

Teacher-delivery of the Westmead Feelings Program: Emotion-based Learning for Children with Autism Spectrum Disorder with and without Co-occurring Mild Intellectual Disability in Primary Schools

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Abstract

Social-emotional delays are core deficits for children with Autism Spectrum Disorder (ASD). Interventions that teach emotional competence skills may enhance wellbeing and prevent mental health problems in children with ASD. The Westmead Feelings Program (WFP): Emotion-based Learning for Children with ASD and Mild Intellectual Disability (ID) (WFP1) and without ID (WFP2) aims to develop emotional competence and prevent mental health problems in these students. This pilot study aimed to explore teacher satisfaction and confidence in delivering the WFP to children with ASD, and child engagement and emotions skill acquisition. Participants were 20 primary school-aged children with ASD and their four teachers from two mainstream schools. Three teachers were trained as WFP 1 facilitators, and one teacher trained as a WFP2 facilitator and all delivered WFP to children. Semi-structured teacher interviews were used to collect data. Results indicated high levels of satisfaction with WFP concepts, strategies, materials and program structure. All teachers were extremely confident in delivering interventions to develop emotion skills in children with ASD following WFP training and delivery. WFP was rated as being extremely engaging for children with ASD/ID, and the acquisition of new emotion skills for children was described.

Keywords: autism, intellectual disability, wellbeing, mental health, curriculum

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Introduction

Social-emotional delays are core deficits for children diagnosed with Autism Spectrum Disorder (ASD), and research has shown that children with ASD, with and without accompanying Intellectual Disability (ASD/ID) are highly likely to have other mental health disorders such as anxiety and depression (American Psychiatric Association, 2013; Brereton, Tonge, & Einfeld, 2006; Leyfer et al., 2006). Co-occurring mental health disorders in children with ASD/ID have also been associated with greater stress and psychopathology in parents and carers (Totsika, Hastings, Emerson, Lancaster, & Berridge, 2011). Despite growing evidence for the high co-morbidity rates of mental health issues in children with ASD/ID, approaches for preventing and treating these mental health problems remain limited.

Most social-emotional interventions for children with ASD/ID focus on developing social skills (Johnson, 2014; Laugeson, Frankel, Mogil, & Dillon, 2009) or already entrenched mental health problems (Chalfant, Rapee, & Carroll, 2007). Treatments that have been found effective in treating mental health problems utilise a modification of existing cognitive-behavioural therapy programs for children with ASD for anxiety (Chalfant et al., 2007; Scarpa & Reyes, 2011; Sofronoff, Attwood, & Hinton, 2005; Sze & Wood, 2007). However, these approaches assume the child has literacy skills and is able to engage in verbal communication and abstract thinking when a core deficit of ASD are communication impairments and 75% of children with ASD/ID experience difficulties in abstract thinking.

Enhancing the emotional development of children with ASD/ID is important because research suggests that good emotional development (or emotional competence) can enhance social skills training (Wood & Kroese, 2007). ASD/ID and who have poor emotional development also have poorer long-term adjustment and prognosis (Ozonoff & Miller, 1995). This suggests that interventions that teach emotional competence skills may be a way to enhance wellbeing and prevent the onset of mental health problems in school-age children with ASD/ID.

The KidsMatter framework is the Australian federal government mental health and wellbeing initiative in primary schools (Commonwealth of Australia, 2014). For children with ASD/ID, there are a number of benefits for school-based delivery of mental health promotion interventions, when compared to clinic-delivered treatments. Benefits include helping to alleviate the cost, time and accessibility barriers that are present with clinic-based interventions, and reducing stigma associated with engaging with mental health services. Furthermore, for children with ASD/ID intervention program outcomes are enhanced by opportunities for children to practice in natural settings such as in school. Teachers utilising specific mental health promotion teaching tools from mental health promotion programs means there are increased opportunities for program strategies and materials to be introduced in-situ and in circumstances where children may benefit from them (Kasari & Smith, 2013). There is also evidence that the benefit of enhanced social-emotional awareness takes the form

of a ‘cultural shift’ within communities – that is, through embracing social-emotional learning programs, schools are fostering a greater awareness and culture of social-emotional communication, support, and awareness among staff, children and parents (Powell & Graham, 2017).

The Westmead Feelings Program: Emotion-based learning for children with Autism (WFP) is an intervention program that aims to develop emotions competence and prevent mental health problems in children with ASD/ID. There are two versions of WFP: WFP 1 is for children with ASD and mild intellectual disability (Ratcliffe, 2011; Ratcliffe, Grahame, & Wong, 2010; Ratcliffe et al., 2017) and WFP 2 is for children with ASD without accompanying intellectual impairment (Ratcliffe, Wong, Dossetor, & Hayes, 2014; Wong, Lopes, & Heriot, 2010; Wong et al., 2018). WFP consists of programs for children, their parents and teachers and includes a practitioner training and certification program and was developed for group-based delivery in schools. A controlled trial of WFP has demonstrated that school counsellor delivered WFP in 64 schools across metropolitan, rural and regional NSW improves emotional competence and reduced symptoms of mental health disorders in children with ASD immediately and 6-months post intervention with large effect sizes. The controlled trial also demonstrated that school-based delivery of WFP is an acceptable and feasible means of delivering theory-driven, evidence-based, effective mental illness prevention and health promotion treatment to children with ASD/ID (Ratcliffe et al., 2014). Previous research has utilised school counsellors to deliver WFP in schools. However, teachers would also be very well placed to deliver the program in schools.

Project aims

This pilot study aimed to investigate teacher delivery of the WFP in schools and explore teacher satisfaction and confidence in delivering the WFP to children with ASD, and student engagement and emotions skill acquisition associated with WFP. The study research questions were:

- 1) How satisfied would teachers be with the WFP concepts, strategies, materials, and structure?
- 2) How confident would teachers be to deliver the WFP to children with ASD following WFP facilitator training and delivery?
- 3) How would teachers perceive student engagement and emotions skill acquisition be following WFP delivery?

Method

Participants

Participating Schools. The pilot project was conducted in two mainstream schools, in four support classes for children with ASD/ID. WFP 1 and WFP 2 were designed for children aged 8 to 12 years old. WFP 1 is for children with ASD and co-occurring mild ID who have some language but do not need to read and write (Ratcliffe et al., 2010; Ratcliffe et al., 2017). WFP 2 is for children without accompanying intellectual impairment who can read and write and attend for at least 5 minutes (Ratcliffe et al., 2014; Wong et al., 2018). Participating schools were invited to participate in this pilot project as they had support classes of students who met eligibility criteria for WFP 1 and/or WFP 2.

Participating Teachers. Three teachers had classes of students with learning needs suitable for WFP1, and a fourth teacher had a class of students suitable for WFP2. The four teachers participated in this pilot project and had worked in support classes for children with ASD/ID for 1 and 7 years and had between 5 and fifteen years of overall experience working in teaching. One teacher had special education qualifications. All teachers had prior experience teaching social and emotional skills to children with ASD as part of the Personal Development Health and Physical Education (PDHPE) curriculum.

Participating Children. A total of 20 children from four classes participated in the pilot project. Participating children were between 8 years, 8 months and 11 years, 11 months. All children had a diagnosis of an Autism Spectrum Disorder, including Autistic Disorder, Pervasive Developmental Disorder – Not Otherwise Specified, and Asperger’s Syndrome. The intellectual abilities of participating children ranged from moderate disability to average ability. Data on the intellectual abilities of one child participant was not available. A total of 15 students from three classes had academic skills suitable for WFP1, and a fourth class of five students had academic skills suitable for WFP 2.

Procedure

Approvals and Consent. The Children’s Hospital at Westmead Clinical Governance Unit (QI5599 & QI4950), Aspect Research Office (Ref 1516) approved this pilot project. School Principals, teachers, and parents of children enrolled in the support classes were given project information sheets and consent forms and consented to participate.

Teacher Participant WFP Facilitator Training and Delivery. All teacher participants were trained by WFP Facilitator Trainers from the Children’s Hospital at Westmead. Two teacher participants received face-to-face WFP1 Facilitator training and certification across two days. The training and certification process consisted of interactive role-play demonstrations of WFP, small group discussions around WFP strategies, active learning and participation across child, parent, and teacher sessions, and feedback on the core skills and competencies developed by teacher participants on WFP delivery. Two teacher participants received face-to-face WFP 1 and 2 facilitator training across four hours. The four-hour training process consisted of interactive role-play demonstrations of WFP and

didactic teaching about the core concepts taught and strategies utilised in WFP child sessions. Teachers were given WFP facilitator kits to deliver child sessions, with a program kit (comprising of visuals, materials for activities, videos) and manuals (Facilitator Manual for Child Sessions and Child Workbook), with the aim of making it easy to deliver. Following facilitator training, teacher participants delivered WFP to their classrooms of students as part of the Personal Development, Health, and Physical Education lesson time. WFP lessons were allocated one hour per week across two school terms, for a total of 16 lessons.

Westmead Feelings Program Content and Structure

WFP 1 and WFP 2 both teach emotion competence skills to children with ASD across three modules: Module 1 Understanding Emotions, Module 2 Problem Solving and Perspective Taking, and Module 3 Managing Emotions. Each module has five sessions, and the lesson is approximately 60 minutes. The specific skills taught in each Module are described in Table 1. WFP utilises a range of evidence-based strategies to teach children with ASD that build on their learning strengths and support learning weaknesses. The teaching strategies including video social scripts (WFP1), written social scripts (WFP2), video models, structured worksheets containing visuals and pictures (WFP1 and WFP2) and words (WFP2), role plays and homework tasks (WFP1 and WFP2). Positive behaviour supports are integrated into WFP to foster engagement in learning, including visual schedules, rules, and reward charts. The supports are presented in either pictures (WFP1) or words (WFP2).

Table 1. Emotion Competence Skills Taught in the Westmead Feelings Program Modules

Module	Emotion competence skills
1	Understanding emotions Recognising different emotions Rating intensities of emotions The link between being in a situation and having an emotion How different people can have different emotions in the same situation
2	Problem solving and perspective taking How to solve problems, and recognise emotions in different problem situations Reading emotional body signs in faces, bodies and voices Perspective taking, or how different people can have different feelings in the same situation
3	Managing emotions Management of not-so-good emotions How to use Feelings Control Kit strategies to manage emotions

Data Collection

School Counsellors reviewed student files to collect information on diagnosis, intellectual ability and age. Data on satisfaction with WFP, teacher engagement and child engagement were collected by a one hour semi-structured teacher interview, including open-ended questions and responses measured on Likert scales, conducted by a Research Clinical Psychologist from the Children's Hospital at Westmead. The interviews were audio recorded and the interviews were transcribed by an administrative support person blind to the study design and participants. Interview transcripts were reviewed by the authors and a thematic analysis was conducted using the data.

Results

As expected, given the similarities in the WFP1 and WFP 2 curriculum in terms of module content, session structure and training, there were no significant differences in reported quantitative or qualitative data when comparing teachers one, two or three (delivered WFP1) to teacher four (delivered WFP2) in satisfaction, confidence in delivering the WFP to children with ASD, and/or student engagement and emotions skill acquisition associated with WFP. Thus, teacher data was collapsed and analysed as a group of four teachers.

Teacher satisfaction with the Westmead Feelings Program

Quantitative data indicated high levels of teacher satisfaction with WFP concepts, strategies, materials and program structure. Satisfaction ratings were measured on Likert scales ranging from scores of zero to 10, with 0 indicating “not at all satisfied”, 5 indicating “satisfied” and 10 indicating “extremely satisfied.” Overall, teachers were extremely satisfied with the number of sessions, how well sessions fit into the school term, having appropriate space to run sessions, the resources provided to run sessions, videos for sessions, the facilitator manual used by teachers to deliver sessions, and the general usefulness of WFP to teach emotion skills to children. Teachers were satisfied by the duration of sessions and how well sessions fit into the school day. Satisfaction ratings, means and standard deviations are described in Table 2.

Table 2. Teacher Satisfaction with the Westmead Feelings Program 1

Westmead Feelings Program 1 Domain	Participant				<i>M</i>	<i>SD</i>	Range
	1	2	3	4			
Facilitator manual for sessions	10	10	10	10	10.00	0.00	-
Resources provided to run sessions	10	9	10	10	9.75	0.50	9 – 10
Videos for sessions	10	10	8	9	9.25	0.96	8 – 10
Number of sessions	10	9	8	9	9.00	0.82	8 – 10
Having appropriate space to run sessions	10	5	10	10	8.75	3.00	5 – 10
How well sessions fit into school term	4	10	10	10	8.50	3.00	4 – 10
General usefulness of WFP to teach emotion skills to children with Autism	6	10	9	9	8.50	1.73	6 – 10
Duration of sessions	5	9	7	10	7.75	2.22	5 – 10
How well sessions fit into school day	5	9	4	5	5.75	2.22	5 – 9

Note. Satisfaction ratings were measured on Likert scales ranging from scores of 0 to 10, with 0 indicating “not at all satisfied”, 5 indicating “satisfied” and 10 indicating “extremely satisfied”.

Qualitatively, teachers reported that WFP lessons were delivered in Personal Development lessons to align with emotional-social goals, as part of the Personal Development, Health, and Physical Education (PDHPE) Curriculum. Prior to WFP delivery, two classes had been taught an emotion regulation program using colours to represent different “zones” of emotion. Teachers reported that use of colours to represent feelings across both emotion skills programs benefitted some students, and both programs worked fine together. Two classes also participated in a “Respect for Relationship” program, in which students have buddies and are taught resilience skills. Two teachers reported that WFP learning goals fit the resilience skills taught in this program.

WFP was reported to generalise to other parts of the school curricula and that WFP skills continued to be used after completion of the program. For example, WFP teaches students how to problem solve, and evaluates solutions to a problem by asking “Is that a good idea, or a not so good idea?” accompanied by “thumbs up” or “thumbs down” gestures. One teacher reported “We could use that throughout the day for other things... was that a good idea or not so good idea.” Another teacher reported “since we’ve finished WFP (the children) are remembering back to what we did and because we’ve got a few starting high school I’ll say “Is anyone worried?”... then after a while they were like “if I get bullied” and we ended up having a big talk about being bullied.. then the teacher’s aide, she’ll say ‘who can think of a way we could solve that problem... so still using a lot of WFP language. So even though we weren’t actually doing the formal sessions, we were just using the language to talk about feelings.”

WFP fit well in the school day, and teachers reported that WFP was able to be delivered in a flexible manner to suit the learning needs of children and unanticipated events that impacted on the class schedule. Factors that impacted delivery schedule included a school musical, attending school mass, an excursion, students being withdrawn from class, and one student being on an extended holiday. Despite these factors, the teachers reported WFP was able to be delivered on a weekly or twice weekly basis, and that students were able to engage in WFP program irrespective of session frequency.

On average, WFP sessions were reported to be 20 to 40 minutes long, which was reported to be just the right length of time by all teachers. The entire WFP session was allocated one hour, which included time for set-up and packing away of all the visual supports included in the WFP kits. All teachers reported that the time taken to set up and pack away was significant but manageable with the support of a teacher aide.

All teachers reported high levels of satisfaction for the WFP kits and manuals provided. No technical issues with playing videos were reported and manuals were easy to follow. Some visuals depicting different photographs of faces and emotions could have been clearer. Some adjustments were made by teachers to the WFP materials to individualise them and help with student learning. For example, on student reward charts, some responded better to stars being drawn than use of a tally system.

Teacher confidence in delivering interventions to develop emotion skills in children with Autism Spectrum Disorder

Teacher confidence ratings were measured on Likert scales ranging from scores of zero to 10, with 0 indicating “not at all confident”, 5 indicating “confident” and 10 indicating “extremely confident.” All teachers were extremely confident in delivering interventions to develop emotion skills in children with Autism Spectrum Disorder following WFP training and delivery, with the mean score of teacher confidence increasing from 7 prior to attending WFP facilitator training and WFP delivery to 9 after attending WFP 1 facilitator training and delivering WFP. Three teachers reported being “confident” in

delivering emotion skills intervention at baseline and being “extremely confident” following WFP training and delivery. One teacher reported already being “extremely confident” in delivering emotion skills interventions at baseline.

Teachers reported that WFP enabled explicit teaching of emotional-social skills using a structured method, when compared to other emotional-social programs. Emotional learning was embedded throughout children’s day via WFP so that learning was not limited to direct instruction that occurred in the classroom. Teachers reported this differed from the lessons previously taught in emotional-social learning, in which “a face would be put up on the board and the children had to recognise the emotion that the face had”, without explicit instruction around applying these skills in real life situations to foster skill generalisation and maintenance.

Student engagement and emotions skill acquisition

Overall, students were reported to engage well with WFP, with a mean score of 9 across all teacher reports, indicating that WFP was extremely engaging for children. Qualitative data indicated that children engaged particularly well with the WFP video clips that played video social scripts and video models of emotion skills. Regarding one student, “He was able to recognise the emotions of Kate and Adam (characters in video modelling scenarios) and was able to link them to himself in real life situations, which we didn’t realise he was able to do.” One student was reported to benefit from the structured, repetition of WFP: “He was really intent, sitting up, watching (the video model) rather than distracted. (WFP) being repetitive, he was able to grasp a lot more.”

Student acquisition of new emotion skills was reported by one teacher: “even just learning the emotions and recognising the emotions on faces and them recognising their own emotions within everyday life. It went from zero knowledge to a large knowledge. For everyone in my class, now if I said to them ‘why are you feeling sad?’ they would be able to tell me and say how they feel on the strength bar.” Another teacher reported “we’ve got one boy in our class who gets angry a lot over minor things normally. I think WFP helped him to think about how he could try something different next time. For example, I’d say ‘OK, well how can we solve this problem?’ and once you start talking (using WFP language) that helps him to think about his anger and how he might affect how someone else is feeling.”

WFP was also reported to allow individual students and groups of students to engage with each other: “There’s one group that are friends and the other two are not really. It was really nice that they were all talking to each other and talk about home and stuff like that (during WFP).” Teachers also reported that WFP provided opportunities for students to show empathy for their peers. For example, during one WFP lesson a student talked to the class about “feeling really sad” because his cat had died. The teacher reported “It was nice just for them to say ‘oh, that was sad’, and have a bit of empathy with their friends because often you don’t really get a chance to talk about things like that.”

Students who were described to engage the least from WFP included a student whom teachers describe as having undiagnosed ADHD, who could not typically concentrate for longer than five minutes across all subjects. Two other students were from non-English speaking backgrounds and required additional support to engage with the program.

Discussion

This pilot intervention study aimed to investigate teacher satisfaction, confidence in delivering the WFP to children with ASD/ID, student engagement and emotions skill acquisition associated with WFP. Teachers reported a high level of satisfaction with WFP. Concepts taught fit with the school curriculum and prior emotion programs that had been implemented. Strategies used in WFP to teach emotion skills were able to be implemented throughout the school day. WFP kit materials and manuals were easy to use. There was high teacher satisfaction with WFP session length class size and the program could be delivered flexibly to fit with changes in attendance and timetabling. The practical assistance of teacher aides to set-up and pack away WFP materials and support discussions outside WFP sessions were important for successful WFP delivery. There were high levels of satisfaction with social-emotional skills being taught explicitly through WFP sessions and that teaching moments occurred outside lessons throughout the school day. Adjustments were made by teachers to positive behaviour support strategies in the program to individualise them to students or classroom but not adjustments needed to be made to WFP content. There was a higher level of teacher confidence in delivering interventions that teach children with ASD/ID emotion skills, comparing confidence levels pre-WFP to post-WFP. WFP session content suited individual students' learning needs with student engagement facilitated by the use of visuals, videos, repetition and structured teaching methods. Benefits for participating students included the ability to report on feelings being experienced, rate feeling intensity, learning skills to problem solve, and have opportunities to empathise with one another.

This project adds to the previous literature which found that school counsellors can effectively deliver the WFP in schools (Ratcliffe et al., 2014) as the current findings suggest that teachers can also deliver WFP directly to students. The benefits of teacher delivery of WFP and other emotion learning interventions include increasing the likelihood that mental health and wellbeing will be supported during direct teaching lessons and throughout the school day, increasing the potential accessibility and benefit of interventions to children. A strength of this pilot study includes the project being conducted in naturalistic school environments so that project findings have meaning in everyday practice situations. Limitations include the small sample size, limiting generalizability of findings to other settings. Data was collected from participating teachers and no data was collected on child or parent satisfaction with WFP. No standardised measures of child emotion skill development were utilised to collect data.

Conclusion

Teachers had a high level of satisfaction in WFP and confidence in delivering emotion skills programs to children with ASD/ID following WFP. Qualitative data indicated benefits to children in emotion skills development. A larger project evaluating the feasibility and acceptability of teachers delivering WFP to children with ASD/ID and standardised measures of child skill development is warranted.

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