

EXPLORING THE FEASIBILITY OF PROMPTING DAILY TASK EXECUTION USING THE
NAO HUMANOID ROBOT WITH CHILDREN WITH AUTISM SPECTRUM DISORDER

by

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Abstract

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This thesis seeks to improve the state of the art prompting system, COACH, for the children with ASD population. It investigates the prospects of using a humanoid robot, NAO, as its prompting agent through a Wizard of Oz (WoZ) pilot study. The WoZ study showed promising results of the robot's ability to assist a child with ASD through hand-washing tasks. It also suggested parent robot joint prompting sessions as a valid method for improving child's compliance to the robot. The important challenges faced are summarized and possible recommendations for overcoming these challenges are suggested.

Dedication

I would like to dedicate this thesis to my family – your love, your patience, and your encouragements were the sources of my strength in this prolonged course of my study.

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Chapter 1

Introduction

1.1 Motivation

1.1.1 Children with ASD and the need for ATCs

Autism spectrum disorder (ASD) is a complex neurological and developmental condition that is characterized by impairments in social communication and the presence of repetitive behaviours and restricted interests [9]. Recent research suggested that the prevalence of ASD among children aged 8 years (the peak prevalence age group), when the broad spectrum is considered, is as high as 1:68 in the United States [13]. Although there is no federal government monitoring system currently present in Canada that provides accurate estimate of its prevalence of ASD, we know that ASD is the most common form of neurological disorder and severe developmental disability in children [2].

Some children with ASD may have difficulty in learning self-management skills and require continuous assistance from a caregiver to carry-out activities of daily living (ADLs). Assistive technologies for cognition (ATCs) aim to assist, instruct, train, or educate individuals with cognitive disabilities to overcome challenges in life, including executing activities of daily living. In particular, autonomous or self-operated ATCs promote independence for children with ASD in need of such assistance. Commercially available devices such as computers, video players, audio players, cellphones, etc. have all been exploited as platforms for ATCs.

1.1.2 COACH and its Challenges

The COACH (Cognitive Orthosis for Assisting with aCtivites in the Home) system, developed by Mihailidis et al., is an autonomous prompting system [80]. It uses computer vision and artificial intelligence to automatically detect user actions when executing ADLs, and prompts appropriately when a user needs assistance. It was first developed for the dementia population, but a version appropriate to the ASD population was recently adapted and tested in a pilot study [19].

The system currently uses audio and video prompts using an LCD monitor screen as its primary prompting modalities. In the pilot study, the hand-washing activity is used as an example to test the system's effectiveness because of the simplicity of its tasks as well as the washroom settings being easily controlled. The hand-washing activity is broken into five steps, with verbal prompts being: "turn on the water and wet your hands", "put soap on your hands", "scrub your hands", "rinse your hands",

“turn off the water and dry your hands”. At each step, if the child does not successfully execute the correct action within a time threshold, the system prompts. The prompting consist of first displaying a still image attention grabber on screen that attempts to capture child’s attention, then playing the pre-recorded audio and/or video prompts. The video prompts are videos recorded from point-of-view (first person) perspective of a person executing the step. If child successfully executes a step with or without prompting, the system congratulates by saying “Good job”. If the child does not get it right within a time threshold, the system prompts again. This is repeated until a predetermined maximum number of times before calling over the caregiver to assist.

The pilot study of COACH for ASD showed good acceptance by the children with ASD and their caregivers [19]. System effectiveness was shown in that 78% of the hand-washing steps were completed without caregiver assistances by the children themselves, all of whom were unable to wash-hands on their own before.

The major area of improvement identified in the study was to increase the child’s engagement during prompting and task execution. Firstly, almost half of the system’s prompts were ignored by the children. Assuming that these children were able to understand the prompts, as seen by their correct actions to the not ignored prompts, their noncompliance is a reflection of their disinterest in the prompts. Secondly, several occasions of child being distracted or disinterested to tasks were observed.

To tackle this problem, we propose to change the prompting modality of COACH to one that’s inherently more engaging to the child (e.g. humanoid robot), and explore its feasibility in bettering COACH.

1.2 Roadmap

This thesis will address how to better engage children with ASD when prompted by COACH. It will approach the problem by incorporating a humanoid robot, NAO, as the prompting agent in attempts to better engage children during ADL prompting sessions.

The thesis report will be broken into the following sections:

In Chapter 2, we first review the relevant literature on the established frameworks for ASD interventions, especially those that teach skills of daily living, and relate it to our prompting framework. Next, we review research for ASD interventions that utilize technologies such as videos, computers, and robots, confirming this thesis’ approach and identifying the research gap. Lastly, our research direction is put into context in the Human Robot Interaction (HRI) field.

In Chapter 3, the research objectives and hypotheses are summarized.

In Chapter 4, the Wizard of Oz pilot study is presented. The study setup, protocol, data collected, analysis and results are discussed in details.

In Chapter 5, we summarize and conclude the thesis.

Chapter 2

Literature Review

2.1 ASD Interventions

Currently, interventions are mainly aimed to help children with ASD adjust more effectively to their environment [42]. There are many approaches to ASD interventions, such as behavior based, pharmaceutically based, or dietary based [42]. Also, there are interventions that focus on specific problems a child may experience, such as augmentative communication therapy, social skills teaching, sensory integration therapy [42]. One reason for such a diverse collection of therapies to exist is because of the varying nature of ASD disabilities across individuals, making one single method not effective for the whole population, and sometimes not sufficient for an individual. Consequently, it remains a challenge to show effectiveness of a method in a clinically significant sense, even if it is truly effective to a small sample of the population. The most clinically tested, commonly practiced, and recommended methods are those based on the principles of Applied Behaviour Analysis [41].

2.1.1 Applied Behaviour Analysis and Early Intensive Behavior Intervention

Applied Behaviour Analysis (ABA) is based on scientifically proven theories of human behaviors, and is widely used for treating inappropriate behaviors and teaching new behaviors. Its strategies for treating inappropriate behaviors include: finding and changing antecedents to inappropriate behaviors, ignoring the behavior, or negative reinforcement through punishment [40]. Its strategies for teaching new behaviors include: giving stimuli to child to elicit a new behavior, positive reinforcement (e.g. praise), and maintenance and generalization strategies to make sure the newly learned behavior is retained across time and settings [40]. For cuing stimuli, high level of consistency is needed. For positive reinforcement, individually selected and strategically used motivators (e.g. praise, a hug, a check mark, a favorite activity) should be given immediately after appropriate behaviors. For maintenance and generalization strategies, prompt fading and testing across context and settings can be used.

For some children with ASD, research has shown that early ABA based intervention with intensive and extensive sessions of minimum 30 hours a week for 2 years (also known as Early Intensive Behavioral Intervention (EIBI)) are proven to be successful for improving ASD outcomes [61]. Meta analyses have been conducted to evaluate the efficacy of EIBI for children with ASD. Three meta-analyses [35, 99, 88] found that, for children with ASD participating in EIBI versus those receiving other treatments or treatment as usual, an average medium to large effect size can be observed for IQ change, which may

be considered clinically significant [58]. Both Eldevik et al. [35] and Peters-Scheffer et al. [88] also found that a smaller effect size for adaptive behavior change can be observed. However, there are large individual differences in treatment response for children with ASD and most children continue to require specialized services [128]. All in all though, EIBI is the standard of care for children with ASD in North America [64].

2.1.2 Daily Living Skill Teaching and the Discrete Trial Training

In many children and adults with ASD, daily living skills are one of the key skills that still need to be learned through training and interventions. In a study for adults with high functioning ASD by [36], they found that, among a range of variables including IQ, adaptive behavior measures (Vineland Adaptive Behavior Scales - VABS [121]) were the variables most closely and positively related to better outcome. Across the adaptive domains the daily living skills domain was most highly associated with better outcome of quality of life.

There are three major cognitive theories developed that attempt to explain the underlying mechanics of the difficulties experienced by individuals with ASD: Theory of Mind deficit, executive dysfunctioning, and weak central coherence [92]. The Theory of Mind deficit explains some individuals with ASD's inability to create an image of an agent's mental states (including one's own), thus the inability to infer what others think, believe, and desire, consequently to predict their behaviors. Executive dysfunctioning explains some individuals with ASD's impairments in several higher-level capacities necessary for planning and monitoring of behaviors, set shifting, inhibiting automatic actions, and holding information in working memory. Weak central coherence explains some individuals with ASD's cognitive style of local or detail-focused processing, leading to missing more global processing of information in context and for meaning. These cognitive impairments in individuals with ASD are the underlying factors that cause some individuals to have difficulties learning and executing activities of daily living. One approach to address this is through cognitive function trainings that focus on learning isolated cognitive skills that the individual lacks. It has been found, however, that improvements in adaptive behaviors may not automatically result in improvements in cognitive skills [26, 127]. Thus, instead of targeting the cognitive skills, which might not generalize to adaptive behaviors, the more direct approach would be to target the behaviors themselves, through interventions such as those based on the ABA framework.

Discrete trial training (DTT) [59], incidental teaching (IT) [77], and pivotal response training (PRT) [65] are interventions effectively used in adaptive skill building in children with ASD and are based on ABA methodology [85]. DTT focuses on specific targeted behaviors, and relies on intensive and repetitive trainings with appropriate and immediate reinforcements. IT focuses on teaching the child through natural means, emphasizing on having the child initiate learning opportunities. For example, the therapist may hide one of the shoes of the child before it is time to go outside, thus creating an opportunity for the child to request verbally the missing shoe. PRT philosophy also emphasizes naturalistic teaching. Instead of focusing on individual behaviors, it targets "pivotal" areas of the child's development, such as motivations, response to multiple cues, self-management, and initiation of social interactions. By targeting these key pivotal areas for improvement, broad area improvements can be seen in sociability, communication, behavior, and academic skill building.

Reviewing these methods, DTT is the most appropriate for teaching skills for a single activity of daily living, such as teaching hand-washing. Many studies have shown effectiveness of EIBI using DTT, as reviewed by Case-Smith et al. [25]: The original study of DTT, by Lovaas, compared two groups of

19 young children with ASD, one receiving 40 hours per week of intensive DTT and the other receiving 10 hours or less of similar training, and showed improved IQ for the former after 2 years of intervention [72]. There are many studies that confirmed these findings. For one, in a more recent study, Cohen et al. compared two groups of 21 children with ASD, one receiving EIBI for one year and moved to less intensive services after, the other group receiving community-based services only, and showed higher IQ, language comprehension, and adaptive behavior for the former group by the end of 3 years [27]. In addition, the DTT method is reproducible by nonprofessionals, as well. Sallows et al. showed that parents who are taught proper implementation of DTT produced similar results with children with ASD as those produced by trained therapists after 4 years [107].

Implementation Details of DTT

In summary, there are five steps to DTT [20]:

1. **Grabbing the child's attention**
2. **Discriminative stimulus:** must be simple, clear, and concise, and wording must be consistent
3. **Child's response:** if the child's response is incorrect, stop it by instructing again immediately or provide prompts
4. **Prompt to aid the child if no response or wrong:** this has the advantage of helping him quickly move through trials and avoid boredom and frustration. Always use least intrusive prompt that ensures correct response. Fade prompts to promote maintenance of effect and prevent dependence on intervention. Types of prompts include: verbal, gesture, modeling, visual, physical.
5. **Reinforcement:** given immediately after correct responses, tailored individually, always pair with verbal praise.

2.2 Assistive Technology for ASD

Assistive Technology (AT) refers to “any device or piece of equipment that facilitates teaching new skills, augments existing skills, or otherwise reduces the impact of disability on daily functioning” for individuals with disabilities [68]. Defined by Individuals with Disabilities Education Act Amendments of 1997, an AT is “any item, piece of equipment, or product system ... that is used to increase, maintain, or improve functional capabilities of individuals with disabilities” [30] [Part A, Sec. 602 (1)]. The ATs used in the context of cognitive disabilities, such as those from dementias, stroke, mental illness, acquired brain injury and intellectual disability, are termed Assistive Technologies for Cognition (ATC) [43]. In this section, we will review the literatures of ATCs specifically for assisting individuals with ASD.

Two major reviews have been identified in this field: Lang et al.'s [68] and Goldsmith et al.'s [49]. In these reviews, roughly 60 studies were identified that targeted various abilities (or the lacking of abilities) of individuals with ASD using various forms of technologies as interventions. The various targeted abilities can be divided into three groups: (a) communication skills, (b) social and emotional skills, and (c) daily living and other adaptive skills [68]. The various forms of technologies used in the interventions can be divided into auditory prompting, speech generating device, script training, tactile prompting, picture exchange communication systems, video modeling, and computer-based interventions. In this

section, we will focus on summarizing the results of the studies grouped by the targeted abilities, and critique the effectiveness and limitations of various forms of technologies used for each targeted ability group and draw parallel of the technologies used across targeted ability groups.

2.2.1 Assistive Technology for Communication Skills

Individuals with ASD experience varying degrees of disabilities in communication skills [60]. Individuals with autism may experience limited speaking abilities or may fail to develop speech at all [140], while individuals with Asperger’s syndrome often develop speech skills, but may fail to communicate well due to limited topics of interest, inability to recognize social cues, and anxieties related to social situations [108]. In addition, individuals with ASD may develop speech stereotypies such as echolalia (i.e. repeating other’s words verbatim) [115].

Various ATCs have been developed to help individuals with ASD cope with or improve their communication skills. Two major forms of technologies that help individuals with ASD cope are Picture Exchange Communication System (PECS) and Speech Generating Devices (SGD) (also known as Voice Output Communication Aid (VOCA)). Both PECS and SGD fall under the category of aided Augmentative and Alternative Communication (AAC) [114], which relies on using visual cues such as symbols and pictures as a way for individuals with ASD to select the desired content of communication, since their visual processing abilities are thought to be often well developed ([81, 111]).

PECS is very simple technology wise. It involves the person with ASD to communicate by giving the other person a picture or symbol card representing their communicative intent [21]. There are four meta-analysis reviews investigating the effectiveness of using PECS as a communication system for people with ASD [46, 47, 124, 129]. PECS was identified as a promising intervention, and resulted in improved communication outcomes, and its effect size and that of the SGD’s are among the greatest effect sizes compared against other AAC interventions. PECS were also associated with increased speech produced for individuals already producing speech and increased social approaching in some individuals with ASD [68]. The mechanism of which PECS increases speech is not well understood [91], but hypotheses have been raised regarding how the caregiver’s speech were encouraged during the PECS interactions with the user, and that served as a model for speech for the user [145].

SGD is more advanced technology wise. It involves a portable device which can playback pre-recorded or synthesized speech messages when the person with ASD presses the panels or switches on the device. Pictures or symbols are used to indicate what content is being played as speech. Typical message includes requesting, commenting, and greeting, “for example, a picture of a favorite toy may be used to indicate that the message ‘May I have my toy please?’ will be played if the corresponding panel on the SGD is activated” [68]. There are four meta-analysis reviews investigating the effectiveness of using SGD as a communication system for people with ASD [134, 133, 47, 48]. SGD was also identified as a viable intervention, it improved communication outcomes, and its effect size (and that of PECS’) is greater than other AAC interventions (even had greater effect size than PECS for problem behavior treatment), and was the preferred device by some individuals with ASD over the PECS [68]. The increased speech was likely due to correct speech modeling during SGD’s speech playback [109].

Comparing between PECS and SGD, we see that both works as an effective alternative to individuals with ASD who are unable to self-produce speech. Interestingly, both devices are reported to increase self-produced speech from some individuals using them, and were believed to be the effects of correct speech modeling (directly from the device in SGD’s case and from the caregiver in PECS’ case). In

addition, the SGD holds advantage over PECS in that more complex messages can be delivered and communication attempts may be more easily understood by most communication partners [81]. Also, SGD devices can take forms as an iPhone or iPod (the software can be loaded as an app), and the ubiquity of such handheld devices among typically developing peers may reduce the stigmatization of using SGD for communication [63].

Besides coping, there are also ATCs that teach and improve communication skills. The only form of technology used for teaching communication skills currently found in literature is Computer Based Interventions (CBI). CBI describes any software that runs on a computer aiming to improve certain skills for individuals with ASD through an interactive curriculum in a virtual learning environment [68]. The use of CBI for improving communication skills is reviewed by Ramdoss et al. [93]. In the review, 10 studies with total of 70 participants (children 14 years or younger diagnosed with autism) were identified. No studies with adults or individuals with Asperger's syndrome were included in the review. The studies' aims can be divided into three groups: ones focusing on associating vocabulary words with pictures [82, 54]; ones focusing on receptive identification and speech production of the vocabulary words [53, 17, 22, 28, 75]; and ones focusing on verbal initiation and relevance of speech during social settings [86, 118, 55]. The softwares involved were either commercially available (e.g. Alpha program [1], Baldi/Timo [6], HyperStudio [3], AbleData [1], PowerPoint [5], Speechviewer [4]) or were programmed by the research team. All of the studies reported positive effects of using the CBI. It's interesting to note that the softwares used share similarities in that they all implement some form of reinforcement schedules. And for the latter two groups of studies, they all involved visually engaging graphics (e.g. a computer generated head in Baldi or animated color graphics of words in Alpha program), and relate the user to the vocabulary speech by synchronizing the graphics with the speech.

2.2.2 Assistive Technology for Social Skills

Lack of social skills is one of the diagnostic criteria for both autistic disorder and Asperger's syndrome [122]. Some symptoms include (a) lack of appropriate eye contact, (b) inability to develop peer relationships, (c) failure to initiate or maintain joint attention, and (d) lack of social and/or emotional reciprocity [96].

There are many ATCs focusing on improving social skills for individuals with ASD either in-vivo or in-vitro. For the former, one of the ATCs identified by the review by Goldsmith et al. were Tactile Prompting devices [49]. Tactile Prompting devices are portable devices individuals with ASD can carry and vibrate during the social interaction scenarios in attempt to promote self initiation to social interactions or promote responses to peer initiations. The tactile prompting devices were either programmed to vibrate periodically or were controlled remotely by the researcher. The studies identified in the review reported increased social interaction initiations for individuals with ASD including verbal initiations [110, 126] and handing communication cards [125].

In addition to Tactile Prompting devices, another ATC has also been used in-vivo – Script Training. Script Training involves modeling a certain social interaction through a script and the individual with ASD is given a written copy of the script or hears it from a recording or a person reading it [123]. Not only does the script contain verbal speeches of interactions, the script may also contain prompts for the individual to follow, such as approach a potential conversation partner, initiate conversation, turn to the speaking person, maintain eye contact, wait until the person finishes talking, etc. [142]. As an example, Wichnick et al. used a voice over recording device that plays back pre-recorded audio scripts

when children with ASD and peers exchanged toys [142]. Through continuous use, an improvement of response to peer initiation was observed, and the number of novel responses increased as scripts were faded.

In addition, there are ATCs that aim to teach and improve social skills in-vitro. By pooling the studies reviewed by Goldsmith et al. [49], Lang et al. [68], Ramdoss et al. [94], and Shukla-Mehta et al. [113], we have found two forms of ATCs that teach social skills to individuals with ASD: Computer Based Interventions and Video Modeling.

The CBI studies mainly focused on two groups of outcomes: The first group deals with promoting social responsiveness and interactive play, teaching social conflict resolution, and anger and anxiety management. The second group deals with recognition of facial features, expressions, and interpreting emotions from faces, body language, and voices. The results using CBI for the first group were positive, provide preliminary evidence that CBI technology-based interventions may be effective for some children with ASD, while the results for the second group were mixed but mainly positive [94]. Also, studies were unable to prove that CBI is better than face-to-face-training course in teaching social skills. Lastly, there were very little evidence on the generalization of the social skills learned from CBI. Possibly the reason why the second group had mixed results was because of the complexity of the skills involved is higher than those in group one, or the lack of such skills required in group two is more severe in individuals with ASD. Instead of teaching, maybe in-vivo CBI solutions that aims to augment, correct, or reinforcement user behaviors in real social contexts need to be developed to fill this gap.

Video Modeling is the other form of ATCs that teach social skills in-vitro. As reviewed by Shukla-Mehta et al. [113], video modeling techniques can be divided into video modeling (VM), video self-modeling (VSM), and point-of-view video modeling (PVM). VM involves the individual with ASD being asked to watch a video before instructed to practice certain target skill. In the video, the target skill is modeled by an adult or a peer. While watching the video, the instructor prompts and provides reinforcers to the individual with ASD for attending relevant stimuli in the video. It is expected that the individual would imitate the model's behaviors shown in the video when practicing the targeted skills immediately after [15, 51]. The individual would either watch a short video of some discrete target behaviors before practicing it in its entirety or watch a video clip of one step, practice the step, then watch the next clip and practice the next step. It is found that for discrete target behaviors, a 3-5 min video is considered adequate for individuals with ASD [23]. VSM is similar to VM except that the model in the video performing the targeted skills with the desired behaviors is the individual with ASD him/herself [57]. This is based on the assumption that no one is a better model similar in age, gender, race, and other characteristics than oneself [12, 24]. VSM often involves showing videos of the individuals with ASD themselves successfully performing an exemplary behavior that is already in their repertoire or one they are learning. This may mean carefully cutting out the scenes of undesired behaviors of the individual when making the videos, and could prove challenging for a novel skill the individual has not acquired yet. PVM is similar to VM and VSM except that the video is shot from the visual perspective of the model as opposed to shot from a third person's perspective [56]. The purpose of PVM is that, when the individuals see the video, they see a smooth transition of what is expected of them from beginning to end of the routine. Such techniques would "promote visual comprehension and increase familiarity with materials and settings, and reduce task anxiety and inappropriate behaviors" [113].

Shukla-Mehta et al.'s review included 26 studies, out of which the majority used VM, four studies used VSM, and only two studies used PVM [113]. The studies using VM focused on modeling verbal

social initiations (e.g. compliments, social greetings, scripted and unscripted verbalization for pretend play etc.) as well as appropriate play behaviors (e.g. perspective taking, reciprocal play, sharing, eye contact, smiling, etc.). The VSM and PVM studies also focused on similar goals as VM, with PVM also including a study that aimed to reduce severe problem behaviors (e.g. crying, screaming, dropping on the floor). All of the studies reported positive outcomes, with some studies needing more than simply showing the videos to the individuals (instructional prompts, reinforcers and error correction were also implemented) to ensure acquisition, maintenance, and generalization of target skills. It was also noted that the individual with ASD's skills in attending, imitation, visual processing and comprehension, matching-to-sample, and spatial ability influence the outcomes, thus planning the amount of content and length of video appropriate for the individual depends on these variables. Lastly, there were no sufficient evidence suggesting the type of model (self, peer, familiar or unfamiliar adult) had an influence on VM's effectiveness.

2.2.3 Assistive Technology for Daily Living and Other Adaptive Skills

For an individual to function independently and successfully, daily living and other adaptively skills such as self-care (e.g. hand-washing), organization (e.g. time management), and community (e.g. grocery shopping) skills are crucial [71]. Some individuals with ASD, however, have a hard time acquiring such crucial skills and need to rely on the assistances of caregivers [120].

ATCs have been used to assist individuals with ASD in the skills outlined above. There is not a comprehensive literature review published on ATCs for daily living skills, however, Lang et al.'s review summarized nine studies in this field [68]. Almost all of the nine studies involved either a Computer Based Intervention (CBI) [62], a form of Video Modeling (VM [105], PVM [16, 112, 116, 117, 135]), or a combination of the two called Computer Based Video Instructions (CBVI) [10, 78]. The targeted tasks in the studies included preparing food, setting up table, grocery shopping, bus stop request, hand-washing, mailing letters, caring for pets, dish washing, and clothes folding.

CBI based ATCs and VM based ATCs both showed positive results in assisting individuals (diverse in age range) with ASD through the tasks. CBI was particularly successful in creating a virtual environment in which individuals with ASD can focus on the controlled stimulus teaching them the task. CBI is also good in giving consistent and immediate positive reinforcements automatically. CBI focuses on teaching the skills needed to perform the target task in-vitro, and does not assist the performance in-vivo. Thus, generalization of the skills learned from the virtual environment needs to be tested in the real life settings. All CBI studies reviewed here involved some form of in-vivo generalization testing, and positive results were reported.

As effective as CBI, if not better, is video modeling (VM) interventions. Of all the VM interventions, PVM was the most popular because it enables individuals with ASD with a first-person-view to better relate the materials presented in the video to the task at hand. However, positive results were reported for other VMs as well, giving evidence that video modeling in general is an effective way of teaching individuals with ASD the daily tasks required. There are no studies done using VSM, since the skills involved are novel and it is hard to produce videos of the individual performing an unlearned novel skill. From here on, we will not distinguish the different forms of VM. VM ATCs can be used as a in-vitro teaching tool, just like CBI, by letting the individual with ASD view the entirety of the video before performing the task. Studies involving in-vitro video modeling often needs verbal prompts and positive reinforcement in terms of verbal praises, toys or food rewards to motivate individual's concentration

towards the training video. Although this method shows positive outcome, many of the studies reviewed here involved in-vivo video modeling. This involves splitting the task into subtasks and display video for one subtask, then allow the individual to perform that subtask, after which it displays the video for the next subtask, and so on. This has the advantage of managing the complexity of each subtask needing to be performed as well as assisting the individual with ASD to plan which subtask to perform next. Another common practice in VM ATCs was that verbal instructions were delivered as a voice over in the video. The verbal instructions were short phrases that either describe the subtask being performed in the video or describe the stimulus in the video the individual should pay attention to. Not only can the VM based ATCs be used in-vivo, individuals with ASD can be taught to use them by themselves, enabling their independence in real world scenarios. iPods and laptops have both been used in studies that demonstrated the ability of individuals with ASD to self prompt, by playing and pausing the model videos or by pressing the next button, at each subtask. Such self prompting skills were taught by having the teacher first model the operation of the ATC in person or through video modeling, using an exemplar task. Then after the training sessions, the teacher starts the individuals with ASD on the actual task, and encourages them to seek assistance from the ATC when they encountered problems they do not know how to solve.

Marrying the advantages of CBI and VM, CBVI shares the ability to create virtual training environment and deliver accurate reinforcement schedule like CBI, and is able to effectively train individuals with ASD the skills involved in the task like VM. Positive results were reported by two studies. In one study by Ayres et al., a computer program taught individuals with ASD preparing meals. In this study, a modified system of least prompts (SLP) arrangement was used, with the prompting hierarchy being, from least to most intrusive: 1. independent (no prompts), 2. verbal prompt (short phrase of what to do), 3. video prompt (video modeling the subtask), 4. partial physical prompt (the computer shows visually where to click in order to execute the subtask, but requires the user to click it), 5. full physical prompt (the computer clicks for the user) [10]. In this arrangement, the individual with ASD is given a chance to complete each subtask without prompts, if not successful, a prompt with increasing level of intrusion is given, until the subtask is done either by the individual or by the computer. This prompt hierarchy was useful in implementing prompt fading for the goal of promoting maintenance and independence. Note however that the prompt hierarchy is easily implemented in-vitro since the computer has full knowledge of how well along the task the user is doing in the virtual environment it created. However, for in-vivo prompting hierarchy, either a human or an artificial intelligence is needed for understanding user states.

Of all the studies reviewed (CBI, VM, and CBVI), there are a couple of common themes in their methodologies. First, all the studies that are systematic and complete in their method tested for the effectiveness of ATC in the following areas: acquisition of skill with ATC, maintenance of skill without ATC, maintenance of skill over time, and generalization of skill across settings. Of course, not all the studies need to show effectiveness of the ATC in all four areas, since this may be difficult for some studies (e.g. pilot studies that do not aim to have follow ups 3 months after) and inappropriate for others (e.g. acquisition without prompts were not the aims for some ATCs). Second, individuals often need positive reinforcement during in-vivo task execution. There are always either some sort of encouragement from the instructor (e.g. verbal praise) or a real motivating reason for the individual to succeed in the task (e.g. eat the popcorns made).

2.2.4 ABA Based ATCs

As mentioned in the previous section, ABA based interventions showed clinical significance in improving IQ for at least some children with ASD, and showed promising outcomes for improving their adaptive skills as well. It is natural to think we can capitalize the successes of ABA principals into ATC designs. So far, most of the ATCs discussed above were designed as tools used by the individual with ASD or by the therapist / caregiver. The ABA framework may include the use of such ATCs by the choice and design of the therapist, but the implementation of the ABA methods is outside of these ATCs' design scope. This is why most of the literatures in ATCs for ASD interventions do not discuss the use of the ABA framework explicitly in its device design section. However, when the ATC serves both the role of a tool as well as the agent facilitating the intervention session, such as in the case of CBI devices capable of context aware autonomous prompting, the implementation of ABA elements such as priming, discriminative stimuli, prompt, reinforcement schedule, prompt fading, become integral to the device design.

There are currently four softwares that have publications that explicitly state the implementations of the ABA framework in their designs, namely the DT Trainer [8], the DTTAce [89], the Cosmo's Learning System (CLS) [69], and the TeachTown: Basic [141]. The DT Trainer programs cover three functions: labeling (matching simple object labels to functional information associated with images), sounds (matching sounds and their corresponding item pictures), and questions (answering how an item and a function are associated, e.g. cut with scissors, eat with a spoon). The DTTAce software runs on a touchscreen table, where the child with ASD can interact with virtual objects jointly with the therapist to learn about the concept of colors. CLS takes the form of a virtual world in which the main character, Cosmo, motivates the child with ASD to solve various problems. The problems focus on identification of color, shape, number, directions, prepositions, and written words as well as sequencing skills and discrimination of relative size and amount. The TeachTown: Basic is also a virtual world, in which the child with ASD chooses a part of the town to visit, and solves training problems unique to that part of the town. The problems included exercises in language, cognitive, auditory processing, and social skills. All four softwares implemented some form of positive reinforcements, and also implemented automatic user progress tracking.

The publications for DT Trainer and DTTAce only presented the design concepts, but did not present any evaluation studies investigating their efficacies. The CLS, on the other hand, has been evaluated on six children with ASD in single subject design. All subjects demonstrated improvements in all content areas except color identification. Children learning prepositions and direction improved an average of 20%. Similar gains were made in written word reading. Children learning relative size/amount improved but had difficulty understanding the concept same. For TeachTown: Basic, numerous studies have been published evaluating efficacies, validating reinforcements, and investigating maintenance. The most recent and extensive study evaluated efficacy in forty seven children with ASD in a between-subject design (twenty two in treatment group). Compared to the students in the control group, the treatment group showed more improvement overall on language and cognitive outcome measures.

2.2.5 Discussion

From reviewing the ATC literature for assisting individuals with ASD, we found several forms of technologies that are proven to work. They differ in complexity technology wise, however, they share similarities

in that they either teach the target skill in-vitro or help to cope with the lack of skills in-vivo. In addition, some common techniques found across the different forms of technologies are: the ATC engages individuals with ASD visually, gives them direct instructions, shows them the exact model behavior expected of them, provides them a consistent and simplified environment to practice the skills, and motivate them through positive reinforcement. The different forms of prompting modalities include audio prompting, tactile prompting, and visual prompting.

We saw that, for modeling techniques such as script training and video modeling, instructions and reinforcements were needed during the modeling session as well as during the task execution session. The instructions served as a way to help the individual with ASD to focus on certain stimuli necessary to learn the skill during modeling, and to help the individual to stay on task during task execution. The reinforcements served as motivations for the individual to stay engaged and motivated during the trials.

CBI stood out as a technology that is very versatile and proved to be useful for training many skill areas. In general, it is speculated that the success of CBI was due to the following reasons: First, a computer is consistent and predictable and is believed to be the preferred instructional delivery modality for individuals with ASD who prefer routines [93]. This puts CBI advantageous to caregiver based interventions. Second, a computer provides a virtual learning environment that reduces distractions and controls for autism-specific learning characteristics (e.g. stimulus overselectivity) [73]. This puts CBI advantageous to some ATCs that aim for in-vivo learning. Lastly, a computer can accurately implement complex reinforcement schedules and prompt fading, promoting learning and generalization [95]. This puts CBI advantageous over video modeling, since CBI can incorporate video modeling as part of the curriculum, while providing reinforcement and prompt fading.

CBI maybe successful in teaching skills to individual with ASD in-vitro, but the generalizability of skills learned through computer intervention in-vivo is questionable. Since the ultimate goal is for the individual to perform the skill learned in-vivo, another strategy is to simply use ATCs in-vivo for teaching the skill. An important focus of research in this strategy is how to get the individual with ASD to be self-sufficient with the ATC in-vivo. There were three ways: train the individual with ASD to self operate the ATC, remote control the ATC, and have an automated ATC. The second method does not provide true functional independence, since a remote operator is still needed. But this method can be viewed as an intermediate prototype before full automation of the ATC, and is useful in testing the automated ATC without realizing its automation. Thus, we will mainly compare the first and third method here. The first method involves teaching the individual with ASD to self operate the ATC. This has been shown to be feasible for several forms of ATCs (tactile prompting, verbal prompting, and video prompting). However, it requires certain fine motor skills from the individual for manipulating the ATC's controls, and requires certain level of executive functioning to learn to seek help from the ATC. The alternative is to use a fully automated ATC. One basic form of automated ATC was to periodically play a certain prompt during task execution. This strategy is simple to implement, but is often not as effective as if the prompt was delivered contingent to the context. However, in order to do this, a computer program is needed that understands and tracks the context the user is in, and delivers the appropriate prompt when user needs it. Such automation is feasible for CBI ATCs, since the virtual environment is fully controlled by the computer program. However, for in-vivo ATCs to realize this automation, some form of artificial intelligence (AI) is needed that understands the real-life environment. Up to date, the only ATC that fills this gap is COACH [19], which uses computer vision and AI to understand the current hand-washing task the user is undergoing and delivers prompts when

the user does not execute a task within a preset time period, and delivers positive reinforcement when the user executes a task correctly.

Relating to the issue of promoting functional independence of individual with ASD using in-vivo ATCs, a common strategy adopted is prompt fading, where the prompts used were slowly tuned down over time in its specificity. This has the effect of decreasing the individual with ASD's reliance on the prompts, in hope that one day the individual could execute the tasks without the ATC. This in-vivo prompt fading strategy were shown to be successful in promoting generalization of a learned skill, and should be implemented for all in-vivo ATCs. COACH also adheres to this requirement as well, implementing a hierarchy of prompts (video modeling, picture prompts, verbal prompts), and decreases the prompt level over time as user's skills progress.

In conclusion, we see that various forms of ATCs have been proven useful for assisting individuals with ASD, and COACH fills an unique gap by delivering fully automated prompts and reinforcements in-vivo. It has the advantage of in-vivo ATCs, easing in the learning of a new skill in-vivo and ensuring generalization. It also retains the advantage of in-vitro ATCs (e.g. CBI), providing consistent and accurate reinforcement schedules. Thus, the approach that COACH offers is founded in good grounds. This thesis aims to further improve COACH by exploring novel interaction modalities that better engage individuals with ASD, all the while preserving its in-vivo and CBI advantages.

As mentioned earlier, when implementing a prompting system that serves the role of the agent facilitating the daily living skill training session, one must consider implementing ABA principals as part of its design. In fact, this is exactly what COACH aims to achieve. The following are the steps of how COACH currently prompts, which follows the DTT method:

1. Attention Grabber
2. Verbal Instruction
3. Video Prompt
4. Child's Response
5. Verbal Reward

The improvements to COACH contributed by this thesis will also adhere to the DTT method.

2.3 Human Robot Interactions (HRI)

HRI is a recent field of research focusing on natural and efficient interactions between humans and robots. It is a multidisciplinary field with contributions from human computer interactions (HCI), artificial intelligence, robotics, design, social sciences, etc. The study of HRI is important for designers of robot behaviors, especially if one pursuits a framework of user centered design, where user experience is given as much value as functionalities.

2.3.1 Socially Interactive Robotics (SIR)

SIR is first defined by Fong et al. as robots for the main purpose of interacting with users without physical contact [39]. The application domains where SIR are desirable are: robot as mediator of human-human interactions, robot as representations of humans, robot as companions to human, robot as modeling tool

for researchers studying embodied social behaviors. The kinds of social interactions SIR could simulate include: artificial emotions, speech, facial expression, body language and gesture. We will refer to these as different modes of human-robot interactions through out this thesis.

2.3.2 The Issue of Embodiment

One major issue in the study of SIR (and that of HIR in general) is the issue of embodiment, i.e. what effects does the robot’s physical presence have on its interactions with humans. Ziemke [147] defined four levels of embodiment from least to most:

1. **Structural coupling:** the presence (does not have to be physical) of the agent can influence a human’s state
2. **Physical embodiment:** the agent has a physical body
3. **Organismoid embodiment:** the agent’s physical body is organism-like
4. **Organismic embodiment:** same as organismoid, except the agent’s organism-like body is of autopoietic, living systems

The impact of embodiment in SIR is significant, as argued by Mataric [76]. Because humans irrepressibly attribute human-like characteristics to embodied agents that are similar to them, the factors influencing the embodiment of the robot will impact significantly the engagement of the human in HRI.

Similar intuition is explored by Young et al [146]. As Young et al. pointed out, because the robot has an embodied presence in close proximity to the user, it has a greater influence than the disembodied counterpart on the user physically, emotionally, and socially. Thus, factors in embodiment has a large influence on how the user perceives the robot’s identity and their relationship. Young et al. provided a three level perspective on how to analyze these factors in embodiment in context of HRI:

1. **Intrinsic level:** static factors regarding the appearance of the robot set the initial emotional response from the user. For example, a cute looking robot animal may create instant affinity from children towards the robot. Static qualities of the robot’s voice and motion (e.g. amplitude, smoothness, speed, etc.) fall under this level, too. In addition, factors in this level contribute to the role user perceives the robot to be in. For example, a humanoid is better than an animal looking robot as a supervisor or mentor.
2. **Behaviour level:** dynamic factors regarding the facial expressions, voice intonations, motion gestures and gaze, etc. modulate emotional responses from the user and interactions between user and robot. In addition, these factors contribute to the robot’s perceived role as well.
3. **Role level:** the goal of the robot, and the planning and decision making of the robot’s behaviors to achieve that goal (along with factors from previous two levels), determines the perceived role of the robot. The user may treat the robot as a supervisor, mentor, companion, cooperative peer, slave, tool, etc. [50].

2.3.3 Socially Assistive Robotics (SAR)

Feil-Seifer and Mataric defined SAR as the intersection of socially interactive robotics (SIR) and assistive robotics (AR) [37]. In the past, AR has been mainly used to describe robots that assisted people with

physical disabilities through physical contacts. But SAR arises from the need for robots to assist people with cognitive disabilities without using physical contacts. In this context, SAR assumes an expert (mentor / coach / supervisor / teacher / assistance) role, and prompts the user through executions of tasks. Feil-Seifer and Mataric pointed out that SAR has two (possibly conflicting) goals - engaging the user to HRI and engaging the user to executing tasks. SAR needs careful designing to satisfy both the social interaction goal and the assistive goal. However, on a deeper level, the SAR goal is serving the AR goal in that, better social interactions would cause better user engagement during the co-operative activity, and yield better user compliance to prompts and ultimately better task performance.

Wainer et al. conducted studies along this line of hypothesis, evaluating user engagement through self-reflective survey and evaluating task performance through optimality of move during the task of solving a Towers of Hanoi puzzle [138]. They tested the difference between embodied robot versus its remote presence and its simulated virtual avatar (both disembodied versions are displayed on a computer screen). They have found that people prefer interacting with the embodied robot and reported it being more helpful and watchful than the other two disembodied counter parts. However, there were no significant improvements in task performances from using the embodied robot over the disembodied versions.

2.3.4 Discussion

This lack of impact on task performance in Wainer et al.'s study may be due to the learning effect when solving the puzzle and the novelty factor of using the robot. Also, the use of such SAR on the clinical population and on clinically relevant tasks may yield a better result because of greater need for user engagement and user compliance in that context. For our thesis, we will investigate the impact of a prompting agent embodied as a humanoid robot on the clinical population of children with ASD in the task of hand-washing, where user's lack of compliance to prompts and engagement in task executions are observed problems. One thing to note is, we cannot conduct self-reflective surveys due to the nature of the children with ASD population. Therefore, we will rely on objective measures for user engagement such as verbal responses and physical behaviors (proximity, posture, eye gaze) [76] as well as subjective observations from the parents and the researcher.

2.4 Robots in ASD Interventions

A recent popular area of research for ASD interventions is robot-based interventions. This is due to recent advancements in HRI research, as outlined in the previous section, as well as successes shown in studies in using robot in the clinical settings for children with ASD. Clinical studies of this approach is reviewed by Diehl et al., and the studies have been categorized based on the study purposes [33].

2.4.1 General Response to Robots

Several studies have investigated how individuals with ASD interact with robots in general, and have compared it with human counterparts. Dautenhahn et al. showed that some individuals with ASD prefer interactive robots compared to passive toys [32]. Robins et al. showed that ASD individuals prefer robot-like characteristics over human-like in social interactions [102]. Pierno et al. found that children with ASD respond faster to robotic movement than human movement [90].

2.4.2 Eliciting Pro-Social Behaviours

Robins et al. showed that children showed increased social interaction behaviors towards the robot in some areas such as proximity to robot, eye gaze, touch, imitation [103]. Feil-Seifer et al. suggested that social behaviors of children with ASD increased when the robot is acting contingently to child's actions, as opposed to randomly [38]. Ravindra et al. showed the potential for robot and ASD individuals to share joint attention towards objects [97].

2.4.3 Modeling, Teaching, or Practicing a Skill and Providing Reinforcements

Not many studies have been conducted for skill execution training, since most studies have focused on addressing the social aspects of ASD interventions. One preliminary study by Duquette et al. examined the use of humanoid robot to help children with ASD practice imitation behaviors [34]. Positive reinforcements were also given through the robot raising arms and saying "Happy!" when the child successfully imitated the robot. In their study result, children with ASD showed more interest to the robot when the robot is mediating the training session, as compared to their interest during human mediated sessions. Also, in the robot's presence, fewer repetitive behaviors with their favourite toy were observed.

2.4.4 Discussion

Of particular interest to this thesis is Ravindra et al.'s study [97], in which they implemented a detector of object of visual focus of attention. Using head pose plus eye pose estimations, and mixture of Gaussian modeling of object locations, they were able to detect with 75% accuracy the object of the child's gaze (i.e. visual focus of attention). The detector is then used as a feedback to the robot's prompting system for instructing the child to interact with objects through verbal command and gesture prompt (robot points and gazes at the object).

Even though their study's purpose is to train children with ASD with joint attention skills, their study showed the plausibility of utilizing similar techniques for prompting the child to pay attention to or interact with any objects of interest. Particularly in our thesis, we aim to implement two aspects of their techniques to guide children with ASD through hand-washing:

- **Robot gesture prompt:** point and gaze at an object while instructing the child how to interact with the object.
- **Robot behavior loop:** loop consisting of attention grabber (AG), prompt, reinforcement if instruction successfully followed, loops from AG again if failure (illustrated in Figure 2.1).

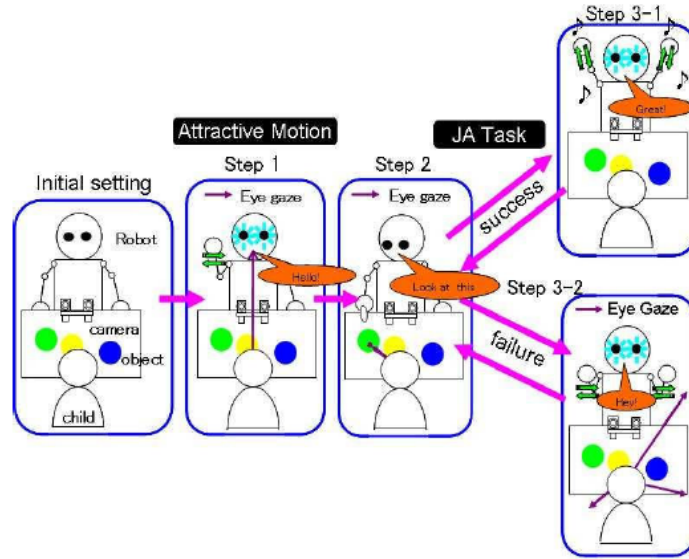


Figure 2.1: Robot behavior loop used by Ravindra et al. [97]

In Diehl et al.'s review, it was pointed out that studies in skill training would benefit from integrating robots into the ABA framework [33]. As discussed in Section 2.2.5, this is what we propose any skill training ATC system should do, similar to COACH. Thus including a robot into our COACH system would fill this research gap.

In all, from these studies, we see a great potential for increasing the attention and engagement level of the ASD child if we incorporate a humanoid robot into our COACH system. The robot may serve as an attention grabber as well as a prompting agent.

Chapter 3

Research Objectives

3.1 Overall Goal and Approach

Our overall goal is to increase a child with ASD's engagement level during COACH prompting for hand-washing tasks, and thus improving complied prompt rate and task completion rate. Our approach is to incorporate a half body humanoid robot, NAO T14 (see Figure 3.1) by Aldebaran Robotics, into the current COACH setup, capable of delivering verbal and gesture prompts and attention grabbers

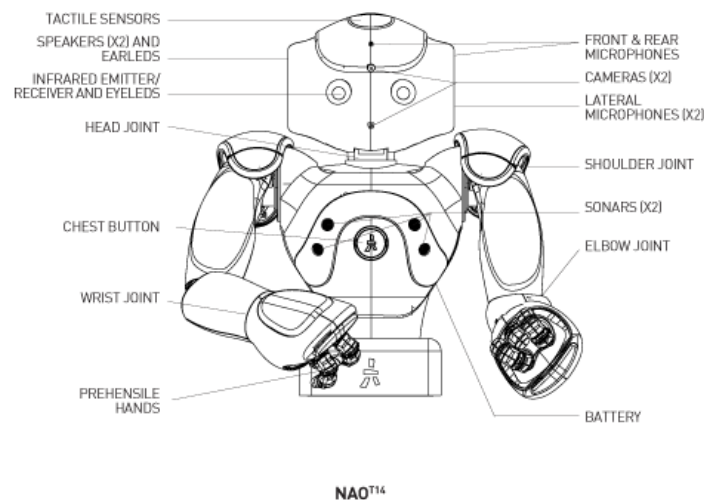


Figure 3.1: The Half-Body Version of Humanoid Robot NAO

3.2 Central Hypothesis

We hypothesize that the incorporation of a humanoid robot prompting agent, such as NAO T14, would sufficiently capture and maintain children with ASD's attention during prompting and keep them engaged during task execution, so that high prompt compliance rates and task completion rates would be achieved when assisting them through ADLs such as hand-washing.

3.3 Specific Objectives

Our objectives are:

1. To investigate if a prompting system using NAO is able to guide a child with ASD through hand-washing, and identify factors for improvement
2. To explore the different modes of interactions between NAO and the child when prompting hand-washing steps using a Wizard of Oz setup, focusing on verbal, gestures, and gaze for the modes of interactions

Our hypotheses are:

1. The humanoid robot, NAO, is able to independently assist child with ASD through hand-washing, and child exhibits greater engagement level, higher complied prompt rate, and better task completion when prompted by NAO than by parent.
2. Gestural, gaze, and verbal are the essential modes of interactions present in the hand-washing prompting scenario between child with ASD and the prompting agent NAO.

Chapter 4

The Wizard of Oz Pilot Case Study

4.1 Research Design and Strategy

One major objective of this thesis is to investigate the impacts that using a humanoid prompting agent has on engagement, prompt compliance and task performance of children with ASD during hand-washing activities. This is the first research of its kind in the field of humanoid robot prompting agent guiding children with ASD through an activity of daily living. Therefore, it is wise to begin with a pilot study, the purpose of which is to show plausibility of the key underlying assumptions of our hypotheses, to create design recommendations of the robot for future studies, and to probe what questions are important to be answered later in a more rigorous randomized control trial. For these reasons, the pilot study should be exploratory in nature, having a flexible experimental design, and a relatively low experiment setup cost. A Wizard of Oz experimental design in a case study format is appropriate.

4.1.1 Wizard of Oz Experimental Design

The Wizard of Oz (WoZ) is an experimental design widely used in Human Computer Interaction (HCI) and Human Robot Interaction (HRI) research. In a typical WoZ study, there is an interactive agent that is not yet fully autonomous, and is remotely controlled by a human operator (i.e. the “wizard”), and this fact is concealed from the user being tested until after the study. The wizard may control one or many parts of the agent, such as speech recognition and understanding, affect recognition, dialog management, utterance and gesture generation and so on [18]. The advantage of a WoZ study is that it does not require a large amount of work spent in implementing the artificial intelligence (AI) behind the agent before testing it in a study – it is mocked up by the wizard remote controlling the agent. This is great for testing hypotheses early on in the design loop, enabling us to obtain feedbacks from users, learn, and iterate through design cycles faster. Of course, care needs to be taken to ensure the mocked up part of the AI is implementable in the near future, since the real purpose of the mock up is to have an early knowledge of the real design constraints, not trying to provide a less constrained solution.

The characteristics of a WoZ study fits our pilot study requirements, where we want to learn early the important design questions regarding building an effective ADL prompting robotic agent for the children with ASD population. Thus, we have conducted a WoZ study in which a humanoid robot whose motions and speech were preprogrammed, but the decision and timing of their executions were controlled remotely by the researcher. The researcher, acting as the wizard, is mocking up the computer

vision algorithms that understand the child with ASD’s actions, the speech recognition algorithms that recognize the child’s verbal interactions, and the AI decision making algorithms that decide what prompts to deliver and when to deliver them.

During each WoZ study trial, the child with ASD was asked to complete the hand-washing activity in the washroom with the supervision of one of his/her parents, with the help of the NAO robot, or with the help of both the parent and the robot. The researcher and the parent were in an adjacent room out of the child’s view to observe his/her hand-washing activity. However, the parent could enter the washroom if the child needed physical assistance to complete a step. A controlling interface running on a laptop, connected wireless to the robot, was used by the researcher to remotely control the robot, as well as to monitor the progress and responses of the child through the video feeds of the cameras installed in the washroom.

4.1.2 Case Study Format

The WoZ study was conducted, analyzed, and reported in a case study format. A case study is defined by Yin in a two fold definition: “a case study is an empirical inquiry that investigates a contemporary phenomenon in depth and within its real-life context” and its result “relies on multiple sources of evidence, with data needing to converge in a triangulating fashion” [144]. The case study format is widely used in human robot interaction research for children with ASD [66, 104, 101]. This is because the case study format can be exploratory as opposed to evaluative in nature, employing both quantitative and qualitative data analyses, and dealing with a small number of subjects [144]. For research in human robot interactions for children with ASD, these qualities of a case study are advantageous. Firstly, HRI research in children with ASD is a relatively novel field, not having a sound theoretical foundation, and it is yet to be systematically established which hypotheses are important to test. Thus, it is more effective in filling research gaps by conducting pilot studies that focus on generating important hypotheses in an exploratory manner rather than conducting those that focus on testing hypotheses not soundly founded. Secondly, since a major aspects of HRI research (similar to HCI research) addresses understanding the whys and hows of user decision making, qualitative data including researcher observations, interviews, focus groups, surveys, etc. are of as much importance as quantitative metrics, if not more, during the early stages of research. Lastly, since each child with ASD is unique and vastly different from the rest of the spectrum, starting with pilot studies that focus on only a few cases / subjects in depth and iteratively move up the sample size to eventually aim to generalize across a population is preferential.

The case study format applies well to this thesis. Our WoZ pilot study falls under HRI research for children with ASD, and our aim of generating important hypotheses and robot design recommendations in an exploratory manner makes the case study format highly suitable. This does mean that comparing to typical quantitative pilot studies (e.g. Bimbrahw et al. [19]), we needed to restrict to a smaller sample size, to iteratively generate and test hypotheses during data collection, and to report the results in a more descriptive manner.

4.1.3 Combining Qualitative and Quantitative Analyses

Qualitative and quantitative analyses in this thesis’ case study play complimentary roles with each other. From a result description point of view, there are certain aspects of the study best summarized by stating qualitatively the themes or trends observed, while other aspects of the study demand accounting

of metrics whose trends (or lack of trends) are presented by graphical plots. The decisions of which results are presented qualitatively and which quantitatively will be discussed more in Section 4.10 – Data Analysis and Results. From a hypotheses generation and validation point of view, qualitative analyses provide the intuitive understanding and interpretation of our study results, while quantitative analyses provide further investigation and validation to the hypotheses generated by the qualitative analyses. Through observations and discussions of the child with ASD’s behaviors in response to robot and parent prompts, qualitative analyses may identify important trends and themes that can be validated using quantitative analyses. The choice of metrics used in quantitative analyses are, in turn, dependent on the qualitative observation results. This is coherent to the triangulation approach that qualitative research employs, which assumes that the internal validity of a research is strengthened when the use of multiple sources of data, multiple methods, multiple investigators, or multiple theories confirms the same findings [79]. Quantitative analyses, then, can be the “one more method” that confirms and strengthens the validity of the findings from the qualitative research.

One challenge of conducting qualitative and quantitative analyses alongside in this complimentary manner within a study is that, for qualitative research, data analysis is conducted during data collection, and data collection method is revised iteratively with ongoing analysis [79]. For example, if analysis reveals that a certain device should be improved or a certain data collection protocol should be changed, data collection may take a turn in this new direction. This may potentially create problems for quantitative analysis if it shares with qualitative analysis the same pool of data collected. For the data collected using methods that are changing, grouping them would be not rigorous if the changes may significantly affect our outcome, but not grouping them would make the sample size very small for each group. For this thesis, however, this may be a compromise we are willing to accept for the pilot study, since the validity of our results rest not solely on quantitative analyses. It is planned for future studies to conduct a statistically significant quantitative research for rigorously validating the hypotheses and design recommendations generated by this thesis.

4.1.4 Case Selection and Sample Selection

When conducting a case study, selecting the right case and sampling in it the data to focus on are essential for bounding the scope of the study and producing results of significance. The case selection and the sampling within the case are essentially two layers of the same process called sample selection [79]. Merriam [79] listed several sample selection methods. Of them, the ones most relevant to a case study are typical sampling, unique sampling, maximum variation sampling, and theoretical sampling. As Merriam defines them:

- **Typical Sampling** chooses samples that are the “average person, situation, or instance of the phenomenon of interest”
- **Unique Sampling** focuses on “unique, atypical, perhaps rare attributes or occurrences of the phenomenon of interest”
- **Maximum Variation Sampling** explores extreme variations of the phenomenon of interest, sometimes even involving “a deliberate hunt for negative or disconfirming variations”
- **Theoretical Sampling** is “an ongoing sample selection process” that “begins the same way as purposeful sampling” (purposeful sampling includes the three sampling methods above), “but the

total sample is not selected ahead of time” but is decided iteratively as results from data analysis roll out

In our WoZ pilot case study’s context, case selection was the process of setting inclusion criteria for recruiting a subpopulation of the children with ASD, and sample selection within the selected case was deciding the robot and parent prompting protocols that are used to guide our participant through the hand-washing trials. Case selection is be discussed in more detail in Section 4.2 - Recruitment. Sample selection is discussed in more detail in Section 4.6 - Study Protocol.

4.2 Recruitment

Since children with ASD are a diverse population with each child unique and vastly different from one another, the subpopulation from which we recruit from directly influences our study results and focus. This is the process of case selection. Since the aim of our study is to form important hypotheses about children with ASD that aid in future iterations of the robot prompting design, focusing on the typical use case would be most beneficial at the pilot study stage. One way to ensure this is through sampling for the typical user that our robot is designed for. This would be children with ASD, not adults nor any one without a diagnosis of ASD. In addition, the participant needs to be able to interact with a prompting agent, understanding and following its instructions. Gender, ethnicity, and other factors that are not significant in determining important robot design recommendations are not constrained in our inclusion criteria. In addition, hand-washing skills are constrained to a certain degree, but the level of hand-washing skills need not be non-existent. All participants yield valuable design input information as long as the participant requires some form of assistance during hand-washing, whether it be requiring prompts to get started, to know which steps to execute, or to know how to execute each step. This means, on the spectrum of hand-washing levels, we might have several different cases depending on the participants we recruited.

Participants were recruited from a list of families of a previous autism study that indicated that they would be interested in participating in future studies related to the development of the COACH prompting system. The inclusion criteria for enrolling in the study were as follows:

- Boys and girls between the ages of 4-15
- Parent report of a clinical diagnosis of an ASD to be confirmed through administration of the Social Responsiveness Scale (SRS)
- Has difficulty independently completing self-care activities, specifically hand-washing
- Has the ability to follow simple, one-step verbal instructions
- Ethical consent granted by parents or primary guardian
- Does not exhibit severely aggressive behavior

Three children would be recruited. This sample size is typical for studies of this nature (i.e. HRI case study for children with ASD), e.g. Kozima et al. had two participants in [66], Robins et al. had three in [104] and [101]. Participant demographics would be recorded and would include age, sex, and the Social Responsiveness Scale (SRS) test results. The SRS is a commonly used tool to identify the presence and

estimate the severity of ASD [31]. Reporting the results of the SRS would allow a better understanding our research results in context of the participant’s conditions.

Each participating family was given a \$200 honorarium per child subject upon completion of the study. All participants were able to withdraw from the study at any time. The honorarium would then be adjusted to be proportionate to the number of visits completed (e.g. completing 3 visits means the participated child would receive \$100 ($\$200 * 3 / 6 = \100)). This would be made clear to participants at the time of consent.

4.3 Humanoid Robot NAO

We chose the torso and arms only version (T14) of the commercially available humanoid robot NAO from Aldebaran Robotics as our robotic prompting agent. NAO is a humanoid robot with a torso of 307 millimeter high and 275 millimeter wide (see Figure 4.1). It is designed by Aldebaran Robotics to primarily serve academic research in robotics. NAO is equipped with the state of the art mechanical, electrical, embedded, control, and local network communication systems. It also has cameras and sonar sensors for computer vision algorithms for scene understanding, path planning, and obstacle avoidance. The software development kit (SDK) provided is very easy and powerful to program with. Also, an even easier graphic user interface (GUI) for robot behavior programming, the Choreographe software, is also available. One caveat of using NAO for SAR HRI research is that it is only equipped with a single degree of freedom finger dexterity, though other joints in its body are much more mobile. It is more than enough for doing simple pointing and other non-contact gestural prompts in sync with verbal interactions. It just cannot perform detailed hand gesturing. This makes NAO less capable in demonstrating a hand-washing step in high detail.

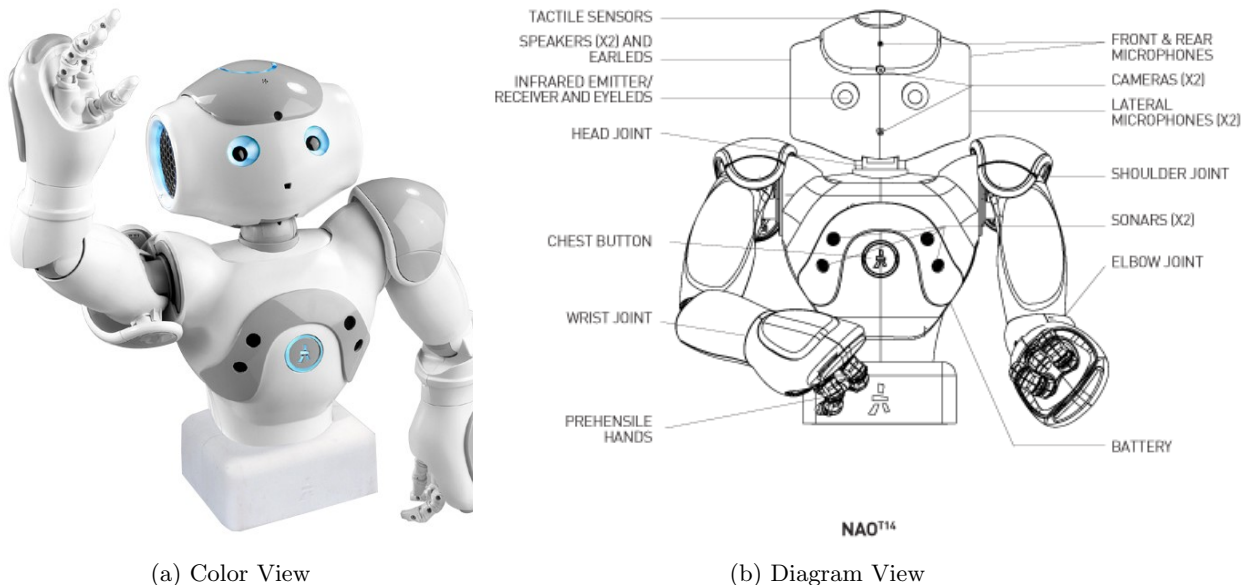


Figure 4.1: NAO T14 Humanoid Torso

From a HRI research perspective, Aldebaran Robotics took care of designing the intrinsic level of HRI, where NAO has a likable appearance and child like neutral gender voice, although it is incapable

of facial expressions. The design decisions we face when using NAO for this thesis is on the behavior level of HRI. Design decisions such as voice intonation choice, verbal prompts, motion gestures and gaze, and eye blinks using LEDs in eye regions are made in this thesis. The objective of this thesis is then to ultimately find out if the lower two levels of design decisions made are able to cumulate to the child with ASD perceiving NAO as a role model / supervisor / assistant during hand-washing.

For our pilot study, we use the half-torso version of NAO because we do not require any mobility from NAO – it is fixed on the sink table top (see Figure 4.2). The relevant functionalities of NAO we utilized for delivering prompts include:

- Verbal prompting through its bilateral loud speakers on the head and speech synthesis functionality
- Body gesturing through its moving head and arms (although its fingers are not capable of hand gesturing)
- Flashing LEDs on the eyes and ears

4.3.1 Verbal Prompts

We used the text-to-speech engine from NAO to synthesize the verbal prompts. The pitch of NAO’s voice was changed to a lower one than default for the verbal prompts to give a more authoritative feeling. The reward verbal prompt remained the default pitch, though, to give an exciting praise. The verbal prompts were worded as short, three or four words phrases, such as ”turn on the water” or ”rinse your hand”, and a pause is put between the action and the subject so that the prompts sounded clearer and was easier to understand to children with ASD. The specific choices of verbal and gesture prompts are discussed in Section 4.6.4.

4.3.2 Gesture Prompts

There are several kinds of gesture prompts NAO needs to perform:

- **Attention grabber (AG):** When prompting is needed but the child is not looking at NAO, NAO waves to grab the child’s attention.
- **Motion demonstrating prompt (MoDemo):** NAO demonstrates to child the motion of interaction (e.g. turning tap, scrubbing, rinsing, etc.).
- **Object pointing prompt (ObjPt):** NAO points to the physical object of interaction.
- **Reward (REW):** After a task is successfully completed, NAO flashes LEDs as a positive reinforcement.

The gaze behaviour of NAO during gesture prompts is also important and is grouped as: looking at child (when delivering AG, MoDemo, REW), and looking at object (AR, ObjPt). The gesture and gaze motions can be programmed using NAO’s software, Choregraphe.

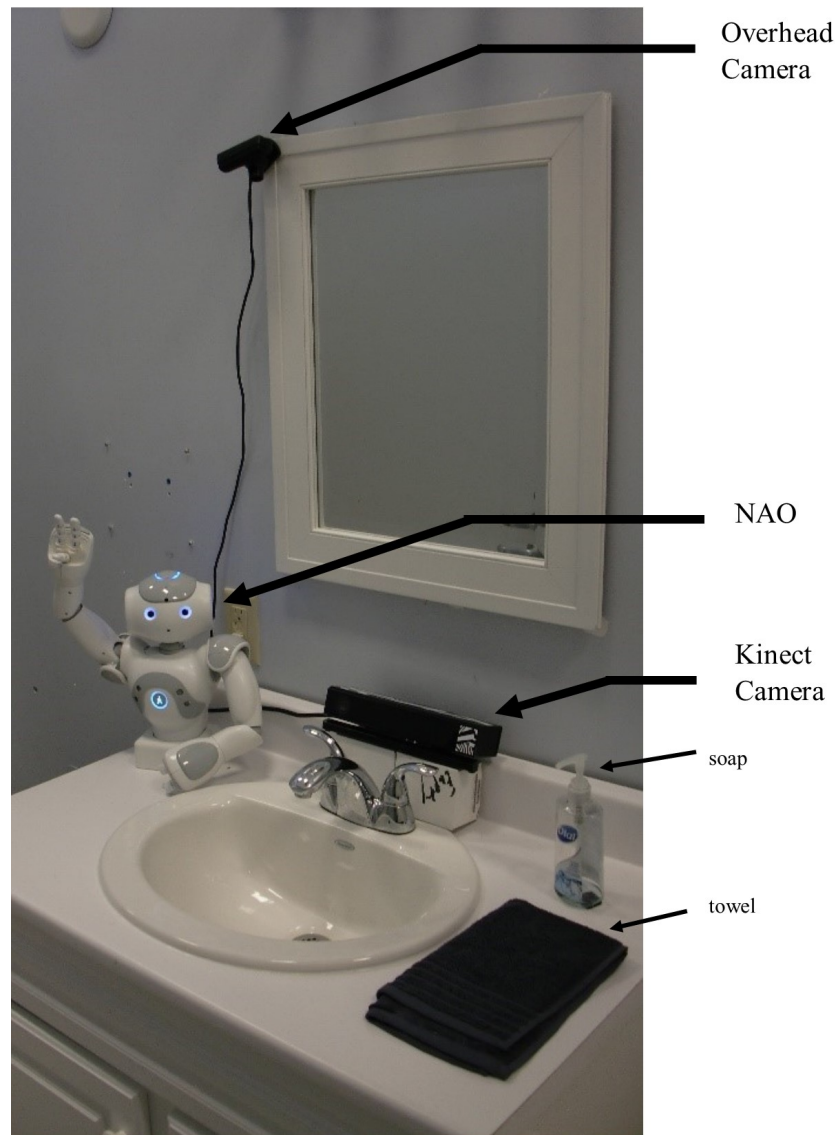


Figure 4.2: Experiment Setup

4.3.3 Wizard of Oz Remote Control

The WoZ experiment setup involves controlling the robot remotely behind the scene by a human operator, the wizard. A touch screen laptop was used as the user interface for the operator, and the behaviors of the robot were presented as buttons on the screen, with the camera views displayed along side. Keyboard shortcuts were also implemented for faster access to robot actions.

4.4 Surveys

In addition to observing the child with ASD interacting with the robot, surveys were designed to probe the child's background, experiences, and preferences, putting the observations into context. Also, surveys probing the parent's opinion of the robot and the COACH system were also created, since the parent is

also an important decision maker in the robot and the COACH system’s design.

Social Responsiveness Scale Survey and Entrance Survey The Social Responsiveness Scale Survey [31] serves to screen participants during recruitment and was filled out by the parent that accompanied the child to all trials. The entrance survey was administered along with the SRS survey. It reports the child’s demographics as well as inclusion criteria fit. In addition, it also reports child’s previous experiences with technologies, child’s personal preferences, child’s abilities on hand-washing and on other ADLs, and parent’s expectation and concerns.

Post-Intervention Survey During the last visit, the same parent who completed the SRS survey and the entrance survey was asked to fill out the post-intervention survey. The survey reports the parent’s opinion on the robot prompting system, giving suggestions and comments and how effectiveness and appropriate the system is, and any improvements or adjustments needed.

4.5 Parent Researcher Interviews

In addition to surveys, the parent was interviewed by the researcher through out the breaks between trials. The purpose of these interviews was to probe what the parent thought about the robot, about what the child’s behaviors meant and why the child behaved in such ways, about how to get the child to comply better, and about how to improve the robot further. Also, the interviews served to collect more relevant background information on the child and the family. The interview questions were not scripted before hand, but were a result of a free flow of conversations between the researcher and the parent, discussing what happened in each trial and what to do in the next trial. The interviews were voice recorded and transcribed by the researcher for analysis.

4.6 Study Protocol and Setup

4.6.1 Conducting Entrance and SRS Surveys

Prior to their first visit to the lab, the parent was asked to complete the Social Responsiveness Scale (SRS). If the child met the SRS score (minimum of 76 T-score), the same parent would then be asked to complete the entrance survey before their first visit. This same parent was required to accompany the child through all visits.

4.6.2 Hand-Washing Trials Protocol Overview

The trials were carried out in the washroom inside the HomeLab – a laboratory specifically designed to emulate the home settings, located on the 12th floor of Toronto Rehab Institute (more details of the experimental environment is described in Section 4.6.3). Each child would visit the HomeLab once a week with a total of six visits with his/her parent. The six visits would consist of three kinds of phases. The three phases are namely the baseline phase (Phase A) and the intervention phases (Phase B and Phase C). In Phase A, the child would be asked to wash hands by him/herself as independently as possible. The parent was instructed to provide assistance to the child as the parent saw necessary. In Phase B, the child would be assisted by the robot NAO alone. The parent was out of view in the room

adjacent to the washroom, and came into the washroom to guide the child to continue if the child got stuck or finished early and was leaving the washroom. In Phase C, the child would be assisted by NAO and the parent together. The parent remained in the washroom and assisted robot NAO in its prompts. Phase C had the purpose of the parent showing the child how to follow the robot as the robot prompts the child. The parent was left to his/her best judgment in how to work together with the robot.

Each visit took about an hour to an hour and a half. The child was asked to wash his/her hands eight times for every visit, for a total of forty-eight trials per child. This way, the consecutive trials conducted within a day would hopefully be not too much for the child to cause fatigue. The child and his/her parent could take short breaks after each hand-washing trial. The break could last as long as the child needed until he/she was willing to continue the trial. If the parent felt the need, they could leave and come back to finish the rest of the day's trials another day. They would not be withdrawn from the study unless requested.

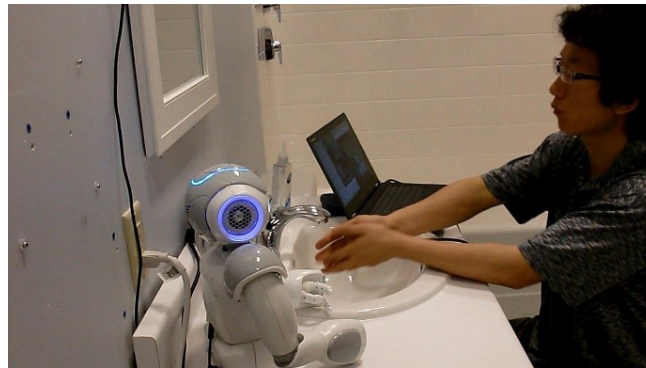
We conducted the phases in the order A-B1-C-B2 (i.e. parent alone phase - robot alone phase - robot parent phase - 2nd robot alone phase). By splitting the phase B to Phase B1 and Phase B2 and flanking phase C, we can compare Phase B1 and Phase B2 to see how much did learning in Phase C affect our results. We aimed to approximately have sixteen trials per phase, which gives a good sample size for both quantitative and qualitative analyses. This means Phase B1 and Phase B2 would have about eight trials each. Note that the number of trials for each phase might be adjusted by the researcher depending on the ongoing data analysis, and the parent researcher interviews would be used as the basis for such adjustments. More detail on how to adjust is discussed in Section 4.6.5 - Conducting Interviews and the Basis of Sample Selection. The actual number of trials conducted for each phase are reported in Section 4.10.2 - Case and Samples Selected.

4.6.3 Experiment Setup

The equipment was set up near the sink, which included a NAO robot, an overhead camera, a scene camera, and a Kinect camera. The NAO robot is a small half-torso humanoid robot and was screw-mounted on the sink countertop at the top left corner (please see Figure 4.2). The NAO robot delivered verbal and gesture prompts to the children with ASD while they were performing the hand-washing tasks. The overhead camera was installed on the wall/mirror right above the sink. The overhead camera recorded objects on the sink countertop (e.g., taps, faucet, soap, and towel). The purpose of the overhead camera was to capture the hand actions of the child during hand-washing in order to track the child's progress along the tasks. The scene camera was placed on the floor on a camera stand with its field of view including all objects in the scene (e.g., robot, child, and objects on sink countertop). The purpose of the scene camera was to capture the child's engagement and attention during the prompts as well as during task executions. The Kinect camera was mounted on the sink countertop underneath the mirror and behind the tap. The Kinect camera recorded mainly the child's face. The purpose of the Kinect camera was to capture the child's face during hand-washing for the development of an automatic algorithm that estimates the child's gaze direction in real-time. Examples of the images captured by the three cameras are shown in Figure 4.3.



(a) Overhead Camera View



(b) Scene Camera View



(c) Kinect Camera View

Figure 4.3: The views of the three cameras used in the WoZ study.

A touchscreen laptop was used during the study by the student researcher to control the robot. It connected to the robot wirelessly. The laptop also connected to the overhead and Kinect cameras through USB cables to provide real-time video feed. The data collected from the cameras was saved temporarily in the laptop hard-drive.

4.6.4 Specific Protocol

The hand-washing activity was broken down into seven steps: turn on the water, wet your hands, get some soap, scrub your hands, rinse your hands, turn off the water, and dry your hands. These steps were modified based on Bimbrahw et al.'s pilot study [19]. These constituted the same steps as Bimbrahw's except that the first (i.e. turn on the water and wet your hands) and the last step (i.e. turn off the water and dry your hands) are now four individual steps to ensure that each step only involved one action.

Phase A (Baseline Phase) In the baseline phase, the child was asked to complete the hand-washing as independently as possible. During this phase, the parent was present in the washroom while the child was completing the hand-washing steps. The parent would verbally prompt and/or physically assist the child and give positive reinforcements to the child whenever the parent feels necessary. Minimal restrictions or guidances were presented to the parent by the researcher, so that what the parent thought were important could become apparent to the researcher.

Phase B1 and B2 (Robot Only Intervention Phases) In the robot only phases, the child was asked to wash his/her hands with the help of the robot NAO alone in the washroom. During every trial, NAO waited for the child to start each step. If the child experienced troubles, an appropriate prompt was delivered from NAO in order to help the child complete the step. If the child did not respond to NAO's prompt, an attention grabber was delivered to capture the child's attention to the prompting agent. The attention grabber could be repeated for a second time if the child failed to respond to the first one. After successfully grabbing the child's attention, the prompt was repeated. A verbal reward was delivered to the child when he/she completed a step. The parent was out of view of the child during Phase B1 and B2, and only coming into the washroom to prompt when the child has ignored the robot's repeated attempt to prompt. The purpose of the parent coming in was first to remind the child to listen to the robot, and only physically help the child to complete the step as a last resort if the child continue to ignore the robot and the parent's prompts. After the physical intervention in phase B, the parent then instructed and encouraged the child to continue the rest of the hand-washing steps on his/her own by following the robot.

Phase C (Robot Parent Joint Intervention Phase) In the Robot Parent Joint Phase, the child was asked to wash his/her hands with the help of the robot NAO and the parent together. In this phase, the robot behaved similar to that in Phase B1 and B2. The parent, on the other hand, took a more active role in phase C. Instead of hiding out of sight from the child, the parent in this phase stood beside the child and told the child what to do. At the beginning of each trial in this phase, the parent and the researcher chose the amount of involvement the parent had during the trial, whether to prompt the child to listen to the robot as it prompts the steps, to prompt the steps him/herself, or to physically guide the child through the steps. Of course, for both phases, if the child did not respond to any of the prompts, the parent was to physically intervene and complete the step together, similar to phase A.

Both phases B and C are important. Phase B1 and B2 serve to test if NAO can independently assist the child through hand-washing with minimal parent involvement. Phase C serves to investigate if and how the parent is able to train the child to better follow the robot prompts. Comparing phase B and C and comparing phase B and A could potentially yield areas of improvements for NAO.

The NAO robot’s prompts can be categorized into three groups (please see Table 4.1 for the specifics of each prompt used):

1. **Step Prompt** (to prompt the child through a hand-washing step):

A verbal prompt is delivered, such as Please [step name] (e.g. Please turn on the water.). Synchronous to the verbal, a visual prompt is also be delivered. This is a two-part gesture prompt of: first, demonstrating the motion of interaction while looking at the child (i.e. MoDemo); second, pointing to the sink object (e.g. the tap) while looking at the object (i.e. ObjPt). A maximum of two prompts is given to the child. If the child does not respond to the second prompt or has started the step but does not complete the step within the a reasonable time, the parent is asked to help the child complete the step.

2. **Attention Grabber** (to capture the child’s attention to the NAO robot):

A verbal prompt is delivered, such as Hi, [child’s name]! Synchronous to the verbal, a visual prompt is also delivered. This is an attention grabbing gesture of waving and looking at the child (i.e. AG). A maximum of two attention grabbers is given to the child in order to get his/her attention to look at the robot. The parent is asked to instruct the child to look at the robot if he/she does not respond to the second attention grabber.

3. **Reward** (to provide positive reinforcement when the child attempts a step without the help from his/her parent):

A verbal reward (i.e. Great!) is delivered while looking at the child and switching back and forth the colors of the light-emitting diodes (LEDs) on the eyes after successfully performing a step (i.e. REW).

For each trial, in addition to the three prompt categories stated above, the NAO robot also delivered a short introduction before the start of each trial, a re-intro after the parent finished assisting the child through a step, and an outro at the end of each trial. The introduction was a two-part prompt. The first part was an attention grabber. The second part consisted of a verbal prompt (i.e. Let’s start washing hands.) with a simple conversational gesture. The re-intro was a verbal prompt (i.e. Let’s continue washing hands.) with a simple conversational gesture. Same as the introduction, the outro was a two-part prompt. The first part consisted of a verbal prompt (i.e. Good job, [child’s name]!) with a gesture of fist pumping in the air. The second part consisted of a verbal prompt (i.e. You are all done.) with a gesture signifying all the hand-washing steps have been done.

4.6.5 Conducting Interviews and the Basis of Sample Selection

The interviews with the parent were conducted by the researcher during every break between trials. This was to discuss what happened in the last trial, why the child behaved this way, whether we needed to change the robot prompts for improving effectiveness, whether to change the protocol to focus on certain aspects of the study more, and how many more trials of the current phase should we do. Also, the researcher sometimes requested certain ways the parent was to assist and guide the child, so to explore the influence of the parent on child’s interaction with the robot. Although conducted in an informal conversational format, this interviewing, discussion, and reflection process was a form of qualitative analysis similar to that of making observational field notes. Thus, the results of these

	Verbal Prompt	Robot Gestures
Attention Grabber	Hi, [child’s name]!	Waving and looking at the child.
Task Prompts	Turn on the water!	Turning right wrist clockwise while looking at the child, then pointing and looking at the tap.
	Wet your hands.	Holding out hands while looking at the child, then pointing and looking at the running water.
	Get some soap.	Pressing down right hand with left hand collecting from below while looking at the child, then pointing and looking at the soap.
	Scrub your hands.	Scrubbing both hands while looking at the child, then pointing and looking at the child’s hands.
	Rinse your hands.	Holding out hands while looking at the child, then pointing and looking at the running water.
	Turn off the water.	Turning right wrist counterclockwise while looking at the child, then pointing and looking at the tap.
	Dry your hands.	Wiping one hand against the other while looking at the child, then pointing and looking at the towel.
Reward	Great!	No gestures. Flashing multicolor LEDs on the eyes while looking at the child.
Intro	Hi, [child’s name]! Let’s start washing hands.	Giving an attention grabber gesture followed by a simple conversational gesture while looking at the child.
Re-intro	Let’s continue washing hands.	Giving a simple conversational gesture while looking at the child.
Outro	Good job, [child’s name]! You are all done.	Fist pumping in the air, followed by an all done gesture. Flashing multicolor LEDs on the eyes while looking at the child.

Table 4.1: The Robot Prompts – Detailed Descriptions.

discussions were then used as basis for sample selection, revising the robot behavior and study protocol for the subsequent trials. This process was continued iteratively, which modeled after the theoretical sampling method defined in Section 4.1.4. Within the theoretical sampling approach, we adopted the maximum variation sampling method by varying the degree of the parent’s involvement.

4.6.6 Conducting Post-intervention Surveys

During the last visit, the parent who completed the entrance survey was asked to fill out the post-intervention survey.

4.6.7 Data Collection

All trials were video recorded by the overhead, the scene, and the Kinect cameras and audio recorded by the microphone from the scene camera. The overhead and scene video data were reviewed and annotated by a single annotator – the researcher. The overhead video data was used to score the participants’ prompt compliance and hand-washing performance. The scene video data were used to evaluate the participants’ engagement during the whole activity. Possible areas of improvement of robot prompting will be explored, based on its observed effects on engagement, compliance, and performance.

The Kinect video data was not annotated. Instead, it was collected to be potentially used to evaluate the automatic gaze estimation algorithm that we may develop. Specifically, the Kinect video data could

be used as inputs to train a gaze estimation algorithm and the outputted predictions of the algorithm can be compared with annotations of the scene video data to evaluate the algorithm’s prediction accuracy.

4.6.8 Ethics

The WoZ pilot study was approved by the Research Ethics Board (REB) of University Health Network (UHN), belonging to which is the Toronto Rehab Hospital, where the study was conducted.

Consent and Assent Participants were given a package of consent/assent forms prior to starting the study. One of the parents provided their consent for their child and themselves to participate in the study. In addition, child participants provided their assent to participate in their every visit of the study.

Interested families received an information/consent package prior to starting of the study. This package includes consent/assent forms for participation in the study for the parent and child with ASD (these forms include study details and research contact information) as well as consent to be videotaped for the parent and child with ASD. Consent from the parent and assent from the child with ASD were given if and when they feel comfortable that they understand the information presented. Potential participants of both parents and children had up to a week to decide if they would like to participate, although they may consent to participate as soon as they feel comfortable doing so. Parents needed to provide their consent for their children and themselves to participate in the study. In addition, child participants needed to provide their assent in their every visit of the HomeLab during the study to participate. Parents were required to consent to having their children and themselves videotaped during the study. The parents were informed that they and their children may withdraw from the study at any time without penalty.

Confidentiality Each participating family (parent and child with ASD pair) was assigned a code number when they signed the consent/assent. All data in the study was labeled with these code numbers only - the names of the participants appeared only on the information and consent/assent forms and was kept confidential. Consent forms was placed in a secure and locked area in the PI’s laboratory, with access exclusively restricted to the research team. All forms will be destroyed seven years after the study publication.

The information and data collected remained strictly confidential and not affected any of the participants’ (both the parent’s and the child’s) employment, care, or treatment in any way. A code number was assigned to each parent and child participant when they give consent. This code number, instead of their name, were used for all data collection and analysis. Direct quotes may be included in the final research paper but names will not be used in any report or publication. Privacy of participants (both the parents and the children) were ensured by omitting all participant information from participant data, by employing data encryption, and by storing data on a secure server. If and only if participants consent, participants (both the parents and the children) video data could be presented for educational purposes. If any images or videos were used in presentations and publications, faces and other identifiable features would be masked.

Both the video and audio data were stored temporarily on the touchscreen laptop’s hard drive during each child’s visit. The data was encrypted and transferred to the TRI servers as soon as after each child’s visit. The portable devices, such as USB sticks, were used to transfer the data to the TRI servers. All

files stored in the portable devices were password protected and encrypted. The data on the laptop's hard drive and the portable devices was then be purged immediately after transfer.

Data Storage All soft (electronic) data was encrypted before any transfer was made. All data was password protected and stored on the TRI servers with access restricted to the research team. The laptop used for the study was password protected so that only the research team had the access to it. All computerized data was password protected. All survey data was stored in a locked cabinet different from where the consent forms are stored. Access to all the data was restricted only to the supervisor and researchers involved in the project.

After the study is completed and the results of the study are published, data will be stored for at least seven years from study closure. All data will be destroyed seven years after the study closure. Data contained on paper material will be destroyed by shredding the material. Data contained on electronic media will be destroyed by erasing or other removing the data in such a way that it cannot be retrieved.

4.7 Interview Transcription

The recorded interviews between the researcher and the parent were transcribed by the researcher into written texts for qualitative analysis later. The purpose of such analysis was to generate themes or hypotheses in the contexts of robot design recommendations and interpreting robot prompt effectiveness, thus only conversations relevant to these contexts were transcribed from the recorded interviews.

4.8 Video Annotations

To analyze the video data of the hand-washing trials quantitatively, intermediate measures were extracted from the data by the researcher. This was the process of video annotation (also known as coding).

4.8.1 Annotation Framework

Only the scene camera videos were annotated, since this view alone sufficed in informing both the progress of the child in hand-washing steps and the child's response to prompts.

Each video file usually contained one hand-washing trial, sometimes two. The annotator needed to scroll through each video until the scene of the child entering the washroom, marking it as the start of a trial. The child leaving the washroom marked the end of a trial.

A trial contained many hand-washing steps, and for each step, the parent and/or the robot might give several prompts. For consistency and convenience, the annotator divided the video into segments we call "prompt sections", and describe each prompt section using a 3-part scheme. The first part describes the child's actions before any prompts, the second describes the prompting agent's prompts, and the third describes the child's actions after the prompts. The intermediate measures to be annotated in each part of the prompt section are shown in Table 4.2.

A hand-washing step could have multiple prompt sections. Take for example the following scenario: The child executes the wrong step before prompts, so the parent prompts the correct step, but the child ignores the prompt and continues the wrong step. This constitutes one prompt section. Then the parent prompts again, and the child finally follows the prompt and executes the correct step. This constitutes then another prompt section. For this example, because the parent prompts a second time without

waiting for the child to stop his/her current action, the second prompt section should have a blank for the Child’s Action Before Prompts.

A hand-washing step could also have multiple prompt sections because of the step’s nature. For the “extended steps” (i.e. scrubbing, wetting, rinsing, and drying), even when the child is executing the correct step, the prompting agent may deliver more prompts to encourage the child to keep doing the same step for an extended period of time. This is in contrast to the non-extended steps (e.g. turning on the water), where a single action from the child marks the completion of that step. An example of an extended step with multiple prompt sections is: The child starts rinsing before prompt, then the parent tells the child to keep rinsing. The child continues to rinse. The parent says again “keep rinsing”, and the child rinses more and then decides to stop. This constitutes one prompt section. Then, the parent prompts to rinse more again. The child follows. After a while, the parent decides this is enough and prompts for the next step. This marks the end of the second prompt section. For the first prompt section, it contains two prompts from the parent. This is intentional, for the purpose of convenience – we group any consecutive prompts (can be from either the parent, the robot, or from both) resulting in the same actions from the child as one prompt section.

4.8.2 Annotation Tools

The videos were played back by the software Media Player Classic - Home Cinema (MPC-HC), where timestamps of millisecond resolution can be obtained. The annotations were recorded onto Microsoft Office Excel spreadsheets, and each sheet exported to comma separated value (CSV) files to be analyzed.

4.9 Video Data Measures

After annotating the video data, to investigate the impacts of the robot prompts on child’s task completion and to measure the child’s compliance to the prompts, the following metrics were counted:

Task Completion

- **Number of Steps Completed:** the number of hand-washing steps that were completed in a trial, the maximum being seven in each trial (these steps being turn on water, wet hands, get soap, scrub hands, rinse hands, turn off water, dry hands).

Child’s Responses to Prompts

- **Complied Prompt Rate:** the ratio in percentage of prompts in a trial that the child complied versus prompted (complying, as judged by the annotator, is the child putting an effort of attempt following a prompt).
- **Ignored Prompt Rate:** the ratio in percentage of prompts in a trial that the child ignored versus prompted (ignoring, as judged by the annotator, is the child remaining unchanged in incorrect behavior following a prompt).

The specific definitions for each measure will be discussed further in Section 4.10.3 – Quantitative Analysis and Results. The difference between the terms “prompts” and “prompt sections” was discussed in the previous section 4.8.1 – Annotation Framework.

4.10 Data Analysis and Results

In the following section, the hand-washing trials, the SRS survey, entrance survey, and post-interventions survey, and the parent interviews were analyzed qualitatively, and the annotated video data of the hand-washing trials was analyzed quantitatively.

4.10.1 Participants Recruited

Due to limitation of time, we were only able to recruit one subject. Our participant is a thirteen year old male child of Asian ethnicity. He was accompanied to the trials by his mother, who was the one that answered all surveys.

Entrance and SRS Survey Results

The following background of the child was reported by the entrance and SRS surveys. The purpose of this section is to familiarize the reader with our participant and understand better the context that our study results situate in.

Child’s Demographics and Inclusion Criteria Fit The parent reported that the child has been clinically diagnosed with Autism spectrum disorder. We also conducted the Social Responsiveness Scale Survey, and the child obtained a T-score of 79, passing the minimum score for severe ASD. The details of the SRS survey result is presented in A.1. Through the Entrance Survey, we learned that the child has difficulty independently completing self-care activities (a 2 on a scale of 1 (not independent at all) to 5 (completely independent)), and this includes hand-washing (also a 2 on the same scale). We also learned that the child is able to but not good at verbal communication (a 3 on a scale of 1 (very not well) to 5 (very well)). Specifically, the child can only speak one or two words at a time to express what he wants, uses iPad for communication, and often just murmurs illegibly. However, the child has the ability to follow simple, one-step verbal instructions (a 4 on a scale of 1 (very not well) to 5 (very well)). Lastly, the child does not exhibit severely aggressive behavior (a 1 from a scale of 1 (never) to 5 (often)). The above shows that the child fits our inclusion criteria.

Child’s Experience with Technologies The child is more of a visual learner. He uses a computer at home, and likes to use it very much. He also likes to use other technologies (e.g. iPhone, iPad), and likes to watch movies and TV. He does not have a robot toy to play with at home or at school, so the parent does not know how much he likes to play with robot toys. The parent never used technologies to help the child with self-care activities except using pictures to teach step by step hand-washing.

Child’s Personal Preferences The child is sensitive to sound. He likes Disney cartoon music, and likes to watch his favorite cartoon scenes repeatedly on the iPad. To reward the child after a good behavior, the parent suggested the following rewards: give extra time to play on iPad, give him praises (e.g. good job), give children books to read and animal dinosaurs to play with, give the parent’s iPhone since the child’s favorite musics are on there.

Child’s Abilities on Hand-washing and on Other ADLs The parent agrees that the child usually gets distracted when performing hand-washing. To assist him, the parent mainly reminds him to put

soap, rinse properly, and dry properly with towel. He needs more prompting in these areas since he always washes in a hurry.

Other everyday activities the child needs help with include: tooth brushing – 2 hours/week; bathing – 4.5 hours/week; dressing – usually just hand the clothes to him, he knows how to put them on, but needs reminders of the order of the clothing, 7 hours/week.

Parent’s Expectation and Concerns The parent expected the robot to be helpful in reminding the child to put soap, rinse and dry more, similar to the role of the parent. Some concerns the parent has include: the child may be wondering why does he need to wash hands so many times repeatedly; the child performs well in his comfort zone with the same environment, so it takes a while for the child to get used to the lab environment.

4.10.2 Case and Samples Selected

Our participant fitted the inclusion criteria as a user with typical use case for the robot. It was noted that the typical use cases for the robot may be several, depending on the kinds of helps the user needs. From the background report above, we understood that the child mainly needs help initiating the hand-washing activity, and guidances during certain steps (i.e. the get soap, rinse, and dry steps), but the child does not need much prompts for demonstrating the actions of each step. This tendency of the child was verified during the trials, and we attempted to answer the question “how best to prompt the child” given this tendency (e.g. Should we prompt only the steps the child needs help, or prompt every step to create consistency? Should we still demonstrate actions for the prompted steps or skip the MoDemo part of the prompt entirely?) These will be answered in our discussions.

We conducted 16 trials for Phase A, 8 trials for Phase B1, 21 trials for Phase C, and 5 trials for Phase B2. As part of the effort for employing maximum variation sampling method, we had different phases of trials having a variation of the prompting agents involved. In addition, for the phase with parent and robot joint prompting (i.e. Phase C), the researcher and the parent discussed before each trial how much the parent involved in helping the child for that trial, with the goal to fade out the involvement to minimal by the end of Phase C, while maintaining a high level of child’s compliance to robot prompts. To describe specifically, across the four phases, there were five levels of involvement employed:

- **Level 0:** the parent is outside of the room out of the child’s view, only comes into the washroom to prompt when the child is not following the robot (this behavior is similar to that during Phase B)
- **Level 1:** the parent stands beside the child in the washroom, and mainly uses gestures to prompt the child to follow the robot and to demonstrate the step’s motions after robot prompts
- **Level 2:** the parent stands beside the child in the washroom, and uses both verbals and gestures to prompt the child about each hand-washing steps, in competition to the robot prompts
- **Level 3:** the parent stands behind the child, and physically guide the child to follow the robot prompts
- **Level 4:** the parent stands beside the child, and prompts as the parent sees fit each hand-washing steps, with no robot present

The Parent Involvement Level is plotted in Figure 4.4. We see that, in Phase C, the parent mainly alternated between trial segments of level 1 and level 3 to train the child to follow the robot, while mixing single trials of level 0 to monitor the child's progress when left with robot alone.

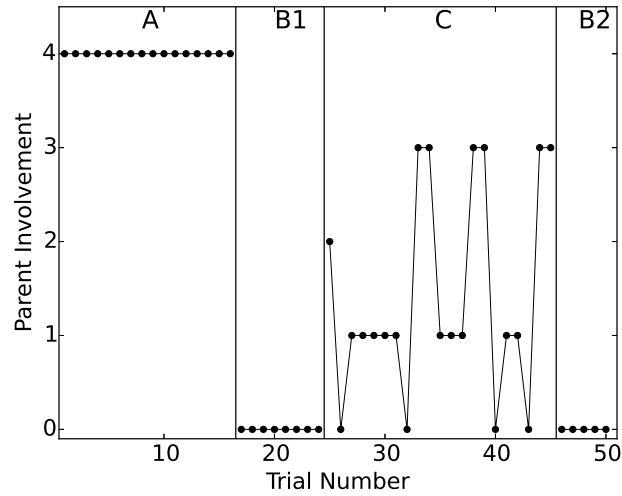


Figure 4.4: Parent Involvement

As part of the study protocol, the parent was allowed to physically help the child through a step if other methods of prompting failed. This intervention from the parent involved either the parent guiding the arm of the child during step execution or doing the step fully for the child. Specifically, the number of prompts that the parent intervened in this manner were counted and plotted, shown in Figure 4.5. We see the parent minimally physically intervened during Phase A and Bs but intervened much more during Phase C (the joint prompting training phase).

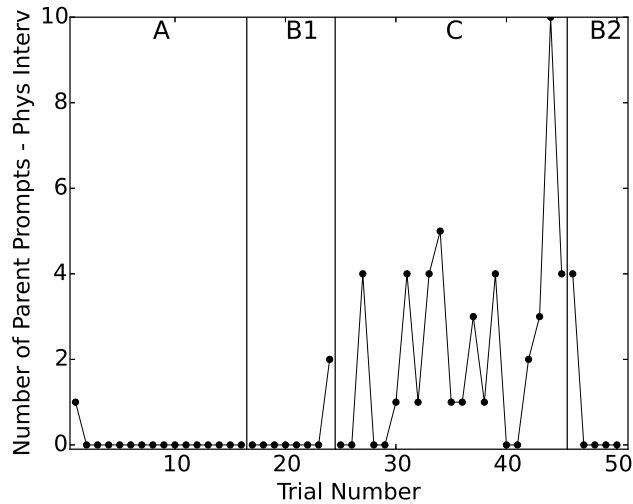


Figure 4.5: Number of Parent Prompts - Physical Intervention

4.10.3 Quantitative Analysis and Results

The annotated video data are analyzed quantitatively by calculating the measures defined in Section 4.9 to investigate how well can the child wash hands with the help of the parent and the robot and how well does the child respond to the prompts.

Quantitative Analysis Method

A script written by the researcher in Python 2.7 with NumPy scientific computing package was used to calculate the measures from the CSV files generated from video annotations. Matplotlib package was used for plotting. We compared each measure across the phases by calculating the median of all the trials in each phase. The median was chosen for robustness against outliers. No further statistical analyses were employed because of the small sample size involved.

Task Completion

The “Number of Steps Completed” by the child, for both steps completed independently and steps helped by a prompting agent, are plotted in Figure 4.6. The figure shows that Phase A has a median of 6 steps completed, while the rest of the phases have a median of 5 steps being completed. The missing step in all phases is the wet hands step. The parent in Phase A never prompted for the wet hands steps, and thus it was never completed in Phase A. This was because the child was used to getting soap first with dry hands before turning on the water for rinsing. The researcher, upon observing this, decided to skip prompting for the wet hands step as well for the subsequent phases, and thus all phases are missing the completion of the wet hands step. The missing step specifically for Phase Bs and C is the scrub hands step.

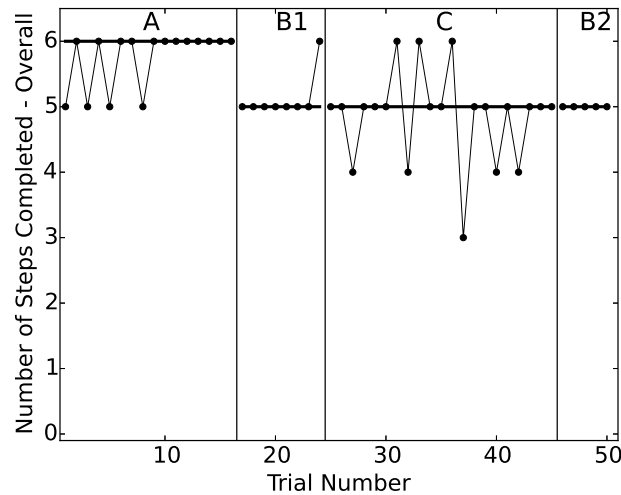


Figure 4.6: Number of Steps Completed - Overall

In Phase A, where the parent would prompt the scrub step right after the child finished getting soap as well as demonstrating the motion of scrub in the air. The child was looking at the parent’s MoDemo prompts and was following the motions himself. In the subsequent phases, when the robot prompted the scrub step with MoDemo, the child did not follow, and would start rinsing instead. The researcher

decided to skip robot prompting for the scrub hands step, and focused on the rinse step prompts instead. In whole, although the expectation of which steps to be completed shifted from six steps in Phase A into five steps in Phase Bs and C, the child mostly completed the steps up to expectations in all trials. This was a result of the child’s own independent ability to complete hand-washing, the help of the robot prompts, the help of the parent’s prompts, and at times the result of the parent completing the step for the child.

Child’s Response to Prompts

In order to break down how much of the task completion was due to the prompts from the parent and the robot, we measured the “Complied Prompt Rate” and the “Ignored Prompt Rate”. To define these two measures, we observe that for each prompt, there are three components: the step the child was executing before the prompt, the step being prompted, and the step the child executes after the prompt. Also, the child could be executing the correct step being prompted, could be executing the wrong step, or could be idling without executing any step.

Compliance to a prompt, then, is defined as when the child was executing the wrong step or was idling before prompt, and is executing the right step after the prompt. In addition, when the step is an extended step (e.g. scrub, rinse, dry), which requires multiple prompts, compliance can also be seen when the child was executing the correct step both prior to and after the prompt. The “Complied Prompt Rate” is plotted in Figure 4.7, and the median for Phase A is 87%, for Phase B1 is 33%, for Phase C is 77%, and for Phase B2 is 80%.

The child is said to ignore the prompts when the child does not change the step before and after the prompt. Specifically, this happened if the child was executing the wrong step before prompt and remains executing that same wrong step after the prompt, or when the child was idling before prompt and remains idling after prompt, or when the child executes the correct non-extended step before and after the prompt (this usually happened because the robot delivered the prompt too late although the child knew what to do or when the parent prompted for the child to stop the getting soap step but the child did not comply). The “Ignored Prompt Rate” is plotted in Figure 4.8, and the median for Phase A is 10%, for Phase B1 is 33%, for Phase C is 8%, for Phase B2 is 13%.

4.10.4 Qualitative Analysis and Results

The quantitative analysis above showed that the child had low compliance to robot prompts in Phase B1 compared to parent prompts in Phase A, and experienced an increase in compliance in Phase B2, probably due to the trainings in Phase C. We now use qualitative analysis to report what happened in a more descriptive manner, and attempt to answer what contributed to the low robot prompt compliance and its improvement.

For analysis, we first compared and contrasted between parent prompting and robot prompting on how the prompts were delivered and how well did the child receive them. Then we examined the factors contributing to the child’s difference of reception of robot prompts and the parent prompts. Lastly, we explored changes to the robot and the study that did or would possibly improve robot prompt reception from the child.

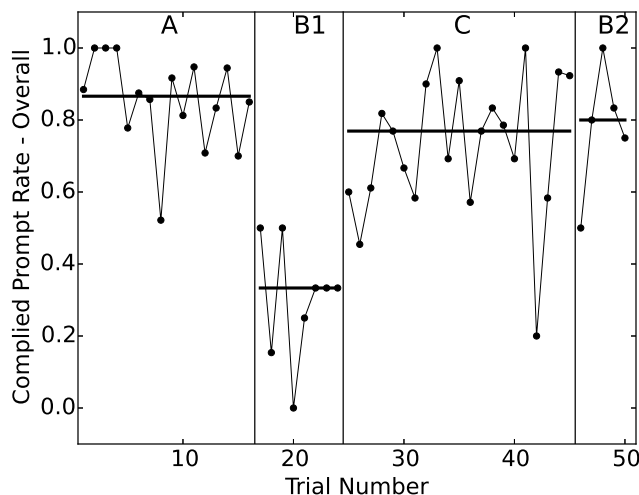


Figure 4.7: Complied Prompt Rate - Overall

Qualitative Analysis Method

The sources of data collected for qualitative data analysis included child hand-washing trials videos, between trials parent researcher interview transcriptions, and the post-intervention survey.

The hand-washing trials videos were reviewed by the researcher while making field notes on what were the patterns of the prompting agents, and the behavior patterns of the child, including both the child's independent actions during hand-washing as well as the child's reactive actions to prompts. These field notes, together with the parent interviews, were analyzed using the "constant comparative method" to distill common categories or themes that cut across all trials. In concise words, the "constant comparative method", as described by Merriam, is an analysis method commonly used in qualitative research that involves comparing "one unit of information with the next in looking for recurring regularities in the data" [79]. Categories are formed that the data relevant to the research questions fit into. As we go through more units of information, these categories may be subdivided or subsumed under more abstract categories as we "begin to discriminate more clearly between the criteria for allocating data to one category or another". As a side note, this process focuses on describing the data in a concise and logical way rather than on evaluating hypotheses.

Lastly, the parent's post intervention survey was also reported. In addition, the researcher would self reflect on how to improve the robot, the prompting protocol, and the research study and give inputs as the person who operated the robot and conducted the study.

Parent Prompts - Phase A

During Phase A, where the parent alone prompted the child through hand-washing steps, the parent was not instructed on what or how to prompt by the researcher. The only input given to the parent during this phase was to get the child to rinse more and dry more. The parent had no prior knowledge of how the robot prompts were going to be like either. Thus, the way the parent prompted was very similar to how she would have prompted at home in everyday settings, and one she probably found effective to her son.

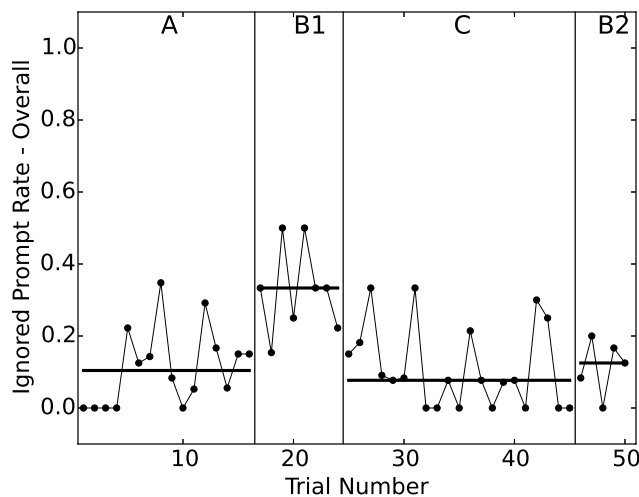


Figure 4.8: Ignored Prompt Rate - Overall

The sequence of hand-washing steps the parent prompted was in the following order: get soap, lather (synonym to scrub), turn on water, rinse, turn off water, dry. This order is one of the many logical orders of hand washing, since, for example, one could alternatively choose to turn on water before lather so one could lather in the running water, or even to turn on water before getting soap, so one’s hand is wet when lathering. However, the parent chose to get soap and lather first before turning on water, probably because of her and the child’s habits, and she had not changed this sequence order through out the trials in Phase A. Although, an interesting thing to note is, whenever the parent did not prompt for lather right after get soap and leave the child to decide which steps to do, the child would always turn on the water first after getting soap and lather in water.

The parent used verbal prompts as the major prompting modality, although for some steps, she also prompted using gestures such as pointing and motion demonstration. The parent’s prompting patterns most common for each step are summarized in Table 4.3. In the table, “MoDemo” refers to motion demonstration gestures (e.g. rubbing hands together for lather step and flipping and turning hands in the air for dry step). “Point” refers to pointing to the object of interaction (e.g. the water during rinse step).

Step	Verbal Prompt	Gesture Prompt
Get soap	Get some soap; Soap;	-
Stop soap	Just one; That’s it; Enough; That’s too much;	-
Lather	Lather your hands; Lather; Soap;	MoDemo
Turn on water	Turn on the water;	-
Rinse	Rinse more; Water; More water; Wash hands; More;	MoDemo; Point
Turn off water	Turn off the water;	-
Dry	Dry; More Dry; Towel; Dry your hands; More;	MoDemo

Table 4.3: Parent Prompts

For the lather, rinse, and dry steps, they are not single action steps, but need continuous motions. For these steps, the parent would repeatedly deliver verbal prompts of the same step every two seconds or so, until the parent was satisfied with the step's duration. Variations of the step's verbal prompt were often used (e.g. shortening "dry your hands" to "dry", or add the word "more" or simply using "more" for verbal prompts). The variations can be seen in Table 4.3. Most often for the lather step, and sometimes for the rinse and dry steps, the parent also delivered continuous motion demonstration, and would verbally prompt "like this" for the child to follow. Note that the parent used "soap" for verbal prompt of both get soap step and lather step, but the child understood what to do since the parent always delivered motion demonstrations for the lather step.

The timing of prompt deliveries can be categorized as the following:

- **Proactive Prompt:** prompting a new step before the child finishes current step
- **Corrective Prompt:** prompting the same step when the child is doing or is attempting to do a wrong step
- **Reactive Prompt:** prompting when the child is waiting for prompts
- **No Prompt:** letting the child do what he wants without objections

The parent delivered proactive prompts most of the times, prompting the next step right when or before the child finished the current step. However, sometimes corrective prompts were needed when the child was not complying or executing correctly. There were also a few times that reactive prompts were needed, for example during rinsing, when the child terminated the step early but was waiting for the parent's permission to go on to the next step. The parent either told the child to keep doing the current step or acknowledged that the child can proceed to the next step. The last and the least common scenario was the parent delivering no prompts. This happened when the parent waited to see if the child knew what to do without being prompted, and the child either executed the correct step for the appropriate duration, needing no prompts, or executed incorrectly or for too short or too long of a duration, but the parent let it go without correction.

In addition to the step prompts, the parent also delivered verbal rewards, but usually only at the very end of each hand-washing trial when the child is all done, saying "good job". Also, during the hand-washing, the parent's gaze was mainly focusing on the object being prompted, and very little eye contacts between the parent and the child were seen. However, during the verbal reward after the child is all done, the parent would often initiate eye contacts.

The child was generally good in complying to the parent's prompts, although at times noncompliance still occurred. Systematically, the child's compliance can be categorized into the following four scenarios:

1. Waiting to be prompted before executing a step
2. Executing a step as prompted
3. Keep executing a step until prompted otherwise or verbally awarded
4. Terminating a step after being prompted for another step

Note that we use the term "compliance" loosely here compared to the "Complied Prompt Rate" defined in the quantitative analysis section, since not only do we include child's behavior upon prompted as part

of the definition here, we also included the child's behavior prior to prompt and the child's behavior during task execution. And conversely, noncompliance are any scenarios outside of the compliance scenarios. The five common noncompliance scenarios the child exhibited include:

1. Executing a step before prompted
2. Executing the wrong step after prompted
3. Idling after prompted
4. Terminating a correct step before prompted for another step or verbally awarded
5. Not terminating a correct step after prompted for another step

Specifically, the child was able to wash hands well under the parent's prompting. The child would usually start the get soap step first, and he would start the step by himself if the parent did not proactively prompt it. There were times, however, when the child pressed the soap spout too many times, and the parent had to prompt him multiple times for him to stop. The lather step was prompted proactively by the parent with MoDemo gestures, and the child followed it obediently for the whole duration, without terminating the step by himself. The turn on water step is easy for the child, he would do it by himself right after the get soap step and lather in water if the parent did not prompt proactively, or he would execute the lathering step first if the parent prompted proactively for lathering. The child would always immediately start rinsing (or lathering in water) by himself after turning on water, without waiting for the rinse prompt. He could execute the motion of this step well, but the challenge was for him to rinse longer. After about eight seconds of rinsing in water, he would terminate the step by himself, and wait for the parent to prompt the next step. If the parent continued to prompt for the same step (i.e. rinse more), he would put his hands in the water for one second and withdrew it and wait for the next prompt. However, he would not start the turn off water step by himself without getting prompted or approval from the parent. When the parent prompted for turn off the water, the child had no problem following the prompt and executing it. In addition, he would always start the drying step by himself immediately after turning off the water. The drying step was a little challenging for the child in both its motion and duration. The child's motion was mostly drying the inside of his hands, without turning the towel or hand to dry the outside. However, the parent only demonstrated the motions occasionally, and the child did not change his drying actions even after observing the MoDemo prompts. The duration of the drying step was around eight seconds before the child decided to terminate the step by himself. The parent only proactively prompted to dry more while the child was drying, but did not prompt to object when the child decided to terminate the step by putting down the towel. The parent instead would nod and approve the child to leave the sink once he put down the towel.

The one step the child was openly not complying to the parent's prompt is to terminate the get soap step, where the parent verbally prompted the child to stop many times, but the child still kept pumping the soap onto his hands. Also, sometimes the child did not want to rinse for the full duration despite the parent prompting rinse more. The strategies the parent used in dealing with these noncompliance behaviors were:

- Proactively prompting before the child executes wrongly
- Repeatedly prompting with no pause

- Mention the child's name in the verbal prompt
- Shortening the verbal prompt into a one or two word phrase and increase in severity of tone when repeating the prompt
- Demonstrating the motion with fast moving and continuous gesture prompt
- Physically intervene by guiding the child's hands in executing the correct actions

The first five strategies were mostly working, and only rarely did the parent need to physically intervene (only for stopping the get soap step).

In addition, sometimes the child played with the soap bubbles in the sink during hand-washing. The parent prompted "no playing with the bubbles", and the child would usually comply. There was once, though, when the child played with the soap bubbles after rinsing, and the parent prompted for him to rinse again. However, the child was confused in or did not want to comply to what the parent wanted, and started washing hands from the get soap step once more.

The child seemed to experience fatigue after few trials into each visit, although we had breaks between each trial for around three minutes each. The fatigue behaviors included playing with bubbles, getting too much soap, terminating rinse steps early, and rushing through the dry steps. These behaviors were found more likely to occur by the later trials of each visit.

Lastly, the child had a tendency to repeat the verbal prompts after hearing it. The words he said were not very clear, they were almost like a murmur, but his parent confirmed he was repeating the verbal prompts in order to process it.

Robot Alone Prompts - Phase B1

The robot prompting trials spanned three phases, namely and in the order of: Phase B1, Phase C, and Phase B2. The robot prompting protocols were described in Section 4.6.4. However, improvisations by the operator (i.e. the researcher) as well as changes to the robot behavior and study protocol were needed as the study progressed, in accordance to the methodology adopted in iterating between data collection and qualitative data analysis.

In Phase B1, the robot was introduced to the child for the first time, and it prompted alone in the washroom. The operator tried his best to prompt for all seven steps (i.e. turn on water, wet hands, get soap, scrub, rinse, turn off water, dry). However, due to unfamiliarity with and the lack of ease of the robot control interface and unfamiliarity with the child's behaviors, the operator could not control the robot to keep up with the child's pace. There were often four to eight seconds of pauses between each new robot prompts, and one to two seconds of pauses between repeats of the same prompt. In addition, due to the way the robot gestures were implemented, each robot prompt was around four seconds to execute. Thus, it was possible for the child to execute several steps on his own before the robot prompted another step. This was often the case for short steps (e.g. turn off water), requiring the operator to plan and predict the child's behavior ahead of time in order to make the robot prompts relevant and up to the child's current progress in the hand-washing activity. It also required the operator to refrain from prompting all seven steps, but to only choose three or four important steps to prompt.

The operator was able to focus on delivering the prompts for turn on water, get soap, and rinse steps. The operator experimented with prompting turn on water as the first step versus prompting get soap as first step. However, the child was determined to get soap first, despite the robot's repeated first prompts

of turn on water. In one trial, the parent intervened verbally, but it was not until three repeated verbal prompts from the parent that the child complied to turn on water instead of getting soap. For the trial after that, when the parent remained outside of the washroom, the compliance to turn on water first did not persist. The child immediately reverted back to getting soap first regardless of robot prompts. One thing to note, however, is for the trials that the robot did prompt get soap as first step, the child would not respond immediately or would start the step before waiting to be prompted.

In addition, the operator was not able to prompt the wet hands or scrub steps because the child would start the rinse step immediately following turning on water step by himself. For rinse step, due to robot delay, there are usually four to eight seconds between the previous prompt and the rinse prompt (the longer eight seconds pause happened when the robot gave verbal reward for the previous step, which took three seconds or so itself). The child had finished rinsing during this delay (the child usually rinsed four seconds before stopping in these Phase B1 trials), and would just wait for the robot to prompt. However, upon hearing the robot prompting the rinse step, the child would take it as a cue to turn off water and start the dry hands step instead of rinse more. This had been the case for all trials in Phase B1, and the child's behavior would not change even when the robot repeatedly prompted the rinse step nor when the parent came in to verbally intervene. The child may be misunderstanding the robot's rinse prompt, or may be simply disobeying its prompts. But as a consequence, the child finished hand washing before the robot could prompt any more steps after rinse, and thus the robot did not have a chance to prompt the turn off water or the dry hands steps.

The first step was prompted proactively, but most of the other steps were prompted reactively or correctively due to delays in the robot prompt deliveries. There were also many no prompts, as the operator was prioritizing on prompting only key steps due to robot prompt delays. In this phase, the child's compliance to the robot prompts were minimal to nonexistent. Though the child appeared to be waiting for the robot prompts in the very first couple of trials, the child quickly lost interest in doing so because of the lack of responsiveness of the robot. Instead, the child mostly ignored the robot and washed hands on his own for the later trials. The child's noncompliance behaviors were found in all five scenarios listed previously in the parent prompt section 4.10.4.

The robot's strategies to deal with noncompliance from the child included repeating the prompt again and the use of attention grabber by calling the child's name. Repeating the prompt did not work. Attention grabber did not work either, the child never looked over at the robot because of attention grabber. Sometimes, noncompliance continued even with the parent coming in and verbally prompting as well.

The child's gaze was on the robot more in the first couple of trials, but in later trials the child did not look at the robot much. This gaze behavior of the child seemed to correlate with whether he was waiting for the robot. In light of this, it might be the case that the gaze behavior of the child on a prompting agent is an indication of the child's level of interest, which correlates to the child's willingness to wait for the agent's prompts.

Verbal rewards were used more often in the first few trials. However, because it delayed the delivery of the proceeding prompt, the operator decided to decrease the frequency of verbally rewarding the child in the later trials. This did not seem to have a negative effect on the child's level of engagement, it only made the robot prompt deliveries more immediate.

Robot Parent Joint Prompts - Phase C

In the Phase C trials, we implemented some changes to how the robot prompted as well as the parent's involvement in hope to improve the child's compliance to robot prompts.

For robot prompt changes, we mainly focused on improving the prompt delays by decreasing the pause between prompts through speeding the gesture animations and eliminating blank periods in the animations. In addition, the robot control interface was changed from touchscreen input to keyboard input, and a queue was implemented in the robot control scheme so that a sequence of gestures can be requested together at a time, ensuring minimal pause between prompts. Lastly, after Phase B1 trials, the robot operator also improved in his familiarities with the robot controls as well as to the child's behavior patterns. These changes resulted in smoother and more responsive robot behaviors in Phase C compared to Phase B1 trials.

The parent took a much more active role in Phase C. Her involvement can be categorized into three modes. The first mode attempted was using verbal and gesture prompts very similar to how the parent prompted back in Phase A. However, the parent quickly realized that prompting in this manner in competition with the robot's prompts appeared confusing to the child, as the child might be overloaded with multiple sources of verbal instructions and gestures, not knowing which source to focus on or obey, decreasing the prompts' effectiveness. As a result, the parent switched to the second mode of involvement, where the parent only prompted using pointing gestures, and sometimes motion demonstrations, and refrained from any verbal prompts besides telling the child to listen to the robot. Also, the parent would prompt right after the robot prompted, enforcing the robot instead of competing against it. Although the parent remained in this mode of involvement for most of the Phase C trials, she also used a third mode of involvement once in a while, to further deepen the pattern of complying to the robot in the child. This third mode of involvement consists of the parent standing behind the child, and physically guide the child through the steps as the robot prompted, showing the child what an ideal hand-washing trial should look like (it involved waiting for the robot's prompt, obeying the robot, and persisting in a step until otherwise prompted). In addition, the parent did not remain fully guiding the child's arms for all trials of the third mode. For later trials of this mode, the parent reduced the intervention level by only nudging the child's elbow as cue to follow the robot, refrained from nudging if the child seemed to perform correctly, and resorted to full guidance of arm if the child was not performing correctly.

The Phase C trials can be viewed as a training phase to teach the child to comply to the robot. The child seemed to improve in his compliance to robot prompts during Phase C. The child's improvement can be seen in the following ways: Firstly, right after getting soap, the child used to immediately turn on water by himself. However, starting at the second half of Phase C (there was a week between first half and second half of Phase C), the child started to wait for the robot's turn on water prompt before turning on the water. Secondly, the child used to only follow rinse prompts from the parent, but not the robot. However, starting at the second half of Phase C, the child begun to follow the rinse prompts from the robot as well. In addition, the child used to terminate the rinse steps on his own, but starting at second half of Phase C, the child showed longer rinse durations without self termination of the rinse step, sometimes rinsing the full duration marked by the robot delivering a verbal reward or prompting for the turn off water step. Next, the child used to turn off the water on his own and move on to the dry hands step immediately after terminating the rinse step, but we saw improvements in Phase C of the child waiting more often for the robot's turn off water prompts before executing. Lastly, however, the dry hands step had very little improvements.

Robot Alone Prompts - Phase B2

In Phase B2, we resumed back to the robot prompting the child alone, and the parent had minimal involvement. This phase was used to see if the improvements observed in the training trials of Phase C persisted. One thing to note is, this phase happened three weeks after the start of Phase C (Phase C lasted two weeks itself), thus further improvements over the second half of Phase C were not surprising.

First off, after getting soap, the child's improvement in waiting for turn on water prompt from the robot before executing persisted. Next, rinsing after robot's prompts were retained consistently, as well as not terminating the rinse step by himself. However, in times that the child did terminate the rinse step, he would still move on to turning off the water without waiting to be prompted. Lastly, still no improvements were observed for dry step.

Child's Engagement and Visual Attention

Visual focus of attention was hypothesized as one of the main indicators of the child's engagement during the hand-washing activity, and better engaging the child during the activity was the basis for using the robot as the prompting agent. However, for our participant, we found no direct link between his visual focus of attention and his engagement in the hand-washing tasks. During task execution, he did not necessarily fixate his gaze on the item under interaction. He could be either gazing in its general direction or sometimes even executing without looking at the object under interaction while executing the step correctly. During prompting, the child did not have a tendency to look at the agent delivering the prompts, and relied on the audio prompts as well as seeing the pointing gesture with his peripheral vision as cues to attempt the step prompted. This mainly reflected his lack of need for step motion demonstration, as was pointed out when we reported his background experience with hand-washing. However, for the step he was unfamiliar with – the scrub hands step, the parent demonstrated the motion with fast hand rubbing gesture, and he always fixated gaze at the parent's hands during those gesture prompts. Thus, unfamiliarity with step motion combined with gesture prompt's salient fast motions contributed in capturing the child's visual focus of attention. In addition, the child often murmurs back the verbal instructions prompted, and the parent confirmed that this was the child's way of processing the instruction, thus can be used as an indicator for his engagement. In other times, during Phase C parent robot joint prompting, however, the child would turn to look at the parent while murmuring after the robot prompt, and this was the child's way of protesting he did not want to continue the step prompted by the robot (often rinsing, sometimes drying) anymore. Thus the meaning of the child's murmuring needs to be interpreted within context, since it could mean being either engaged or non-compliant. The child did show a tendency to always greet the robot when he came into the washroom by standing beside the robot and touching its hands as it delivered the intro prompt (i.e. "Hi [child's name], let's start washing hands."). Lastly, other peculiar behaviors of the child included rocking back and forth, making high pitch noises, hand clasping his ears when robot prompts, and laughing. The causes of these behaviors were not apparent to the researcher, but the parent assured they were not indicators of the child being displeased or upset.

Causes of Child's Non-Compliances

Between trials, the researcher (also taking the role of the robot operator) had frequent interview discussions with the mother (referred to as "the parent" in previous sections), and occasionally with the

father, regarding reasons why the child had problems following the robot.

One major problem pointed out by both of the parents as well as the operator was the delay between each robot prompts. This problem was particularly significant for our participant, who knew most of the steps of hand-washing, and only needed robot prompts to get started, to terminate the soap step, to rinse more, and to dry more. Because of his familiarity with the hand-washing steps, he finished each step very quickly and was eager to move to the next step. Thus a slight delay from the robot would result in the child not waiting for the robot prompts and proceeding on his own. The mother first pointed this out in Phase B1, and the operator echoed her opinion, reflecting that it is hard to make the robot keep up with the child due to his pace and the robot delay. The father also confirmed the opinion in Phase B2 that there should be less pause between prompts, especially for the rinse more prompts, as to prevent the child from moving onto the next step on his own. Note that the father's opinion was based on the robot behavior after its improvements made to shorten its delays.

In addition, the parents proposed that unfamiliarity was a major cause of the child not following the robot prompts. One possible cause for the child's noncompliance was his unfamiliarity with the robot and the washroom environment. Both parents suggested that the child would be more relaxed and likely not rush each step if he was in a familiar environment, such as at home. Furthermore, compliance would be greatly improved if the child and the robot built a relationship over time, the mother suggested, and if the robot was always there telling the child what to do, said the father. To expand on his point, the father explained that the robot needed not to be an authoritative figure like his parents, but just needed to be a figure that the child is familiar in following instructions from, as exemplified by the child's tendency in following his younger brother's instructions. The father further claimed that it was familiarity and routine, not trust. The researcher noted that the environmental conditions between the parent trials and the robot trials were similar. Thus, although being familiar with the environment would possibly improve compliance, the factor that contributed to the difference of child's compliance to the robot and to the parent can only be attributed to his unfamiliarity with the robot, not the environment.

Another possible cause for the child's noncompliance was fatigue due to repetitive consecutive hand-washing trials. As pointed out by the father, during the robot trials, the child has been asked to wash his hands ten times in a row with only five minutes of break between each time. In addition, the robot prompted the rinse step for more than fifteen seconds each time, both of these may make the child unwilling to follow. The father suggested to conduct each trial two to three hours apart, and prompt rinsing for only ten to fifteen seconds each time. After further investigation, the researcher noted that the child's fatigue behavior was not specific to the robot, but also present during Phase A when the parent alone prompted the child. The behavior manifested in the form of the child not willing to rinse more, but the exhibition of it was more subtle in the parent prompting case – the child would comply to the parent's rinse more prompts, but he would only put his hands into the water for one second and quickly withdrew them and turned to look at the parent for approval to proceed to the next step, where as the child would openly refuse to rinse more in the robot's case.

Another possible cause for noncompliance was the child being confused of what was prompted or what was expected of him by the prompt. However, there were evidences that the child understood most of the robot verbal prompts, if not all, because he was able to follow them at some point or another. Thus, for the steps that the child did not follow, one can argue that it must have been due to a cause other than being generally confused of what was prompted. The mother also confirmed that she thought the child was not confused by the robot prompts. There were occasions when the child was confused,

and they were when the parent pointed to the towel for the child to dry more after the child decided to leave the washroom. The child would often mistook the parent's pointing gesture for rinse more, and started rinsing again instead of drying. No such behavior occurred for robot prompts.

Causes of Improvements of Child's Compliance

There were three major factors identified by the researcher in potentially causing the improvements observed in the child's compliance to robot prompts: the first one was the improvements made to reduce robot prompt delays; the second was the child's gradual adjusting to the robot and to the routine of following its prompts; and the third was the effect of the trials in Phase C when the parent trained the child to follow the robot prompts. Of course, there might be other important factors that happened during the time the child spent outside of the lab that were unaccounted for.

In regards to these three factors, the robot prompt delay improvement was seen as the least significant, since even after the improvement, we still could not achieve the responsiveness that the parent had during prompting. The father also expressed he was not satisfied with the improved robot's responsiveness. In addition, the effect on child's compliance by increasing the robot's responsiveness to the level of the parent was still unknown.

As to the other two factors, both involved the child learning to be guided by the robot, one from natural familiarization by himself and the other due to artificial training from the parent. One may argue that, since the improvements mostly occurred after the second half of Phase C, it may suggest that the effect of artificial training from the parent was more dominant, since if it was the other way, then the child would have shown improvements earlier (e.g. after Phase B1 or during first half of Phase C). However, this claim still lacks concrete evidence, and this question should be answered more rigorously by introducing a longer Phase B1 that is comparable to Phase C (in our study, we had one week for Phase B1, but two weeks for Phase C) so that the learning effects of the two phases can be compared.

Post-Intervention Survey for Parent

The post-intervention survey results are presented in Table B.1. For each statement, the parent had a choice of strongly agree, Agree, Neither agree nor disagree, disagree, and strongly disagree. We see that the parent was happy with all aspects of the robot as a prompting agent, but did not see it to be as good as herself yet in delivering effective prompting.

In addition, the suggestions the parent made regarding the robot and the experiment are reported: The robot can improve its pointing better so that the child sees exactly which object he needs to interact with. This can be done by having more fingers on the robot's hands, or by attaching a light source (e.g. laser pointer or mini-projector) that the robot can use to highlight physical objects at the sink. The robot would be more visible if it is bigger or placed at eye level of the child. It would be ideal if the robot is mobile, and can prompt other activities of daily living besides hand-washing. Lastly, attaching permanent cameras in the washroom is not okay, since the child is not the only one using the washroom. Thus, having a mobile robot that follows the child would be a better solution.

4.11 Discussion

A Wizard of Oz study has been conducted following the A-B1-C-B2 case study design with a single participant. In Phase A, the parent alone prompted the child through hand-washing steps. In Phase B1, the robot alone prompted the child. In Phase C, the parent and the robot jointly prompted. In Phase B2, the robot alone prompted the child again. Parent researcher interview was conducted during breaks between trials. Both qualitative and quantitative analyses were conducted on the study data, and we observed promising results.

4.11.1 List of Thesis Contributions

- Demonstrated the feasibility of robot based prompting system for children with ASD in guiding them through hand-washing
- Exhibited one viable way of robot prompting to children with ASD in the task of hand-washing using verbal and gestural prompts as modes of interactions, which was similar to the parent prompts
- Discovered the importance of a training phase consisting of the parent robot joint prompting in increasing child's compliance to robot prompts
- Identified the challenges and their possible solutions to building and testing an ABA framework based robot prompting system for children with ASD
- Created and validated an efficient video coding scheme for analyzing children with ASD's behavior in response to hand-washing prompts

4.11.2 Summary of Results

We saw that, although the child did not listen to the robot as much as he did to the parent when the robot was first introduced, through a parent robot joint training phase, the child showed drastic improvement in robot prompt compliance, approaching the compliance level achieved by the parent prompts. Although our participant did not appear to need help in how to execute each hand-washing steps, he did need prompting to get the hand-washing started and stay on task, and supervision on scrubbing, rinsing and drying longer and not getting too much soap. Our analyses showed that through training, the robot was successful in getting the child to meet most of these goals. Specifically, the qualitative analyses showed that the child waited for the robot to prompt first before starting the hand-washing activity. Also, the child followed the robot's rinse prompts and rinsed longer as a result. However, the robot was only somewhat successful in getting the child to move on from the soap step, and was unsuccessful in getting the child to scrub hands or to dry hands longer. The parent, on the other hand, had no problems in getting the child to scrub hands, but she did have some difficulties in getting the child to dry longer and had definite difficulties in getting the child to move on from the soap step.

To further validate these qualitative findings further and quantify the improvements, we here created and analyzed the following measures:

- **Not Waiting For Turn On Water Prompt Rate:** the percentage of trials in a phase that the child does not wait for the turn on water prompt from the robot (i.e. starts executing that step by himself).

- **Rinse Step Complied Prompt Rate:** the percentage of prompts for the rinse steps in a trial that the child followed by showing an effort of attempt.
- **Longest Duration of Rinse Step:** the longest duration in seconds in a trial that the child rinses hands continuously without terminating.

Not Waiting For Turn On Water Prompt Rate

The Not Waiting For Turn On Water Prompt Rate for Phase A is 6 out of 16 trials = 37.5%, for Phase B1 is 5 out of 8 trials = 62.5%, for Phase C is 5 out of 21 trials = 23.8%, for Phase B2 is 2 out of 5 trials = 40%. We see an improvement of the child in waiting for the robot's turn on water prompt in training Phase C, and a retained improvement (although with a slight slide back) in Phase B2.

Rinse Step Complied Prompt Rate

The Rinse Step Complied Prompt Rate is plotted in Figure 4.9, and has a median for Phase A of 100%, for Phase B1 of 33%, for Phase C of 100%, for Phase B2 of 75%. Despite variance in data, we see that the improvement in rinse step robot prompt compliance is retained in Phase B2.

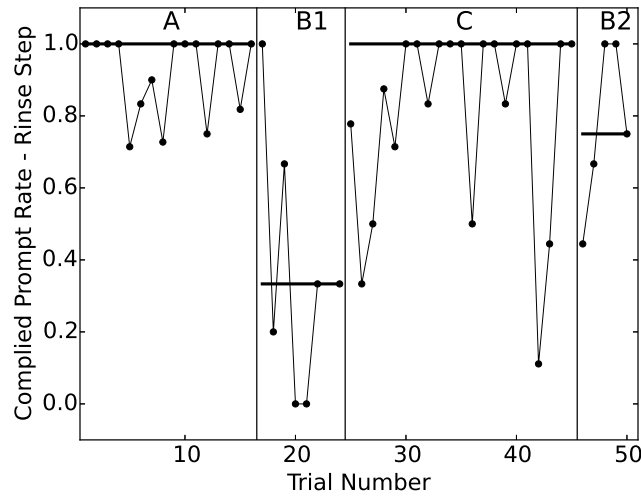


Figure 4.9: Rinse Step Complied Prompt Rate

Longest Duration of Rinse Step

The Longest Duration of Rinse Step is plotted in Figure 4.10, and has a median for Phase A of 7.15s, for Phase B1 of 2.87s, for Phase C of 5.36s, and for Phase B2 of 7.09s. We see that the rinse step duration in Phase B1 was especially short, and was improved in Phase B2.

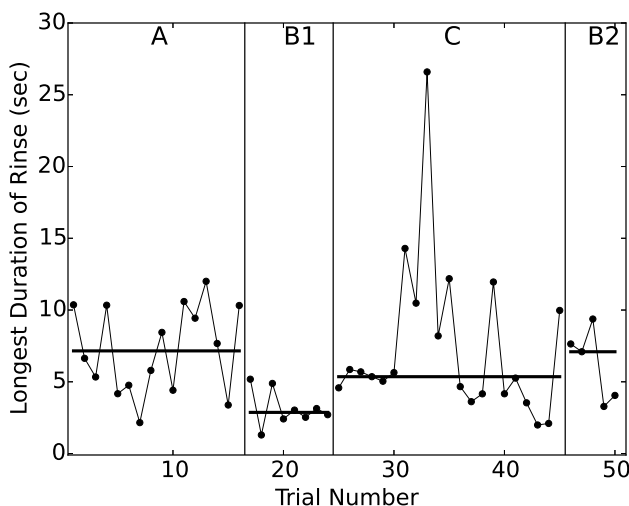


Figure 4.10: Longest Duration of Rinse Step

In whole, these confirm the finding that the child’s improvements in responding to robot in training Phase C are retained in Phase B2.

The way the robot prompted was verified to be very similar to how the parent prompted. The parent was not instructed in the specifics of how to prompt – she prompted in the most natural way she and the child were used to, and yet there were a lot of similarities between the parent and the robot’s prompting patterns. First, they shared similar breakdown of the hand-washing steps, although the parent referred to the scrub step as lather. In addition, both the parent and the robot prompted by giving verbal instructions along with some form of gesture prompts. The differences were that the parent used more pointing and less motion demonstration, and that the motion demonstrations from the parent were much faster moving than the robot’s (especially for the scrub step). The child paid much more attention to the parent’s faster moving motion demonstrations than the robot’s, and is one area of future improvements. Other design recommendations for the robot included faster response times to child’s behaviors, issuing a fast attention grabber accompanied with increased severity in tone of voice when the child is non-compliant, and rewarding the child for major steps only (e.g. the end of rinsing and drying steps). Other design recommendations raised by the parent and the researcher mainly involved engaging the child better, including more dynamic motions for gestures, playing cartoon noises for rewards or attention grabbers, having a bigger robot so it is more visually engaging, etc.

In terms of modes of interactions needed between the child and the robot for successfully helping the child to wash hands, the delivering of verbal and gestural prompts with at least two levels of severity (more severe sounding and looking prompts delivered when the child is non-compliant) were definitely needed. However, the detection of the visual focus of attention of the child showed little value. The child’s visual attention was hardly an indicator of engagement at all. On the other hand, we found that understanding verbal feedbacks from the child may be useful as the child verbally repeated instructions when he was processing them, and murmured back in protest when he did not wish to follow certain prompts. Utilizing these speeches as indication of the child’s engagement may be useful in adjusting robot prompts to better suit the child’s needs. Also, we observed that the child did not like prolonged rinsing, and what the parent did was to stop prompting the rinse step and to move on to the next step

when the child showed non-compliant behavior through rinsing for only a second and quickly removing his hands from the water. The robot did not move on and repeated the rinse prompts in hope the child would follow, and as a result, the child often moved on by himself without waiting for the robot. In future studies, the robot should also implement a way to work with the child to rinse as much as possible but learn to move on when the child shows signs of non-compliance.

4.11.3 Internal and External Validity

In this section, our results are critically reviewed based on data collection, analysis methods, and result interpretations. Possible sources of errors, competing interpretations, limitations of results, and their generalizability are discussed.

Quantitative Analysis Method

The choice of measures used in the quantitative analyses were based on our study objectives and chosen in light of the qualitative analysis results, in an attempt to answer the question “Is the robot NAO able to guide our participant, a child with ASD, through hand-washing?”. “Number of Steps Completed” only reflected the variety of steps completed, but did not measure the quality of the completed steps. Thus it could only partially confirm how well the robot guided the child. “Longest Duration of Rinse Step” was our attempt to measure the quality of the rinse step completed. The rinse step was chosen due to the drastic improvement the child exhibited on this particular step, and the duration of the longest rinse was the most obvious way to measure the quality of the rinse step completion. One thing to note is, the parent, during the training phase, focused most of her prompts on getting the child to follow the rinse prompts from the robot, but very little prompts were focused on the dry hands prompts. Consequently, we did not experience as much improvement on the duration of dry hands step. To link the child’s success in completing all steps and with good quality to the prompting agents, the “Complied Prompt Rate” and the “Ignored Prompt Rate” were measured, for all steps (and Complied Prompt Rate for the rinse step particularly as well). We see that the robot had much more influence on the child in Phase B2, but not in Phase B1, and this resulted in an increased duration of rinse in Phase B2. Thus, we concluded that the robot was successful in improving the quality of hand-washing of our child with ASD. But since the child already knew all the steps and was able to complete all steps in Phase B1 with minimal influence from the robot, no conclusions can be made regarding whether the robot could successfully teach our child with ASD a new hand-washing step.

Medians were used as a fair and reliable way of comparing the measures across phases. The choice of median, as opposed to mean, was out of the consideration for robustness against outliers. This may be a good choice if the data had relatively low variance and few outliers. However, our data contained high variance, and the definition of outliers became blurred. Take “Rinse Step Complied Prompt Rate” (seen in Figure 4.9) for example. The rate in Phase C has a median of 100%, but there are a third of data points in this phase falling below 80%. Thus, one obvious question is, why have we not used some form of description of variance alongside our description of data centers (i.e. median) in our across phase comparisons? The reasoning was that the low sample size for some phases (e.g. Phase B2 only has 5 data points) made any analysis based on variance not statistically significant. This is a limitation of our study results, but given the pilot nature of our study, it is acceptable since it yielded promising results confirming the direction of future studies.

Another limitation exists in our lack of control on video data annotation errors. For a more rigorous future study, more than one person should carry out the data annotations, and the degree of annotator subjectiveness can then be characterized by an inter-rater agreement measure such as the Cohen's Kappa [137].

Qualitative Analysis Method

The qualitative analyses of our study employed several strategies to ensure internal validity. These strategies being reviewed include triangulation, member checks, adequate engagement in data collection, researcher's position or reflexivity, peer review / examination, audit trail, rich thick description, an maximum variation [79]. Firstly, we employed triangulation by using multiple investigators and sources of data to confirm findings. The observations of the child's behaviors and possible robot design recommendations were made by the researcher through making field notes of the trials video data, by the parents through the parent researcher interview discussions and the post intervention survey. Secondly, during the parent researcher interviews, due to the interactive nature of the interview format, the member check technique was inherent. The researcher was able to check his understanding of the emerging findings with the parent to ensure minimal misinterpretation was made. In regards to researcher's position or reflexivity, the researcher was trained mainly in the engineering discipline and had limited experience and expertise in teaching children with ASD. Such lack of experience may prove invalid any opinion the researcher had on the child's behaviors and on the reasons behind them. However, the researcher relied heavily on the parents' interpretation of the child's behaviors, preferences, and possible reasons behind his behaviors instead. The parents, being both experienced with the child's needs in particular and trained with knowledges of children with ASD in general, were very adequate observers used by our study. In addition, audit trail and rich, thick descriptions were used to compensate the researcher's interpretation errors. By providing a detailed account of the backgrounds, methods, procedures, and decisions made when conducting the study, the value of the study results can be critically assessed based on contexts by other researchers themselves when reading this thesis. Lastly, during the training phase, the parent involvements were purposefully varied through the phase. This maximum variation technique allowed greater diversity in sample selection, enabling a greater range of findings and possible applications of the findings.

In whole, the study was mostly carried out and analyzed rigorously. However, the study was limited in that we did not collect data to saturation. Phase A and Phase B1 were carried out long enough to see saturation of findings, but due to limitation of time, training Phase C and Phase B2 were not carried long enough to such saturation. Especially, the training Phase C could have been longer to see possibly even further improvement of the child, and the second phase C could have been longer (at least to match the length of Phase B1) to eliminate any doubts that the improvements observed in training phase were successfully retained.

Confounding Variables

Due to the study protocol and the research design, there were several uncontrolled variables that may have confounded our results, threatening the internal validity of our results.

One confounding variable was the change of robot control scheme in the middle of Phase B1. The reason for change was because our participant required a much more reactive robot who can switch the current step being prompted on the fly. As stated in the study protocol, if any essential improvements

of the robot (or the study procedures) were made apparent through the ongoing analysis, we would implement the change. After the control scheme switch, both the parent and the robot operator (the researcher) felt the robot was more responsive to the child. However, the parent did report that the robot was still too slow for the child, and sometimes the pause between robot actions were still too long. This confounding variable had a sudden change, and we expected to also see sudden changes in our dependent measures shortly following the effect. However, this was not observed, and may be due to the effect size of this confounding variable was too low compared to the level of noises in our measures. Another possibility is that some inherent nature of the child made him remaining to behave a certain way despite changes in stimulus. Either way, this confounding variable does not threaten our results that the robot was eventually able to help the child through hand-washings. However, it may threaten the hypothesis that it was the training phase instead of the robot control scheme change that caused the improvements in the child's behaviors towards the robot.

Another confounding variable was the fact that the current study (Wizard of Oz) involved a human operator (the researcher) remotely controlling the robot. The researcher had no experience guiding the participant through hand-washing prior to the study, and thus it was a learning process for the researcher through out the study as well. This meant that the researcher changed the order of steps the robot prompts were delivered to best fit the child's preference (e.g. the child preferred to put on soap before turning on water). Also, the researcher chose prompts that were more effective (e.g. the attention grabber was not effective and so was not used in the end, and the child did not distinguish between scrub hands and rinse hands, so scrub hand prompts were not used in the end). These changes were gradual, but may play a confounding effect on our measures, threatening the hypothesis that the training phase was the sole cause of the child's improvements. In addition, in the future when we will be automating the robot behaviors, tuning the robot prompts and order of steps to each child's preference will be an inevitable part of the automation process.

The researcher was not the only one learning, the child in fact was learning and familiarizing with the robot prompts, the experiment environment, and the hand-washing activity in this environment. Children with ASD are very particular about keeping routines in a familiar environment. Thus, introducing the robot, which the child did not have any prior experience to playing with or following orders from, in a foreign washroom with unfamiliar washroom setups, created a barrier for the child to put on his best responses to the robot prompts. Since the parent alone prompting phase (Phase A) also had the unfamiliarity of environment confounding effect, this confounding variable does not threaten the conclusion that the robot did not perform as well as the parent as a prompting agent. But the reason for this inequality in performance can be explained by the robot being inferior to the parent as a prompting agent by nature, or can be explained by the fact that the child was much used to following orders from the parent than the robot. In addition, the child's unfamiliarity and learning to get used to being prompted by and following the robot, was also the alternative explanation of his improvements, competing with the training phase explanation. Lastly, the child was already skilled in most of the hand-washing steps, thus little learning or improvements over the completion of steps were observed. Instead, the only rooms for improvements were on the quality of step completion for scrubbing, rinsing, and drying. Thus, our result that the robot was able to improve the child's rinse duration may have been confounded by the fact that the child could have improved in this regard with or without the robot's presence. However, our results that the child did not recede to shorter rinse durations in Phase B2 (when being prompted alone by the robot) remained unchallenged by this confounding variable.

The last confounding variable is fatigue. This variable was identified by the parents as well as the researcher when observing the child's behaviors. Because of the number of repetitions of hand-washing conducted as well as the long durations of rinse in each hand-washing, the child quickly became fatigued and unwilling to comply to rinsing and sought to finish the remaining of the steps as quickly as possible. This confounding variable introduced noises to our measures, burying important patterns that may have otherwise been observed. In future studies, long duration of rinse (around 12 seconds) can still be required, but the repetitions must be avoided by having less than five hand-washings each day and spread them sparsely through the day. Logistically, this would mean conducting the research in a school or home wash-room, where the child carries everyday activities, rather in a laboratory.

Generalizability

Our study only had one participant. This means our results may only be applicable to this particular child, but not generalizable to the ASD population. The next study in the future should increase the number of participants while validating the major results of the current study. The single subject research design should be used for this future study, since due to the diverseness of the children with ASD population, measures may have different levels across subjects. Thus, we should generalize the effectiveness of an intervention by comparing the amount of change of measure levels for each child when having the intervention compared against that same child not having the intervention. Also, the secondary aim of this future study is to find out the participant demographics of a subpopulation of children with ASD that our intervention works consistently well on. Only after this future study validating our major results and after we choose a subpopulation to focus on, should we attempt a larger scale randomized control trial, in which we divide the participants into control and intervention groups, and generalization of intervention effectiveness is made by directly comparing the measure levels between groups. The focus of this randomized control would be to show clinical effectiveness of our intervention on the focused subpopulation.

The robot showed promising results in supervising our child with ASD, who already knew the basics of the hand-washing steps, but only needed guidance on the initiation and termination of steps. It is still unknown how our robot would perform in teaching children with ASD the motions of hand-washing steps. The parents and the researcher were not satisfied with the robot's dexterity, and worried that this lack of complexity of the robot's hands would not be adequate in teaching the child complex hand-washing motions such as scrubbing or drying. Future study should explore this aspect further with children with ASD who have not learned the specifics of hand-washing step motions yet.

One more limitation existed in our experiment protocol, specifically in regulating how the parent prompts in Phase C. During Phase C, where the parent prompts the child alongside the robot, we gave the parent freedoms to decide how best to prompt. Firstly, the parent could choose between verbal prompting in competition with the robot prompts, verbal prompting complementary to robot prompts, and physical prompting complementary to robot prompts [sec ref]. The parent decided to focus on the latter two, and alternated between the two as she saw fit. Secondly, the parent could decide when to prompt relative to robot prompts. In general, the parent prompted immediately after the robot. However, there are cases where the parent prompts simultaneously with the robot, or even before the robot. Our result that Phase C acted as a training phase that resulted in effectiveness improvement of robot prompts still holds. What it does affect, though, is that we do not know which variable regarding how the parent prompts in Phase C was most beneficial in improving robot prompt effectiveness. Thus,

in future experiments, controlling how the parent prompts in the training phase is needed to better understand how to consistently improve robot prompt effectiveness.

In addition, the intensity of our training, although very repetitive in each visit, was very sparse in a weekly schedule. There was only one visit each week, and the training only lasted two weeks. It was our hypothesis that, if we implemented a more intensive training, maybe three times a day, seven days a week, and maybe for a month of duration, we would achieve complete independence of parent in using the robot to guide the child through hand-washing. Longitudinally focused intensive training may be one possible direction of future study.

Our study was conducted in the washroom of the HomeLab, in the Toronto Rehab Institute. This experimental setting is a controlled environment, where camera can be installed anywhere we desired to best capture and analyze the study. The use of camera is essential for the robot (or the operator) in tracking and understanding the child's progress during the hand-washing. Eventually, when the robot is automated, the operator will be replaced by AI and computer vision algorithms, which will still rely on the cameras as sensor input. The parents raised the concern that installing cameras on the washroom wall, in the way we did in our study, was not possible at the home settings. They voiced that they are willing to make the compromise of having their child with ASD being under the camera in the washroom if this will help him independently execute ADLs, but they are not willing to have any other member of the family under the camera. The solution to this would be to have a mobile robot that follows the child with ASD, and the camera will be attached onto the robot instead of fixed in the washroom. The feasibility of such setup was not tested in our study, and should be employed in future studies, in the home or in the laboratory settings.

In whole, we learned from our study that the robot was a promising prompting agent in supervising the child with ASD through hand-washing. It is not hard to hypothesize that such success can be replicated in other ADLs such as tooth-brushing, putting on clothes, or cooking. Future studies may investigate the robot's effectiveness in prompting these other ADLs. However, one immediate question follows: is robot the best prompting agent available for helping children with ASD through ADLs? The successes we had with the robot prompts were mainly due to its ability to deliver verbal and gesture prompts. However, a multimedia system with a LCD monitor could deliver similar prompts, by having a virtual avatar displayed on screen carrying out the robot prompts the same way. The key difference lies that such system lacks embodiment in the physical world. It may be worthwhile to compare the impact of this embodiment in effectiveness of the prompting agent in future studies. If similar effectiveness is observed, the virtual avatar prompting agent may be the cost effectiveness solution that may be commercially available to families with children with ASD immediately.

Challenges and Recommendations

Because of the preliminary nature of our study, the results were not significant. However, through conducting the study, we have learned some of the challenges we must face to succeed in studies of this sort and gained some insights on how to solve these challenges. We here summarize the challenges met and their recommendations.

There are three aspects of things we would like to achieve:

1. Increasing prompt compliance and engagement of COACH
2. Designing the behaviors of a Socially Assistive Robot (SAR) for children with ASD

3. Building an in-vivo Assistive Technology for Cognition (ATC) for children with ASD based on the Applied Behavior Analysis (ABA) / Discrete Trial Training (DTT) framework

There are challenges faced in relation to each aspect. Specifically, for (1), we do not know how to measure engagement for children with ASD. In addition, we did not design the study for statistical significance when comparing participant compliance to robot prompts versus to caregiver prompts. Lastly, we did not design the study to show if robot prompts are better than video prompts in engagement and compliance.

For (2), to build a SAR, design decisions need to be made in balancing the objectives of prompting the task and of engaging the user. In the context of prompting children with ASD through hand-washing, our study showed a working way of robot prompting using verbals and gestures that were similar to the caregiver's. The challenge lied in how to engage the child to look at the prompts, and how to engage the child in the activity of hand-washing in general.

For (3), the challenges setup wise include the child being unfamiliar with the experimental environment (i.e. the washroom) and with the robot, and the repetitiveness and a lack of natural motivation of the trials. The challenges study design wise include the need for clinically significant sample size and a more specific inclusion criteria controlling participant's hand-washing level (based on the amount of assistance they need). Also, the study design needs to control for learning effect when comparing between robot versus parent (versus video) prompts compliance. In addition, the training phase needs to be formalized so that the caregiver can follow a reproducible protocol in prompt fading and reinforcement schedule. Lastly, testing the maintenance of hand-washing skill acquisition without the ATC and across settings should be reported.

These challenges should be taken into consideration when designing future studies. An extensive account of the challenges we faced, along with some recommendations made targeting these challenges, are presented in tabular form and reorganized into methodological challenges (Table 4.4), population-specific challenges (Table 4.5), and technical challenges (Table 4.6).

Challenge Encountered	Potential Solution / Recommendation
Child did not engage with robot when presented alone	Have an introduction session prior to the start of the robot phases, where the caregiver introduces the robot as the helper for washing hands, and give some opportunity for the robot to interact with the children as a group briefly in an engaging activity, such as singing / dancing. Also, conduct a training phase where the caregiver teaches each child to follow the robot prompts during hand-washing.

<p>Training phase needs to be formalized so that the caregiver can follow a reproducible protocol in prompt fading and reinforcement schedule</p>	<p>The training phase's overall aim is to fade caregivers involvement systematically until the child is able to wash hands needing only robot prompts. The caregiver involvement can be broken into these levels, in decreasing order: caregiver behind child and guide child in following robot prompts, caregiver behind child and correct child behaviors through nudging (or guiding if nudging ineffective) in following robot prompts, caregiver stand beside child and correct child behavior physically in following robot prompts (nudging or guiding), caregiver stand beside child and correct child behavior through pointing (and physically if pointing ineffective) in following robot prompts. Positive reinforcement should be given immediately after the completion of every get soap step, rinse step, and dry step.</p>
<p>Need to control the confounding effects of the child learning as the study progresses in our comparison of prompt compliance and task execution. In addition, need to test for maintenance of skill acquisition in absence of ATC</p>	<p>We propose a five phase study that has two variations: A-B-C-D-A and A-C-D-B-A. Phase A is the baseline phase, where the caregiver tests the child's hand-washing skill, lets the child to wash hands by themselves and only help if the child shows no progress in twenty seconds. The caregiver offers no prompts, and only helps by completing the stuck step for the child. Phase B is the parent prompt phase, where the parent proactively prompt each step. Phase C is the robot parent training phase, where the robot proactively prompt while the parent instructs the child to follow the robot prompts. Phase D is the robot prompt phase, where the robot proactively prompt each step. The reason we repeat phase A again in the end is to test for skill acquisition in absence of ATC, and quantify the learning effect of the study as a whole. The reason we have two variations of the phases, and each child randomly assigned to one of the variations, is to counter balance the learnings confounding effect on our comparison of prompt compliance and task execution between robot and parent. The reason we do not have two robot prompt phases flanking the training phase (unlike the WoZ conducted in this thesis) is because the necessity of the training phase has already been shown by this thesis. However, a study devoted to comparing different forms of the training phase on robot prompt compliance and task executions may also be beneficial.</p>
<p>Need to collect data to saturation for all phases and the sample size for each phase needs to be statistically significant, and the need to include statistical analysis in the study</p>	<p>Using c-statistics for analysis, the study with minimum of eight trials per phase or as many trials as needed for the child's behavior to be stabilized for each phase should be conducted.</p>

Table 4.4: Methodological Challenges

Challenge Encountered	Potential Solution / Recommendation
Do not know how to measure engagement	This thesis attempted to investigate if the child is more engaged when prompted by a humanoid robot. However, the literatures offered little clues on how to measure engagement level for children with ASD. Possible features that reveal engagement should couple with sensory inputs that is salient to the individual, and may vary across individuals. For our participant, visual attention was a poor indicator of engagement. Instead, verbal feedback was seen as a possible indicator. For future studies, survey / interview to caregiver may be used to gather clues of what is a good indicator of engagement for each individual participant. Also, visual attention, verbal feedbacks, among other forms of interactions, may be candidates for engagement level indicator.
Child unfamiliarity with wash-room and robot, fatigue to repetitiveness and lack of natural motivation of the trials, need for clinically significant population sample size	Conduct the study in an autism school, where trials are only conducted when natural motivations arise for hand-washing. The trials should be conducted on a daily fashion, integrated into the child's daily routine, over a period of more than a month
More specific inclusion criteria controlling participants hand-washing levels	The current inclusion criteria are appropriate except missing one criteria participant hand-washing level. Children with ASD have varying abilities of daily of living skills. Specifically for hand-washing, the child may require prompts on how to execute each step, or on which steps to do next, or simply just on initiating the hand-washing activity and being reminded to be on task when distractions occur. Future studies should select one group of users based on this classification, and design robot behaviors specifically for this group.

Table 4.5: Population-specific Challenges

Challenge Encountered	Potential Solution / Recommendation
Do not know how the robot can better engage the child to look at prompts and in the activity in general	The robot can be more visually engaging by exhibiting greater range of motion, faster, and more animated gestures. Also, cartoon sounds and flashing LEDs can also be used to engage the child in general, for example, as rewards.
Child does not wait for prompts due to robot prompt delays	Minimize pause between robot gestures / verbal prompts, and create shorter versions of the prompts for the extended steps (e.g. rinse step) so the shorter prompts are repeated in a rapid manner (e.g. every two seconds).
Child does not comply to prompts	Need a more severe version of each prompt (shorter verbal prompt with more commanding posture for gesture, may include the child's name in the verbal prompt), which is used when child is not complying to prompts. Also need a call for caregiver prompt so that the child learns that his/her noncompliance is the reason for caregivers interventions.
Child sometimes gets too much soap	Need a stop getting soap prompt
Operator is unfamiliar with the child's behaviors and hand-washing habits, and the robot control needs to be tested out before the start of the study	Record the parent prompt phase (Phase B) and have the operator practice controlling the robot using the recorded videos so that the robot is able to prompt each step proactively just like the parent.

Table 4.6: Technical Challenges

Intermediate Measure	Type	Description
Step	Nominal	Prompting step, 0 no step, 1 intro, 2 turn on water, 3 get soap, 4 scrub hands, 5 rinse hands, 6 turn off water, 7 dry hands, 8 all done, 9 wet hands
Child's Action Before Prompts		
Time Start	Ordinal	Time stamp for start of the prompt section
Time Stop	Ordinal	Time stamp for end of the prompt section
Attempted Step Before Prompt	Nominal	
Attempted Step Successfully Executed Before Prompt	Ordinal	0 incomplete, 1 complete but low quality, 2 complete with high quality
Prompting Agent's Prompts		
P Verbal	Ordinal	Parent verbal prompt, 0 no verbal prompts, 1 prompt for compliance to robot, 2 prompt for step
P Gesture	Ordinal	Parent gestural prompt, 0 no gesture prompts, 1 quick point, 2 sustained point, 3 motion demonstration, 4 motion demonstration and point, 5 nudge, 6 guide arm, 7 do step fully
P Reward	Boolean	Does parent give reward
R Verbal	Ordinal	Robot verbal prompt, same coding as P Verbal
R Gesture	Ordinal	Robot gestural prompt, same coding as P Gesture
R Attention Grabber	Boolean	Does robot give attention grabber
R Reward	Boolean	Does robot give reward
Child's Action after Prompts		
C Looks at P/R	Nominal	Child looks at the prompting agent, 0 no looks, 1 looks at parent, 2 looks at robot, 3 looks at both
C Smiles	Boolean	Does child smile
C Murmurs	Boolean	Does child make a verbal sound
C Distracted	Boolean	Child appears distracted, e.g. looking into mirror or camera
Attempted Step After Prompt	Nominal	
Attempted Step Successfully Executed After Prompt	Ordinal	Same coding as Attempted Step Successfully Executed Before Prompt
Attempted Step Is Correct Although Different From Prompt	Boolean	Is this one of those times that the prompts are wrong or ambiguous and child's actions make sense despite different
Time of First Prompt	Time Stamp	Time stamp of the first prompt by either the parent or the robot in this prompt section
Time of C Attempting Step	Time Stamp	Time stamp of when the child attempts the step
Time of C Stopping Step	Time Stamp	Time stamp of when the child stops the step
Number of Prompts Till C Executes Correct Step - Parent	Cardinal	Count number of prompts as any distinct actions performed by the parent before child executes the correct step.
Number of Prompts Till C Executes Correct Step - Robot	Cardinal	Same as above, but counting robot prompts

Table 4.2: The Intermediate Measures Annotated From the Video Data

Chapter 5

Conclusion

In this thesis, we aimed to investigate a new prompting agent, humanoid robot NAO, for COACH during the prompting of hand-washing steps to a child with ASD. A Wizard of Oz (WoZ) study was conducted, and yielded promising results. The thesis answers the hypotheses raised in the following way (the hypotheses are shown in bold):

The humanoid robot, NAO, is able to independently assist child with ASD through hand-washing, and child exhibits greater engagement level, higher prompt compliance, and better task completion when prompted by NAO than by parent. Through the WoZ study, we have seen that NAO was effective in facilitating task completion in both variety and quality of steps, approaching the level of effectiveness achieved by the parent, but not better. Also, NAO had a low Complied Prompt Rate compared to the parent during the first phase when it was first introduced, but through a training phase of joint prompting with the parent, NAO resulted in a higher Complied Prompt Rate than before, comparable to that of the parent's. We attribute the improvements of the robot effectiveness to the training phase, though several confounding variables such as learning effects, fatigue, and robot control were discussed. In whole, although we have not achieved totally independent assistance using NAO, we have shown that NAO has very good potential of achieving independent assistance, given a longer and more intense training phase.

Gestural, gaze, and verbal are the essential modes of interactions present in the hand-washing prompting scenario between child with ASD and the prompting agent NAO. The WoZ study revealed that verbal instructions and pointing gestures are essential for a prompting agent to assist our participant, who knows the execution of each hand-washing step, but needs reminders of which step to execute. In cases the child did need demonstrations for a step, NAO's limited dexterity as well as the slower motion speed of the motion demonstrations made it less effective compared to that of the parent's. In addition, when the child is not complying, the parent increased the severity of the prompts, which the robot should implement in the future. In terms of gaze behaviors during interactions, our participant generally avoided looking at the prompting agent when he knew what to do, and tends to look at the parent more than NAO when seeking help. The child's gaze behavior was a poor indication of engagement. Lastly, detection and understanding of verbal feedbacks from the child may be useful in predicting the engagement of our participant.

5.1 Significance

In conclusion, the thesis results suggest promising prospects of utilizing the humanoid robot, NAO, as a novel prompting agent to enhance COACH, and to fill the gap of in-vivo ATCs for teaching daily skills to children with ASD following the ABA framework. Future investigations in regards to improving the child's engagement further through more creative design of the robot's appearance and behavior dynamics were suggested and explored.

5.2 Thesis Process Reflections

Looking back, there were several things the researcher could have done differently to have a more successful thesis.

The biggest difficulty the researcher experienced was the lacking of intuitions in regards to children with ASD behaviors and how to design robot behaviors accordingly. This difficulty stems from the researcher's lack of experience with children with ASD, and not having backgrounds in psychology, cognitive science, or behavior science. This kind of problem is common in engineering design when the engineering team lacks expertise in the field application of the system. To compensate, common strategies include iterative design process that includes experts and end users early and test the system prototypes frequently and rapidly so we can learn and succeed efficiently. In the case of this thesis, the researcher had the resource of the committee, composed of expert researchers in the field of ATC for autism. The researcher should have utilized this resource more, by seeking their knowledge and intuitions early in the design process. Similarly, a more formal approach to this is setting up focus groups with parents, caregivers, therapists, and clinicians to review design prototypes early in the design process, which the researcher did not do, either. Lastly, the researcher could have involved pilot testing the system with typically developing children first. The researcher only tested with adult volunteers, which posed a bias in the test because the adult volunteers were all enthusiastic, lacking the opportunity to test scenarios of noncompliance from the user, especially due to lack of motivation and engagement.

The researcher was not trained in qualitative research, and originally hoped to bypass the explorative case study (qualitative) stage, and directly conduct quantitative studies evaluating system efficacy. Reflecting back, attempting to jump steps was progress hindering and led to inefficiency in learning what works in our design. The explorative case study stage was a necessity because of the need to validate our assumptions and the need to gain intuitions on what measures and hypotheses are appropriate and meaningful for evaluative quantitative studies. Furthermore, the research field of HRI for children with ASD is in its infancy. It lacks theoretical frameworks that guide design decisions based on user behavior results. In addition, the literatures in this field up to date offered very few descriptions on specific robot behaviors that are appropriate for facilitating both engagement and compliance from children with ASD. All in all, hoping to produce successful results by skipping directly to a evaluative quantitative study with little grounding on our design decisions was a long shot, especially our use of humanoid robot to prompt children with ASD for daily living activity was the first research of its kind. The researcher should have realized this from the start, and time could have been better allocated, investing less in learning quantitative research methods, not analyzing data for quantitative measures that yielded little significance, and better preparation for the case study and the qualitative research method.

Lastly for the clinical contribution, a larger portion of time should have been allocated for conducting

the case study. Our study results suggest the possibility that our participant would have demonstrated further improvement in robot compliance if the training phase (Phase C) was longer, and we would have greater confidence on the maintenance of such improvement if the robot testing phases (Phase B1 and B2) were longer, too. In addition, the researcher wished the recruitment of subjects happened earlier, so that more than one subjects could have been recruited. Our participant knew most of the hand-washing steps, thus although we showed improvement of compliance on our participant using the current design, the same design recommendations might not generalize to the population. For a participant not knowing any hand-washing steps, the focus of robot prompts need to be shifted from step initiation to step motion teaching. Finally, having a pre-test session where the child was observed to wash hands by himself with neither helps from the parent nor the robot would have added valuable grounding to our results.

In all, the researcher learned a lot of valuable lessons, both in regards to designing robot behaviors for children with ASD, and in regards to conducting qualitative and quantitative research. The researcher hopes this thesis may be beneficial for anyone who wishes to continue pursuing building more engaging and effective ATCs for children with ASD.

Appendices

Appendix A

SRS Survey Result

Choices for answers: 1 = Not True, 2 = Sometimes True, 3 = Often True, 4 = Almost Always True.

Survey Question	Parent's Answer
1. Seems much more fidgety in social situations than when alone.	2
2. Expressions on his or her face don't match what he or she is saying.	2
3. Seems self-confident when interacting with others.	1
4. When under stress, he or she shows rigid or inflexible patterns of behavior that seem odd.	2
5. Doesn't recognize when other s are trying to take advantage of him or her.	4
6. Would rather be alone than with others.	4
7. Is aware of what others are thinking or feeling.	2
8. Behaves in ways that seem strage or bizarre.	3
9. Clings to adults, seems too dependent on them.	4
10. Takes things too literally and doesn't get the real meaning of a conversation.	3
11. Has good self-confidence.	2
12. Is able to communicate his or her feelings to others.	1
13. Is awkward in turn-taking interactions with peers (e.g., doesn't seem to understand the give-and-take of conversations).	1
14. Is not well coordinated.	2
15. Is able to understand the meaning of other people's tone of voice and facial expressions.	3
16. Avoids eye contact or has unusual eye contact	2
17. Recognizes wen something is unfair.	1
18. Has difficulty making friends, evn when trying his or her best.	4
19. Gets frustrated trying to get ideas across in conversations.	3
20. Shows unusual sensory interests (e.g., mouthing or spinning objects) or strange ways of playing with toys.	2
21. Is able to imitate others' actions.	3
22. Plays appropriately with children his or her age.	1
23. Does not join group actviities unless told to do so.	3

24. Has more difficulty than other children with changes in his or her routine.	2
25. Doesn't seem to mind being out of step with or "not on the same wavelength" as others.	3
26. Offers comfort to others when they are sad.	3
27. Avoids starting social interactions with peers or adults.	2
28. Thinks or talks about the same thing over and over.	3
29. Is regarded by other children as odd or weird.	3
30. Becomes upset in a situation with lots of things going on.	2
31. Can't get his or her mind off something once he or she starts thinking about it.	2
32. Has good personal hygiene.	3
33. Is socially awkward, even when he or she is trying to be polite.	3
34. Avoids people who want to be emotionally close to him or her.	3
35. Has trouble keeping up with the flow of a normal conversation.	3
36. Has difficulty relating to adults.	2
37. Has difficulty relating to peers.	3
38. Responds appropriately to mood changes in others (e.g., when a friend's or playmate's mood changes from happy to sad).	2
39. Has an unusually narrow range of interests.	2
40. Is imaginative, good at pretending (without losing touch with reality).	1
41. Wanders aimlessly from one activity to another.	3
42. Seems overly sensitive to sounds, textures, or smells.	3
43. Separates easily from caregivers.	2
44. Doesn't understand how events relate to one another (cause and effect) the way other children his or her age do.	3
45. Focuses his or her attention to where others are looking or listening.	2
46. Has overly serious facial expressions.	2
47. Is too silly or laughs inappropriately.	2
48. Has a sense of humor, understands jokes.	2
49. Does extremely well at a few tasks, but does not do as well at most other tasks.	3
50. Has repetitive, odd behaviors such as hand flapping or rocking.	4
51. Has difficulty answering questions directly and ends up talking around the subject.	4
52. Knows when he or she is talking too loud or making too much noise.	1
53. Talks to people with an unusual tone of voice (e.g., talks like a robot or like he or she is giving a lecture).	1
54. Seems to react to people as if they are objects.	2
55. Knows when he or she is too close to someone or is invading someone's space.	1
56. Walks in between two people who are talking.	3
57. Gets teased a lot.	2
58. Concentrates too much on parts of things rather than seeing the whole picture. For example, if asked to describe what happened in a story, he or she may talk only about the kind of clothes the characters were wearing.	1

59. Is overly suspicious.	1
60. Is emotionally distant, doesn't show his or her feelings.	2
61. Is inflexible, has a hard time changing his or her mind.	2
62. Gives unusual or illogical reasons for doing things.	2
63. Touches others in an unusual way (e.g., he or she may touch someone just to make contact and then walk away without saying anything).	4
64. Is too tense in social settings.	3
65. Stares or gazes off into space.	4

Table A.1: The SRS Survey Data

Appendix B

Post-Intervention Survey Result

Choices for answers: Strongly Agree, Agree, Neither Agree nor Disagree, Disagree, Strongly Disagree.

Survey Question	Parent's Answer
Hand-washing steps break down was appropriate	Strongly Agree
My child understood the verbal prompts	Agree
Robot's verbal prompts were appropriate	Strongly Agree
The prompt wordings were similar to mine	Strongly Agree
The prompt voice and tone were appropriate	Strongly Agree
The prompt wordings were easy to understand	Strongly Agree
My child understood the gesture prompts	Strongly Agree
The gesture prompts were appropriate	Strongly Agree
The gesture prompts were easy to understand	Agree
The physical appearance of robot is aesthetically pleasing	Agree
The attention grabber gestures were appropriate	Strongly Agree
The verbal rewards were appropriate	Strongly Agree
The reward gestures were appropriate	Strongly Agree
The robot was effective in assisting my child through hand-washing	Strongly Agree
The robot motivated my child to wash hands	Strongly Agree
The robot was fun for my child to use	Strongly Agree
My child was confused by the robot	Disagree
I like the idea of a robot prompting my child	Strongly Agree
The robot is able to provide guidance as well as I can or better	Neither Agree or Disagree
I would want to own a robot like this one	Strongly Agree

Table B.1: The Post-Intervention Survey Data

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