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RESOURCE **R**EVIEW

Reviewed by Carol Westby

We Thinkers Curriculum

Winner, M. G., Tarshis, N., Zweber, K., & Hendrix, R. (2016). *We thinkers! Volume 1. Social explorers*. Santa Clara, CA: Think Social.
Hendrix, R., Palmer, K., Tarshis, N., & Winner, M. G. (2016). *We Thinkers! Volume 2. Social problem solvers*. Santa Clara, CA: Think Social.

The ASHA document, Scope of Practice in Speech-Language Pathology (2007), advocates the use of the International Classification of Functioning (ICF) framework in all clinical and research activities. I have discussed the ICF in several issues of *Word of Mouth*. The ICF makes a distinction between *capacity* to perform a task or activity, and the actual *performance* of the activity when participating in a life situation (e.g., at home,

school, and community events). The majority of assessments and interventions employed by SLPs focus on capacity—the vocabulary, syntax, conversational/narrative, and social skills the student comprehends, and does or does not do under structured conditions. Although questionnaires and observational tools are available to evaluate students' performance and participation in naturalistic contexts (classroom, recess, sports groups,

Table 1. Developmental Stages of Pretend Play

Age	Characteristics of pretend play
17–19 months	Pretend play on self using realistic props, pretends at events that have been personally experienced and happen daily (eating, sleeping)
19–22 months	Pretend on doll (doll is passive recipient of actions), pretends at familiar activities of caregivers, combines two toys or performs actions on more than one person
2–2.5 years	Talks to doll, several actions on a theme with a doll (doll in tub, wash, dry), pretend events personally experienced that happen periodically (associated with emotion), for example, grocery shopping, doctor play
3–3.5 years	Gives voice to dolls or puppets, pretends with low representation toys/miniature toys, object substitutions, pretend events child has seen or read about but not personally experienced (e.g., firefighter), short sequences of temporally related evolving activities
4 years	Children take on roles in pretend, planned events in cause–effect sequences, less dependence on props—language used to set the scene
5–6 years	Characters have multiple roles (mother, doctor, wife), multiple planned sequences in play, highly imaginative themes

family activities), data from these questionnaires and observations are very rarely used to qualify students for therapy, and therapeutic outcome goals rarely consider students' participation in real-life activities.

Individualized Educational Plans (IEPs) developed for students with disabilities are to address both academic and functional skills, but in practice, IEPs often address only academic skills. The Individuals With Disabilities Education Act (IDEA) does not define "functional" other than to say it is other than academic. In practice, "functional" is often associated with basic life skills for students with significant physical or intellectual disability. Even high-functioning students with autism spectrum disorder (ASD) who exhibit social competence deficits in life activities may not qualify for services if their academic performance is within the average range.

"Functional" need not be defined in this narrow way. In both assessment and intervention, SLPs need to consider students' skills or ability to perform a task in a structured or controlled setting, *and* their actual use of these skills in real-life situations at home and school and in the community. Ultimately, intervention goals should be participation goals. Often, the goals of IEPs are capacity goals (e.g., increased utterance length, increased vocabulary comprehension, answering "wh" questions). Achieving these goals in therapy sessions is no assurance that students will use the skills in social and academic situations.

At the beginning of my career, I developed a system for evaluating the play skills or play levels of children from 8 months to 5 to 6 years (Westby, 1980). The scale has gone through several iterations, the last published versions in 2000 (Westby, 2000) and 2017 (Westby & Wilson, 2017; email me at mocha@unm.edu for copies of these articles with the Westby playscale). Table 1 provides a brief summary of the development of pretend play. When a play assessment is conducted by an adult in a structured environment, the outcome is a measure of a child's play capacity. But just because a child has the capacity to engage in pretend play at these levels, there is no guarantee that a child will perform these skills when participating in play with peers. SLPs and early interventionists frequently conduct play evaluations in which they evaluate a child's play and language capacity; they rarely consider or report on a child's play and language performance, or how the child actually engages with peers in play. It is always my intention to consider how a child actually participates in a play situation, but I did not have an observational protocol to think of participation in a developmental way. The *We Thinkers* curriculum for preschool and early elementary school children provides a framework for assessing children's play performance and participation, and strategies for promoting young children's social competence, so that they are better able to participate with their peers in play.

Michelle Garcia Winner is well known for the social thinking strategies she has developed for high-functioning persons with ASD. Her work has focused on children from mid-elementary and older. *We Thinkers* is a social thinking curriculum Winner developed with

Table 2. Summary of GPS Levels

GPS level	Play description
GPS Level 1	Play is object focused, child plays alone, will attend to adult if adult actively seeks child's attention
GPS Level 2	Child still plays alone but will engage adult to play their way, with adult effort, the child will briefly attend to another child in play
GPS Level 3	Adult directs the play, providing structure, ideas, and context. Peers enact the play within the structure
GPS Level 4	Adults provide props and initial ideas but minimal facilitattion, peers create structured play together, adult may step in to resolve conflicts and to keep the play moving
GPS Level 5	Shared Collaborative Imaginative Play (SCIP), peers provide ideas, decide on a theme, choose roles, negotiate, and problem solve on their own. Minimal adult facilitation, if any

Note. GPS refers to the components of group collaboration, play, and problem solving.

colleagues working with high-functioning children with autism between the ages of 4 and 9 years. *We Thinkers* is a two-volume set. Each set includes a manual with a series of lessons on five thematic topics and five accompanying storybooks. In addition, there is a CD with a song for each of the 10 thematic lessons.

Volume 1 begins with the book, *Thinking Thoughts and Feeling Feelings*, which introduces children to our ideas and feelings, and how to talk about them. The other four books address aspects of social competence that are relevant for all students, not just those who have ASD. I recommend the curriculum to many SLPs who are conducting speech and language groups with young children. Many young children with speech and language impairments do not know how to participate in groups, and as a consequence, SLPs may devote much time to managing behaviors rather than developing specific speech and language skills. SLPs can teach young children the competencies essential for participating effectively in groups:

- *The Group Plan*. From this story, children are to learn that a group of children have a plan, and all children should be contributing to the plan. What might children be doing that shows they are not following the group plan. What can they do to be part of the plan?
- *Thinking With Your Eyes*. We think about what we are looking at, and to understand what others might be thinking, we need to notice what they are looking at.
- *Body in the Group*. If you are part of a group, your body has to be in or near the group.

- *Whole Body Listening*. Whole body listening is when your eyes, mouth, arms, legs, and feet are calm and quiet. How do we show with our whole body that we are listening? If we are moving our hands, arms, and legs or talking over others, we are not listening with our whole body.

Volume 2 has two components: The Social Problem-Solving Curriculum and the GPS manual.

The Volume 2 Curriculum manual and storybooks address behaviors that are more commonly associated with autism. Children learn the hidden rules and expected and unexpected behaviors, making smart inferences in social situations, being flexible in their thinking and actions, evaluating the size of a social problem and acting according to the size of the problems, and sharing imagination in play.

Volume 2 introduces the GPS scale (for Group Collaboration, Play, and Problem Solving). Children come to play and social engagement with different levels of perspective taking, social awareness, and social problem-solving abilities. The GPS framework teaches adults how to differentiate instruction and treatment plans as they implement the *We Thinkers* activities. Although the GPS was developed with children with ASD in mind, the scale can be used to evaluate the play interactions of all children, even if one is not implementing the *We Thinkers* curriculum per se. Table 2 shows a brief summary of the five GPS levels. In the manual for the GPS, the authors provide many questionnaires, observational tools, and forms to use to

document a child's GPS level. In evaluating a child with the GPS scale, one considers the role of an adult in the play, the degree of structure provided by the adult, and the role of the child in the play.

The GPS is a superb complement to my playscale. My playscale evaluates a child's capacity for play; the GPS evaluates a child's performance and participation in play with peers. In practice, a child needs to have a play capacity around the 3-year age level on my playscale. Although typical children younger than 3 years engage in pretend play, they do not actually collaborate in play with others; rather, they play alongside or in parallel with other children. Interventions for children with any type of language/learning impairment should incorporate both capacity and performance/participation goals. The GPS provides a framework for developing performance/participation goals.

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Driving Licenses for Persons With Autism

Nearly 90% of persons with ASDs obtain their driving license by age of 21. They obtain their driving license a little later, on average, than do regular drivers—by a margin of about 9 months. The gap between license rates for the autism group versus the nonautism group reflected families that decided against pursuing a driver's license in the first place.

Researchers say that persons with ASD are good at following the rules, but they may have subtle impairments in social interaction skills, communication skills, motor skills, coordination, and the ability to regulate emotions. They might notice a lot of details of their environment, but they might have difficulty determining the important details. Teens with ASD may also have difficulty staying calm in a situation that might be anxiety provoking or stressful. Although they are good at knowing the rules of the road, they may find the behavior of other drivers bewildering, and be unable to react quickly. Researchers recommended driving instruction be done by an occupational therapist who specializes in autism, or a driving teacher who has been trained in working with special needs teens—Curry, A. E., Yerys, B. E., Huang, P., & Metzger, K. B. (2017). Longitudinal study of driver licensing rates among adolescents and young adults with autism spectrum disorder. *Autism*. doi:10.1177/1362361317699586.

Storyline Online

Check out Storyline Online (http://www.storylineonline.net/). Storyline Online provides opportunities for parents, children, and educators to listen to and view children's classic storybooks read aloud by professional actors and actresses 24 hr a day. During the reading, the pages of the books are shown with simple animation added. Each book is selected to appeal to the interest of children in Grades pre-K to 5. The website features 30 read-aloud stories, including memorable titles such as *Knots on a Counting Rope, Wilfred Gordon McDonald Partridge,* and *Thank You, Mr. Falker.* Activity guides developed by a literacy specialist offer a summary of each story, activities to extend the read-aloud experience, and information about the author, illustrator, and the actor who performs the read aloud.

Storyline Online read-aloud books can also be viewed on YouTube. When viewed on YouTube, closed captioning is available. Each year, the Foundation works with publishers to add three or four new books to the collection. Future plans include offering bilingual stories, with an English–Spanish book coming soon.

Promoting Executive Functioning

Executive functions (EFs) in childhood predict important life outcomes. Thus, there is great interest in attempts to improve EFs early in life. Many interventions are led by trained adults, including structured training activities in the lab and less structured activities implemented in schools. Such programs have yielded gains in children's externally driven executive functioning, where they are instructed on what goal-directed actions to carry out and when. However, it is less clear how children's experiences relate to their development of self-directed executive functioning, where they must determine on their own what