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The Effects of Behavioral Skills Training on Staff Member Implementation of Behavior

Intervention Plans

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Author Note

This study is based on a thesis submitted by the first author under the supervision of the faculty advisor to Lindenwood University as partial fulfillment of the requirements for an M.A. degree in Applied Behavior Analysis.

Abstract

Behavioral skills training (BST) is a well-researched and empirically validated teaching method that typically involves the use of instructions, modeling, rehearsal, and feedback to improve staff and client performance (Leaf et al., 2015). Previous studies have shown the effectiveness of BST across a wide variety of populations and skill sets, including within educational environments (Kirkpatrick et al., 2019). However, limited research exists on the use of BST to improve staff member implementation of behavior intervention plans (BIPs), particularly for staff members who have a history of incorrect implementation. The current study examines the effectiveness of in-person BST in a school setting for the implementation of BIPs within role-play scenarios. Additionally, social validity measures were taken to assess the acceptability and value of the procedures and outcomes.

Keywords: behavior intervention plan, behavioral skills training, social validity, treatment integrity

The Effects of Behavioral Skills Training on Staff Member Implementation of Behavior Intervention Plans

Client success in both the acquisition of skills and reduction or elimination of problem behavior is largely dependent upon staff members carrying out teaching and intervention procedures with integrity (e.g., Parsons et al., 2013). Thus, the way in which staff members are trained should be an important area of research in behavior analysis for those working with vulnerable populations. Behavioral skills training (BST) is one training method from the behavior-analytic research literature that generally involves: (a) describing the target skill, (b) providing a written description of the skill, (c) demonstrating the target skill, (d) requiring trainees to practice the target skill, (e) providing performance feedback during staff practice, and (f) repeating the previous two steps until the staff member reaches mastery criteria (Parsons et al., 2012).

Numerous studies have demonstrated the effectiveness of BST for training a variety of individuals including staff members, caregivers, clients, and family members. For example, Sarokoff and Sturmey (2004) showed large increases in the correct implementation of discrete-trial-training by staff members following BST. Nigro-Bruzzi and Sturmey (2010) utilized BST to train staff members to implement mand training with children diagnosed with autism spectrum disorder (ASD). The results showed the correct implementation of mand training by the staff members following BST and further, that the children showed an increase in unprompted vocal mands which generalized across settings (Nigro-Bruzzi & Sturmey, 2010).

Further, BST has been used in previous research to train teachers and support staff to implement interventions and to teach skills to their students in a classroom or school-based environment (e.g., Chazin et al., 2018; Hogan et al., 2014; Kirkpatrick et al., 2019; Madzharova

et al., 2018; Slane & Lieberman-Betz, 2021). In a review conducted by Slane and Lieberman-Betz (2021) it was found that of the articles reviewed, all studies demonstrated the effectiveness of BST to train staff members and teachers on various behavior-analytic strategies. Although many studies were noted in this review as utilizing BST to train teachers and other support staff (i.e., 20 total), a very limited number (i.e., two) of those studies focused on the use of BST to train behavior plan implementation related to the reduction or elimination of problem behavior. Hogan et al. (2014) used BST to improve the implementation of two different behavior intervention plans (BIPs) with four staff members in a special education setting. The training consisted of verbal instructions, modeling, rehearsal, and feedback of the procedures. During the instructions phase, the experimenter gave a written copy of the BIP to the staff member and reviewed each component. The staff were told to implement the BIP to the best of their ability in which the criterion for implementation was 90% or greater before being able to move on to the next training phase. The next phase consisted of modeling, rehearsal, and feedback in which the experimenter modeled the correct implementation of the BIP and then instructed the staff to implement the BIP to the best of their ability. The staff received feedback from the experimenter at the end of the observation and this process continued until the staff reached the mastery criteria of 90% or greater for correct implementation across all components for three consecutive sessions (Hogan et al., 2014). The results indicated that BST was an effective training method for teaching staff as the results showed that each staff member had a 93% or higher implementation in the post-training phases. However, limitations from Hogan et al. (2014) included participants not being able to repeat a step that was performed incorrectly due to the training occurring in an in-vivo setting. Thus, it is unclear if the duration of training would have been shortened if training were conducted first in a role-play scenario. Madzharova et al. (2018) used two of the

BST components (i.e., modeling and feedback) to train three of their classroom staff members. During the training phases, the experimenter provided the staff with verbal feedback over the completed steps and then modeled how to implement the BIP in an in-vivo setting. The staff were provided the opportunity to ask questions and the experimenter then asked the staff to implement the BIP independently while they recorded the staff's performance. The staff members received additional modeling and feedback once every three trials until they accurately completed three consecutive trials with 90% or better. The results from this study showed that the mean number of correctly performed steps from the task analysis ranged from 37% to 56% in the baseline phase whereas the correctly implemented steps during training ranged from 88% to 96% across participants. Overall, it was found that in-vivo modeling and feedback alone were an effective method in teaching staff members to accurately implement a multi-step BIP and that this was achieved in only 60-90 min across 1-2 days.

Although the aforementioned studies involved the use of BST to train the correct implementation of behavior plans, none of these studies involved the training of staff members who had already demonstrated incorrect implementation of the behavior plan (i.e., low treatment integrity) in the natural setting before the study took place. Thus, it is unclear how effective BST would be if there already existed integrity issues (i.e., a lengthy history of incorrect implementation). Only one study has examined the use of BST for this issue. Chazin et al. (2018) utilized BST across six phases of training including pre-baseline, didactic training, baseline, Phase I and Phase II coaching, and maintenance conditions in which all sessions were 15 min in duration. Overall, the findings showed that the teachers did not show maintenance for increases in performance following training alone. However, correct implementation increased to near 100% when they were coached throughout the naturalistic setting and maintained these levels

when verbal and model prompts were eliminated. Although these results indicate that training outside of the natural environment may not improve performance for those who have a history of incorrect implementation, more research is needed to replicate these findings.

Several previous studies have also assessed the social validity of BST. For example, McPhilemy and Dillenburger (2013), administered a questionnaire to their participants that consisted of 20 open-ended questions. The results demonstrated a significant increase in social validity ratings by participants compared to baseline conditions. Although social validity is a subjective measure, it is important in determining if the changes in behavior that were produced are acceptable and important for the individual and those that interact with that individual (BACB, 2020; Wolf, 1978). Further, Ferguson et al. (2019) found that social validity measures were reported in an average of only 12% of articles published within the *Journal of Applied Behavior Analysis (JABA)*. Although social validity was noted as a strength in the Slane and Lieberman-Betz (2021) review, additional research on social validity would continue to contribute to the research literature, particularly when implementing BST with staff who have a history of implementation errors.

Thus, the purpose of the current study was to examine the effectiveness of BST for training staff members to implement a BIP who displayed a history of implementation errors and to assess the acceptability of the training and outcomes via social validity measures.

Method

Participants and Setting

Three female paraprofessionals of various ages and collegiate degrees participated in the current study. Participants did not have prior experience with BST but had attended their company's new employee training at the onset of their employment. The training sessions took

place prior to the beginning of the school day at an elementary school in which the participants were employed. Data collection on participant implementation of the skills trained during BST were collected both before and during the school day. Informed consent was obtained from all participants, and they were informed prior to training that they could exit from this study at any time without penalty. All procedures were approved by the university's Institutional Review Board (IRB) and the school district in which the paraprofessionals were employed.

Materials

The materials included a copy of one student's BIP, data sheets to record participant skill implementation prior to and following BST (see Figure 1), a social validity questionnaire (see Figures 2 and 3), and written instructions that were utilized during BST. The student's BIP was selected for training as all four participants worked with the student throughout their normal workday. The Board Certified Behavior Analyst (BCBA) assigned to the student carried out multiple observations, interviewed parents and staff, conducted preference assessments, and conducted a functional behavior assessment (FBA) of problem behavior. It was concluded that problem behavior was maintained by attention during classroom time, specifically inappropriate attention-seeking behavior directed towards adults. A BIP was developed by the BCBA to reduce inappropriate attention seeking with adults and to increase appropriate attention seeking with peers. Although a BIP was developed and implemented, decreases in inappropriate attention seeking and increases in appropriate attention seeking had not been documented. After additional observations by the BCBA it was determined that further training was required for the staff members to carry out the BIP with integrity. Thus, the training targets were specifically chosen due to implementation issues.

Dependent Variables and Response Definitions

The primary dependent variable was the percentage of independence for correct implementation of the student's BIP within a role-play scenario. Correct implementation was defined as the participant implementing the BIP independently and with 100% fidelity. Incorrect implementation was defined as errors of omission (i.e., leaving out steps listed in the BIP) and/or errors of commission (i.e., adding in steps not listed in the BIP). The secondary dependent variable was the scores obtained from the social validity questionnaires before and after the staff training was implemented.

General Procedure

BST consisted of four phases including verbal description, modeling, and rehearsal/role play and feedback. The student's BIP was broken into steps (see Figure 1) and all steps were included within each phase of BST. Examples of steps/training targets included the staff refraining from interacting with the student when the student emitted a question or comment that could be answered by a peer within closer proximity, redirecting the student to interact with a peer, and only providing assistance to the student if they asked for help that could not be provided by a peer. As another example, the training target involved the staff members providing a prompt to the student to appropriately raise their hand and ask for assistance when help could not be obtained from a peer. This target included the staff member waiting until inappropriate attention seeking behaviors ceased for 10 s and then providing a gesture prompt to remind the student to quietly raise their hand.

Pre-Experimental Baseline

Baseline data were obtained by taking integrity data when the staff members were working with the student in a naturalistic environment as a part of the student's regularly scheduled school day and services prior to the onset of this study.

Behavioral Skills Training

BST included four training components including verbal instructions, modeling, rehearsal/role-play, and feedback. Prior to the verbal instructions phase, the participants were provided a written copy of the student's BIP which included operational definitions of behavior and of correct implementation for each component.

Verbal Instructions. The researcher explained each training target to the staff members in which definitions of correct and incorrect implementation as well as examples and non-examples of how to respond to the student in various settings were provided. For example, if the student held up a picture that they drew and turned around to the staff member and said, "Look at this" the staff member would then point to a peer and say, "Show them your picture" or "Ask your friend about their picture" to encourage peer interaction with the student instead of with the staff member.

Modeling. The researcher modeled for the staff members how to implement the BIP across a variety of settings and contexts. This included scenarios such as the playground, in the classroom, in gym class, and in the cafeteria.

Rehearsal/Role-Play and Feedback. Role play consisted of the staff members role-playing these scenarios with each other. Once the role-playing/rehearsal aspect was complete, the researcher observed the staff member implement each training target in which both corrective feedback for incorrectly implemented steps and positive reinforcement in the form of praise for correctly implemented steps were provided.

Experimental Design

An AB design across participants was used in the current study due to the intervention being introduced to each staff member at the same time. This design was also chosen because it

was not possible to remove the independent variable (BST) and to demonstrate that the dependent variable did not change until BST was implemented (Carr, 2005).

Interobserver Agreement (IOA)

Interobserver agreement (IOA) data were collected by a secondary observer (i.e., the case supervisor) for 30% of sessions. IOA was calculated by dividing the number of agreements by the number of agreements and disagreements and multiplying by 100 to obtain a percentage. IOA averaged 92% (range, 75-100%).

Social Validity

A social validity questionnaire was given to the staff members before and after the training. Questions were asked to determine if the staff members felt equipped to implement the student's BIP (see Figures 2 and 3). The questions were different across pre- and post-training questionnaires to receive better feedback regarding how the staff perceived the training and to also avoid staff rating questions the same way and potentially skewing the results (e.g., Ferguson et al., 2019).

Results

Figure 4 shows the results from Para 1 before and after BST. During baseline, Para 1 scored 37% correct implementation and following intervention they averaged 63% (range, 43-83%) correct implementation. Figure 5 shows the results from Para 2 before and after BST. During baseline, Para 2 scored 56% correct implementation and following intervention they averaged 73% (range, 66-81%) correct implementation. Figure 6 shows the results from Para 3 before and after BST. During baseline Para 3 scored 47% correct implementation and following intervention they averaged 67% (range, 57-77%) correct implementation. Figure 7 shows the results from the social validity questionnaire that the participants completed before the

intervention took place in which the participants rated each question on a 5-point scale. Question 1 averaged 4 points (range, 2-5), Question 2 averaged 3 points (range, 2-4), Question 3 averaged 3.3 points (range, 2-4), Question 4 averaged 4 points (range, 3-5), Question 5 averaged 4.3 points (range, 4-5), and Question 6 averaged 5 points in which every staff member scored this question a 5 out of 5 possible points. Figure 8 shows the questionnaire results that the participants completed at the end of the intervention to determine how they rated their overall training experience. Questions 1-3 averaged 4.6 points (range, 4-5), Question 4 averaged 4.3 points (range, 3-5), and Questions 5-6 averaged 4.6 points (range, 4-5).

Discussion

The current study examined the use of BST on staff member implementation for one student's BIP in a public-school setting. The results demonstrated that BST was effective in improving the implementation of the BIP for all three of the participants. Consistent with previous research (e.g., Kirkpatrick et al., 2021), the current study indicates that BST is an effective teaching technique, specifically in a public-school setting among paraprofessional staff. Further, this study extends previous research by showing that staff with a history of incorrect implementation of behavior plans in the natural environment can improve their performance following BST. Another important contribution within the current study is the inclusion of social validity data. At the end of the post-assessment questionnaire (Figure 8), an additional question was asked to the staff members in which they were prompted to write a short answer regarding their experience from the training that took place during this study. The question that was asked was, "Please provide an example as to why/why not this training model has helped you become a better therapist." Para 1 stated that this research study gave them a "new perspective on acceptable limits to set when modifying behaviors with their clients while honoring those limits

across various staff members working with the same student.” Para 2 explained that they “felt as though this training empowered them to manage difficult situations during crisis or trying times” and Para 3 described how “the real time feedback they obtained helped them know when to intervene and when to actively ignore their clients during problem behavior situations.”

There are multiple limitations worthy of noting during this study. The focus of the current study was on the effectiveness of using BST on staff’s implementation of one student’s BIP within a role-play scenario in a school setting; therefore, data were not collected during BIP implementation with the corresponding student and data were not collected on the frequency of the student’s behavior targeted in the behavior plan. Future research should include this data to determine the generalization of the skill’s learned during training and the subsequent impact on student behavior. Additionally, the current study did not assess for maintenance of skills or include a follow-up phase. The researcher collected data across 5 weeks, creating a significant time constraint for training and data collection. Due to this, it was not possible for the researcher to evaluate the staff members’ implementation after reaching initial mastery criteria. Future research should arrange for data to be collected within a maintenance phase.

Additionally, only one baseline data point was obtained prior to the onset of the current study. Thus, it cannot be determined if the dependent variable changed as a result of the intervention or if it was due to other variables. Further, an AB design was used because it was not feasible to stagger the baseline for the participants, which limits the experimental control of the study. Another limitation was that the current study did not collect data on treatment integrity (TI) during BST to determine if the steps of BST were being implemented as intended by the researcher. Therefore, it cannot be determined if BST was carried out with integrity. However, given the improvements in performance following BST, it appears that BST as it was

implemented was effective as compared to the baseline phase. Future research should include TI data by a secondary observer for 80% of the sessions to determine if the training was carried out as written. Overall, BST was shown as an effective training method for increasing staff members' performance when implementing BIPs within a role-play scenario after a history of incorrect implementation in the natural environment. Further, this study shows support for the social validity of these training methods.

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Figure 1

Data Sheet on Participant Implementation of Training Targets

Student: _____ Date: _____
 Observer: _____ Time: _____
 Staff: _____ District: _____
 School: _____ EC/SA: _____
 Class/Activity in progress: _____

Were behaviors observed Yes No

Target Behaviors observed: _____

Can the staff person describe the needed intervention for behavior? Yes No

Strategies to prevent problem behavior	Was this observed?	How many times occurred?	How many possible?	% Accuracy	Notes
Visual/written schedule reviewed in the beginning of the day	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> n/a				
Referring to visual schedule when he asks questions/requests specific classes	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> n/a				
Rule review (have a visual of the rules)	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> n/a				
Did the staff review the rules prior to a transition?	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> n/a				
Warnings – when he has access to reinforcement does he have a warning before he has to give it up?	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> n/a				
Strategies to teach replacement behavior	Was this observed?	How many times occurred?	How many possible?	% Accuracy	Notes
Prompts him to use respectful language when talking to authority figures.	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> n/a				
Staff prompts student to use an alternative activity when what he’s wanting is not available.	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> n/a				

Prompting student to wait his turn by using a timer or visual.	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> n/a				
Motivational system is present and visual to student.	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> n/a				
Tokens are being delivered when he is following the rules (problem behavior is not happening)	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> n/a				
Student is aware when and why they received the token.	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> n/a				
Terminal token immediately results in reinforcement	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> n/a				
Staff only gives access to choice for XX minutes	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> n/a				
Staff model the calming routine.	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> n/a				
Staff identifies precursors and prompt him to implement the calming routine.	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> n/a				
Do paras identify when there are behaviors that tell you his mood has changed? (opportunity to label his emotion)	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> n/a				
Are the staff prompting student to initiate conversation with peers?	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> n/a				
Staff facilitate student finding a partner.	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> n/a				
Prompting student to show other peers his work.	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> n/a				
Strategies to reduce reinforcement for problem behavior	Was this observed?	How many times occurred?	How many possible?	% Accuracy	Notes
Block access	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> n/a				
Terminate access	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> n/a				

Planned ignoring	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> n/a				
Block problem behavior	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> n/a				
Redirect problem behavior	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> n/a				
Refrain from giving choices/preferred items when engaging in problem behavior (avoid bribery).	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> n/a				
Refraining from following the students demand.	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> n/a				
Decrease verbal interaction	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> n/a				
Visual/verbal demand remains in place.	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> n/a				
Materials remain in place	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> n/a				
Data Collection	Was this observed?	How many times occurred?	How many possible?	% Accuracy	Notes
Recorded accurate data	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> n/a				

Total BIP Implementation Accuracy:

Staff Reflection:

Feedback/Recommendations:

Identified Needs:

Follow-Up Goal/Action Steps:

Training Provided: <input type="checkbox"/> Instructions <input type="checkbox"/> Modeling <input type="checkbox"/> Video Modeling <input type="checkbox"/> Rehearsal <input type="checkbox"/> Coaching <input type="checkbox"/> Role Playing <input type="checkbox"/> In-Vivo Type of Feedback Given: <input type="checkbox"/> Verbal <input type="checkbox"/> Written <input type="checkbox"/> Graphical

Figure 2

Social Validity Questionnaire Administered Prior to Training

1	2	3	4	5	
Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree	
1. I feel as though I can support the child and adequately perform behavior implementation as it relates to the child’s behavior intervention plan.	1	2	3	4	5
2. I have received prior training in regards-to ABA and problem behaviors.	1	2	3	4	5
3. I have received prior training regarding how to support students (e.g., communicating with peers and when engaging in unwanted behaviors).	1	2	3	4	5
4. I feel comfortable implementing treatment procedures with 100% confidence.	1	2	3	4	5
5. I feel confident providing behavior intervention procedures when the student has problem behaviors.	1	2	3	4	5
6. Extra training in this field will help me become a better therapist.	1	2	3	4	5

Figure 3

Social Validity Questionnaire Administered Following Training

1	2	3	4	5	
Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree	
1. Since I attended the initial training and after receiving individual feedback I feel as though I can support the child and adequately perform behavior implementation as it relates to the child’s behavior intervention plan.	1	2	3	4	5
2. Besides this training, I have received prior training in regards-to ABA and problem behaviors utilizing BST.	1	2	3	4	5
3. This training using the BST model improved how I support students (e.g., communicating with peers and when engaging in unwanted behaviors).	1	2	3	4	5
4. After the initial training and individual feedback on my performance, I feel comfortable implementing treatment procedures with 100% confidence.	1	2	3	4	5
5. I feel confident providing behavior intervention procedures when the student has problem behaviors.	1	2	3	4	5
6. Training/feedback utilizing the BST model has helped me become a better therapist	1	2	3	4	5

7. In regard to the previous question, please provide an example as to why/why not this training model has helped you become a better therapist:

Figure 4

Para 1 Results

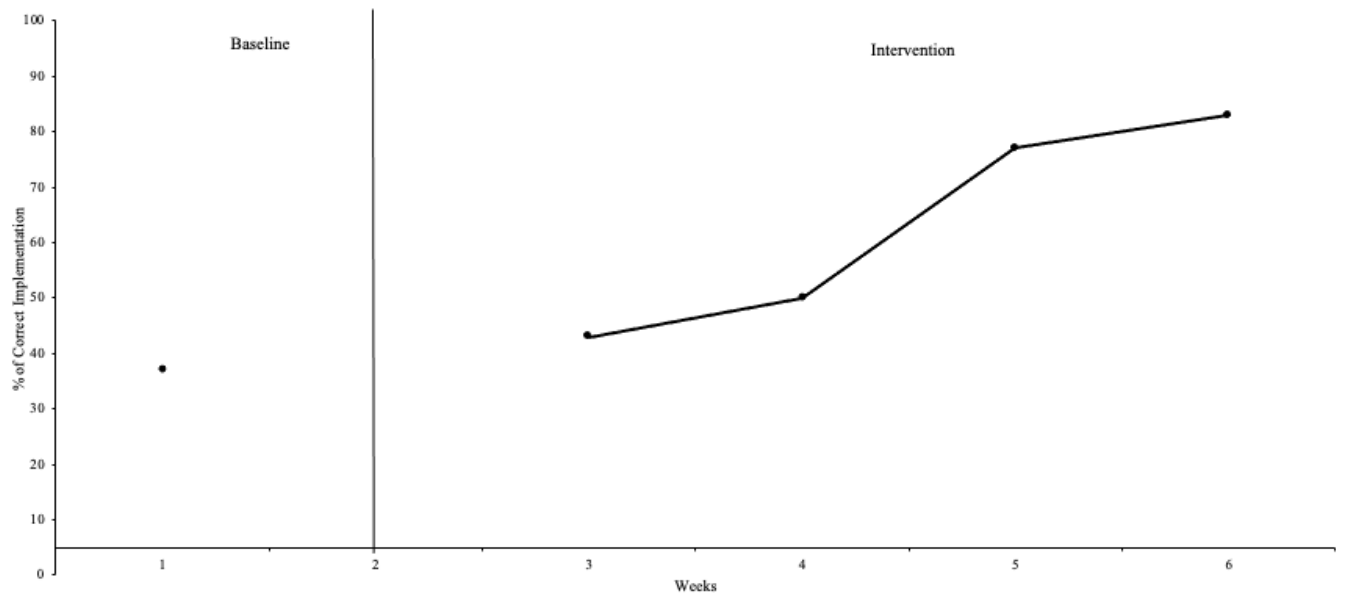


Figure 5

Para 2 Results

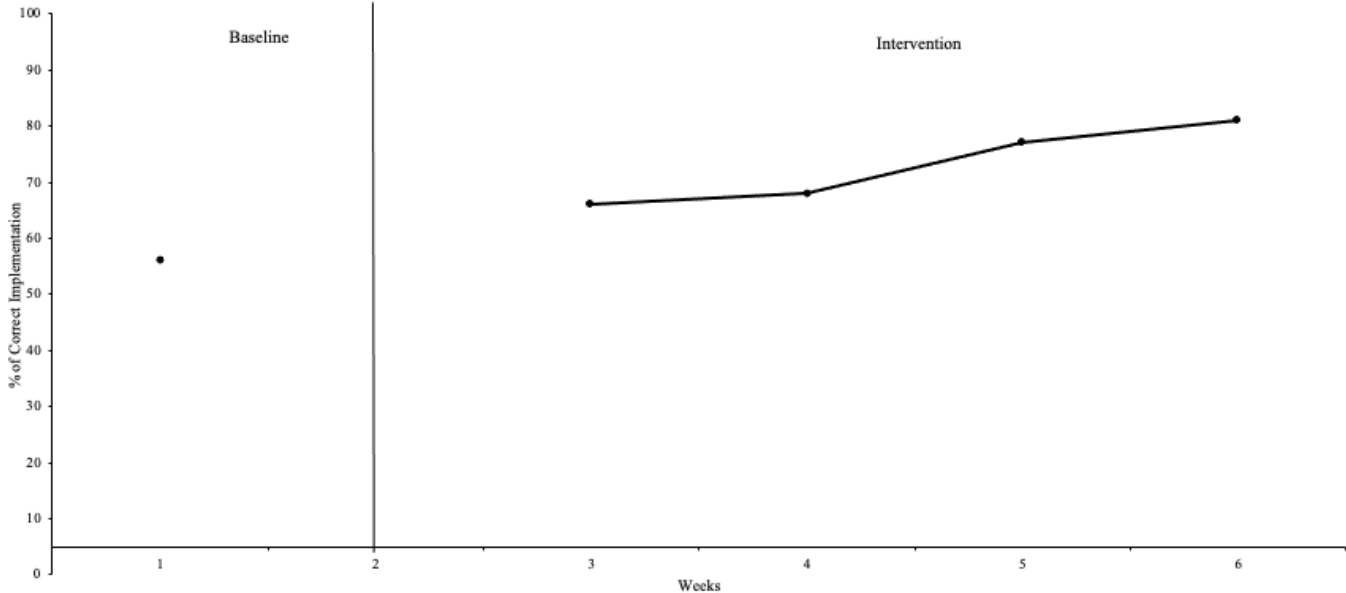


Figure 6

Para 3 Results

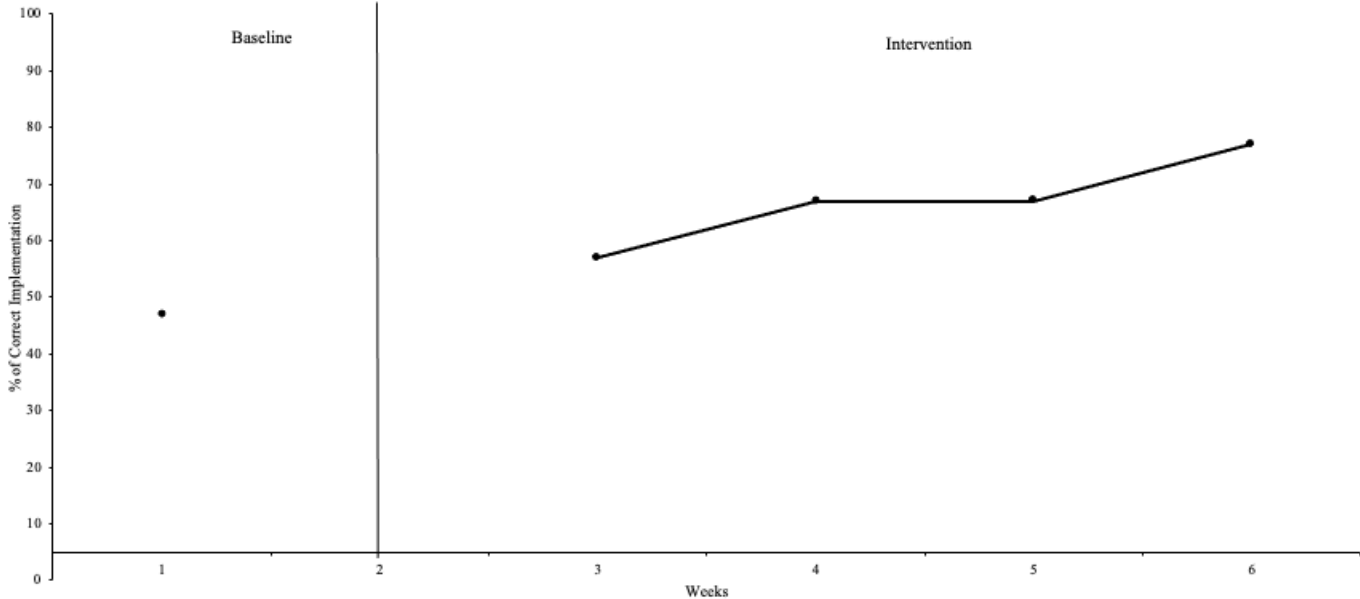


Figure 7

Pre-Intervention Social Validity Results

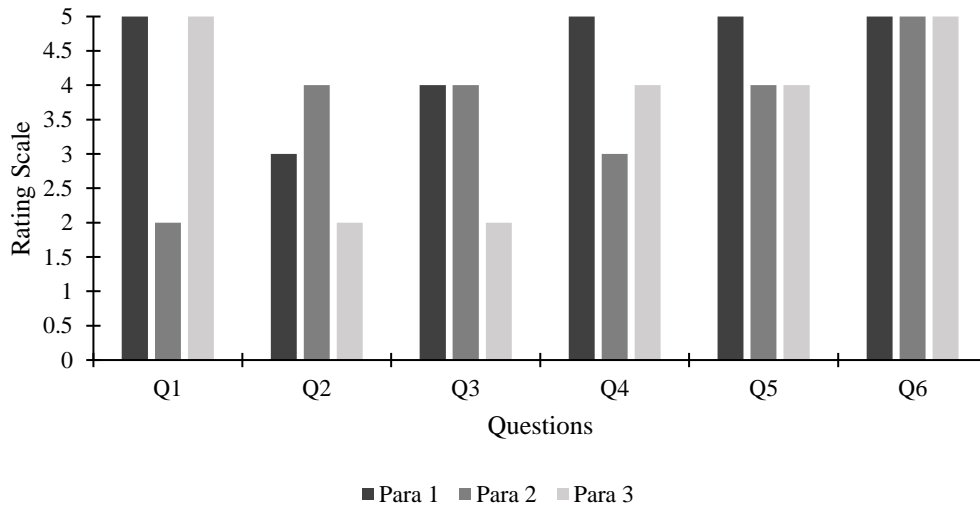


Figure 8

Post-Intervention Social Validity Results

