REPLICATION AND EXTENSION OF A COMPREHENSIVE STAFF TRAINING PROGRAM
FOR AN AUTISM TREATMENT PROGRAM

Kellyn Joi Johnson, B.S.

Thesis Prepared for the Degree of

MASTER OF SCIENCE

UNIVERSITY OF NORTH TEXAS

May 2011

APPROVED:

Shahla Ala’i-Rosales, Major Professor
Jesus Rosales-Ruiz, Committee Member
Richard Smith, Committee Member, and Chair of the Department of Behavior Analysis
Thomas L. Evenson, Dean of the College of Public Affairs and Community Service
James D. Meernik, Acting Dean of the Toulouse Graduate School
Johnson, Kellyn Joi. *Replication and extension of a comprehensive staff training program for an autism treatment program.* Master of Science (Behavior Analysis), May 2011, 103 pp., 4 tables, 2 figures, 41 titles.

Previous research has shown that early and intensive behavioral interventions are an effective treatment for young children with autism resulting meaningful gains that can maintain over time. For behavioral treatments to be effective, service providers need to be competently trained in behavioral interventions through staff training. The purpose of the current study was to replicate and extend previous research by employing a more rigorous research design, and including measures of teaching units, and staff and child affect measures. The trainee was taught 150 skills. Training methods included descriptions, modeling, practice, and feedback. Results showed that the trainee acquired all skills while maintaining an increasing number of teaching units. Child and staff also maintained favorable affect as training progressed. In addition, staff reported the training as very effective and highly satisfactory. This shows that comprehensive training packages that comprise a large set of skills in real life treatment settings can result in benefits for the staff and children.
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By

Kellyn Joi Johnson
ACKNOWLEDGEMENTS

I give gratitude to my mother for her endless support and words of encouragement throughout my entire graduate years. I would not be where and who I am today if it was not for her love and guidance. I am also grateful to my closest friends for their prayers and support. My friends have helped keep me balanced and positive during this time. I would like to thank my advisor and mentor Dr. Shahla Alai-Rosales. With your expertise in the field both academically and professionally, I am grateful for the experience to work with you. I also want to thank you for your guidance and support. I appreciate the time and indispensable feedback from my thesis committee members: Dr. Shahla Alai-Rosales, Dr. Jesus Rosales-Ruiz, and Dr. Rick Smith. I give additional thanks to Dr. Jon S. Bailey for planting the seeds that began my interest in the field of Behavior Analysis. I also thank him for teaching me the importance of the field and guiding me to graduate school. My closest friends in graduate school, Julie Winn Greer and Samantha Cermak, have been especially valuable to my accomplishments. Through all of our graduate school trials we have stood by each other, and for that I am forever grateful for their encouragement, knowledge, and most of all the laughs! Also, I would like to thank Sara Weinkauf and Nicole Zeug for their guidance and wisdom. Last, I give thanks to Wesley Lowery for participating in the study. I thank you for your enthusiasm and willingness in every aspect of the training.
# TABLE OF CONTENTS

ACKNOWLEDGEMENT ................................................................................................................................. iii

LIST OF TABLES ............................................................................................................................................... v

LIST OF FIGURES .......................................................................................................................................... vi

INTRODUCTION ............................................................................................................................................... 1

METHOD ......................................................................................................................................................... 6

RESULTS ......................................................................................................................................................... 15

DISCUSSION .................................................................................................................................................... 20

APPENDICES .................................................................................................................................................. 38

REFERENCES .................................................................................................................................................... 98
LIST OF TABLES

Table 1: Review of Staff Training Experimental Research ................................................................. 28
Table 2: Review Literature .................................................................................................................... 31
Table 3: Interobserver Agreement Results ........................................................................................ 35
Table 4: Social Validity Results ......................................................................................................... 36
LIST OF FIGURES

Figure 1: Progress of skills and learning opportunities demonstrated by trainee and trainee and child affect.................................................................26

Figure 2: Progress of skills demonstrated by trainee across skill cluster ........................................27
INTRODUCTION

Early and intensive behavioral interventions are an effective treatment for young children with autism (National Standards Project, 2009). Such interventions produce meaningful outcomes that have maintained over time (Eikseseth, Smith, Jahr, & Eldevik, 2007; McEachin, Smith, & Lovaas, 1993). Children with autism who receive behavioral interventions make significant gains when compared to children receiving eclectic or control treatments (Eikseseth, Smith, Jahr, & Eldevik, 2002; Howard, Sparkman, Cohen, Green, & Stanislaw, 2005; Myers & Johnson, 2007). To produce such outcomes, proper implementation of treatment is required (Demchak, 1987). In order to ensure that behavioral treatments are conducted appropriately, service providers need to be competently trained in behavioral interventions (Demchak, 1987). An effective way to teach providers to implement effective behavioral interventions is through staff training (e.g., Alai-Rosales, Thorisdottir, & Etzel, 2003; Demchak, 1987).

Previous literature has shown that training is successful in teaching staff to conduct discrete trials (Sarokoff & Sturmey, 2004, 2008), implement function based treatment packages (Wallace, Doney, Mintz-Resudek, & Tarbox, 2004), provide opportunities for students to request (Sigafoos, Ker, Roberts, & Couzens, 1994), conduct preference assessments (Lerman, Vorndran, Addison, & Kuhn, 2004), embed instruction (Schepis, Reid, Ownbey, & Parsons, 2001), and implement basic teaching procedures (Parsons, Reid, & Green, 1996; Schepis, Ownbey, Parsons, & Reid, 2000). These skills have been taught using multifaceted training methods, including antecedent and consequent procedures, and are recommended as an effective method to train staff (Alai-Rosales, Thorisdottir, & Etzel, 2003, Bernstein, 1982). For example, instructions, modeling, and feedback were used to
train staff to conduct discrete trial instruction, resulting in increases in staff correct use of DTT components and target student correct responding (Sarokoff & Sturmey 2008).

To evaluate the effects of these methods, various measures have been included. Staff behavior has been measured in several ways including checklists and time sampling of staff behaviors (e.g., Dib & Sturmey, 2007; Wolery & Anthony, 1997). A few studies also measured the effects of training on child behavior consisting of child responses (e.g., Koegel, Russo, & Rincover, 1977), interval of student work refusal and off-task behavior (DiGennaro & Martens, 2007), and student stereotypy (Dib & Sturmey, 2007). Overall staff training methods have been effective in producing desired child outcomes, such as increases in child responses (e.g., Downs, Downs, & Rau, 2007), correct teaching (e.g., Page, Iwata, & Reid, 1982), and decreases in off task behaviors and work refusals (DiGennaro & Martens, 2007). Refer to Table 1 for summaries of staff training experimental research and Table 2 for summaries of review literature.

While this research is useful, there are several limitations in terms of implementation (Odom, 2009). First, it is important to train a comprehensive set of skills that are present in real treatment settings. Previous literature has focused on training specific skill sets, such as discrete trials (e.g., Dib & Sturmey, 2007). Staff in treatment settings, however, require hundreds of skills to implement treatment. A competent skill set should include a variety of teaching methods comprised of, discrete trial and naturalistic methods; correctly utilize behavioral principles, such as reinforcement and stimulus control; and maintain ethical and professional standards (Association for Behavior Analysis International-Autism Special Interest Group Consumer Guidelines, 2007; Behavior Analyst Certification Board Task List, 2007; Behavior Analyst Certification Board for Responsible
Competent staff employ various procedures, and methods are used to best fit the client’s needs. Furthermore, training should encompass the appropriate set of skills to enable staff to do so.

Second, training should take place under conditions and requirements of actual treatment settings. This requires skills to generalize across children, settings, and programs. Many changes occur in real treatment settings creating an evolving environment. Skills learned in training sessions should, therefore, be translated to these environments and the generalization of skills should be assessed. It is critical to also assess whether previously learned skills generalize when new skill sets are introduced (Bernstein, 1982). Since real treatment settings require competency in various conditions, staff should be trained to implement effective treatment in several contexts. Implementation research conducted in these contexts greatly benefit the staff, child, and agency (Odom, 2010).

Third, staff feedback regarding the acceptability of training and its procedures is necessary. Bernstein (1982) suggests that social validation of training is needed and suggests preferred procedures by staff be identified. Identifying these procedures enables supervisors to adjust procedures accordingly for the benefit and comfort of both the staff and child.

Lastly, measures of child behavior during training is important. Few staff training studies have assessed child data (Demchak, 1987). A goal of treatment is to increase instructional opportunities, which is generally agreed to produce increases in child gains (Greer, 1994; Greenwood, Delquadri, & Hall, 1984). It would be beneficial to assess instructional opportunity measures with staff training research (Jahr, 1998; McGee & Morrier, 2005; National Research Council, 2001).
One study attempted to address several of these limitations. Weinkauf, Anderson, Zueg, and Alai-Rosales (2011) implemented a staff training package containing 125 skills to train staff in an autism treatment setting. Four participants were trained using instructions, modeling, practice, and feedback, in a comprehensive set of skills. Skills were taught in the following domains: reinforcement, ethics, professionalism, rapport, functional communication training, learn-to-learn program implementation, program material management, domain-specific skill acquisition, and session management. These skills were chosen based on recommendations for competent staff in autism intervention (Association for Behavior Analysis International-Autism Special Interest Group Consumer Guidelines, 2007; Behavior Analyst Certification Board for Responsible Conduct, 2004; Behavior Analyst Certification Board Task List, 2007). Results showed that all participants demonstrated mastery, and skills were shown to generalize across children and settings. Staff were also given a trainee satisfaction questionnaire and reported that training was effective and comfortable. This study was the first of its kind to train a comprehensive set of skills in an actual treatment setting and gather feedback from staff.

Weinkauf et al. (2011) contributed to the literature by identifying and training three factors that are necessary to implement effective interventions. The researchers: trained a large skill set, conducted training in a real treatment setting, and gathered staff feedback. However, some limitations remain. For instance, no child behavior under training conditions was included. Another was that staff feedback was limited to verbal reports. Lastly, the design of the study did not clearly show that the effects of the training were due to training procedures and not repeated exposure or practice. The design also did not account for generalization of skills across skill groups.
The current study aims to address these factors. First, the purpose of this study is to replicate Weinkauf et al. (2011) by including a more rigorous research design and longer baselines to strengthen experimental control and assess generalization across clusters. The second purpose being to assess and train additional skills with the inclusion of skills related to peer interactions. Lastly the study purposes to include additional measures. Teaching units were added in order to measure instructional opportunities provided by the trainee. Child and trainee affect were added to directly assess comfort within each training session. More specifically, the purpose of the current study was to evaluate the effects of a comprehensive staff training package on teaching performance, teaching units, staff and child affect, and trainee satisfaction.
METHOD

Participants

Trainee

One trainee participated in this study: a 23-year-old male, who identified as black. He was a fourth-year undergraduate student majoring in behavior analysis with no training or experience working with neurotypical or children with disabilities. The training was part of his major requirements, and, following completion of the course he permitted his data to be included in a larger research project (see Appendix A for a copy of informed consent).

Three children participated in this study based on their availability and schedules at the treatment center where the study took place. The children ranged in age from 3 to 4 years old, were diagnosed with autism spectrum disorder, and received 20 hours of behavior analytic services a week. Each child’s teaching programs were individualized and included functional communication training, domain specific skills, and learn-to-learn programs. More specifically, the programs included, but were not limited to, drawing imitation, vocal imitation, gross motor, receptive labeling, and peer play.

Trainer

The primary investigator served as the trainer for all sessions. The trainer was a 23-year-old female who identified as black. She was a second year graduate student in behavior analysis, who had three years experience working with children with autism. The trainer had extensive experience with the children involved in the study.
Setting and Materials

The study took place at Easter Seals of North Texas, a non-profit autism treatment program. Easter Seals Autism Treatment Program was designed “to provide a comprehensive program utilizing evidence based practices that are culturally responsive and collaborative in nature to families of all income levels” (Zeug, Friesen, Ala’i-Rosales, Roslaes-Ruiz, ReCruz, & Combes, 2009). The program serves children with autism spectrum disorders, ages 3 to 9, from diverse socioeconomic backgrounds. A blend of naturalistic, discrete trial, and activity-based teaching formats are used. The student-to-teacher ratio is generally 1 on 1.

Sessions took place in small treatment rooms, a larger classroom, and therapy gyms used for training and treatment space. Room selection was based on availability, scheduling, and target skills.

Materials used for the study included: tables, chairs, toys, the child’s program materials (program book, flashcards, etc.), small video camcorder and tripod, datasheets, clipboards, and pencils. Videotaped assessments were uploaded to a Macintosh computer.

Measures and Data Collection

Three dependent measures were evaluated in this study: number of correct and incorrect skills demonstrated, affect, and learning opportunities. In addition, the procedural fidelity of the independent variable was also assessed. In vivo observations ranged from 10 to 45 minutes in length and taped observations were 5 minutes. The following consist of brief definitions of the behaviors evaluated. See Appendix B for a detailed list of skills with definitions, scoring instructions, and datasheet.
Skills

The skills measured totaled 150, and were divided into four skill clusters organized into domains (see Appendix C for skill organization). These were adapted from Weinkauf et al. (2010). The first cluster focused on skills that relate to safety, ethics, rapport with trainer and child, and basic reinforcement skills. The second cluster included more complex reinforcement skills and functional communication training. The third cluster included additional ethics and reinforcement skills, program material management, learn-to-learn program implementation, and domain specific skill acquisition. The fourth cluster included additional ethical skills, session management, professionalism, and peer play. The number of skills was counted as correct, incorrect, not observed or not applicable. Data were collected in vivo by the trainer during all assessments.

Teaching Units

Teaching units were also measured to assess rates of responding. A teaching unit was defined as an event in which the child emits a response and the teacher responds by providing a consequence. A captured teaching unit (TU) is counted when the trainee provides a consequence to a child’s correct response or approximation to a response (“catching them when they are good”). A contrived or “naturalistic” teaching unit is counted when the child indicates interest and the trainee responds to the child’s response by requiring a response from the child before providing a consequence related to the child’s interest. When the trainee directs or instructs the teaching unit it is considered an instructed or “discrete trial” teaching unit. Each type of interaction is counted as teaching unit. A 5 minute teaching unit sample was scored via videotape. The number of teaching units were counted and recorded.
Affect

Trainee and child affect were also recorded. Affect was categorized as favorable, neutral, or unfavorable. Favorable affect occurred when the child or trainee emitted vocalizations or assumed facial expressions indicating pleasure, favor, or amusement throughout a majority of the session. Neutral affect occurred when the child or trainee emitted vocalizations or assumed facial expressions indicating indifference throughout a majority of the session. Unfavorable affect occurred when the child or trainee emitted vocalizations or assumed facial expressions indicating distress, dissatisfaction, or disapproval several times during the session. Affect definitions were adapted from Anderson (2010). Following each assessment, affect for both child and trainee were scored as favorable, neutral, or unfavorable as an overall rating of affect for that assessment.

Interobserver Agreement

Interobserver agreement was scored for all baseline assessments and two assessments (randomly generated) from each skill cluster. These assessments scored for interobserver agreement were obtained using a random number generator (Random.org, 2010). Reliability observers were trained by discussing each skill, including examples and non-examples; by viewing practice videos; and by discussing skill demonstrations and written definitions, including scoring instructions. Definitions of skills were developed prior to the start of the study. Interobserver agreement for skills and affect was calculated by dividing the number of agreements by the number of agreements plus disagreements and multiplying by 100. Overall agreement for the 5 minute sample was calculated for teaching units. Overall agreement was calculated dividing the smaller number by the larger number multiplied by 100.
Interobserver agreement ranged from 81%-98% on the checklist assessment, 50%-100% for affect, and 63%-100% for learning opportunities. Interobserver agreement by behaviors and conditions is shown in Table 3.

Procedures

There were three main parts of the study: introduction and orientation, baseline assessments, and training. See Appendix D for an overview of the training sequence and a training session. The study lasted over two months. Training sessions were scheduled based on availability and schedules. Sessions were conducted during the trainee’s scheduled hours at the agency.

Introduction and Orientation

Prior to training, the participant attended an agency introductory meeting with the lead board certified behavior analyst at the agency. The purpose of the meeting was to complete paperwork, which consisted of a background check, drug screening, tuberculosis test, emergency medical information, confidentiality agreement, and reference checks. Following the introductory meeting, the trainee attended orientation. Participants of the orientation included the trainee, lead BCBA, and trainer. The trainer reviewed the agency training consent, demographic information, and trainee binder with the trainee (see Appendix E for a copy of trainee forms). The trainee received a pre-assessment on rudimentary applied behavior analytic (ABA) principles. Next, the lead BCBA presented a didactic lecture about ABA, autism and the agency (see Appendix F for a copy of the didactic presentation and assessment). Following the presentation, the trainee completed the post-assessment. The post-assessment was identical to the pre-assessment. After the completion of the didactic training, the trainee was introduced to the case managers and
the assigned clients. The trainee spent the remainder of the time observing the assigned clients. The orientation lasted two hours.

**Baseline Assessments**

Initial baseline assessments took place prior to the start of training. Each baseline assessment lasted 10 minutes. The trainee received instructions to work on rapport, functional communication, a learn-to-learn program, and domain specific program to the best of their ability. The trainer explained the purpose of the assessment, which was to determine current skill level, that his main goal was to do the best he could do, and that he needed to engage the child and maintain safety. Baseline ceased after the fourth assessment.

**Training Assessments**

Assessments were conducted in the beginning and end of each training session. Training assessments were the same, but varied in duration according to the cluster. In Cluster 1, assessments lasted 10 minutes. Next, assessments increased to 30 minutes, then 45 minutes as more skills were taught.

A training assessment in Clusters 2 through 4 consisted of two parts. First, the training assessment began when the trainer entered a therapy session with the trainee. The trainee received the same instructions as in baseline. After the first part was completed a 5-minute peer-play interaction was conducted. The peer-play interaction included arranging an activity for the assigned client and another client, in which the two were encouraged to interact according to their specific program goals. An experienced coach shadowed the other client. Once the peer-play sample ended, the training session began.
Mastery Criteria

The trainee progressed through the four skill clusters based on mastery criteria for that cluster. The trainer taught skills demonstrated incorrectly in a previous skill cluster prior to training in the current cluster. The trainee reached mastery criteria for Cluster 1 when all skills were demonstrated correctly and no skills were demonstrated incorrectly. When the trainee correctly demonstrated all skills in Cluster 1 for three consecutive sessions without any errors, the trainee reached independence criteria and moved on to Cluster 2 training. If the trainee fell below this criterion following the movement to skill Cluster 2 through 4, the trainer continued to train on these items until trainee correctly demonstrates all skills.

The trainee achieved mastery criteria for Clusters 2 through 4 when less than three incorrects were observed. When the trainee demonstrated mastery in one skill cluster, training focused on the next skill cluster. The trainee completed the entire training package after three or less incorrects were demonstrated and consistent levels of correct skills were observed across all clusters.

Training Procedure

Training sessions began by identifying the skills to target for that session, never exceeding 10 skills. The trainer determined target skills by the order of the skill clusters and by the level of difficulty. In addition, the trainer taught prerequisite skills prior to implementation order. For example, the trainer taught skills in Cluster 1 prior to teaching skills in Cluster 2, and antecedent skills were taught before consequent skills.

Training methods used include verbal descriptions and rationales, modeling, and practice with feedback. First, the trainer provided descriptive praise for the skills
demonstrated correctly during the assessment. Then, the trainer stated the targeted skill and provided a definition, rationale, and example of that skill. Following the verbal description, the trainer modeled the skill with the child. Next, the trainee practiced the modeled skill while the trainer provided specific praise and feedback. Intermittently, during the training session, the trainer asked whether the trainee needed clarification or had any questions regarding the information provided. The trainee practiced until the skill was demonstrated correctly. The trainer offered to model the skills again. This procedure was replicated for all target skills for up to 2 hours.

After completing the training portion of the session, the trainer assigned alternative tasks for the trainee to complete (e.g., disinfecting toys, material preparation). The tasks lasted between 15-30 minutes. When the trainee returned from the tasks, the trainer began the final assessment. These procedures were identical to procedures in the first assessment.

Social Validity

Trainee satisfaction with the training procedures was assessed (Bernstein, 1982). After completion of the training package the trainee received a feedback-and-satisfaction survey. The trainer informed the trainee that the completion of the survey would not cause a penalty or loss of benefits (see Appendix G for the survey).

Design

A multiple baseline across skill clusters was used to evaluate the effects of the training package on the correct and incorrect demonstration of skills taught as well as teaching units and trainee and child affect.
Procedural Fidelity

To assess procedural fidelity, an independent observer, who was trained in the training procedures, observed some training sessions. The observer assessed whether the trainer was correctly implementing the training procedures as described on the checklist. Procedural fidelity was assessed for 12% of training sessions. The trainer demonstrated 100% of training skills correctly (see Appendix H for checklist.)
RESULTS

Figure 1

Figure 1 shows the results for trainee’s progress across all skills, number of teaching units, and child-and-trainee affect ratings. The top graph represents trainee’s progress of all skills across Clusters 1 through 4. The x-axis represents successive assessments, and the y-axis shows the number of skills. Number of skills is denoted as correct (closed circles) and incorrect (open circles) skills demonstrated. The middle graph depicts the trainee’s number of teaching units during a 5 minute sample across skill clusters. The x-axis denotes successive assessments, and the y-axis denotes number per minute. The bottom graph displays the affect rating for child (black bars) and trainee (white bars) throughout training. The x-axis represents successive assessments and the y-axis shows the ratings as unfavorable, neutral, or favorable.

During baseline, the total number of correct skills demonstrated ranged from 22 to 58 skills with an average of 33.8. The total number of incorrect skills ranged from 25 to 57 with an average of 43. Data were variable for both correct and incorrect responses. With the introduction of training in Cluster one, the number of correct skills demonstrated increased with a range from 34 to 54 skills and an average of 51, and incorrect skills decreased ranging from 17 to 42 with an average of 30.8. Correct and incorrect responses remained fairly variable. During training in Cluster 2, total correct skills increased, ranging from 50 to 107 with an average of 73. Incorrect skills demonstrated decreased range from 19 to 33 total skills with an average of 26.8. Correct responses displayed an increasing trend, and incorrect responses showed a low slightly variable trend. In Cluster 3 training, correct skills demonstrated ranged from 101 to 125 with an average of 110.7, and incorrect
skills ranged from 8 to 25 with an average of 20. Correct skills demonstrated in skill cluster four increased ranging from 133 to 140 with an average of 136.3, and incorrect skills decreased ranging from 0 to 2 with an average of 1. Correct responses maintained at high numbers and incorrect responses were stable below 2. Overall, in baseline correct and incorrect responses were variable, but started to diverge beginning in Cluster 2 training becoming high and stable in Cluster 4 training.

The middle graph of Figure 1 depicts the number of teaching units. In baseline, teaching units ranged from 0.4 to 1.8 per minute and averaged 1.1. In Cluster 1 training, teaching units ranged from 0.4 to 2.8 and averaged 1.7 per minute. During Cluster 2 training, teaching units ranged from 1 to 3.4 and averaged 1.8. Upon training in Cluster 3, teaching units ranged from 0.6 to 4.2 and averaged 1.9. During training in Cluster 4, teaching units ranged from 2 to 4.2 and averaged 2.9 teaching units per minute. Although teaching units remained variable throughout the study, Cluster 4 did not drop below baseline levels and the stability increased.

Affect ratings for child and trainee are shown in the bottom panel of Figure 1. During baseline, affect was rated as neutral for trainee and neutral and favorable for child. During Cluster1 training, affect ratings were variable with equally favorable and neutral ratings for child and trainee. In Cluster 2 training, affect ratings ranged from favorable to neutral, with an average of neutral for trainee and child. With the introduction of training in Cluster 3, affect ranged from unfavorable to favorable, averaging favorable. In Cluster 4, data were stable and maintained favorable affect for both child and trainee.
Figure 2 displays the progress of skills by trainee across skill clusters as a multiple baseline across Clusters 1 through 4. The x-axis represents successive assessments. The y-axis represents the number of skills demonstrated correctly (closed circles) and incorrectly (open circles). Mastery criterion is denoted by gray lines.

The top panel displays progress of skills in Cluster 1. In Cluster 1 baseline, correct skills ranged from 13 to 16 with an average of 14.5, and incorrect skills ranged from 7 to 9 with an average of 8.5. Correct skills were slightly variable and incorrect skills were high and stable. During training in Cluster 1, correct skills increased with a range of 21 to 34 with an average of 23.8, and incorrect skills decreased ranging from 0 to 3 with an average of 0.1. Correct skills were stable and high and incorrect skills were stable at 0. In all, baseline correct skills were low and incorrect skills were high, however, when training began correct skills immediately increased to criterion levels and incorrects immediately decreased to zero, showing a clear separation in data. Correct skills in the Cluster 2 baseline ranged from 0 to 10 with an average of 3.5, and incorrect skills ranged from 17 to 21 with an average of 19.5. Correct and incorrect skills were variable in baseline. With the introduction of training in Cluster 2, range of correct skills increased from 3 to 31 and averaged 24, and range of incorrect skills decreased from 0 to 22 with and averaged 5.3. Correct skills showed an increasing trend and incorrect skills showed a decreasing trend. Overall, skills in Cluster 2 were variable, and corrects and incorrects overlapped data paths. As a result of training in Cluster 2, corrects remained stable and began increasing in Session 15, as incorrects simultaneously decreased. The baseline in cluster three shows correct skills ranging from 1 to 27 and an average of 9.8, and incorrect skills ranging from 4
to 21 with an average of 14.3. Correct skills were low and highly variable, and incorrect skills were fairly variable. Training increased correct skills ranging from 1 to 62 with an average of 33.8 and decreased incorrect skills ranging from 0 to 17 with an average of 8.5. With the introduction of training, increasingly divergent scores were shown with a variable, increasing trend for correct skills and a decreasing trend in incorrect skills. Correct and incorrect skills maintained stability in sessions 30 through 32. In Cluster 4 baseline, correct skills ranged from 5 to 7 with an average of 6, and incorrect skills ranged from 4 to 7 with an average of 5.3. Correct and incorrect skills were variable with shallow slopes, increasing in corrects and decreasing in incorrects in Cluster 4 baseline. In training Cluster 4, correct skills ranged from 6 to 22 with an average of 13.6, and incorrect skills ranged from 0 to 14 with an average of 6.5. Correct skills maintained stability at maximum and incorrect skills maintained stability 0. In general, Cluster 4 baseline was variable, showing slight separation of increasing correct and decreasing incorrects in Session 18. Correct demonstration of skills greatly increased and remained stable beginning in Session 30, and incorrect skills immediately decreased and remained stable upon introduction of training.

Overall, Figure 1 data showed that in baseline, correct and incorrect skill demonstration was moderate and unstable. Upon the introduction of training, clear separation was shown between correct and incorrect skills. The demonstration of correct skills increased as training progressed across clusters, and incorrect demonstration of skills decreased. Rate of teaching units were variable throughout all conditions; however, rates were highest towards the end of training and did not drop below agency standard levels (2 teaching units per minute) during the last four assessments. Trainee and child
affect were generally neutral. At the end of training both child and trainee displayed consistent favorable affect across the last five sessions.

*Staff Satisfaction and Feedback*

The trainee reported staff training at the agency as very important. He also reported the training process was very effective in improving his ABA implementation skills and was very satisfied with these improvements. The trainee stated he was comfortable with the training process, but commented that the videotaping was difficult in the beginning. In addition, the trainee indicated his relationship with the trainer as satisfactory. Compared to previous training experiences, the trainee rated this training procedure much better, having more instruction and feedback. For the completed survey and results see Table 4.
DISCUSSION

This study replicated and extended Weinkauf et al. (2011) in three ways. First, a more rigorous research design and longer baselines were employed to strengthen confidence in outcomes. Second, additional skills were assessed and trained, increasing from 125 in Weinkauf et al. (2011) to 150 in the current study. Finally, additional measures were included to understand the breadth of effects. In the original study, Weinkauf et al. (2011) evaluated a training package that used descriptions, modeling, praise, and feedback to train interventionists on 125 skills (Weinkauf et al., 2011). The results of Weinkauf et al. (2011) indicated that the training package resulted in all participants reaching mastery criteria for all skills. Results of the present study showed that the training procedures resulted in increases in correct skill implementation in each cluster and reached and maintained 150 skill mastery criteria.

This study showed that the procedures used in Weinkauf et al. (2011) were responsible for the observed changes. These results are consistent with previous research supporting the use of multi-faceted training methods improves staff performance (e.g., Dib & Sturmey, 2007). The research design and minimal baseline data limited experimental control in Weinkauf et al. (2011). This study included longer baselines to increase experimental control and strengthen conclusions regarding the outcomes of the study. That is, it is clearer that the behavioral changes were most likely due to the training and not repeated exposure or practice. Also, the multiple baseline design allowed observation of collateral effects in all clusters. In the current study, skills in other clusters increased as a result of training in a previous cluster, illustrating generalization across clusters.
Supervisors must train staff in autism treatment programs to achieve the best outcomes for children (e.g., Lovaas, 1987; Myer & Johnson, 2007; Koegel, Russo, & Rincover, 1977). One issue that arises is the amount of skills required to teach. Implementation research (Odom, 2009) that investigates procedures to train a large number of skills with minimal resources has utility in the applied setting. Additional skills were successfully assessed and trained totaling 150 skills, addressing the second purpose of the study. Results showed successful training of a comprehensive set of skills in an applied setting under “real life” conditions and requirements. This is consistent with Weinkauf et al. (2011), which reported the successful training of a comprehensive set of skills. Previous research has failed to assess such a large, complex set of skills and instead focused on training on specific set of skills. In autism treatment it is important for staff to be competent in numerous skills (Association of Behavior Analysis-Autism Special Interest Group Consumer Guidelines, 2007).

The third purpose of the study was to extend measures. Although training was successful in Weinkauf et al. (2011), child outcomes or affect measures were not assessed. Additional measures included number of teaching units and affect of trainee and child. Results of the current study indicate that by the onset of cluster two training, teaching units maintain high levels as a result of training. Teaching units rates peaked towards the end of training and did not drop below minimum agency standard levels (2 teaching units per minute) during the last four assessments. One can infer that high rates of teaching units produced by this training program result in increased child progress. Past literature discussed teaching units as an important measure of teaching because it accounts for teacher productivity, child accuracy, and quality of the teaching interaction (Geving, 2010;
It is generally agreed that high rates of teaching units produce benefits affecting child progress. For example, by increasing the number of teaching units the child is more likely to engage in more responding, and if teaching is effective should result in more correct responding.

In this study, teaching units were measured, but with some difficulty. That is, interobserver agreement was low on those occasions where rate of responding was low. The author assumes that this is because one observer may have “missed” an instance. It is also possible that one observer may have viewed a particular assessment video one time and the other viewed it several times. The experience the observer may or may not have had with programs and working directly with the children in the study may account for low instance of interobserver agreement. It may be more difficult to count a teaching unit if the observer is not fluent in teaching or the procedures used in a specific program. Future research may benefit by refining reliability measures and observer training procedures.

As training progressed and reached criterion in skill clusters, affect was favorable for both trainee and child. Results indicate staff can learn a large number of skills and display favorable affect. That is, they appear to be happy and comfortable with the training. Children can also maintain favorable affect and make progress while staff are trained. This is consistent with the limited research that indicates trained staff can benefit child responding (e.g., Koegel et al., 1977; Sarokoff & Sturmey, 2008).

Focusing on child measures and indicators of happiness strengthen the social validity of this study. Staff competence in behavioral interventions improves the quality of life for children with autism (Jahr, 1998). Indicators of affect and happiness for the child may in part determine the quality of life for an individual. Also measures of affect provide
benefits in programming, determining preference, aiding in person-centered programming, and support the monitoring in the development of social interactions (Anderson, 2010). Further research regarding child and staff satisfaction (as measured through direct observation of affect and through questionnaires) would benefit both staff and children.

In evaluating training packages and procedures, measures of staff satisfaction should be considered. Previous studies failed to include or report this component with the exception of Weinkauf et al. (2011). The inclusion of a staff satisfaction questionnaire in this study benefits the social validity of the training. The trainee expressed the training as highly satisfactory and very effective. In addition, results indicated high rates of skills demonstrated correctly increased and maintained throughout training. When combined, training that results in satisfied staff produce beneficial outcomes for children and the agency. This furthers the findings in Weinkauf et al. (2011) including positive affect of both staff and child and child benefits.

While results are useful, the current study has some limitations. First, affect ratings may not be the best indicator of happiness and/or satisfaction. For example, different facial expressions may indicate various emotions. This may be especially true for children with autism, who may not display emotions like neuro-typical children or adults. The trainee may also exhibit inconsistent facial expressions. For example, the trainee may be laughing or smiling due to a nervous feeling rather than a feeling of pleasure. This may also contribute to discrepancies in interobserver agreement.

Second, the scoring system and the observers experiences may account in part for the variable interobserver agreement. For example, the trainer, who builds a rapport with the trainee, may learn how to discriminate affect of the trainee based on interactions. On
the other hand, an independent observer, may lack interaction with the trainee and therefore discriminate affect differently. In addition, the methods used to train the observer may not suffice for accurate scoring of affect. Additional training or different procedures may warrant more accurate scoring of affect. Future research should explore measurement for affect that indicates contentment or comfort and that produces reliable scoring.

Next, it is important to note, teaching units were variable throughout training. However, the stability of teaching units increased as training progressed. Although quantity of teaching units was assessed, it is unclear whether the quality of the teaching units changed as a result of training. Future research may benefit by evaluating quality of teaching units as a collateral measure. This may determine whether a teaching unit resulted in a correct child response (successful) or an incorrect or prompted child response (unsuccessful). It would be important to understand whether successful teaching units may increase as training progresses.

Another consideration of training includes the demographic between the trainer and trainee. The trainer was a female, and the trainee was a male of similar age and from the same ethnic background. These factors may have implications with rapport and the training itself. It is unclear whether such demographic factors affected training positively, negatively or not at all. It should be noted this is a general criticism of the research in autism interventions (Wolery & Garfinkle, 2002). Previous studies failed to describe the trainer’s demographic information. It is assumed the trainers were typically the experimenters, often middle-aged Caucasian men. Trainee or staff participants were most often young adult or middle-aged females (e.g., Page et al., 1982). Future research may
benefit from evaluating the demographic factors of trainer and trainee and the effect of these factors on training and rapport.

Another limitation of the current study is that the peer-play interaction did not include an exhaustive set of skills needed to train therapists to conduct peer interaction procedures. Research investigating the skills necessary to train a competent therapist to be an effective shadow in peer and social interactions does exist (Schepis, Ownbey, Parsons, & Reid, 2000, 2001) and future studies can further peer and social skills.

Most research in staff training focuses on training on only one specific teaching skill set. An advantage of the current training package includes training comprehensive skills that incorporate various teaching methods applied to several skill areas. This was accomplished while maintaining high teaching units and favorable affect for both child and trainee. The results of Weinkauf, et. al. 2011 were successfully replicated and extended. Skills were taught across children with multiple skill levels and programs, and skills were generalized outside of training situations. Implementation research such as this provides autism treatment agencies with effective comprehensive staff training packages of utility to produce competent practitioners.
Figure 1. Progress of skills, teaching units, and affect demonstrated by trainee.
Figure 2. Progress of skills demonstrated by trainee across clusters.
Table 1

*Staff Training Experimental Literature Review*

<table>
<thead>
<tr>
<th>Reference</th>
<th>Participants/Setting</th>
<th>Type of skills trained</th>
<th>Measures</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alai-Rosales, S. A., Thorisdottir, S., &amp; Etzel, B. C. (2003)</td>
<td>Students and children with learning disabilities; half-day early childhood program</td>
<td>Modeled instructions, descriptive praise and correction procedures</td>
<td>Teacher instructions, praise statements, and corrections; child errors</td>
</tr>
<tr>
<td>Catania, C., Almedia, D., Liu-Constant, B., &amp; Digennaro Reed, D. (2009)</td>
<td>Direct service staff; private school for individuals with autism</td>
<td>Skills needed to conduct discrete trial sessions</td>
<td>Discrete trial instruction checklist</td>
</tr>
<tr>
<td>DiGennaro, F. D. &amp; Martens, B. K. (2007)</td>
<td>Special education teachers and children with brain injuries; school which provided educational and residential services to children with brain injuries</td>
<td>Implement function-based treatment packages to address student problem behavior</td>
<td>Teacher treatment fidelity; percentage of intervals student work refusal and off-task</td>
</tr>
<tr>
<td>Downs, A., Downs R. C., &amp; Rau, K. (2007)</td>
<td>Undergraduate research assistants and children with autism; public developmental preschool</td>
<td>30 Discrete trial teaching and support skills</td>
<td>Instructor competence checklist and number and percentage of student correct responses</td>
</tr>
<tr>
<td>Reference</td>
<td>Participants/Setting</td>
<td>Type of skills trained</td>
<td>Measures</td>
</tr>
<tr>
<td>-----------------------------------------------</td>
<td>----------------------------------------------------------</td>
<td>----------------------------------------------------------------------------------------</td>
<td>--------------------------------------------------------------------------</td>
</tr>
<tr>
<td>Koegel, R. L., Russo, D. C., &amp; Rincover, A.</td>
<td>Teachers and children with autism; various school</td>
<td>Teaching procedures (instructions, prompting, shaping, consequences, and discrete trials)</td>
<td>Percent correct teaching procedures and correct child responses</td>
</tr>
<tr>
<td>Page, T. J., Iwata, B. A., &amp; Reid, D. H.</td>
<td>Institutional direct care staff and severely and profoundly handicapped residents</td>
<td>Teaching behaviors (instructions, prompts, and consequences)</td>
<td>Correct teaching; child response</td>
</tr>
<tr>
<td>Parsons, M. B., Reid, D. R., &amp; Green, C. W.</td>
<td>Institutional staff and students with profound disabilities; Institution for disabled persons</td>
<td>Basic teaching skills (order, prompting, reinforcement, and error correction)</td>
<td>Staff-client teaching skills, staff verbal skills, satisfaction (Likert scale), prompt level</td>
</tr>
<tr>
<td>Reference</td>
<td>Participants/Setting</td>
<td>Type of skills trained</td>
<td>Measures</td>
</tr>
<tr>
<td>-----------</td>
<td>----------------------</td>
<td>------------------------</td>
<td>----------</td>
</tr>
<tr>
<td>Schepis, M. M., Ownbey, J., Parsons, B., &amp; Reid D. H. (2000)</td>
<td>Support staff and children with disabilities; inclusive preschool</td>
<td>Basic teaching skills (e.g., prompting, reinforcement, and error correction)</td>
<td>Percent of correct teaching skills; child responsiveness</td>
</tr>
<tr>
<td>Sifafoos, J., Ker, M., Roberts, D., &amp; Couzens, D. (1994)</td>
<td>Special education teachers and children with disabilities; special education classrooms</td>
<td>Strategies to create opportunities for requesting</td>
<td>Opportunities to request provided by teacher; number of child requests</td>
</tr>
<tr>
<td>Wallace, M. D., Doney, J. K., Mintz-Resudek, C. M., &amp; Tarbox R. S. F. (2004)</td>
<td>Teachers and a school psychologist; workshop</td>
<td>Skills to implement functional analysis</td>
<td>Percent correct implementation of functional analysis skills (i.e. delivery of instructions)</td>
</tr>
<tr>
<td>Weinkauf, S. M., Zueg, N. M., Anderson, C.T., &amp; Alai-Rosales, S.; (2011)</td>
<td>Students; children with autism</td>
<td>125 skills (i.e. reinforcement, program implementation)</td>
<td>Number of correct skill demonstration; hours spent training</td>
</tr>
<tr>
<td>Wolery, M., &amp; Anthony, L. (1997)</td>
<td>Teachers and children with disabilities; general education classroom</td>
<td>Embed instructional trials using a constant time delay procedure</td>
<td>Mean number of instructional trials, mean percent of implemented steps of constant time delay procedure; student correct response</td>
</tr>
</tbody>
</table>
### Table 2

**Review Literature**

<table>
<thead>
<tr>
<th>Reference</th>
<th>Contribution</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alai-Rosales, S. A., Thorisdottir, S., &amp; Etzel, B. C. (2003)</td>
<td>Multifaceted training is most effective and should include antecedent and consequent manipulation. Trainers should be skilled and should provide continuous training.</td>
</tr>
<tr>
<td>Anderson (2010)</td>
<td>Indices of happiness are beneficial indicators of treatment outcomes and assists in evaluating quality of life for clients.</td>
</tr>
<tr>
<td>Association for Behavior Analysis International- Autism Special Interest Group Consumer Guidelines (2007)</td>
<td>Provides skills therapists should be trained in when working with children with autism. For example experience in various teaching formats and experience with several clients.</td>
</tr>
<tr>
<td>Bernstein, G. S. (1982)</td>
<td>Multifaceted training is most effective. More research is needed in generalization. There is a need for social validation of training procedures, procedures preferred by trainees should be identified, and problem solving skills be trained.</td>
</tr>
<tr>
<td>Demchak, M. (1987)</td>
<td>Success of training depends on the effectiveness and fidelity of procedures, therefore, proper training of staff. All staff training studies assessed staff behavior, but few included client data, follow up data, or consumer satisfaction of procedures.</td>
</tr>
</tbody>
</table>

*(table continues)*
<table>
<thead>
<tr>
<th>Reference</th>
<th>Contribution</th>
</tr>
</thead>
<tbody>
<tr>
<td>Eikseseth, S.; Smith T.; Jahr, E. &amp; Eldevik S. (2007)</td>
<td>Children who received intensive behavioral treatment displayed greater increases in all measures compared to those receiving eclectic treatments at a 3-year follow up in a school setting.</td>
</tr>
<tr>
<td>Geving, M. (2010)</td>
<td>Learn units as a measure indicate the quality of teaching. Teaching at acceptable levels of learn units indicates effective teaching and in turn learning.</td>
</tr>
<tr>
<td>Greer, D. (1994)</td>
<td>Learn units can be used as an objective measure of teaching and learning. Learn units combine teacher and child behavior.</td>
</tr>
<tr>
<td>Jahr, E. (1998)</td>
<td>It is necessary to have competent staff in autism treatment. Suggests that prompt fading techniques, training strategies, assessment strategies and experimental control are important factors of consideration for staff training research.</td>
</tr>
</tbody>
</table>
Table 2 (continued).

<table>
<thead>
<tr>
<th>Reference</th>
<th>Contribution</th>
</tr>
</thead>
<tbody>
<tr>
<td>McEachin, Smith, Lovaas, I. (1993)</td>
<td>Follow up results show maintained improvements in the children that previously received intensive behavioral intervention.</td>
</tr>
<tr>
<td>McGee, G. G., Morrier, M. J. (2005)</td>
<td>There is a need for competent staff. Training is critical for effective autism treatment. It is important to sequence training skills in order in which they are needed. Hands on training is also critical.</td>
</tr>
<tr>
<td>Myers, S. M., &amp; Johnson C. P. (2007)</td>
<td>Goals of treatment include teaching functional skills that lead to independence and enhancing quality of life. ABA interventions produce significant gains in treatment for children with autism compared to control groups.</td>
</tr>
<tr>
<td>National Autism Center (2009)</td>
<td>Behavior analytic interventions were reported as effective in autism treatment.</td>
</tr>
<tr>
<td>National Research Council (2001)</td>
<td>More competent staff is needed to work with children with autism because there is a shortage. Effective training is needed.</td>
</tr>
<tr>
<td>Odom (2009)</td>
<td>Describes the disconnect between evidence-based practices used in autism treatment for young children and those used in actual treatment settings. The article emphasizes implementation science defined as a &quot;program delivered to and experienced by participants and their families.&quot;</td>
</tr>
</tbody>
</table>

(table continues)
Table 2 (continued).

<table>
<thead>
<tr>
<th>Reference</th>
<th>Contribution</th>
</tr>
</thead>
<tbody>
<tr>
<td>Shook, G. L., Alai-Rosales, S., &amp; Glenn, S. S. (2002)</td>
<td>Competent staff requires training and certification. It is important to use skilled trainers, antecedent arrangements, modeling, role-play, in vivo feedback, and ongoing support.</td>
</tr>
<tr>
<td>Wolery, M., &amp; Garfinkle, A. N.</td>
<td>Reviewed intervention literature with young children with autism. Focused on types of measures and measurement practices were used in interventions. One conclusion was that race and ethnicity were under-reported.</td>
</tr>
</tbody>
</table>
Table 3

Interobserver Agreement

<table>
<thead>
<tr>
<th>Assessment</th>
<th>Condition</th>
<th>Skills Demonstrated</th>
<th>Affect</th>
<th>Learning Opportunities</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Baseline</td>
<td>81</td>
<td>100</td>
<td>82</td>
</tr>
<tr>
<td>2</td>
<td>Baseline</td>
<td>93</td>
<td>50</td>
<td>63</td>
</tr>
<tr>
<td>3</td>
<td>Baseline</td>
<td>89</td>
<td>100</td>
<td>100</td>
</tr>
<tr>
<td>4</td>
<td>Baseline</td>
<td>86</td>
<td>50</td>
<td>86</td>
</tr>
<tr>
<td>5</td>
<td>Training</td>
<td>88</td>
<td>100</td>
<td>93</td>
</tr>
<tr>
<td>9</td>
<td>Training</td>
<td>81</td>
<td>100</td>
<td>63</td>
</tr>
<tr>
<td>14</td>
<td>Training</td>
<td>81</td>
<td>50</td>
<td>88</td>
</tr>
<tr>
<td>12</td>
<td>Training</td>
<td>85</td>
<td>100</td>
<td>94</td>
</tr>
<tr>
<td>20</td>
<td>Training</td>
<td>90</td>
<td>100</td>
<td>70</td>
</tr>
<tr>
<td>25</td>
<td>Training</td>
<td>83</td>
<td>100</td>
<td>100</td>
</tr>
<tr>
<td>30</td>
<td>Training</td>
<td>89</td>
<td>50</td>
<td>94</td>
</tr>
<tr>
<td>32</td>
<td>Training</td>
<td>98</td>
<td>100</td>
<td>92</td>
</tr>
</tbody>
</table>
Table 4

*Social Validity Results*

<table>
<thead>
<tr>
<th>Question</th>
<th>Rating</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Do you feel staff training at the ATP of Easter Seals North Texas is important?</td>
<td>Extremely Important</td>
<td>I feel it was important because it taught me very important tools to become the best therapist I could.</td>
</tr>
<tr>
<td>2. In your opinion, how effective has the staff training process been in improving your ABA implementation skills?</td>
<td>Very Effective</td>
<td>N/A</td>
</tr>
<tr>
<td>3. Overall, how do you feel about your improvement in ABA implementation since starting the staff training process?</td>
<td>Very Satisfied</td>
<td></td>
</tr>
<tr>
<td>4. How comfortable did you feel during the staff training process?</td>
<td>Comfortable</td>
<td>I wasn’t so comfortable at the beginning because of all the videos assessments, but after a while it was not a problem.</td>
</tr>
</tbody>
</table>
Table 4 (*continued*).

<table>
<thead>
<tr>
<th>Question</th>
<th>Rating</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>5. How would you describe your relationship with the staff training provider(s)?</td>
<td>Satisfactory</td>
<td>One thing I would suggest is to have more than one trainer because everyone has a different style of teaching and training. Hearing more than one person's ideas would have been very beneficial.</td>
</tr>
<tr>
<td>6. How does this training process compare to your previous training experience(s)?</td>
<td>Different</td>
<td></td>
</tr>
<tr>
<td>If “different”, was it:</td>
<td>Much Better</td>
<td></td>
</tr>
<tr>
<td>In what way:</td>
<td>More feedback; More instruction</td>
<td></td>
</tr>
<tr>
<td>7. What improvements would you suggest for the staff training process?</td>
<td>One thing I would suggest is to have more than one trainer because everyone has a different style of teaching and training. Hearing more than one person's ideas would have been very beneficial.</td>
<td></td>
</tr>
</tbody>
</table>
APPENDIX A

INFORMED CONSENT
Informed Consent Form

Before agreeing to your participation in this research study, it is important that you read and understand the following explanation of the purpose and benefits of the study and how it will be conducted.

Title of Study:

A Staff Training Package for ABA Therapists:
Program Description, Outcomes and Participant Satisfaction

Principal Investigator:

Sara Weinkauf, a graduate student in the University of North Texas (UNT) Department of Behavior Analysis.

Purpose of the Study:

Employees at Easter Seals have participated in several staff training programs. One training program in particular has proven to be very effective and well liked by staff. The purpose of this study is to report the results of that training protocol. We would like to provide a description of the GSTAT (Graduated Sequence for Training ABA Therapists) staff training procedures, performance outcomes and participant satisfaction so that other trainers can benefit and extend our efforts. This is important in that if staff are appropriately trained they can effectively deliver ABA services to children diagnosed with autism spectrum disorders (ASD). Proper training provides an increase in treatment fidelity as a result of consistent training and ongoing monitoring and feedback systems.

The outcomes we would like to report include the teaching skills you learned, the pattern of learning across training assessments, and the amount of time required to complete training (total and per skill section), We will report outcomes so that other trainers understand the types of skills that are demonstrated after completion of the training package.

We would also like you to provide us with your evaluation of the staff training package. We would like your opinion of the experience (benefits, difficulties, suggestions) and how you view your participation after completion of the training. We will report this information to help us and others benefit from your perspectives on this type of training.
Study Procedures:

1) We are asking you to fill out a questionnaire that describes your satisfaction during the staff training process. You will also be asked to evaluate your experience with the training process (benefits, difficulties, suggestions). You will be provided with a self-addressed, stamped envelope at your convenience. Your names will in no way be linked to this information. You will be referred to by pseudonyms.

2) We are asking you to give consent for the data from your training assessments to be reanalyzed and summarized in order to assess the degree to which additional changes occurred (in addition to your teaching skills). Your name will never be associated with any of the data. We will use pseudonyms to describe you in any publications.

Voluntary Participation:

Participation in this research study is voluntary. You have completed your participation in the staff training process and refusal to participate or a decision to discontinue participation will not involve any penalty or loss of benefits.

Foreseeable Risks:

No foreseeable risks are involved in this study. Previous clinical and research reports have identified no harm and substantial benefit from participation in the training that was associated with this study and there is no foreseeable harm in completing the questionnaire.

Benefits to the Subjects or Others:

This study is not expected to be of any direct benefit to you; however, the results of the study may add directly to the knowledge of other service providers delivering staff training to ABA therapists for children with autism. This, in turn, may benefit future staff and the children they serve.

Procedures for Maintaining Confidentiality of Research Records:

Surveys will be returned to the principal investigator in a pre-addressed, stamped envelope and brought unopened to an on-campus service where they will be electronically compiled. The results will then be delivered to the principal investigator thus being kept completely
anonymous. All data will remain coded throughout the study and unidentifiable to anyone outside of the research team.

For trainees consenting to participate in this study, pseudonyms will be assigned to each trainee and those pseudonyms will be used when referring to that participant data. These pseudonyms will be maintained throughout the course of research. Following the completion of the research study, the files and videotapes will be kept for a period of three years and then destroyed. Personally identifiable data will not be disclosed to anyone outside of the research team. The confidentiality of the participants’ personal information will be maintained in any public dissemination, such as appearance in academic journals and/or academic conferences.

Questions about the Study:

If you have any questions about the study, you may contact Sara Weinkauf at araweinkauf@gmail.com or (763) 442-7018, or the faculty advisor, Dr. Shahla Ala’i Rosales at srosales@unt.edu or (940) 369-7454.

Review for the Protection of Participants: This research study has been reviewed and approved by the UNT Institutional Review Board (IRB). The UNT IRB can be contacted at (940) 565-3940 with any questions regarding the rights of research subjects.

Research Participants’ Rights: Your signature below indicates that you have read or have had read to you all of the above and that you confirm all of the following:

- Sara Weinkauf has explained the study to you and answered all of your questions. You have been told the possible benefits and the potential risks and/or discomforts of the study.
- You understand that you do not have to take part in this study, and your refusal to participate or your decision to withdraw will involve no penalty or loss of rights or benefits. The study personnel may choose to stop your participation at any time.
- You understand why the study is being conducted and how it will be performed.
- You understand your rights as a research participant and you voluntarily consent to participate in this study.
- You have been told you will receive a copy of this form.

________________________________
Printed Name of Participant
Signature of Participant                                      Date

**For the Principal Investigator or Designee:** I certify that I have reviewed the contents of this form with the participant signing above. I have explained the possible benefits and the potential risks and/or discomforts of the study. It is my opinion that the participant understood the explanation.

Signature of Principal Investigator or Designee                        Date
APPENDIX B

STAFF TRAINING OBSERVATION CODE
Staff Training Scoring Instructions

Staff Training Assessment Checklist:

After viewing an assessment video, write the date and session number in appropriate boxes. Mark a "+" if specified behavior occurs. Mark a "-" when it does not occur. Mark "O" if it is not-observed (could have happened but opportunity was not presented during one hour session) Mark “A” if the behavior was not applicable (not allowed to occur) or does not apply to that specific child.

Do not score skills shaded in dark gray. Those are permanent products and are based on reports not within assessment.

Criteria:

Cluster 1: Trainee must correctly demonstrate all skills per opportunity in Cluster 1 (no incorrects) to move on to Cluster 2. Trainee must meet this criterion for 3 consecutive sessions. If trainee falls below this criterion following movement to skill cluster 2-4, those items will be included in the training. Trainer will train on the incorrect skills in Cluster 1 until trainee correctly demonstrates all skills.

Clusters 2-4: No more than 3 incorrects can be demonstrated in the cluster to move on to the next cluster. Training is complete when trainee demonstrates all skills in Cluster 1 and no more than 3 incorrect skills in Clusters 2-4 for 2 sessions.
**Teaching Units: (frequency)**

At the fifth minute (10 minute assessment) or fifteenth minute (30, 45 minute video) stop taking checklist data. Start a 5 minute teaching unit sample. Mark a tally in the corresponding box for every teaching unit observed. Count all types of teaching unit collectively in the box provided.

**Trainee and Child Affect:**

At the end of every session score the overall affect for trainee and child. Circle F (favorable), U (unfavorable), or N (neutral) for trainee and child.
Teaching Units Definition

(frequency)

General Definition:
A teaching unit (TU) is defined as an event in which the child emits a response and the teacher responds by providing a consequence.

A teaching unit (TU) is counted when the trainee provides a consequence to a child’s correct response or approximation to a response; “catching them when they are good” (a captured teaching unit). A contrived, or “naturalistic” teaching unit is counted when the child indicates interest and the trainee responds to the child’s response by requiring a response from the child before providing a consequence related to the child’s interest. When the trainee directs or instructs the teaching unit it is considered an instructed or “discrete trial” teaching unit. Each type of interaction is counted as teaching unit.

Types of teaching unit:

<table>
<thead>
<tr>
<th>Type:</th>
<th>Antecedent</th>
<th>Child Response</th>
<th>Consequence</th>
</tr>
</thead>
<tbody>
<tr>
<td>I. Captured- “Catch ‘em being good.”</td>
<td>Child correct response or approximation</td>
<td>Trainee provides preferred event praise, or expands* response within 3 seconds after child response.</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>II. Contrived – “naturalistic”</td>
<td>Child indicates interest (interest is inferred by a child reaching, orienting, approaching, verbal requesting, looking, or guiding towards an event)</td>
<td>Child correct response or approximation or incorrect</td>
<td>Trainee provides preferred event, expands* response or praise within 3 seconds after child response, provides or prompts the correct response</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>III. Instructed- “discrete trial”</td>
<td>Trainee provides model, instruction, question or prompt</td>
<td>Child correct response or approximation, incorrect</td>
<td>Trainee provides preferred event, expands* response or praise within 3 seconds after child response, provides or prompts the correct response</td>
</tr>
</tbody>
</table>
*Note: An expansion includes any vocalization (phrase or sentence) that includes the child's previous response and adds relevant and different information. Exclusions: repeating the child’s response and answering a question.

### Examples of Learning Opportunities

- **Trainee and child are playing airplanes.**
  The trainee picks up the child spins him, stops and looks at the child. The child says “Spin me” and the trainee spins the child.
  *(Type III- Scored as 1 LO)*

- **Trainee and child are playing in the gym.**
  The trainee is holding the child on a scooter. The child looks at the trainee and says, “p me.” The trainee pushes the child.
  *(Type II- Scored as 1 LO)*

- **The trainee is behind the child while the child and a peer are playing Ants in the Pants. It’s the child’s turn.** The trainee models “My turn.” The child says “me”. The trainee says “My turn”. The child reaches for the card deck (which the other child is holding). The trainee again models “My turn.” The child says “turn” and the peer is prompted to give the child a card.
  *(Type III- Scored as 2 LO.)*

- **Child and trainee are walking by the gym.**
  The child says, “Basketball gym.” The trainee responds, “Yea, that’s the gym where we ride bikes.”
  *(Type 1- Scored as 1 LO; trainee expands on the child’s response)*

### Exclusions

- **Trainee and child are playing airplanes.**
  The trainee picks up the child spins him, stops and looks at the child. The child kicks his legs to get down. The trainee says, “Spin me” and spins the child. *(This is not scored as a LO because the child does not indicate that he wants to be spun and does not emit any response.)*

- **Trainee and child are playing in the gym.** The trainee is holding the child on a scooter. The trainee looks at the child and says, “Push me”. The trainee pushes the child. *(This is not scored as a LO because the child does not emit a response)*

- **The trainee is behind the child while the child and a peer are playing Ants in the Pants. It’s the child’s turn.** The trainee models “My turn.” The child says “me”. The child reaches for the card deck (which the other child is holding). The trainee again models “My turn.” The child says “turn” and the peer is prompted to give the child a card.
  *(Scored as 1 LO because in the first part the trainee does not provide the correct response or deliver the event.)*

- **Child and trainee are walking by the**
Trainee and Child Affect:

**Favorable (F):** The child or trainee emits vocalizations or assumes facial expressions indicating pleasure, favor, or amusement throughout a majority of the session.

Can include, but it not limited to:

- Upturning of the corners of the mouth, open mouth with eye brows/furrows high on forehead and/or
- A laugh, giggle, or high-pitched shriek (for 1-sec or longer) throughout the session.

**Unfavorable (U):** The child or trainee emits vocalizations or assumes facial expressions indicating distress, dissatisfaction, disapproval several times during the session.

Can include, but not limited to:

- Yells, whines with a distress or screams, sigh or “ugh”, physically retreating, protesting and/or
- Grimace, smirk (facial expression indicating un-sureness, self consciousness, doubting) or eye roll numerous times during the session.

**Neutral (N):** The child or trainee emits vocalizations or assumes facial expressions indicating indifference throughout a majority of the session.

Can include, but not limited to:

- The child or parent does not appear to be decidedly happy or particularly unhappy and
- No obvious signs of favorable or unfavorable affect for the majority of the session.
### Examples

#### Favorable

- Trainee smiles with the corners of their lips turned upwards when interacting with the child for the majority of the session. Trainee praises the child in an excited tone of voice. Trainee laughs while playing a game with the child. Trainee’s tone of voice is indifferent while providing corrections.

- Child laughs with an open mouth while engaging in play with the trainee. Child’s lips are turned upwards in a smile during an art project. The child’s eyebrows are raised with an open mouth while being chased by the trainee. Child cries once for 30 seconds during a transition.

#### Unfavorable

- Trainee speaks in a sarcastic tone of voice several times in a session. Trainee rolls his eyes after the child makes an error. Trainee sighs appearing frustrated during teaching programs. Child retreats from the trainee, and the trainee raises his voice and scolds the child.

### Nonexamples

#### Favorable

- Trainee has a monotone voice for the majority of the session. Trainee praises the child in an indifferent tone. Trainee says “Awesome” in a high-pitched tone once during the session.

#### Unfavorable

- Child does not laugh or smile much throughout the session. Child whines and cries four times during the session, each lasting longer than a few minutes.

- Trainee laughs sarcastically while playing in a silly game. Trainee scrunches up his nose and makes silly faces during play. Trainee speaks in an impartial tone during instructions.
Staff Training Checklist: Skill Definitions

A. Ethics

1. Demonstrates attentive, kind, and loving behavior towards child

2. Does not engage in abusive or neglectful behavior toward child

3. Attention is focused on child and not other events

4. Respectful and honest interactions with clients (children and caregivers)

5. Maintains confidentiality- Score based on observed session. If the trainee does not violate confidentiality within session score as +.

6. Reports necessary information to supervisor- In the case of an incident where the child is hurt or unduly distressed appropriate action is taken (child is cared for or protected, verbally tell a supervisor and incident report filled out). Other cases may include: an extensive clean up is necessary, child is sick, dangerous situations, etc. If no critical incidents occur, score as +.

7. Uses language that is understandable to the target audience- When interacting with caregivers, trainee speaks in a manner that the caregiver can comprehend the information (if jargon is used it is explained in an understandable way)

B. Rapport with Trainer*

1. Demonstrates respectful, attentive behavior towards trainer

2. Responsive to trainer’s instructions

3. Responsive to trainer feedback
*Note: Rapport throughout this document refers to building a positive relationship with the child by making yourself a signal for approach by engaging in shared interests and providing potential reinforcers for initiations and approaches. (Adapted from Carr et al, 2004)

C. Rapport with Child

1. Greets with positive affect

2. Appropriate voice tone & inflection throughout interaction

3. Arranges the environment to allow for independent social approaches to the table- *If the trainee arranges the environment to allow for an approach, but the child does not approach or initiate, score as +. Or if the trainee arranges and some time has lapsed and the trainee prompts the child to approach or initiate, score as +*

4. Arranges the environment to allow for independent social approaches to the floor

5. Two or less retreats per 10 min sample

6. Provides high preference events for approaches (to people and items) *either people or item is needed to score yes*

7. Provides high preference events for initiations (to people and items)

D. Rapport with Supervisor

1. Greets with positive affect

2. Appropriate voice tone & inflection throughout interaction
E. Rapport with Co-workers

1. Greets with positive affect

2. Appropriate voice tone & inflection throughout interaction

F. Reinforcement

1. Identifies child interests in potential reinforcers and high preference events

2. Appropriate verbal praise

3. Appropriate physical praise - Includes but not limited to high fives, light pats on the shoulder, picking up, spinning, etc. Physical praise is child specific. Can score as + correct, if the child does display unfavorable affect during physical interaction and the trainee appropriately adjusts.

4. Provides preferred item contingent on child providing targeted response

5. Delivers reinforcer within 2 seconds of criterion response

6. Maintain spatial control over reinforcers

7. Discriminates and selects potential reinforcers appropriate for teaching (may differ based on skill) Example: Trainee uses small portions of an edible for quick responding during a vocal imitation program as compared to trainee using a token board during hall walking to earn gym access or uses tickles during a social play program outdoors.

8. Assesses preference informally - Trainee provides a choice of items/activities, then offers the choice again against the item/activity previously chosen

9. Provides preferred items for approximations when shaping behavior
10. Differentially reinforces according to closer approximations to the final behavior—Trainee’s voice inflects and is differentiated, differs magnitude of reinforcer.

11. Differentially reinforces correct responses over prompt/corrected response

12. Provides differential reinforcement for more complex and higher quality/harder responses

13. Reinforcement includes descriptive praise

14. Uses a variety of reinforcers (social, tangible, etc.)

15. Provides reinforcement for attending

16. Provides choices of preferred events.

17. Delivers a large amount of high preference event consequences

18. Rotates exposure to high preference events

19. Reinforcement schedule is appropriate

20. Attempts to condition neutral stimuli as reinforcers

21. Maintains high rates of child responding

22. Arranges learning opportunities (instructed, captured or contrived)—Trainee manipulates the environment, withholding access to a preferred event to provide opportunities for the child to respond
23. Maintains at least an average of 15 learning opportunities per 5 minute interval - Rapid response programs such as labeling should be at least 10 per minute, and more complex responding in context (eg playing a game) should be at least 3 per minute.

G. Functional Communication Training*

1. Arranges environment to allow access contingent on communication

2. Recognizes interest indicated by child (reach, gesture, proximity, etc.)

3. Presents verbal model related to the child’s interest

4. Allows appropriate amount of time for child’s response

5. Expands or repeats communication attempts

6. Delivers appropriate criterion related prompts when necessary

7. Items of interest are controlled by interventionist

8. Applies time-delay when child attends, signals “intent”

9. Varies stimulus items/ responses every few trials

10. Delivers consequences contingent on child’s functional communication

11. Provides multiple, quick response opportunities

12. Arranges turn taking/sharing opportunities - Trainee takes turns with child or sets up the opportunity to turn take with a peer.

13. Offers choice of activities
14. Fades prompt quickly

15. Data collected as responding occurs or shortly after

16. Collects reliable data on treatment performance

**H. Program Material Management**

1. Play materials available

2. Discriminates when to end or continue engaging in activity – *Trainee stops the activity before it gets boring and no longer reinforcing. Trainee also continues activity to work on duration of engagement, depending on child goals.*

3. Uses and rotates a variety of preferred events throughout session – *Trainee provides at least 5 items/activities and/or different activities within same toy within a 30 minute sample.*

4. Instructional materials available- *Before the trainee starts an instruction program, materials are available for use (in hand or within reach).*

5. Starts session with materials prepared- *At the beginning of session the material box and program book are available (on table or floor, not in cubby or another room).*

6. Puts away materials not in use- *Trainee can do this after each activity or shortly after within the session.*

7. Keeps table clean and organized throughout session

8. Writes name, date and time on datasheet
9. Includes meaningful, positive and interesting information on the Parent Home Notes sheet

10. Gives copy of Parent Home Notes to parent or guardian picking up child

11. Makes copy of Parent Note to file

12. Graphs data correctly within same day of session

13. Writes objective and descriptive treatment notes

*Note: Functional communication throughout this document refers to forms of communication that are used to inform listeners of the child’s want, needs, interest, and feelings (adapted from Kaiser, 2002)

**I Learn-to-Learn Program Implementation**

1. Teacher’s proximity to child is appropriate

2. Gains child’s attention before instruction

3. Instructional stimuli arranged for instruction

4. Uses appropriate voice tone when giving instructions

5. Uses appropriate voice tone with providing praise

6. Uses appropriate voice tone when giving corrections

7. Follows program procedures accurately according to program description.

8. Allows appropriate amount of time for child to respond
9. Avoids reprimands and nagging

10. Maintains positive affect (trainer score of 4-5, child 3-5)

11. Offers choices

12. Follows through with requests

13. Maintains appropriate instructional pace

14. Sets expectations – clear description of task: *Trainee sets expectations as necessary at that time and for the child.*

15. Collects reliable data on treatment performance

16. Data collected as responding occurs or shortly after

17. Delivers appropriate criterion related prompts when necessary

18. Delivers immediate, effective, least intrusive prompts

19. Errorless prompts occur prior to response and used when appropriate

20. Fades prompts quickly

21. Detects & responds to error patterns appropriately

22. Maintains appropriate number of learn units: *Trainer records child responses on client datasheet. The duration, complexity, and how embedded the teaching is determines the number of learn units in the absence of challenging behaviors. Short responses that are embedded should yield high rates of responding where as longer more complex responses will*
yield to lower rates of responding. Example: Bike riding- one long chain response. This behavior will have low rates of responding. Flashcards should have high rates of rapid responding.

*Note: Learning to learn programs are referred to as skills that prepare an individual for further learning through providing a foundation in which other skills are based (adapted from Leaf & McEachin, 1999) EX: imitation, matching, instruction following and attending.

J. Domain Specific Skill Acquisition*

1. Teacher’s proximity to child is appropriate
2. Gains child’s attention before instruction
3. Instructional stimuli arranged for instruction
4. Uses appropriate voice tone when giving instructions
5. Uses appropriate voice tone with providing praise
6. Uses appropriate voice tone when giving corrections
7. Follows program procedures accurately according to program description.
8. Allows appropriate amount of time for child to respond
9. Avoids reprimands and nagging
10. Maintains positive affect (trainer score of 4-5, child 3-5)
11. Offers choices
12. Follows through with requests

13. Maintains appropriate instructional pace

14. Sets expectations – clear description of task

15. Provides extension opportunities

16. Collects reliable data on treatment performance

17. Data collected as responding occurs or shortly after

18. Delivers appropriate criterion related prompts when necessary

19. Delivers immediate, effective, least intrusive prompts

20. Errorless prompts occur prior to response and used when appropriate- *It is deemed appropriate to use errorless prompts when a. the program is new (not currently in the child’s repertoire) and b. the task is difficult and the probability that the child will answer correctly is low.*

21. Fades prompts quickly

22. Detects & responds to error patterns appropriately

23. Maintains appropriate number of learn units

24. Demonstrates appropriate skills to teach child specific programs (eg. Potty training, feeding, etc)
*Note: Domain specific programs in this document refer to skills including other language, play, academic, and self-help skills that are not considered learn to learn.

**K. Session Management**

1. Engages child throughout session

2. Stops & redirects dangerous behavior

3. Varies instructional settings

4. Leaves room clean for next session

5. Returns materials following session

6. Positive feedback rather than reminders

7. Spaces high/low preference activities

8. No inadvertent reinforcement of undesirable behaviors.

9. Sets the occasion for high rates of responding

10. Incorporates functional activities

11. Balances contingent access and fun

12. Spaces activity levels (moving, sitting, etc.)

**L. Professionalism**

1. Behaves in a confident manner with clients
2. Good general attendance

3. Arrives to all sessions on time- *Trainer can score based on observation for the day.*

4. Follows attendance policy – calling, etc.- *Trainer can score based on report from supervisors.*

5. Greets family members (parents & siblings) with positive affect- *Scored based on interaction with caregivers at pick up or drop off.*

6. Accurate debriefing of session (to caregiver)- *Scored based on interaction with caregivers at pick up or drop off. Trainee correctly describes child’s progress for the day and any other information about the child’s day.*

7. Describes treatment program accurately- *Describes child’s programs in a correct and concise manner.*

8. Does not discuss diagnosis or prognosis- *Based on observation period.*

9. Accurately completes and turns in billing sheet daily

10. Accurately completes and turns in timesheet

**M. Peer/ Play Interaction**

1. Includes peer in play/ activities.

2. Prompts appropriate number of initiations of social interactions if not occurring (based on child specific goals) - *Child goals will differ, so base scoring on that particular child’s goal.*

*Example:* One child’s goal is working on speaking in sentences to a peer (child should be
prompted to speak in a sentence). Another child’s goal is to stay within the proximity of 1 foot to a peer (child should be prompted to stay near peer)

3. Reinforces social interactions with praise

4. Stays within close proximity to the child

5. Allows child to initiate interaction independently with peers and prompts only when needed

6. Expands on child social interactions based on child specific goals – Expansions should range depending on the child’s specific goals

7. Uses shaping procedures and time delay when prompting social interactions. - These procedures should be appropriate for child’s goals.

8. Prompts interactions towards peer not trainee during social interactions.

9. Fades prompts quickly
IOA Scorer: ________

Staff Training Assessment  

Date Scored:______

Trainee: __________  
Trainer: __________

Instructions: Write the date and session number in appropriate boxes. Mark a "+" if specified behavior occurs. Mark a "-" when it does not occur. Mark "N/O" if it is not observed (could have happened but opportunity was not presented during one hour session) Mark "N/A" if the behavior was not applicable (not allowed to occur) or does not apply to that specific child.

+ : Yes  
- : No  
O : Not observed  
A : Not applicable

Child:  
Date:  

A. Ethics

<table>
<thead>
<tr>
<th>Session Number:</th>
</tr>
</thead>
</table>

| 1. Demonstrates attentive, kind, and loving behavior towards child |
| 2. Does not engage in abusive or neglectful behavior toward child |
| 3. Attention is focused on child and not other events |
| 4. Respectful and honest interactions with clients (children and caregivers) |
| 5. Maintains confidentiality |

| C4 |
| 6. Reports necessary information to supervisor |
| 7. Uses language that is understandable to the target audience |

B. Rapport with Trainer

| 1. Demonstrates respectful, attentive behavior towards trainer |
| 2. Responsive to trainer's instructions |
C. Rapport with Child

C1
1. Greets with positive affect
2. Appropriate voice tone & inflection throughout interaction
3. Arranges the environment to allow for independent social approaches to the table
4. Arranges the environment to allow for independent social approaches to the floor
5. Two or less retreats per 10 min sample
6. Provides high preference events for approaches (to people and items)
7. Provides high preference events for initiations (to people and items)

C. Rapport with Supervisor

C2
1. Greets with positive affect
2. Appropriate voice tone & inflection throughout interaction

E. Rapport with Co-Workers

C2
1. Greets with positive affect
2. Appropriate voice tone & inflection throughout interaction

F. Reinforcement

C1
1. Identifies child interests in potential reinforcers and high preference events
2. Appropriate verbal praise
3. Appropriate physical praise
4. Provides preferred item contingent on child providing targeted response
<p>| | |</p>
<table>
<thead>
<tr>
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<tbody>
<tr>
<td>5.</td>
<td>Delivers reinforcer within 2 seconds of criterion response</td>
</tr>
<tr>
<td>6.</td>
<td>Maintains spatial control over potential reinforcers</td>
</tr>
<tr>
<td>7.</td>
<td>Discriminates and selects potential reinforcers appropriate for teaching</td>
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<tr>
<td>8.</td>
<td>Assesses preference informally</td>
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<td>Provides differential reinforcement for more complex and higher quality/harder resp.</td>
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<td>13.</td>
<td>Reinforcement includes descriptive praise</td>
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<td>14.</td>
<td>Uses a variety of reinforcers (social, tangible, etc.)</td>
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<td>15.</td>
<td>Provides reinforcement for attending</td>
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<td>16.</td>
<td>Provides choices of preferred events.</td>
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<td>17.</td>
<td>Delivers a large amount of high preference event consequences</td>
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<td>18.</td>
<td>Rotates exposure to high preference events</td>
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<td>19.</td>
<td>Reinforcement schedule is appropriate</td>
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<td>20.</td>
<td>Attempts to condition neutral stimuli as reinforcers</td>
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<td>Arranges learning opportunities (instructed, captured or contrived)</td>
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<td>23.</td>
<td>Maintains at least an average of 15 learning opportunities per 5 minute interval</td>
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G. Functional Communication Training

<p>| | |</p>
<table>
<thead>
<tr>
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<tbody>
<tr>
<td>C2</td>
<td>1. Arranges environment to allow access contingent on communication</td>
</tr>
<tr>
<td></td>
<td>2. Recognizes interest indicated by child (reach, gesture, proximity, etc.)</td>
</tr>
<tr>
<td></td>
<td>3. Presents verbal model related to the child’s interest</td>
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<tr>
<td></td>
<td>4. Allows appropriate amount of time for child’s response</td>
</tr>
</tbody>
</table>
5. Expands or repeats communication attempts  
6. Delivers appropriate criterion related prompts when necessary  
7. Items of interest are controlled by interventionist  
8. Applies time-delay when child attends, signals “intent”  
9. Varies stimulus items/ responses every few trials  
10. Delivers consequences contingent on child's functional communication  
11. Provides multiple, quick response opportunities  
12. Arranges turn taking/sharing opportunities  
13. Offers choice of activities  
14. Fades prompt quickly  
15. Data collected as responding occurs or shortly after  
16. Collects reliable data on treatment performance (reliability of at least 85%)

### H. Program Material Management

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
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</thead>
<tbody>
<tr>
<td><strong>C1</strong></td>
<td>1. Play materials available</td>
</tr>
</tbody>
</table>
| **C2** | 2. Discriminates when to end or continue engaging in activity.  
3. Uses and rotates a variety of preferred events throughout session. |
| **C3** | 4. Instructional materials available  
5. Starts session with materials prepared |
| **C3** | 6. Puts away materials not in use  
7. Keeps table clean and organized throughout session |
| **C3** | 8. Writes name, date, and time on datasheet.  
9. Includes meaningful, positive and interesting information on the Parent Home Notes  
10. Gives copy of Parent Home Notes to parent or guardian picking up child |
11. Makes copy of Parent Note to file
12. Graphs data correctly within same day of session
13. Writes objective and descriptive treatment notes

I. Learn-to-Learn Program Implementation

1. Teacher’s proximity to child is appropriate
2. Gains child’s attention before instruction
3. Instructional stimuli arranged for instruction
4. Uses appropriate voice tone when giving instructions
5. Uses appropriate voice tone with providing praise
6. Uses appropriate voice tone when giving corrections
7. Follows program procedures accurately according to program description.
8. Allows appropriate amount of time for child to respond
9. Avoids reprimands and nagging
10. Maintains positive affect (trainer affect is favorable; child is favorable or neutral)
11. Offers choices
12. Follows through with requests
13. Maintains appropriate instructional pace
14. Sets expectations – clear description of task
15. Collects reliable data on treatment performance (reliability of at least 85%)
16. Data collected as responding occurs or shortly after
17. Delivers appropriate criterion related prompts when necessary
18. Delivers immediate, effective, least intrusive prompts
19. Errorless prompts occur prior to response and used when appropriate
20. Fades prompts quickly

21. Detects & responds to error patterns appropriately

22. Maintains appropriate number of learn units

---

**J. Domain Specific Skill Acquisition**

1. Teacher’s proximity to child is appropriate

2. Gains child’s attention before instruction

3. Instructional stimuli arranged for instruction

4. Uses appropriate voice tone when giving instructions

5. Uses appropriate voice tone with providing praise

6. Uses appropriate voice tone when giving corrections

7. Follows program procedures accurately according to program description.

8. Allows appropriate amount of time for child to respond

9. Avoids reprimands and nagging

10. Maintains positive affect (trainer affect is favorable; child is favorable or neutral)

11. Offers choices

12. Follows through with requests

13. Maintains appropriate instructional pace

14. Sets expectations – clear description of task

15. Provides extension opportunities

16. Collects reliable data on treatment performance (reliability of at least 85%)

17. Data collected as responding occurs or shortly after

18. Delivers appropriate criterion related prompts when necessary
19. Delivers immediate, effective, least intrusive prompts
20. Errorless prompts occur prior to response and used when appropriate
21. Fades prompts quickly
22. Detects & responds to error patterns appropriately
23. Maintains appropriate number of learn units
24. Follows child specific protocols such as potty training, feeding, etc.

**K. Session Management**

| C1 | 1. Engages child throughout session |
|    | 2. Stops & redirects dangerous behavior |
|    | 3. Varies instructional settings |
|    | 4. Leaves room clean for next session |
|    | 5. Returns materials following session |

| C2 | 6. Positive feedback rather than reminders |
|    | 7. Spaces high/low preference activities |
|    | 8. No inadvertent reinforcement of undesirable behaviors. |
|    | 9. Sets the occasion for high rates of responding |
|    | 10. Incorporates functional activities |
|    | 11. Balances contingent access and fun |
|    | 12. Spaces activity levels (moving, sitting, etc.) |

**L. Professionalism**

<p>| C4 | 1. Behaves in a confident manner with clients |
|    | 2. Good general attendance |</p>
<table>
<thead>
<tr>
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<tbody>
<tr>
<td>3.</td>
<td>Arrives to all sessions on time</td>
</tr>
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<td>4.</td>
<td>Follows attendance policy – calling, etc.</td>
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<tr>
<td>5.</td>
<td>Greets family members (parents &amp; siblings) with positive affect</td>
</tr>
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<td>6.</td>
<td>Accurate debriefing of session (to caregiver)</td>
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<td>7.</td>
<td>Describes treatment program accurately</td>
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<tr>
<td>8.</td>
<td>Does not discuss diagnosis or prognosis</td>
</tr>
<tr>
<td>9.</td>
<td>Accurately completes and turns in billing sheet daily</td>
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<tr>
<td>10.</td>
<td>Accurately completes and turns in timesheet</td>
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### M. Peer/ Play Interaction

<p>| | |</p>
<table>
<thead>
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<tbody>
<tr>
<td>1.</td>
<td>Includes peer in play/ activities.</td>
</tr>
<tr>
<td>2.</td>
<td>Prompts appropriate number of initiations of social interactions if not occurring (based on child specific goals)</td>
</tr>
<tr>
<td>3.</td>
<td>Reinforces social interactions with praise</td>
</tr>
<tr>
<td>4.</td>
<td>Stays within close proximity to the child</td>
</tr>
<tr>
<td>5.</td>
<td>Allows child to initiate interaction independently with peers and prompts when needed</td>
</tr>
<tr>
<td>6.</td>
<td>Expands on child social interactions based on child specific goals</td>
</tr>
<tr>
<td>7.</td>
<td>Uses shaping procedures and time delay when prompting social interactions.</td>
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<td>8.</td>
<td>Prompts interactions towards peer not trainee during social interactions.</td>
</tr>
<tr>
<td>9.</td>
<td>Fades prompts quickly</td>
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</table>
TEACHING UNITS

**Definition:** A teaching unit is an event in which the child responds and the teacher responds by providing a consequence.

**Instructions:** At the fifth (10 min assessments) or the fifteenth minute (30, 45 min assessments) stop taking checklist data. Start a 5 minute teaching unit sample. Mark a tally in the box provided for each teaching unit during the 5 minute interval.

<table>
<thead>
<tr>
<th>Date/Session #</th>
<th>Teaching Unit Count</th>
</tr>
</thead>
<tbody>
<tr>
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</tbody>
</table>

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TRAINEE AND CHILD AFFECT

**Definition:** Favorable (F): The child or trainee emits vocalizations or assumes facial expressions indicating pleasure, favor, or amusement throughout the session. *(EX: Trainee smiles with the corners of their lips turned upwards when interacting with the child for the majority of the session. Child laughs with an open mouth while engaging in play with the trainee for a majority of the session.)*

Unfavorable (U): The child or trainee emits vocalizations or assumes facial expressions indicating distress, dissatisfaction, disapproval throughout the session. *(EX: Child cries and tantrums several times during a session. Child retreats from the trainee, and the trainee raises his voice and scolds the child.)*

Neutral (N): The child or trainee emits vocalizations or
assumes facial expressions indicating indifference throughout the session. *(EX: Child does not show favorable or unfavorable affect when the trainee tickles or plays with the child. Trainee’s voice remains monotone when giving praise, instructions, and corrections.)*

**Instructions:** At the end of every session circle F (favorable), U (unfavorable), or N (neutral) affect for trainee and child. Affect is scored based on overall affect throughout a session. Write child initials in the space next to child.

Date/Session #:____________

<table>
<thead>
<tr>
<th>Trainee Rating:</th>
<th>F</th>
<th>U</th>
<th>N</th>
</tr>
</thead>
<tbody>
<tr>
<td>Child _____ Rating:</td>
<td>F</td>
<td>U</td>
<td>N</td>
</tr>
</tbody>
</table>

**Staff Training Assessment**

Trainee: ___________ Trainer:___________

**Instructions:** Collect child data as the trainee is teaching on the child's specific datasheet. At the end of the session calculate and record reliability percentage (# of agreements/ # of agreements + disagreements) in the box provided.

Date/Session #:______________ Child Initials:__________
FCT Reliability Check

Reliability
%

Program:_______________________

Learn-to-Learn Reliability Check

Reliability
%

Program:_______________________

Domain Specific Reliability Check

Reliability
%

Program:_______________________
APPENDIX C

SKILL CLUSTER BY DOMAIN
Skill Clusters by Domain

| Skill Cluster                        | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 |
|--------------------------------------|---|---|---|---|---|---|---|---|---|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|
| A. Ethics                            | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 |    |    |    |    |    |    |    |    |    |    |
| B. Rapport with Trainer              | 1 | 2 | 3 |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |
| C. Rapport with Supervisor           | 1 | 2 |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |
| D. Coworkers                         | 1 | 2 |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |
| E. Child                             | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 |    |    |    |    |    |    |    |    |
| F. Reinforcement                     | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 |    |
| G. Functional Communication Training | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 |    |    |    |    |    |    |    |    |    |    |    |
| H. Program Material Management       | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 |    |    |    |    |    |    |    |    |    |    |    |    |    |
| I. Learn-to-Learn                    | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 |    |    |
| J. Domain Specific                   | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 |
| K. Session Management                | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 |    |    |    |    |    |    |    |    |    |    |    |    |    |
| L. Professionalism                   | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |

APPENDIX D

OVERVIEW OF TRAINING SEQUENCE AND TRAINING SESSION
Training Sequence Overview

- Introduction
- Orientation
- Initial Assessments
- Train Cluster 1
- Train
- Graduation
A Training Session

TRAINEE

- Prepare and gather child program materials
- Discuss previous training
- Work 1:1 with child - skills assessment
- Receive training while practicing with child
- Ask 7's and discuss training
- Break work on alternative job tasks
- Work 1:1 with child - skills assessment
- Clean and wrap up

TRAINER

- Prepare and gather training materials
- Discuss previous training and graphs
- Assess trainee's current skills
- Train with instruction modeling, feedback
- Answer 7's from trainee
- Work 1:1 with child
- Assess trainee's post-training skills
- Follow-up feedback on skills assessment
APPENDIX E

TRAINEE FORMS AND INFORMATION
The Easter Seals North Texas – Autism Treatment Program (ESNT – ATP) employs a systematic staff training program as part the requirements of the Department of Assistive and Rehabilitative Services (DARS) funding contract as and a requirement of the Behavior Analyst Certification Board’s Guidelines for Professional Conduct.

As the training system developer, under the supervision of Nicole Zeug, M.S., BCBA and Shahla Ala’i-Rosales, Ph.D., BCBA – D, my role is to oversee and implement the training process and procedures. The purpose of this document is to ensure your understanding of the procedures and to obtain your acknowledgement that this is part of participation in the ESATP program.

Staff Training Syllabus

Purpose:

It is important that staff are appropriately trained to effectively deliver ABA services to children diagnosed with autism spectrum disorders (ASD). Staff training is a critical element in a treatment program as staff skills are directly reflected in child skills. Training enhances the quality of services provided to the families and children served. Therefore the purposes of this training package include:

- To effectively teach trainees a set of skills needed to successfully provide behavior analytic services to children with Autism Spectrum Disorders
- To teach these set of skills to a level of competency and independence from trainer
- To train trainees in an effective manner in which trainees are comfortable

Projected Timeline:

**Training sessions will be scheduled as frequently as possible, and typically occur two to four times a week for approximately two to three hours.

1. Orientation will include, didactic training (if no previous coursework in the field). The didactic workshop will provide an overview of behavior analysis and its role in autism treatment.
2. Initial assessments will be conducted for the first few sessions.
3. Training will be based on assessment data.
4. Initial observations will be 10 minutes long. Once the trainee masters a cluster of entry level skills, observations will be expanded to 30 minutes.
5. Training will conclude when the trainee demonstrates 90-100% of skills in all skill clusters with minimal or no errors.
6. A post-training meeting will include the development of a transition plan for the trainee and the completion of a participant satisfaction survey.

Training Procedure:

- The assessments will involve a videotape of teaching the trainee working with an assigned child.
  - **NOTE:** In the field of ABA it is important to objectively measure interventions. One common method is video observation. Our staff at Easter Seals are regularly observed and videotaped in order to provide feedback on their performance. The purpose of videotaping is to take data on your and the child’s performance, so that evaluation of the training package can be conducted. This is to help you, the child, and the agency.

- A typical training session will include:
  - Obtaining a volunteer name badge in a designated location.
  - Putting personal belongings in locker.
  - Obtaining the daily schedule and materials (pencil, clipboard, etc).
  - **Collecting the appropriate** materials and the child **the trainee will be working with**.
  - **A discussion** of the last session’s graph of **trainee** performance.
  - **Videotaped assessments** **(as described above)**.
  - **Direct training from trainer during the session with the child** will include:
    - A **skill list** outlining skills that will be taught.
    - The trainer will discuss and model the skills that will be taught.
    - You will have a chance to ask questions and practice the skills.
    - Trainer will provide feedback and this training will continue until all skills are practiced correctly.
    - Additional training techniques may be used depending on the trainee’s performance.
  - **Additional assessments and training as time permits.**
  - **Return materials and drop off the child** **to the appropriate person**.
  - **A discussion of the day’s session** and graphing **of the trainee’s performance.**
Trainee Expectations

- You are expected to work your hardest to serve the children (and all clients) at ESNT-ATP to the best of your ability.
- You are expected to report any dissatisfaction or discomfort with any component of the training process.
- You are expected to follow all instructions to the best of your ability.
- You are expected to ask questions in any area that you feel you need clarification.
- You are expected to uphold client confidentiality at all times.
- You are expected to follow all outlined ESNT-ATP policies and procedures.

Please feel free to contact me with any questions or requests for additional information.

Kellyn Johnson

Johnson.kellyn@yahoo.com

____________________________________________________________________________________

Please sign below to indicate that this information has been reviewed with you.

I understand the procedures and expectations of the training process. I have been informed of all the requirements of the training process. I understand that this training process is an element of maintaining my role within ESNT – ATP.

Please Print Name:__________________________

__________________________ Date__________

Staff Signature

__________________________ Date__________

Kellyn Johnson B.S.

__________________________ Date__________

Nicole Zeug, M.S., BCBA
ESNT – Autism Treatment Program Informed Consent

The Easter Seals North Texas – Autism Treatment Program (ESNT – ATP) periodically presents agency projects at professional conferences and academic meetings. Easter Seals is dedicated to the dissemination of experimental procedures utilized at Easter Seals. Video footage and data collected are often included to support the procedures used at Easter Seals. For this reason, we ask that you provide your consent to use data, and video footage of your participation in staff training at Easter Seals.

Please feel free to contact me with any questions or requests for additional information.

Kellyn Johnson

Johnson.kellyn@yahoo.com

____________________________________________________________________________________

Please sign below to indicate that this information has been reviewed with you.

I understand that my data and video footage will be presented for professional conferences and/or academic purposes only. I have been informed of the purposes of presenting the data and video.

Please Print Name:___________________________________________

_____________________________________                  Date_____________
Staff Signature

_____________________________________ Date_____________
Kel lyn Johnson, B.S.

_____________________________________ Date_________
Nicole Zeug, M.S., BCBA
Dear Trainee,

In order to have complete and accurate demographic information for the training process, I ask that you please complete this form. This information will not affect your Easter Seals employment/volunteer status or status in the staff training process. Thank you for your time.

Sincerely,

Kellyn Johnson

Name: ________________________________________________________________

City of Residence: ________________ Age: _____

Race/Ethnicity: ________________________________________________________

Primary Language: ____________________________________________________

Additional Language(s): ________________________________________________

Completed Education (please circle one):

Some High School High School Diploma Some College

Associate’s Degree Bachelor’s Degree Master’s Degree
Major(s): ______________________________________________________________

Minor(s): ______________________________________________________________

Education in progress (please circle one):  None

Some High School    High School Diploma    Some College

Associate’s Degree    Bachelor’s Degree    Master’s Degree

Major(s): ______________________________________________________________

Minor(s): ______________________________________________________________

Months and Years of Experience in ABA: ____________________________

Description of Experience in ABA (if applicable): _________________

Long-term Career Goals: ____________________________

________________________________________________________________________
APPENDIX F

ORIENTATION MATERIALS

OUTLINE OF DIDACTIC TRAINING

ORIENTATION ASSESSMENT
Outline of Didactic Training

An introduction to the Science and Art of Applied Behavior Analysis and Autism Intervention: Programs Designed with Evidence and Compassion

I: Autism

A: What is Autism?

B: What is Applied Behavior Analysis?

II: A Natural Science Approach to Intervention

III: The Intervention Construct

IV: Current Intervention Evidence

A: Early intensive behavioral intervention comprehensive outcome studies

1: Initial investigations

2: Replications and extensions

V: ABA Scientist-Practitioner Skills

A: Intervention skills

B: Professional and ethical skills

C: Problem solving skills

VI: Basic Terms and Procedures

A: Antecedents

B: Responses

C: Consequences
D: Instructional Arrangements

VII: Ethical Responsibilities in ABA

A: Behavior Analyst Certification Board (BACB) Guidelines for Responsible Conduct

B: Association for Behavior Analysis – Autism Special Interest Group Consumer Guidelines

VIII: Agency Mission

IX: Agency’s Autism Treatment Program

X: Quiz
Orientation Assessment

An Introduction to the Science and Art of Applied Behavior Analysis and Autism Intervention: Pre-Assessment

1) Identify the primary characteristics of Autism.

2) Define Applied Behavior Analysis (ABA).

3) What are important components of early intervention?

4) Explain evidence-based research/practice and why it is important.

5) Define the following and provide examples for each:

   Antecedent

   Behavior

   Consequence

6) How are prompts and modeling related?

7) Explain the primary features of counting behavior/responses.
8) Explain the difference between positive and negative reinforcement.

9) Define the characteristics of the following:

   *Naturalistic teaching*

   *Activity instruction*

   *Discrete trial instruction*

   *Fluency-based instruction*

10) What are the goals of an ethical and professional behavior analyst?

11) Describe decision making principles and decision making supports. How will this help you provide ethical and professional services?

12) What is the mission of Easter Seals?

13) What are the primary components of the Autism Treatment Program?
APPENDIX G

STAFF SATISFACTION SURVEY
Easter Seals North Texas Autism Treatment Program
Trainee Satisfaction and Feedback

Directions: Please do not put your name on the questionnaire so that all answers may be kept confidential. Answer each question by placing a checkmark in the box that most closely matches your opinion. Use the lines provided to comment on your answer. Please complete all three pages of the questionnaire. Once complete, place the questionnaire in the provided envelope labeled ‘Trainee Satisfaction/Feedback.’ Please return envelope to the mailbox of Dr. Shahla Ala'i-Rosales at the University of North Texas at your earliest convenience. Your answers are completely anonymous and will not be directly read by anyone associated with the training process. Your feedback is greatly appreciated and will be considered when improving the training process.

1. Do you feel staff training at the ATP of Easter Seals North Texas is important?

[ ] Not Important  [ ] Somewhat Important  [ ] Unsure  [ ] Important  [ ] Extremely Important

____________________________________________________________________________________________________________________________________________________

2. In your opinion, how effective has the staff training process been in improving your ABA implementation skills?

[ ] Very Ineffective  [ ] Ineffective  [ ] Unsure  [ ] Effective  [ ] Very Effective

____________________________________________________________________________________________________________________________________________________

3. Overall, how do you feel about your improvement in ABA implementation since starting the staff training process?
4. How comfortable did you feel during the staff training process?

☐ ☐ ☐ ☐ ☐ ☐
Very Uncomfortable Uncomfortable Neutral Comfortable Very Comfortable

5. How would you describe your relationship with the staff training provider(s)?

☐ ☐ ☐ ☐ ☐ ☐
Very Unsatisfactory Unsatisfactory Not Applicable Satisfactory

6. How does this training process compare to your previous training experience(s)?

(circle one) Same / Different
If “different”, was it:

☐ Much Worse  ☐ Slightly Worse  ☐ Equal  ☐ Slightly Better  ☐ Much Better

In what way: (please circle one from each line)

☐ More Feedback  ☐ Less Feedback
☐ More Instruction  ☐ Less Instruction

7. What improvements would you suggest for the staff training process?

_________________________________________________________________________________________________________
_________________________________________________________________________________________________________

Additional Comments:

_________________________________________________________________________________________________________
_________________________________________________________________________________________________________

Thank You!!
APPENDIX H

TRAINING PROCEDURAL CHECKLIST
Staff Training Procedural Checklist

Trainee: ______________________  Trainer: ______________________
Date: _____________________  Observer: _____________________

Instructions:

(+): Step completed correctly within training session

(-): Step not completed or completed incorrectly within training session

(N/A): Step not applicable to training session

Training Procedure:

_____ Trainer provides Trainee with Skill list
   (N/A after first session teaching each skill cluster)

_____ Trainer praises skills/skill areas in which criteria was met

_____ Trainer states first skill(s) in which criteria was not met to target for teaching

_____ Trainer provides definition for first targeted skill in which criteria was not met

_____ Trainer provides example(s) of targeted skill

_____ Trainer models target skill for trainee

_____ Trainee practices skill with child in presence of trainer

_____ Trainer provides feedback on Trainee’s demonstration of the skill
___ If trainee incorrectly implements skill, trainer repeats steps 6 - 8

___ Trainer repeats steps 3 - 9 for remaining skills requiring training during session

**Quality Components:**

___ Trainer asks Trainee if he/she has any questions periodically throughout training

___ Trainer speaks respectfully and kindly to trainee

___ Training periodically verbally checks trainee for understanding

___ Trainer adjusts training according to trainee comfort, if possible
REFERENCES


