LEND Trainee Role in Developing and Utilizing Treatment Integrity Procedures



to Incorporate Student Volunteers into an Intensive ABA Clinic Susannah Grimm Poe, Ed.D., BCBA-D, Lydia Wolfe, Kaitlin Lillard, Shelby King, Kacey Finch

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Introduction

Taking effective treatment integrity is vital to the success of programs implemented in applied behavior analysis (Vollmer, Sloman, & St. Peter Pipkin, 2008). By directly working with undergraduate students at West Virginia University, LEND Trainees used treatment integrity checklists specifically designed to improve fidelity within the WVU Children's Medicine Neurodevelopmental Applied Behavior Analysis (ABA) Clinic and develop the next generation of professionals in ABA. We used behavior skills training (BST) as a training package that utilized instructions, modeling, rehearsal, and feedback in order to teach new skills necessary to improve treatment integrity scores.

Method

Participants & Setting

- 6 West Virginia University undergraduate students
- West Virginia University Neurodevelopmental Applied Behavior Analysis (ABA) Clinic

Test steps:

Reinforcement	Error Correction	Discrete Trial Training (DTT)		
• Immediate praise	 Prompted correct response Distractor trial Re-present original S^D 	 Gain client attention Conduct single-trial paired- choice preference assessment 		

Phase 1 (Baseline):

- No prior training
- LEND students modeled as mock therapist and mock client
- Before each test step in the procedure, the therapist said "switch," which signaled the participant to complete the next step in the procedure
- Scored correct/incorrect but provided no feedback

Phase 2 (BST):

- Instructions described the procedure and purpose for each test step
- Modeling mock therapist and client filled in the correct response
- Rehearsal participant completes test step following "switch"
- Feedback praise + corrective if needed
- Mastery criterion: 3 consecutive correct test steps

Phase 3 (Post-test 1): Identical to baseline

Phase 4 (BST 2 – as needed): Same as Phase 2 except only included test steps that were incorrect in Phase 3

Phase 5 (Post-test 2): Same as Phase 3 except only included test steps taught in Phase 4

Procedural integrity and interobserver agreement (IOA) were 100% for 33% of all sessions in each phase.

Results

General Findings:

- Participants averaged a score of 47% in baseline with a range of 33 to 83% correct
- One participant scored a 100% on Post-test 1
- Five participants scored less than a 100% on the first Post-test and required a second BST session
- Five out of six participants scored a 100% on Post-test 2
- One participant did not score 100% on Post-test 2, further training is required
- BST increased treatment integrity scores by an average of 23% from baseline to Post-test 1
- BST increase treatment integrity score by 33% from Post-test 1 to Post-test 2 for four of the five participants needing BST 2.

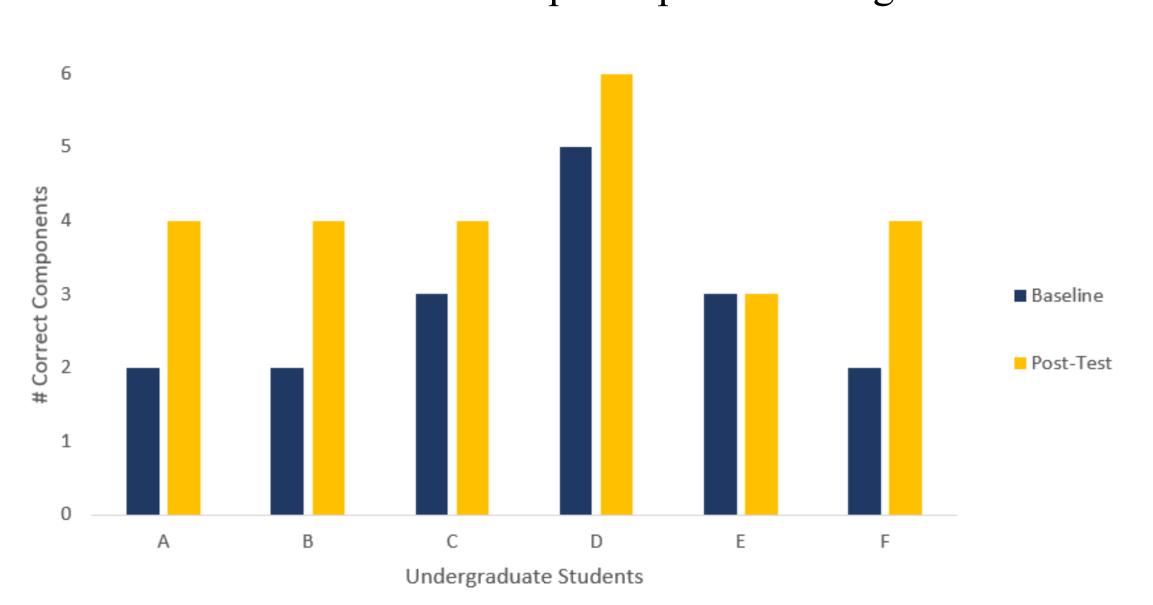


Figure 1. Percent of opportunities for each participant for Phase 1 (Baseline) and Phase 3 (Post-test 1).

Participant	# Test Steps in Post-test 2	# Correct Test Steps	% Correct
A	2	2	100
В	2	2	100
C	2	2	100
E	3	1	33
F	2	2	100

Table 1. Number and percent of correct opportunities for each participant for Phase 5 (Post-test 2).



Discussion

BST was effective in teaching five undergraduate students the required test steps for DTT in less than 3 exposure sessions. One participant required training that exceeded a second session of BST.

Limitations

- All participants were exposed to opportunities to observe discrete trial training sessions run by registered behavior technicians prior to baseline
- One participant had previous experience working in ABA
- Time constraint due to participants only attending the clinic for 12 weeks
- Only certain conditions of discrete trial training were tested in baseline as well as post-tests
- Treatment integrity was scored on, and BST was implemented with, participants working with LEND trainees as mock clients rather than with actual clients
- The amount of time between BST and post-test sessions was inconsistent across participants
- The amount of time between BST and post-test sessions was as long as 2+ weeks for some participants

Future Directions

Our training package and specific treatment integrity proved to be valuable in improving the skill set of our students. We focused our behavior skills training on what we believed to be the most important and challenging aspects of DTT.. In the future, we plan to train and complete training integrity on an entire session of DTT rather than just parts of the process. We plan to test the students on the entire process of DTT with LEND students ensure mastery before running DTT sessions with clients. The ultimate goal is ensuring fidelity in treatment for our clients, so we will continue to complete our treatment integrity checklists with every student twice a week until their placement is finished. Due to time constraints, we used the same scenarios for BST in phases 2 and 4. For future training we would like to alter the targets of each phase so that the students do not familiarize themselves with the targets but rather the procedure.

References

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