A PRESCRIPTIVE MODEL OF MULTI-TIER PROFESSIONAL DEVELOPMENT TO INCREASE TREATMENT INTEGRITY FOR STAFF IN A DAY TREATMENT SETTING

By

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B.A. State University of New York at Stony Brook, 1985
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M.S. University of Southern Maine, 2008

A DISSERTATION
Submitted in Partial Fulfillment of the Requirements for the Degree of Doctor of Psychology (in School Psychology)

The University of Southern Maine
August, 2010

Advisory Committee:

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Following a prescriptive intervention model of training, staff in a day treatment setting for students with emotional and behavioral disturbances improved their performance of a specific skill set used for student feedback and goal setting. Using a multiple screening across subjects design, the greatest improvement in program implementation was observed in the direct behavioral consultation group (DBC) with limited improvement seen for a small number of participants in the didactic training only group. Results were maintained over time and carried over from the school year into the summer sessions.
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A Prescriptive Model of Multi-Tier Professional Development to Increase Treatment Integrity for Staff in a Day Treatment Setting

A critical component of educational services involves highly trained personnel who implement intervention packages and data collection procedures with precision. Professional development often includes models such as didactic instruction (e.g., lectures, discussion, and printed materials) and direct instruction (e.g., modeling, role-play, and performance feedback). Didactic instruction often takes the form of pre-service training whereby participants are taught prior to implementing a specific skill set. Examples might include instruction in a new curriculum model, school-wide positive support systems or key components of a student’s individual program. Conversely, direct instruction occurs during the acquisition phase of the skill set and is practiced in vivo for both setting and participants. Each of these methods has advantages and disadvantages.

Didactic training has often been summarized as group training in a lecture-style format with opportunities for discussion and clarification of material presented. There is frequently dissemination of printed material during the course of the training and the format generally takes on a workshop type presentation (e.g., several hours of instruction for a given group of professionals with similar backgrounds or employers). Didactic training is a cost effective way to reach a large audience in a time efficient manner, thus conserving hours away from the business while meeting required professional training requirements. There are limitations to this type of training, however. It has been referred to as a “train and hope” model (Stokes & Baer, 1977) or a wait to fail model. For example, Eyberg & Matarazzo (1980) trained parents as therapists to interact positively with children with behavior disorders. They showed that formal training alone was no
more effective than informal training in bringing about positive changes in parent or child behavior. Only when parents were trained through modeling, immediate feedback and in vivo practice were significant results obtained. Similar studies showed that didactic training alone did not improve parent, staff or student performance, however, when paired with more intensive training models that included performance feedback, rehearsal and modeling, gains and improvements in skill acquisition were made.

Rickert (1988) used didactic training as a stand-alone method to assist parents with instruction-giving and time out skills. Skill acquisition was assessed through self-report measures, role-plays and 6- and 12- week follow-up assessments. Didactic training alone was insufficient to promote skill acquisition to criterion level in all subjects. After didactic training, parents were provided with a competency-based training and six of the eight subjects (75%) achieved 90% proficiency in skill acquisition. Noell et al. (2000) examined a peer tutoring intervention for reading comprehension among elementary school students. The initial implementation by the teachers was variable and the data exhibited a downward trend. The study involved a discussion only phase (didactic training) and a discussion plus performance feedback phase. Two of the five participants’ implementation levels improved using only the didactic training but in the feedback phase, four of the five teachers showed levels of implementation substantially above screening. Reid (2003) utilized staff training along with supportive and corrective performance feedback to extend advances in choice opportunities for clients with severe multiple disabilities. Staff in a day treatment setting for adult clients were observed to limit the number of choices provided to the clients throughout the day. Problem behavior exhibited by the clients was hypothesized to be a function of limited choice making
opportunities in their program. Staff were trained through modeling and feedback in ways to offer choices to clients throughout the day while maintaining program integrity. Results showed not only an increase in choice opportunities provided by staff but also increased levels of client service in their daily working conditions. These findings indicate that improved program implementation by staff resulted in a decrease in client problem behavior. Sholomskas et al. (2005) evaluated the effectiveness of different training strategies on clinicians’ ability to effectively implement empirically supported therapies, in this case, cognitive-behavioral therapy (CBT). The three training conditions were: a) review manual of CBT only, b) review manual plus access to a CBT training Web site or c) review manual plus didactic seminar followed by supervised casework. The seminar plus supervision condition yielded the most significant increase in measurable outcome scores when compared with the manual only condition with a mean effect size of 0.61. Effect size for the Web condition versus the manual only condition was a mean of 0.22 yielding only a marginal gain in skills.

Despite this body of research that didactic training alone does not create behavior change, practitioners continue to utilize this form of instruction routinely (e.g. professional workshop development, agency trainings). Reasons for continued use may be economy of time and fiscal resources as well as limited access to trained professionals. Yet studies have indeed shown that, given effective and targeted performance feedback with opportunities for practice, modeling and rehearsal, performance gains are made and show maintenance at follow-up weeks later. Performance feedback consists of monitoring a behavior that is the focus of concern and providing feedback to the individual regarding that behavior. Additionally, elements such as goal setting,
performance contingencies and graphic displays of performance have been found to enhance the efficacy of performance feedback (Alvero et al., 2001). Noell et al. (1997) combined performance feedback with consultation to increase teacher implementation of an intervention in a general education setting. Treatment integrity for program implementation was maintained for only two to four days prior to adding daily teacher performance feedback from the consultant. Subsequently, there was a marked improvement in treatment integrity. Moore et al. (2002) trained teachers in a public school to use functional analysis methods to identify attention and demand conditions and apply these skills in their own classrooms. Training conditions included written and verbal instructions during phase one followed by modeling, rehearsal and performance feedback during phase two. Performance for all teachers was generally low during phase one but their mean performance exceeded 95% during phase 2. Noell et al. (2005) examined three follow-up strategies while studying treatment implementation in schools following behavioral consultation. Those procedures were brief weekly interviews, weekly interviews combined with commitment emphasis to implement the treatment, and performance feedback. Performance feedback was associated with superior treatment implementation and a correlation with child behavioral outcomes. Treatment implementation for brief weekly interviews and the interviews combined with commitment did not differ at a statistically significant level.

The behavioral consultation model used in the above studies with the greatest success was developed by Bergan (1977) and has been used in classrooms, businesses, day treatment settings, therapeutic settings and outpatient facilities. It consisted of four steps in a consultative problem-solving model, namely:
1. Problem identification
2. Problem analysis
3. Plan implementation
4. Problem evaluation

Bergan later collaborated with Kratochwill (1980) and further defined the process as an interaction wherein a consultant helps a consultee solve a client-related problem. Primarily a verbal process, involved parties develop and implement the plan using consultant satisfaction with client progress as the key measure of successful outcome. There is not necessarily direct contact or interaction between consultant and client, rather the consultant instructs the consultee in the methods of treatment and intervention and assists the consultee through problem evaluation.

In direct behavioral consultation (DBC) the process adds additional components (Watson & Robinson, 1996). Rather than developing a plan with information provided by the consultee, the consultant directly observes the client and teaches the consultant skills through direct interaction with the client. The consultant models the desired behaviors and then gives the consultee an opportunity to practice while receiving feedback from the consultant. As the consultant becomes more proficient at each stage of consultation, the consultant fades interaction with the consultee. Additionally, there is an empirical component to DBC. Objective outcome measures are recorded and used to determine treatment efficacy and make possible changes during the intervention process. Watson & Turner (2008) described a model of DBC that:

1. Identifies the initial problem
2. Uses direct data collection
3. Analyzes and interprets data
4. Implements a treatment plan that uses the collected data
5. Evaluates the treatment outcome

Watson and Turner’s model utilizes current best practices in school psychology and was the basis for the following study.

The purpose of this study was to evaluate the effectiveness of didactic training versus performance feedback to increase treatment integrity in a behavioral intervention procedure by staff in a day treatment program. While didactic training has been shown to have some effectiveness in promoting initial gains, these gains often level off or decrease over time without additional follow-up. Training with components of DBC that included objective data collection, development of an individualized treatment plan that included modeling, rehearsal and performance feedback showed the greatest retention of skills, even after a significant elapse of time. It was hypothesized that some individuals would respond to didactic training alone and would maintain those gains over time. Other individuals would need more intensive training and a direct behavioral consultation model would be used.

Following a screening probe, those individuals whose performance was below 80% were exposed to didactic training. The rationale for a single data point or observation prior to intervention was modeled on several previous studies. Sholomskas et al. (2005) assessed clinicians’ baseline performance on three separate skills with a single observation of each skill per participant. Clinicians were again assessed at a four-week and three-month follow-ups post training. Lerman et al. (2008) gathered a single data point for nine subjects during the final four weeks of a school year and implemented a
multiple baseline across subjects during the ensuing school year in the intervention phase. Comparisons between training models in both studies were found to be statistically significant. In the current study, for individuals responding to didactic instruction alone, follow-up probes were a sufficient method for ensuring continued program integrity. For several staff, a more direct method was implemented. This was carried out on a targeted, individualized basis in the natural classroom environment utilizing a direct behavioral consultation method. Those staff who required DBC for a short duration to reach mastery were followed up with maintenance probes while those who continued to need individualized sessions received these sessions until proficiency was established. The prescriptive, targeted model extended the literature on staff training while encompassing real-time treatments for students with emotional and behavioral disabilities in a day treatment setting. Outcome measures specifically targeted staff performance and objectively quantified proficiency of a specific skill set necessary for effective program implementation in a day treatment setting for students with emotional and behavioral disabilities.

Method

Participants

Participants included five adult staff currently employed at a day treatment program in northern New England, a program serving school aged children identified as emotional and/or behavioral disabled. Inclusion criteria for this study included employment for at least three weeks and participation in didactic group training. Exclusion criteria included being in a supervisory role or assigned exclusively to a student in a more restrictive program. Subjects included three female and two male
participants with a mean age of 42 years eight months and a range of 27 years zero months to 62 years six months. Length of employment at the program ranged from three months to nine months with a mean of 6.9 months. All participants had a four year college degree and, at a minimum, State of Maine Educational Technician III certification.

All staff had been trained by a clinical supervisor prior to inclusion in this study. Training consisted of orientation to the program, review of the program manual, 1:1 orientation for brief applied behavioral analysis explanation, discussion of rationale for the behavioral principles applied in the program, extensive explanation of the skill point feedback component and how it drives the student’s success, shadowing of staff and students for several days prior to being assigned to students and opportunity for practice with a peer.

**Settings and Materials**

All sessions were conducted in classrooms containing desks, tables, chairs and accessory materials. The number of staff and students present in each classroom varied per session but observation and data collection occurred for a single staff during a single session only. Observations occurred at varying times throughout the school day.

All sessions were conducted at the day treatment program school or the student’s public school setting. Sessions lasted for the duration of the skill set, referred to in the program as Skill Point Feedback. Skill Point Feedback occurred ten times daily for each student and lasted for approximately 90-180 seconds each time. Staff was observed a maximum of two sessions per school day, morning and afternoon. Students were not negatively impacted as Skill Point Feedback is an integral component of their program.
and the expectation is to participate in Skill Point Feedback ten times during the school day. The experimenter, the participant, a student and occasionally another data collector for interobserver agreement were present during the sessions.

Target Behavior, Data Collection and Interobserver Agreement

The dependent variable was the percentage of components performed correctly by the staff during Skill Point Feedback sessions with a student. Each component was scored as observed, not observed or not applicable (no opportunity) based on the staff’s performance during the session. A component was scored as correct only if it was observed to be performed correctly on each opportunity during the session. The total number of correctly performed components was divided by the total possible components and multiplied by 100% for each session.

Interobserver agreement (IOA) was obtained on 35% of the screening data by one independent observer. For each session, the observers’ records were compared to determine agreement on the occurrence of a correct response, the absence of a response, or no opportunity for a response. The number of agreements was divided by the total number of agreements plus disagreements, and the quotient was multiplied by 100% to obtain the percentage of interobserver agreement for each session. Mean interobserver agreement for screening data was 91.1% with a range of 82.3% to 100%. The same procedure was used for treatment and follow-up IOA with the only exception being two independent observers used for treatment conditions. For treatment conditions (post didactic and direct behavioral consultation), IOA was obtained on 32% of the data collected with a mean interobserver agreement of 96.9% and a range of 89.4% to 100%.
IOA for follow-up was obtained on 33% of the data collected with a mean interobserver agreement of 100%.

**Procedure**

An initial screening was gathered for participants’ implementation of a specific skill set that is an integral part of the day treatment program. Skill Point Feedback occurred ten times throughout the school day and is a component of the program where staff provided specific feedback to students about their behavior during the preceding class session. Skill points are awarded/not awarded based on 5 consistent, observable behavior categories:

- **Skill Point 1**: on time, works on assigned activity, remains in area
- **Skill Point 2**: completes assigned activity
- **Skill Point 3**: uses safe words and actions
- **Skill Point 4**: cooperates with program and staff/uses respectful words and actions
- **Skill Point 5**: individualized for each student

It was possible for students to earn five skill points during each period with a maximum of 50 skill points available for each fully attended school day. The staff was instructed during initial orientation training in the appropriate scripting of Skill Point Feedback and given support during their first weeks on the job. The staff was trained to award/not award skill points contingent on observable behavior and to provide concrete examples of behaviors for each skill point discussed (e.g., “Skill Point 1 is on time, works on assigned activity and stays in area. You were in your seat and ready to work at the start of class, you worked on the English activity for the majority of class time but remember when you got out of your chair to go see your friend in the middle of class?”
You were out of your assigned area so you did not earn skill point 1.”). Additionally, data were collected by the staff during each session as to occurrences of problem behaviors, and assigned behavioral codes to indicate the type of transgression (e.g. (A)=aggression, (T)=threatening etc.). Total skill points were tallied at the end of each session and a goal was set for the upcoming session with support and feedback from the staff in assisting students with realistic goal setting based on performance during previous session. The entire Skill Point Feedback exchange could be completed in its entirety and with accuracy in 90-180 seconds (as determined by observation and experimenter trial).

Using initial screening data collection, a percentile score was calculated for each staff member by dividing the total number of observed target behaviors by the optimal number of target behaviors and multiplying by 100%. The optimal number of target behaviors was always a maximum of 23 (see Table 1). Screening data were graphed for all staff who then participated in Phase One Training, described below.

**Phase One Training:** Didactic training was provided by the author for all available staff in the implementation of Skill Point Feedback. This training consisted of a review of manual sections (ACHIEVE, 2010) outlining rationale and relevance of Skill Point Feedback, identification of core behavior management systems used in a day treatment program in Northern New England and examples of the skill point system in practice. Demonstration by the presenter included examples of ineffective and effective Skill Point Feedback with opportunities for staff to ask questions and clarify points. After the interactive lecture session, role-play was completed with staff role-playing both students and staff with corrective feedback and support provided by the presenter. The presenter completed the training with a demonstration of a 90-second
sample script of a feedback session. Each staff member was provided with a written packet containing the information covered during the training session as well as a sample script for Skill Point Feedback. The duration of the training session was approximately 45 minutes.

**Phase Two Training:** Those participants whose performance was below 80% after receiving didactic training received direct behavioral consultation, staggered across participants. Direct behavioral consultation included direct teaching of the skill set to individual staff, modeling the skill set with the student while staff was present, measuring treatment integrity and promoting generalization of skills. Individual participants whose performance exceeded 80% during any phase portion of the study continued to be monitored via weekly observation and data recording. If, after exceeding 80% and being placed on monitor status, a participant’s performance fell below 80%, an individualized booster-training component was implemented.

Data collection included direct observations while participants implemented the Skill Point Feedback component of the program. Data recording of the participant’s program implementation was conducted using a “pen and paper” method. These data were graphed for visual analysis.

**Experimental Design**

The effects of the training on teacher behavior were evaluated in a multiple baseline across subjects design. Each participant served as his/her own control and performance prior to intervention was compared to performance during and/or after intervention. Additionally, two participants for whom screening data were collected but who were not available on the day of the didactic training served as de facto controls for
reactivity to experimenter presence. Interventions were introduced in a temporal sequence across participants with a minimum of three data points between interventions. Follow-up probes were collected following a two-week vacation between the end of the school year and the beginning of the first summer session.

Results

Figure 2 shows S1, S2, and S3 during screening, post didactic training, post direct behavioral consultation and at follow-up during summer session two weeks later. Screening percentages were below the established criteria of 80% for all three subjects (17%, 34.7% and 26% respectively). For S1, didactic training resulted in an initial increase in performance but there was a subsequent falling off over time. S1 failed to reach mastery at any time with didactic training alone. S2’s initial screening of 34.7% trended upward for three sessions to reach a maximum of 65% then exhibited some instability and fluctuation before dropping to a below-screening performance of 21.7%. S3 had the greatest overall increase post didactic training with a substantial increase from a screening of 26% to 73.9% in the first session. S3 continued the upward trend, reaching a mastery level of 82.6% by the second session post didactic training but demonstrated a pattern of decreasing performance, dropping to 56.5% at session five and 52% at session eleven.

Post direct behavioral consultation, S1 initially performed above criterion level with 82.6% for session one. Sessions two and three post direct behavioral consultation were 73.9% and 69.5% respectively while the remainder of the post direct behavioral
consultation sessions were all above criterion level with a range of 81.8% to 91.3% and a mean score of 89.2%. S2’s post direct behavioral consultation results were all above criterion level with a range of 86.9% to 100% and a mean score of 93.1%. S3’s post direct behavioral consultation results were also all above criterion level with a range of 86.9% to 100% and a mean score of 93.9%. At a two-week follow-up between the end of the school year and the beginning of the summer school session, S1 and S2 both maintained their high level of treatment accuracy with performance scores of 95.6% and 95.6% each. S3 did not return for summer employment.

Figure 3 shows S4 and S5, the control staff members, at screening and at multiple data points over time. S4 demonstrated a very stable and predictable pattern of responding with a screening score of 47.8% and four out of five subsequent scores in the mid forties range. S4’s score at the two-week follow up was 47.8%, again demonstrating a very stable and predictable pattern of performance. S5 exhibited a more unpredictable pattern of responding with a screening score of 30% and subsequent scores ranging from 26% to 52% with a mean of 41.9%. S5 was not available for observation during the summer session trials.

S6 and S7 were individuals who participated in screening data collection and didactic training but whose performance scores post didactic training met criterion level for mastery. They were subsequently placed on monitor status and observed at random intervals. As their performance consistently met or exceeded criterion, there was no need for additional booster sessions for these individuals. S6’s scores had a range of 86.9% to 100% with a mean of 91.8% while S7’s scores ranged from 90.9% to 100% with a mean of 95.5% and these scores are shown in Figure 4.
Discussion

The purpose of the present study was to extend the literature on staff training with staff members working with students with emotional and behavioral disabilities in a day treatment setting. The prescriptive, targeted model sought to use a least-to-most intensive training model on a staff by staff basis by carefully reviewing empirical data and designing the most appropriate treatment intervention strategy. At screening, only one of the thirteen staff was at mastery level of 80% (see Figure 1). Following didactic training, two staff members exceeded and maintained mastery (see Figure 4) lending support to the idea that didactic training is effective for a small number of individuals. The majority of staff members required more intensive training to meet and sustain mastery and this need only became evident with careful review of objective performance evaluation data. The subject pool decreased from eleven possible participants to three due to illness, absences, injuries, assignment to a student who had graduated from the feedback component of the program, promotion to a supervisory role and/or resignation from the program. Once mastery was met it was maintained without need for further booster sessions, even after a two-week school vacation and lapse of skill practice. The use of a direct behavioral consultation model was supported through the findings in this study.

The results of this study have several implications for practitioners. First, the importance of collecting data on treatment integrity must be emphasized. There should be consistent assessment of staff performance to insure the program is being implemented as designed. Second, the importance of objective determination of the effectiveness of staff training (e.g., observations and recordings of the staff member’s response to the training) is another critical component. It cannot be assumed that once a skill is trained, it is
retained. It must be taught to mastery and implemented correctly over an extended period of time. Third, the tailored training, or prescriptive method, is cost effective and economical in terms of time allocation. As training is based on staff performance (didactic vs. direct behavioral consultation), there is a direct application of services and targeted intervention. This is important because for staff who are responsive to didactic training alone, resources can be focused on other staff who require a more direct form of training. Finally, the use of DBC as a strategy for increasing and maintaining staff performance was demonstrated to be effective thereby offering further support for the efficacy of DBC (e.g., Harchik et al., 1992 and McGimsey & Lutzker, 1995). Additionally, staff who received DBC reported increased knowledge of skills as well as an improved ability to implement the skill set.

This study demonstrated the applicability of DBC with staff working with students enrolled in both day treatment and mainstream settings. This method increased knowledge and skills, the data collected were unobtrusive, and feedback was given in the context of the typical student environment with no need for pull out sessions. As it was directive and constructive in nature, the staff received immediate feedback and direct instruction that resulted in improved performance as opposed to indicators of failure or omission after a time delay.

Some limitations of this study included S3 being unavailable for follow-up during the summer session, the variability of student behavior during the observed sessions that may have positively or negatively impacted staff performance, and variability of participants’ schedules that may have resulted in an inability to observe sequential days and resulted in a less than optimal treatment design. S7’s move off campus to work with
an individual student precluded further collection of data but was included nonetheless to show the possibility of positive impact from didactic training alone. Because S7’s performance was beginning to trend downward, it was not possible to make predictions as to outcome performance. S7’s next data point may very well have fallen below criterion level.

Future research directions include the implementation of direct behavioral consultation over broader aspects of day treatment programs. This study focused on a very small component, albeit a critical one, in a program for students with emotional and behavioral disturbances. Staff responded quickly to a prescriptive model of training and implemented a program with increased integrity. As the objective measure was staff performance, further research is needed on long term outcomes related to student performance. For example, this might include providing direct behavioral consultation services to increase staff performance and concurrently recording changes in student behavior. Specifically related to the current study, this could involve increasing staff’s accuracy in providing Skill Point Feedback and corresponding improvements in student behavior (e.g., increases in prosocial and decreases in interfering behaviors).

This study focused on supervisor directed performance feedback. An additional future research direction could include peer training and support vs. the more traditional supervisor feedback role to ascertain possible outcome differences due to hierarchy and differentiation among roles. Should peer training have similarly robust results, this would translate into sustainability in school settings within the existing staffing framework.
References


Figure 1: Total percent of accurate skill point feedback by staff at initial screening
Figure 2: Percent of performance per session for S1, S2 and S3 during screening, post didactic training, post direct behavioral consultation and at follow-up.