receive 8 weeks of active in session coaching vs. (b) immediate coaching: caregivers receive 12 weeks of in session coaching. Analyses will explore how children’s challenging behavior at baseline may influence whether to start with caregiver observation or active caregiver coaching in caregiver-mediated JASPER in a public Canadian early intervention program.

The third presentation considers the influence of coaching behaviors in caregiver-mediated interventions. While fidelity was high across coaching implementation and treatment, a closer look at the quality of the coaching delivery may suggest that quality also strongly influences caregiver and child behavioral outcomes. The analysis will explore the role of coaching behaviors' quality and fidelity in caregiver-mediated interventions.

Finally, the fourth presentation will shift to educators’ intervention implementation. Data from two randomized trials conducted in preschool and toddler classroom settings will examine how educator’ implementation of the JASPER intervention is associated with children’s time jointly engaged as well as their initiations of joint attention.

Altogether, the four presentations explore will share critical considerations for adult learning to support high-quality implementation of intervention strategies to advance children’s outcomes.

**Paper 1 of 4**

**Paper Title**: **Adapting Caregiver-Mediated JASPER Intervention for Online Delivery: A Pilot Randomized Trial**

**Introduction**: Caregiver-mediated interventions where caregivers learn synchronously and asynchronously online have experience rapid growth since the pandemic. However, little is understood about how caregivers are learning to implement the strategies and the impact on children’s outcomes in programs adapted for online delivery.

The objectives are to: (a) examine change in caregivers’ intervention implementation fidelity from entry to exit between caregivers randomized to immediate intervention vs. those randomized to the waitlist, and (b) examine change in children’s time jointly engaged and initiations of social communication (nonverbal and spoken comments and requests) from entry to exit between children of caregivers randomized to immediate intervention vs. those randomized to waitlist.

**Method**: This study includes data from 49 caregiver-child dyads who were randomized to either immediate access to a 12-week online adaptation of caregiver-mediated Joint Attention, Symbolic Play, Engagement, and Regulation (JASPER: Kasari et al., 2021) intervention or waitlist control.

**Participants:** Participants included children (*M*=56.6 months, *SD*=14.4; Vineland Adaptive Behavior Composite *M*=71.0, *SD*=16.0) with their caregivers (n=46 mothers, n=2 fathers, n=1 grandparent). Caregivers reported children’s race/ethnicity as one or more of Asian (n=28), Black (n=1), Hispanic (n=5), Multiracial (n=9), and White (n=8). Caregivers (n=33) reported speaking multiple languages at home including Mandarin, Spanish, Greek, Russian, and Telugu.

**Online JASPER Intervention:** This study utilizes a web-based platform that facilitates self-directed learning (*blinded*). Developed in partnership with early intervention administrators and practitioners, autism specialists, and families of autistic children, the JASPER intervention content is presented in brief (5-10 minute) modules that first introduce the target child domains and their developmental sequence (e.g., play skills, nonverbal and verbal social communication skills) and then layers in JASPER strategies beginning with setting up the environment, followed by using imitation and modeling to establish routines, communication strategies, expanding routines, advanced communication strategies, and troubleshooting. The modules are presented with visuals (e.g., illustrations, graphics, video) to display key content that is accompanied by brief commentary that the user can read and/or listen to. The program can be accessed using a phone, tablet, or computer on either Android or iOS platforms. The program is paired with weekly 20-minute “check-in calls” synchronously on Zoom with an interventionist who was a member of the research team. Each week the interventionist provides a list of modules for the caregiver to complete however the pacing of the content can be adjusted (faster or slower) to meet the needs of the caregiver. Families randomized to waitlist were provided with the full 12-week intervention after completion of follow up assessments at week 16.

**Measures**

Each family completed a demographic form and a Vineland Adaptive Behavior Scales-III (Sparrow et al., 2016) interview with a research team member at entry to characterize the children. Families were shipped a standard kit of toys that included materials for: (a) Caregiver-Child Interaction (CCX: adapted from Kasari et al., 2010) and (b) Short Play and Communication Evaluation (SPACE: Shire et al., 2018). Families were asked to only use the toys during the assessment appointments when a trained study team member met the family synchronously on Zoom to record the assessments and support the delivery of the caregiver-assisted SPACE. Details about the CCX and SPACE measures as well the primary caregiver and child outcomes that were coded independently by raters blinded to treatment condition and time are provided below.

**CCX.** The CCX is a 10-minute play-based interaction collected at baseline, 6 weeks, and 12-week intervention exit. Each dyad was provided with a standard kit of materials that represent the developmental range of play levels (e.g., magnetic blocks, pop darts, nesting boxes, figures, house and furniture, Velcro food). The caregiver was asked to keep the toys in the container and only use them when asked by the study team during assessment appointments. Therefore, the CCX requires generalization of the strategies to novel materials that have not been used during the intervention sessions. The CCX was recorded live via Zoom by a research team member. The following caregiver and child outcomes were coded from the CCX:

**Caregivers’ JASPER Implementation Fidelity.** The primary caregiver outcome, intervention implementation fidelity was scored using the 31-item JASPER fidelity form (e.g., blinded) which provides a total percentage fidelity score across 31 items rated from 0 (no strategy use) to 5 (consistent, appropriate use). Trained independent coders scored the forms (α=0.818-0.993).

**Children’s Time Jointly Engaged** (JE) represents a state of social engagement where the child is coordinating the adult and a shared activity. JE was coded second by second using an established protocol (blinded) by reliable coders (α=0.88) blinded to timepoint and intervention condition from the CCX.

**SPACE.** The SPACE takes approximately 15-20 minutes and was delivered remotely with caregiver assistance at baseline and 12-week intervention exit. It includes materials that span developmental play levels (ring stacker, puzzle, small house with figures and furniture, blocks, and wooden food with knives and dishes) that provides opportunity for play acts across play level as well as opportunities for social communication opportunities. The SPACE has been validated and used with high implementation fidelity and scoring reliability by educators and practitioners (Shire et al., 2018; 2022), and demonstrated treatment effects (e.g., Shire et al., 2017). In this project, the SPACE has been adapted for remote caregiver-assisted delivery where a research team member provides real time support.

**Children’s Total Initiations of Social Communication** (TOTSC) were coded from the SPACE as counts of skills by function (joint attention or requesting) and form (gaze, gesture, and spoken or augmented language) by trained coders (ICC=0.82-0.91). The counts for IJA and requesting were summed for total social communication (TOTSC).

**Results**: Caregivers entered the study with an average of 38% implementation fidelity with no significant difference between immediate intervention and waitlist groups (*p*=.808). Caregivers in the immediate treatment group reached an average of 67.8% (*SD*=13.4%) fidelity by exit while those randomized to waitlist on average reached 40.4% (*SD*=12.8%). Caregivers randomized to immediate intervention showed significantly greater JASPER strategy implementation fidelity by 12-week exit than caregivers on the waitlist (*F*(3,87)=6.09, *p*<0.01).

Children entered with average 225 seconds jointly engaged and 30 initiations of social communication with no significant difference between groups (JE *p*=.611, TOTSC *p*=.517). Children in immediate intervention on averaged reached 275 seconds in JE (*SD*=173.2) by week-12 exit while those children with caregivers in the waitlist condition had an average of 125.77 seconds in JE (*SD*=132.7). Children of caregivers randomized to immediate intervention demonstrated significantly more time in time JE with their caregiver (*F*(3*,*87)=2.71, *p*<0.01) and more initiations of social communication (TOTSC: *F*(1,43)=18.06, *p*<.001) by 12-week exit than children of caregivers on the waitlist.

**Discussion**: Findings from this pilot study provide a preliminary signal for the potential of online self-directed learning to provide caregivers with access to tools to build foundational strategies to support their children’s social engagement and spontaneous communication. A critical next step is to understand how additional implementation strategies (e.g., coaching, video review, peer support, etc.) could leverage this foundation to maximize caregivers’ implementation and children’s skills.

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**Paper 2 of 4**

**Paper Title**: **The Relation Between Challenging Behaviors and Joint Engagement in Autistic Children: Insights from a Caregiver-Mediated Intervention**

**Authors**: Yitong Jiang1, Eunji Kong1, Connie Kasari2 & Stephanie Shire1

**Introduction**: Autistic children often exhibit early developmental differences in social communication skills (Gulsrud et al., 2014; Mundy et al., 1987; Shire et al., 2018). Joint engagement involves the coordination of an object and social partner. Research has shown that even small gains in time jointly engaged (i.e., 20% time over baseline) is significantly linked to increases in initiating joint attention, a key skill for improving social communication (e.g., Shih et al., 2021). However, challenging behaviors—defined as inappropriate verbal responses or nonverbal gestures directed towards the partner, a lack of response to the partner’s initiation or requests, or other behaviors disruptive to the interaction—can negatively affect their participation and engagement in learning activities (Jang et al., 2011; Hartley et al., 2008). Understanding the relation between challenging behavior and joint engagement could guide both researchers and practitioners in designing and implementing more effective educational interventions.

The two aims of this study are to: (a) examine whether the rate of baseline challenging behavior in young autistic children can predict the duration of time in joint engagement observed at intervention exit; and (b) determine whether the relation between baseline challenging behavior and exit joint engagement differs between timing of entry into active caregiver coaching (immediate or observe followed by coaching).

**Methods**: This secondary analysis includes data from a caregiver-mediated intervention based on the Joint Attention, Symbolic Play, Engagement, and Regulation (JASPER) model, supporting fifty-six families with young autistic children (*Mage* = 2.75 years, *SD* = 0.49) enrolled in a public early intervention model at two sites in the province of Ontario, Canada. The children’s average Mullen Scales of Early Learning (MSEL) Developmental Quotient was 78.46 (*SD* = 36.76), which is equivalent to around 18 months of age. Of the children, 60.71% were reported by caregivers as White, 10.71% as Indigenous, 5.63% as Asian, and 1.79% as Hispanic, while 21.42% did not disclose their race/ethnicity.

Caregiver-child dyads were randomly assigned to two caregiver coaching conditions that differed on the timing of the caregiver’s entry into active coaching. Caregiver were randomized to either immediately begin active coaching (COACH) or a four-week observation of interventionist implementation followed by active coaching (OBSERVE+COACH). Dyads in both groups were scheduled to receive 20-24 sessions, with two 60-minute sessions per week. Independent coders blinded to time point and coaching condition analyzed video recordings of 10-minute caregiver-child play interactions (CCX) to score the duration of joint engagement (time in seconds where the child coordinated a shared activity and the adult) at exit using an established protocol (*r* = .860 - .875).

In addition, based on the definition provided above, coders scored baseline challenging behavior rates (*r* = .870) by counting the number of challenging behavior events and dividing this by the video's duration in seconds. Nine behavior categories were operationally defined and analyzed in this study: inappropriate verbal responses, tantrums, aggression, running away, property destruction, self-injurious behavior, repetitive behaviors, lack of response to adult initiations and inappropriate nonverbal responses.

As baseline CCX data was unavailable for 10 participants, a total of 46 participants were included in the analyses. A multiple regression model was applied controlling for child gender, MSEL baseline total T-scores across four domains (i.e., fine motor, visual reception, receptive language, expressive language), baseline caregiver fidelity, and the site of implementation.

**Results**: Descriptive analyses indicated that the mean rate of challenging behavior in this sample was 1,2 occurrences per minute, with an average total of 14.39 occurrences over a 10-minute video period. The mean duration of joint engagement was 232.63 seconds, or about 3.88 minutes.

The analysis revealed a significant correlation between the baseline rate of challenging behavior rate and time unengaged at baseline (*r* = .61). However, baseline challenging behavior alone did not significantly predict the duration of time in joint engagement at exit (*p* = .804). When the interaction term between baseline challenging behavior and treatment group assignment (COACH vs. OBSERVE+COACH) was included in the model, it was statistically significant (*β* = -5064.256, *p* = .014), suggesting that the relation between baseline challenging behavior and exit time jointly engaged varies depending on the caregiver coaching condition. Results of post-hoc comparisons indicated that at lower rates of baseline challenging behavior, there are no significant differences in exit joint engagement duration between the COACH and OBSERVE+COACH groups. However, at a higher rate (specifically, 1 standard deviation above the mean), a statistically significant difference emerged (*p* = .029). This suggests that at elevated levels of baseline challenging behavior, participants in the OBSERVE+COACH group has a significantly longer duration of joint engagement during exit assessments compared to those in the COACH group.

**Discussion**: These findings suggest that challenging behaviors in young autistic children do not directly predict their time jointly engaged at intervention exit. However, the outcomes differ based on the intervention approach for children with higher rates of challenging behaviors. For children who show a high rate of challenging behavior at entry, providing caregivers with an observation period before direct coaching is linked to significantly greater time jointly engaged. This highlights the practical value of allowing caregivers to observe clinician-led interventions before coaching, particularly for children with more challenging behaviors.

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**Paper 3 of 4**

**Paper Title**: Virtual Synchronous Coaching in Caregiver-Mediated Interventions: A Closer Look at Fidelity and Quality

**Authors**: Megan Kunze1, Qi Wei3, Kellie-Anne Brown Campbell1, Giavanna Uvari1, Alexis Bacon Yates4, Jing Wang5

**Introduction**: Virtual coaching of caregiver-mediated interventions (CMI) for young children with developmental disabilities (DD) has increased in practice, and research on efficacy has been evolving in early intervention for over a decade. Meadan and colleagues (2016) described the importance of coaching partnered with caregiver training, suggesting the two are necessary for caregivers to effectively implement strategies during play or routine that will result in behavior change. Intervention protocols often measure the fidelity of coaching behaviors, that is, whether the coaching task occurred or not. However, measuring the quality of the coaching behaviors is less common in intervention analysis and reporting. Understanding the frequency of high-quality coaching behaviors and whether they correlate to caregiver and child performance will help us pinpoint the active ingredients in coaching CMIs for young children with DD.

**Method**: Ten caregiver-child dyads whose child (a) was between 26 and 50-months-old, (b) demonstrated difficult levels of challenging behaviors during play interactions, and (c) had a developmental delay (i.e., global delay, speech delay, autism, adjustment disorder, ADHD, sensory processing disorder). Caregivers, (female=9; male=1), were nationally recruited from eight states and identified as Chinese (n=6), Black African American (n=1), or white (n=3). Using a concurrent multiple baseline design across participants, caregivers were paired with a graduate student clinician via telehealth, where they were coached to use ABA technologies to increase child engagement during play sessions. Ten graduate student clinicians were trained to implement the intervention package using cultural adaptations to meet individual family needs and simulate the level of clinical training exhibited by an early career practitioner in the field of early intervention (blinded).

Using the fidelity checklist from Meadan et al. 2023, the research team reviewed 72 coaching sessions across 10 different coaches and 10 families of children with or at risk for autism and developmental delays. The checklist rated coaching tasks in pre-observation, observation and post-observation and present or not present. An expansion of the Meadan et al study (2023), the team also rated additional occurrences of each coaching task to rate quality (e.g., did the coaching behavior occur more than once during the session?). Descriptive statistics, frequency, and correlation analysis between coach behavior and caregiver/child outcomes will be analyzed.

**Results**: Analysis to address the following aims and research questions are underway:

**Aim 1**- to measure the quality of coaching behavior, where quality is represented by the frequency and scope of the coaching behaviors.

* Is there a difference in the overall fidelity and quality of coaching sessions by each coach (between coaches)?
* Is there a difference in the overall fidelity and quality of coaching sessions by component and overall, for individual coach performance (within subject)?

**Aim 2-** to determine the extent to which quality of coaching impacts caregiver/child outcomes.

* Does the score of coach behavior predict child and caregiver outcomes in each session and overall?

**Discussion**: Recommendations for measuring quality and fidelity will be made. Outcomes from the analysis will be discussed, and agree or disagree with the following a priori hypothesis:

Hypothesis 1:

* There will be a difference across coaches in fidelity and quality. However, there will be less difference across coaches in fidelity compared to quality.
* Supportive feedback will be high across coaches; reviewing steps of target skill will be lowest; identifying target skill will have high variability

Hypothesis 2:

* There will be an improvement in fidelity and quality over time. If they start low, they will improve, and if they start high, they will remain high.
* Supportive feedback will be high across coaches; reviewing steps of target skill will be lowest; identifying target skill will have high variability

Hypothesis 3:

* The coach's behavior will predict child and caregiver outcomes. Caregiver and child characteristics (prior knowledge, well-being, stress, caregiver self-efficacy) will be contextual factors in these results.

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**Paper 4 of 4**

**Paper Title:** **Maximizing Outcomes in Autism Intervention: The Critical Role of Implementation Fidelity in JASPER**

**Introduction**: In recent years, there has been more evidence-based intervention implemented in community settings. It has been reported that early interventionists and teachers in these early childhood education settings can implement evidence-based interventions at fidelity (Panganiban et al., 2022; Shire et al., 2020). However, limited studies have examined autism intervention fidelity implementation and how it mediates child outcomes (Reszka et al., 2019).

The current study was a secondary data analysis combining two previously published school-based autism intervention studies (blinded). The goal of the study was to examine how the fidelity implementation subscales for the intervention (JASPER) are related and the effect of total strategy implementation fidelity on children’s joint engagement (JE) and initiations of joint attention (IJA).

**Methods:**

*Participants*. Children (n=197) with autism aged 2-5 years (M=38 months; SD= 9.35 months) from two independent community intervention studies are included. Eighty percent of the sample were male and had diverse backgrounds (49% Hispanic, 19% Black, 15% White, 7% Asian, and 10% Mixed). Children in both studies were randomized to immediate JASPER (Joint Attention, Symbolic Play, Engagement, and Regulation) treatment (IT) or classroom as usual control (WL) for 3 months.

*Intervention*. Teachers and teaching assistants (educators) received training and in-vivo coaching with the research team to learn the JASPER intervention. In the IT group, educators implemented JASPER 30 minutes a day with their students for 3 months, while WL teachers continued with standard school curriculum.

*Teacher-child play interactions (TCX).* Teachers’ JASPER implementation fidelity (accuracy, quality) was coded from video recorded 10-minute teacher-child classroom interactions at entry and exit. Seven strategy implementation subscales were coded: Supports for Engagement and Regulation, Environment, Balancing Imitation and Modeling, Establishing Play Routines, Expanding Play Routines, Programming for Joint Attention and Requesting Skills, and Communication Strategies. Each item was rated on a scale of 0 to 5 where “0” reflected incorrect or lack of implementation of the strategy, a “3” described mixed strategy implementation, and a “5” represented accurate and developmentally appropriate strategy implementation. Each subscale was summarized in a percentage score where a higher score indicates greater accuracy and quality of implementation.

The TCX videos were also coded for the frequency of discrete *IJA skills*, including eye contact, gestures (pointing, showing, giving) and language. The range of ICC for IJA was 0.90-0.99.

**Results:**

*Correlation and Factor Analysis*

Preliminary pairwise correlation analyses were conducted for the JASPER strategies at baseline. All seven strategy subscales were positively and significantly correlated with each other (r’s>0.48, p’s<0.001). Exploratory factor analyses yield that the one factor model accounts for 66% of the variance with factor loadings all greater than 0.6 indicating that the strategies all load positively to the same factor.

*Total JASPER Strategy Implementation Fidelity*

On average, educators in the JASPER classroom made more improvements in total JASPER implementation fidelity compared to the educators in the waitlist classroom (p<0.001). In addition, children in the JASPER classrooms made more gains in the total percentage of time spent in child-initiated JE (p<0.001) and total initiations in IJA (p<0.001) compared to children in the waitlist classrooms.

Mediation analysis indicated that total JASPER implementation fidelity partially mediated 47.79% of the total JASPER intervention effect on the gains in JE from baseline to exit (p=0.0231). Further, total JASPER implementation fidelity fully mediated 92.92% of the total JASPER intervention effects on gains in IJA. The JASPER intervention effects became insignificantly associated with JE after accounting for the total strategy use (p=0.819). This indicates that after considering the total JASPER implementation fidelity, the direct impact of the JASPER intervention on joint engagement was no longer significant.

**Discussion**: The findings highlight the significance of educators accurately applying evidence-based interventions. Students with autism are likely to benefit more when these strategies are implemented with high fidelity. JASPER fidelity implementation fully mediated IJA, but only partially mediated JE, suggesting that there are other factors that are also influencing these child outcomes. Future research can explore additional factors that may impact child outcomes to continue to tailor the interventions to achieve optimal social communication outcomes for children with autism.

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