

2009

Behavioral skills training with teachers: Maintenance and booster training

Israel B. Miller

University of South Florida

Follow this and additional works at: <http://scholarcommons.usf.edu/etd>



Part of the [American Studies Commons](#)

Scholar Commons Citation

Miller, Israel B., "Behavioral skills training with teachers: Maintenance and booster training" (2009). *Graduate Theses and Dissertations*.
<http://scholarcommons.usf.edu/etd/2104>

This Thesis is brought to you for free and open access by the Graduate School at Scholar Commons. It has been accepted for inclusion in Graduate Theses and Dissertations by an authorized administrator of Scholar Commons. For more information, please contact scholarcommons@usf.edu.

Behavioral Skills Training with Teachers: Maintenance and Booster Training

by

Israel B. Miller

A thesis submitted in partial fulfillment
of the requirements for the degree of
Master of Arts
Department of Child and Family Studies
College of Behavioral and Community Sciences
University of South Florida

Major Professor: Kimberly Crosland, Ph.D.
Committee member: Timothy Weil, Ph.D.
Committee member: Rusty Clark, Ph.D.

Date of Approval:
July 14, 2009

Keywords: evaluation, applied behavior analysis, staff support, special education, teacher
training

© Copyright 2009, Israel Miller

Table of Contents

List of Tables	ii
List of Figures	iii
Abstract	iv
Introduction	1
BST for Teaching Prevention Skills	2
Other BST Training	5
BST with Teachers	6
Teacher Maintenance of Skills After BST	10
Method	13
Participants and Settings	13
Procedure	13
BST Curriculum	13
Pre and Posttests for Initial BST	15
Initial BST Training	16
Prebooster Training Assessment	16
Intervention	17
Postbooster Training Assessment	17
In-Situ Probes	18
Target Behaviors and Data Collection	18
Interobserver Agreement	19
Experimental Design	19
Social Validity	20
Results	22
Social Validity	26
Discussion	27
References	29
Appendices	33
Appendix A Tool Checklists	34
Appendix B Tool Definitions and Examples	39

List of Tables

Table 1	Separate percentage scores for all assessments.	25
---------	---	----

List of Figures

Figure 1	Average percentage of steps performed correctly pre and post booster training.	24
----------	--	----

Behavioral Skills Training with Teachers: Maintenance and Booster Training

Israel Miller

ABSTRACT

Behavioral skills training (BST) has been employed within many different populations to effect change in the way of reduction or acquisition of behaviors. For this study, a multiple-baseline across participants and modified ABAB design were employed. Analogue assessments and in-situ probes were conducted with three teachers following an initial training which occurred several months previously. These pre-assessments were followed by a separate booster training session for each individual teacher which lasted three and a half hours or less. Following the training, analogue and in-situ post assessments were conducted with each teacher. The independent variable was the booster training and the dependent variable was the percentage of steps performed correctly within each of the tools across assessments. Results showed the booster training to be effective in raising teacher scores as measures of performance of skills learned in the training to higher than those before the training. Some were even higher than the posttraining scores of the initial training. These results suggest that a booster training was effective in helping to raise scores following many months following the initial training.

Introduction

Behavioral Skills Training with Teachers: Maintenance and Booster Training

Behavioral skills training (BST) has been employed with many populations for a variety of purposes. BST contains 4 components: 1) instructions, 2) modeling, 3) rehearsal, and 4) feedback (Stewart, Carr, & LeBlanc, 2007). Instructions involve specifically describing the behaviors in which the learner is to engage as well as the conditions under which the behaviors are to occur (Miltenberger, 2008). Modeling involves showing an example of the behavior to the learner. During rehearsal, the learner carries out the behavior with a trainer providing feedback in the form of praise for executing the behavior accurately and correction for parts inaccurately executed (Miltenberger, 2008). Some of the first studies which employed BST helped professionals in developing counseling skills (Haase & Dimattia, 1970) and helped unassertive people behave more assertively (Alden, Safran, & Weideman, 1978). Due to BST's success, it was then used in research with several other areas and populations.

As previously mentioned, behavioral skills training has been employed with a variety of populations and for a variety of purposes to aid the learner in acquisition of behaviors and skills. Some of these purposes include sexual abuse prevention for women with mental retardation (Egemo-Helm et al., 2007), teaching abduction prevention skills to children at risk for sexual abduction or abuse (Johnson et al., 2006; Miltenberger & Thiesse-Duffy, 1988; Poche, Brouwer, & Swearingen, 1981), teaching gun-safety skills to children at risk for misuse of firearms (Gross, Miltenberger, Knudson, Bosch, Breitwieser, 2007; Kelso, Miltenberger, Waters, Egemo-Helm, & Bagne, 2007), HIV-

prevention interventions (Kirby, Barth, Leland, & Fetro, 1991; Albarracín et al., 2005;), helping staff with implementation of discrete trial teaching (Lafasakis, & Sturmey, 2007; Sarokoff, & Sturmey, 2004), teaching correct instrument-playing posture (Dib, & Sturmey, 2007), teaching fire emergency skills (Jones & Kazdin, 1980; Jones, Kazdin, & Haney, 1981) and treatment of long-term personal avoidance of someone diagnosed with generalized social phobia (GSP) and avoidant personality disorder (APD), symptoms of which included coronary palpitations, sweating, decreased appetite, sleep disturbance, crying, and difficulty concentrating (Hyman & Schneider, 2004).

BST for teaching prevention skills

Poche et al (1981) were the first to find that behavioral skills training was effective in teaching abduction prevention skills to children. In this study, suspects issued lures to children. Responses from children were evaluated within two categories: 1) what the child said to the suspect, and; 2) whether the child stayed in or left the area. Responses were evaluated before BST training and then following BST training to determine if BST would have an effect on child responses. Behavioral skills training consisted of two adults modeling a lure and correct responses for the children (i.e. one adult issued a lure and the other adult modeled the appropriate behavior following such a lure), practicing correct responding with the children and giving social reinforcement contingent on correct responding. Before training, children made incorrect responses to lures both on school grounds and in the community. Conversely, after training, all children responded correctly to all three lures in the across both school and community environments, showing strong evidence of the effectiveness of behavioral skills training.

In a study by Johnson et al. (2006), a comparison of two methods of teaching children was evaluated to determine if BST was more effective alone or coupled with in-situ training. One group received behavioral skills training regarding correct responding to potential abductor lures while the second group received the aforementioned training as well as an in-situ training component. During BST with in-situ training—that is, training that occurs in the natural environment after an in situ assessment in which the child fails to use the skills (Miltenberger, 2008)—a child was left alone while the trainer watched unseen. A person would then approach the child and issue a lure. Upon a correct response, the trainer appeared and issued praise to the child. If the child did not respond correctly, the trainer gave corrective feedback, modeling and more instruction until the child exhibited the correct behavior. A third group, the control group, was assessed prior to skills training and then received one BST session. This group was included to contrast with both other groups who had more than one BST session as part of their group procedures. Assignment of each child to a group was done randomly.

Results showed that both groups with behavioral skills training scored significantly higher on assessments than children in the control group. Though both training groups' scores did not differ significantly at post-test, 1 week, or 1 month follow-up assessments, they did differ significantly at the 3-month follow-up. These results showed that although both methods were initially effective, the in-situ component appeared to enhance maintenance effects of training. It is notable that four children withdrew from the study, three due to being afraid of being left alone. Repeated assessments of the control group over time were not completed to see if changes in safety skills occurred.

In one study conducted by Kirby, Barth, Leland, & Fetro (1991), using a BST curriculum called Reducing the Risk, adolescents were first taught information about sexuality, reproduction and contraception. Following this, the children were trained in making decisions and communication skills to resist pressures to engage in sexual behavior and then given many opportunities to practice using these skills in difficult situations. The difficulty of these situations increased throughout the curriculum and the students were expected to role play with less help from reading materials or instructors as they progressed through the course. One of the main goals of the curriculum was to teach children to avoid unprotected intercourse. Comparison classes were given instruction other than Reducing the Risk. These classes consisted of the current instruction teachers were already giving about sexuality. Therefore, the effectiveness of Reducing the Risk in comparison to other courses was evaluated. At pretest 11 percent of both groups had reported engaging in unprotected intercourse. At a post training follow-up of 18 months, 13 percent of the treatment group had reported engaging in unprotected intercourse as opposed to 23 percent reported by the comparison group. The results show that the curriculum, Reducing the Risk, may have delayed engagement of intercourse with some but not with those who had already previously engaged in intercourse (Kirby, Barth, Leland, & Fetro, 1991). This shows the BST curriculum may have been effective in preventing some sexual behaviors.

Research on prevention has shown that those studies which employ BST in the teaching of various skills achieve significant and positive results in altering behavior. There are several other purposes for which BST is employed.

Other BST Training

Sarokoff and Sturmey (2004) evaluated the effects of BST on therapist implementation of discrete-trial teaching. In baseline, therapists were given a list of steps and instructed, “do the best you can.” Ten trials were completed within 5 minutes. During training, the instructor first gave the teacher the same list and reviewed each component. Then the teacher was given graphic and verbal feedback from her baseline performance. In rehearsal, the teacher went through three discrete trials with the child while the instructor was present. The instructor then gave descriptive and positive feedback as well as corrective feedback on what she might improve upon in the future. In modeling, the teacher conducted discrete trials focusing on the components on which the teacher needed practice. Then both instructors alternately taught three discrete trials until ten minutes had passed. After training, the teacher was given the same instruction from baseline, “do discrete trial teaching to the best of your ability” and the teacher followed the instructions without assistance from the instructor. There was approximately a 50% increase in correct skills teaching for each teacher from baseline to post-training. The researchers did not evaluate which components of the package were necessary to train staff.

Behavioral skills training has also been used for teaching skills to use in fire emergencies (Jones & Kazdin, 1980; Jones, Kazdin, & Haney, 1981). In the latter study, children were taught the actions needed in response to fires in their homes. Each child’s performance of these skills only increased after BST training. The skills maintained at follow-up appointments.

In a BST study by Dib and Sturmev (2007), three typically developing girls were taught correct posture (both feet flat on the floor, back and neck straight, and holding flute parallel to the floor) during flute playing. The girls were instructed first on the rules of correct posture, the posture was then modeled by the teacher, the girls were given opportunities to practice the correct posture, and descriptive and corrective feedback were issued until each student played two songs consecutively with 100% correct posture. Scores went from 0% in baseline to 100% after behavioral skills training. This study was limited in that correct posture was the only thing measured though many other flute-playing behaviors could have been observed. Posture may have improved with less intensive training though it was found that modeling alone was not enough because the girls indicated that they knew correct posture in the teachers' example though they did not display it in baseline.

BST with teachers

Several methods of teacher training have been employed in the past three or four decades to help teachers acquire certain skills or information. As the years have passed, the focus in training has progressed from evaluating the effectiveness of individual components to more often including several or all components of BST in a teacher training package.

Harris, Bushell, Sherman, and Kane (1995) applied the BST components of instructions, feedback, and praise, in attempts to improve the behavior of volunteer teachers who worked at a training center for teachers from several districts. These volunteers were requested to instruct their students from a required text. This way, visiting teachers could view a standard model whenever they came to the facility.

However, many of these volunteer teachers were not constant in their use of the text even when they were instructed to use it. The instructions, feedback, and praise intervention only had a significant effect on the behavior of one teacher. However, when bonus payments were added as incentives to the other three variables, there was a significant change in the behavior of all four teachers. Limitations were that stipends or bonuses were not always available. This type of program could be implemented to work according to each schools circumstance to benefit all involved.

Sloat, Tharp, and Gallimore (1977) provided 5 teachers with six one-week workshops over a period of 16 weeks. The training components of didactic instruction, modeling and role playing, videotape feedback, direct coaching, graphic feedback, and graphic feedback with goals were implemented in a sequential manner with the goal of finding out the point at which no more teacher improvements were seen with more training (additional components). Graphic feedback with goals was the same as graphic feedback except that the former included a line on a graph which represented the goal level they were to reach for the following week. The goal of the study was to find out the effects of these components on the frequency of two kinds of teacher praise: academic (related to school work) and management (not specifically referring to academics). Other measured variables were positive physical contact, rules statements, commands, desists, and verbal negatives, such as threats or scolding. Only management and academic praise were observed in 10% of intervals. The other subcategories were observed in 4%. There was little change from baseline until a modeling component was implemented. Except for the final component, graphed feedback with goals, the highest mean total praise happened during videotape feedback with a 53% increase over baseline. There were

decreases in the total praise rate before, during, and after coaching. One limitation of the study was that teachers complained of feeling so pressured to achieve high levels of praise during the graphic feedback with goals component that they were unable to focus on other parts of their teaching. Also teachers were not permitted to participate in the setting of criterion which may have increased their stress and, as a result, quality of teaching suffered. In the future, given the expense of feedback from high-cost observers in comparison to other methods used in training, it might be sufficient for teachers to provide feedback to each other.

A study by Sparks (1986) sought to discover whether changes in teaching practices within three groups of teachers (n=19 total teachers) were the result of differences in training activities. Groups attended four weekly workshops of 2.5 hours each after school. These workshops included examination of observation profiles, learning research on effective teaching routines, and practice and discussion of these routines. For five minute intervals, which were each separated by the same amount of time, an observer coded the interactions of the teacher and students. This was done to help teachers increase student time on task and improve their interactive instruction. A comparison of groups was carried out. The first group received only workshops. The second received workshops and the results of two classroom observations by a peer. During these classroom observations, the peer would record off-task behavior of children as well as interactions between children and the teacher on a seating chart. Group three received workshops and two classroom coaching sessions from the instructor. The peer observation training activities appeared to be more powerful than the workshop-only or coaching activities. Several teachers mentioned getting new ideas from teachers they

watched. One teacher mentioned that peer observations helped them feel more at ease with each other. One limitation of this study is that differences in scores could have been due to differences between groups showing the possibility that peer-observation was not as effective as perceived. The long-term effects of this training should be studied in the future. This study shows that trainer-provided coaching may not be worth the time and money required but that peer interaction may be effective and less costly and time consuming.

Slider, Noell, and Williams (2006) looked at a method of training in which teachers were offered a skills training package which offered on-the-job professional development, was brief to administer, and was accessible at the teachers' discretion. Three teachers with Master's degrees were given training packages on 3 skills: instruction-giving, praise, and time-out procedures. The training packages included a summary card with steps and operation definitions of management procedures which had been shown to be effective in managing children. Also included were modeling videotapes explaining the reason for the skill and both correct and incorrect role play examples with explanations. Scores of all three teachers increased and were maintained at high levels at follow-up probes. The benefits of the package were its brevity and the fact that it was self-administered. One limitation of the study was that the sample of teachers was not random enough to generalize the results to larger populations of teachers.

Performance feedback has been employed to train teachers (Mortenson & Witt, 1998; Noell, Witt, Gilbertson, Ranier, & Freeland, 1997; Reinke, Lewis-Palmer, & Martin, 2007). Reinke, Lewis-Palmer, and Martin (2007) evaluated the effects of visual

performance feedback (VPF) on teacher use of behavior-specific praise. Three consultation meetings were held throughout the study. In the first meeting, the teachers were taught the differences between behavior-specific and general praise and how use of the former can decrease disruptive behavior. They were given a chance to practice using behavior-specific praise. They were also instructed on deciphering graphic data before the VPF phase. Teacher praise and disruptive student behavior were then recorded. In the two other meetings (held on days 12 and 22), difficulties related to implementing effective praise and solutions were discussed. After the initial meeting, no increase in praise was found. During the visual performance feedback phase, there was an initial increase in the use of behavior-specific praise from all three teachers but afterwards, for teachers one and two, this praise decreased. An increase in praise to student's peers throughout each classroom was also noted. At follow-up, the effects were not maintained. The novelty of the VPF, provided daily, may have decreased over time, thus leading to a decrease in praise. The effects of fading weekly or daily feedback after more praise constancy may be assessed. It may also be beneficial to assess the effects of different types of feedback on teacher behavior, as well as taking into account the teachers' feedback preferences. Future research may also focus on ways to maintain effects of visual performance feedback.

Teacher Maintenance of Skills after BST

No known published research has been found on the maintenance of skills after BST with teachers. However, some studies have evaluated booster training as a means of maintaining skills. Booster training has been employed in alcohol treatment (Connors & Walitzer, 2001; McCrady, Epstein, & Christopher, 2004; Walitzer & Connors, 2007),

anger management (Kellner, Bry, & Colletti, 2002; Kellner, Colletti, & Bry, 2003), eating disorders (Grave, De Luca, & Campello, 2001; Perri, McAdoo, Spevak, & Newlin, 1984), depression (Baker, & Wilson, 1985; Simons, Rohde, Kennard, & Robins, 2005) and with couples (Braukhaus, Hahlweg, Droeger, Groth, & Fehm-Wolfsdorf, 2003) smoking cessation (Metz, Floter, Kroger, Donath, Piontek, & Gradl, 2007) and in training parents (McDonald, & Budd, 1983; Van Camp, Montgomery, Vollmer, Kosarek, Happe, Burgos, & Manzollilo, 2008).

McDonald and Budd (1983) studied the effects of booster training sessions on maintenance of parent's skills useful in the management of children's behavior. The parent was first given an initial training which consisted of reading assignments, clarifying principles through discussion, answering questions, and explaining how the principles could be applied to behavior problems. Following this training, the parents' improvements in management of her child's behavior were not shown to be consistent. Booster training sessions of one hour were implemented across two parenting skills in a multiple baseline design and there was significant improvement in the behaviors of both parent and child. When follow-up data were collected at ten weeks, it showed that these improvements had continued.

Van Camp et al. (2008) attempted to determine if giving a 6-hr booster session several months after a 30-hr training course would increase maintenance of skills obtained during training. Thirty-nine foster parents were first trained in a BST training program (i.e. positive parenting curriculum). They were given pretests before being trained in the curriculum, which contained all the steps of BST. After training, they were issued post-tests which assessed skills acquisition. Assessment of skills was done via

role plays during both pre- and post tests. Several months (i.e. 8 to 35.5) later, 8 foster parents participated in a 6-hour booster training session. The first and last hours were both spent in assessments. Therefore the information was reviewed in about four hours. Prior to the booster training, assessments showed a decrease in scores from the post-test following the original training. Each step of nine tools was reviewed using informational slides. The steps were then demonstrated by the trainers, one participant showed the skill to the rest of the class, and then asked questions and discussed how the tools were used in their homes. Scores following booster training suggested that booster training was effective in improving the accuracy of skills to what they were after the original 30 hour training.

This research suggests that booster training might be effective in the maintenance of skills gained from BST. However, it is unclear which components are essential (e.g. component analyses might be conducted to determine what components are necessary). Additionally, there is no known research on the effectiveness of booster training on the maintenance of skills gained by teachers after BST. The purpose of this study was 1) to determine if reductions in the skill levels of teachers occurred several months after an initial BST intended to improve skills for interacting positively with students and 2) to evaluate the effectiveness of a booster training for increasing skills to original posttraining levels after the initial BST.

Method

Participants and Settings

The study was conducted at a small private charter school in Tampa, Florida. This school has seven classrooms and approximately 70 students from kindergarten to eighth grade with an average class size of eight students. Students with attention, speech, language, learning, hearing, and behavioral issues as well as those with autism spectrum diagnoses attend this school. Three female teachers at the charter school participated in the study. Helen and Harriet both had at least 5 years of experience teaching special education classes and Ginny had approximately 3 years experience in teaching special education classes. Ginny and Helen were in their fifties and Harriet was in her thirties. All three teachers had completed an initial BST approximately 12 months prior to taking part in this study. The initial training and assessments were conducted in a classroom at the school. The booster training and assessments in this study were also conducted in school classrooms either during, before, or after school hours. Teachers received a small stipend (e.g. in the form of gift cards) for their time to complete the training and the assessments.

Procedure

BST Curriculum. The intervention was a behavioral skills training program, originally developed by the Behavior Analysis Services Program (BASP), with the goal of reducing the number of out-of-home placements for children in the foster care system by giving caregivers “tools,” or behavioral interventions to help them manage the

behaviors of children. The tools are based on general behavior analytic principles for decreasing problem behaviors and increasing appropriate behaviors and skill acquisition.

The original curriculum was designed for caregivers, but BASP was interested in piloting the tools with teachers since the tools are universal and applicable across settings, to determine if teachers could learn the tools and implement them in classroom situations. The tools are meant to be used to teach teachers appropriate ways to interact with children which will then lead to increases in appropriate behaviors in those children. Within the curriculum each tool is divided into steps via task analysis. Teachers are taught the material through instruction with a trainer using powerpoint slides. The trainer then models the tools and the teacher has the opportunity to rehearse the tools and to be given feedback on their performance. Each teacher is then scored using checklists with complete task analyses for each tool (Van Camp et al., 2008). A total of five tools were employed in the current study. The first tool, Stay Close, was created to help improve the relationships between caregivers and children by teaching caregivers to provide attention by interacting positively and providing non-contingent reinforcement. It is employed to make the attention of caregivers more desirable to the child (Crosland et al., 2008). The second tool, Use Reinforcement, involves giving reinforcement contingent on appropriate behavior (Van Camp et al., 2008). This tool is used to increase preferable behaviors and decrease non-preferred behaviors (Crosland et al., 2008). The third tool, Pivot, and the fourth tool, Redirect-Use Reinforcement, both involve extinguishing behavior maintained by attention and differentially reinforcing appropriate behavior. Ignore junk behavior refers to withholding attention for behaviors which are undesirable but not harmful. Pivot is used to decrease inappropriate behavior and increase behaviors that are

appropriate (Crosland et al., 2008). Set Expectations involves a verbal agreement between the parent and child for a given task, and a reinforcer for fulfilling the task can be earned by the child (Van Camp et al., 2008). It is used to strengthen appropriate behaviors (Crosland et al., 2008). (See Appendix B for summary table of tools explained).

The curriculum is taught using a behavioral skills training method. First, participants are taught about the tools. Next, the tools are modeled for them. The participants are then given the opportunity to practice the tools via role plays and are given corrective feedback on their performance.

Pre and Posttests for initial BST

Pre and posttests for all five tools were conducted before and after the initial BST training. Before the initial training, the skills of every teacher in relation to each tool were assessed. The researcher would meet individually with a teacher and verbally describe a hypothetical life scenario (e.g. a child walks into the room and looks really sad). Then the researcher would instruct the teacher to act just as he/she normally would if actually in this situation. When the teacher had ample time to complete the steps of the selected tool, the researcher would stop them, thank them and move sequentially through the other tools in a similar manner (i.e., via role play scenarios) until each was subsequently completed. Situations given to the teachers were different across tools and each gave the opportunity for teachers to engage in appropriate behaviors for each task-analyzed tool. The same situations for each tool were used for both the pre- and posttests in the initial BST.

Initial BST training. The initial BST training of this study consisted of pretests, training, and posttests. Following the pretests, the teachers received behavioral skills training (on the curriculum described above) once a week for approximately two hours each session. During each session, the teachers met as a group while the researchers instructed them on the tool for that week and modeled the tool. Then, the teachers rehearsed the tool on which they had received instruction and modeling and received feedback about which steps they completed correctly and on which ones they could improve. During the last meeting with these teachers, posttests were administered in the same manner they were administered in pretests to assess skill levels regarding tool use.

PreBooster Training Assessment. Approximately one year following the initial teacher behavioral skills training (described above), the teachers' skill levels were assessed again via role plays. Teachers acted out role plays which were slightly different than those used in the initial training, in that they were tailored to situations that might occur in the school environment, but contained all the necessary components to accurately assess skill levels, while data collectors recorded the steps that were either correct or incorrect (e.g., a check mark was placed in the yes, no, or N/A column by each step in the task analysis of each tool; a score of N/A which meant that the researcher acting as the child in the role play did not perform a particular step which would normally act as a discriminative stimulus leading to the teacher's next correct response). Scores for the prebooster assessments acted as the baseline for the present study. The function of the prebooster training assessments was to determine if scores had maintained or dropped in the months since the original training.

Intervention. Though it is clear that booster trainings are used to maintain the effects of a particular intervention over time by providing more treatment after the original intervention has ended (Wilson, 1992), it is less clear what each involves as they differ from study to study (Eyberg, Edwards, Boggs, & Foote, 1998). For this study, a booster training was performed in an attempt to maintain teacher skill levels or improve skill levels if they had dropped. This was done using a behavioral skills training format (i.e. instructions, modeling, rehearsal, and feedback). First, the primary researcher briefly reviewed each of the five tools that were taught in the initial training by instruction to the teachers from a powerpoint slide presentation. Modeling of the steps of all five tools was then carried out. Following the modeling, the teacher was asked to exhibit the steps of the tools by participating in role plays. Specifically, those steps which were missed during pre-assessments were the focus during instruction and modeling though the other steps were briefly reviewed as well. Therefore, prebooster assessments were actually a type of functional assessment tool which allowed the primary researcher to tailor the focus of the booster curriculum for each teacher though each teacher received a review of all of the tools. Each booster training (i.e. a separate training for each teacher) lasted two to three and a half hours and took place during one session. The same material was covered for all teachers. Session length varied due to the amount of questions, comments, and discussion topics in which each teacher was involved. The full study, including all training and the pre and posttests, was conducted over the course of approximately three months.

PostBooster Training Assessment. Following the booster training, post booster assessments were conducted with each teacher. They were conducted identically to the

pre booster assessments except that different, though similar, role play scenarios were employed.

In-situ probes

At least one prebooster in-situ probe and one postbooster in-situ probe was conducted with each participant by the primary researcher and one research assistant. During each probe, three tools were assessed (one exception to this rule occurred when no behavior was observed by either data collector which would allow for the third tool, pivot, to be scored). The researchers entered the classroom of the selected teacher and observed the interactions of the teacher with his/her students. Upon seeing a possible opportunity to engage in one of the tools, the researcher said, for example, “show me Stay Close with that student” while discreetly pointing out the student. As the teacher performed the steps in the selected tool, the researcher scored those steps using the checklist for that particular tool. The same tools (i.e. Stay Close, Use Reinforcement, and Pivot) were assessed before and after the booster training. A secondary observer was also present and recording responses for approximately half of the in-situ probes. Conducting these in-situ probes provided for an assessment of skill acquisition in a more naturalistic setting as compared to the analogue setting in which the other assessments occurred.

Target Behaviors and Data collection

Data was collected by the primary researcher and three assistants using tools checklists. There is a separate checklist for each tool which includes a list of tasks or steps to be completed for each tool (see Appendix A for checklists). As the teacher acted out the tool, the data collectors put a checkmark in the column entitled yes (i.e.correct),

no (i.e. incorrect), or N/A next to each step in the tool. If the researcher who played the role of the child was supposed to say something which, in turn, acted as a prompt for a certain teacher behavior but the researcher forgot to say it, the N/A box was checked because the teacher was never given the opportunity to respond.

Interobserver Agreement

Interobserver agreement was calculated by comparing the scoring of the primary researcher with those scores of the assistant(s). Agreement was shown when responses were the same between researchers (i.e. both scored a particular step in the same manner). The average percentage agreement for each skill was calculated by dividing the total number of agreements by the total number of steps and multiplying the result by 100. Reliability was calculated for all analogue assessments and 55.6 percent of in-situ assessments.

Helen's average percentage agreement for analogue assessments was 77.8, Ginny's average percentage agreement for analogue assessments was 83.3, and Harriet's average percentage agreement for analogue assessments was 81.1. Average percentage agreement scores for in-situ assessments for Helen, Ginny, and Harriet were 85.3, 80.5, and 93.3 respectively.

Experimental Design

There were two designs used within this study. The first was a modified phase change ABAB design similar to that used by Barlow, Hayes, and Nelson (1984). In these designs, time passing without training was considered a variable connected to treatment. A true reversal design could not be conducted because the first two phases of data refer to an original training, not taught by the present researcher, which the teachers one year

prior to the proposed booster training conducted in this study. It is not, however, possible to remove the skills that were already taught in the initial training in order for it to be a true reversal design.

In this study, the first A phase was baseline before the initial training. During this phase, none of teachers had received any training. The B phase that followed was the first posttraining phase (following the initial 15-hour training). The second A phase contained assessments which were begun approximately 12 months after the initial training and just prior to this studies' booster training. The degree of similarity between this phase and the first pretraining and posttraining phases indicated how well the skills had maintained (Van Camp et al., 2008). It was hypothesized that the time between the last treatment phase and the booster training would result in changes in skill levels for the teachers (i.e. a decrease in the implementation of the independent variable). Therefore, the booster training was implemented as the second intervention phase. Additionally, a concurrent multiple baseline design across participants was employed throughout the booster training phase of the study (e.g. last two phases).

Social Validity

Following the study, each teacher completed a social validity questionnaire. The purpose of the social validity measure was to learn how valuable interventions were to those expected to benefit from those interventions (Baer, Wolf, Risley, 1968) so that the results might inform the current researcher and others of important intervention components, how to improve assessments and interventions, and issues related to the feasibility of interventions. This particular questionnaire included three statements rated on a Likert scale: 1) Through this study, I gained valuable skills which will help me in

my teaching; 2) I felt like the booster training helped me remember again and/or maintain skills which I had originally acquired during the initial training and; 3) After the training, I felt like I was better prepared to handle the behaviors of children. It then offered two open-ended questions: 1) What did you like about the study? and; 2) What is one thing you would have changed about the study?

Results

Pre-assessments for this study indicated that teacher scores had decreased significantly following the postassessments for the initial training. Following the booster training, scores regarding tool use increased to at or above those levels following the initial training for all three teachers.

All tools for each assessment point were averaged. In other words, for scoring of one assessment, the percentage of steps correct was calculated for the first tool of five and then for each of the subsequent four involved in that same assessment. Then, all five scores were added up for a total, which was then divided by five to get an overall average for that assessment. This overall average was calculated for all assessments. Each of those averages represents a point on the graph (refer to Figure 1).

For Helen, the initial pre- and posttraining scores were 49.2 and 84.4, respectively. Analogue assessment percentage scores for Helen were 44 and 49 (prebooster) and 93.6, 70.5, and 76 (postbooster). In-situ assessment percentage scores were 52 (prebooster) and 90, 93.3, and 88.9 (postbooster). For Ginny, the initial pre and post training scores were 46.6 and 75.5. Analogue assessment percentage scores for Ginny were 47 and 48 (prebooster) and 93.3, 90.3, and 92.8 (postbooster). In-situ assessment percentage scores were 63 (prebooster) and 96.7 and 93.3 (postbooster). For Harriet, the initial pre and post training scores were 48 and 85. Analogue assessment percentage scores for Harriet were 56, 61, and 57.6 (prebooster) and 86.2 and 84.8 (postbooster). In-situ assessment percentage scores were 65.6 (prebooster) and 100 and

89.6 (postbooster). Scores for each individual tool assessments for all three teachers are provided in Table 1.

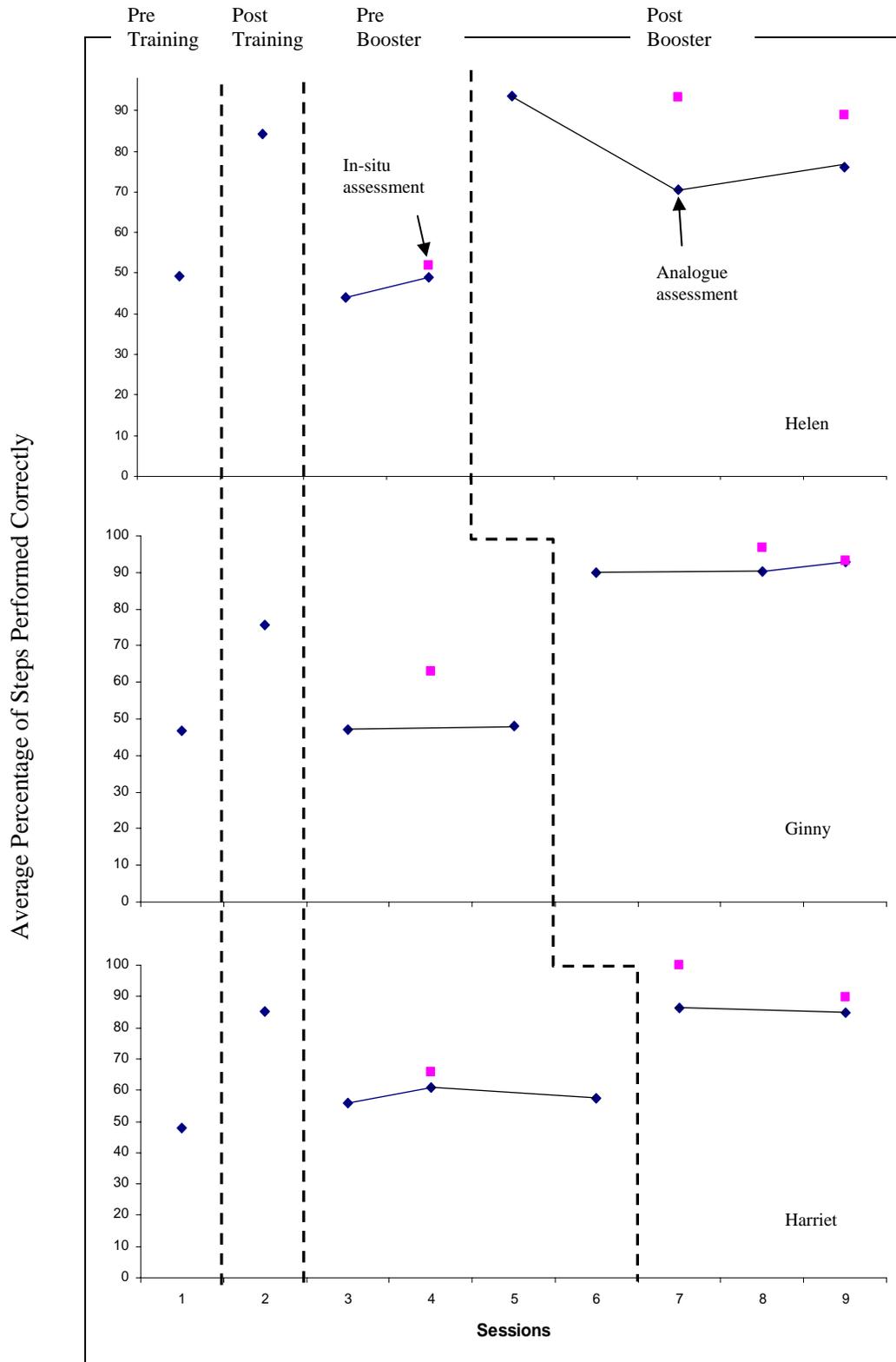


Figure 1. Each data point is the average of five different percentages (each one of which represents the number of steps correctly performed in one of five tools).

Table 1

Separate Percentage Scores for All Assessments

Participant	Phase	SC	UR	P	R-UR	SE
Helen	Pre Booster 1	50	80	20	13	58
	Pre-Booster 2	90	60	20	25	50
	In-situ 1	55.6	83.3	20		
	Post Booster 1	89	100	100	87.5	91.7
	Post Booster 2	75	100	40	62.5	75
	Post Booster 3	88.9	100	40	87.5	63.6
	In-situ 2	80	100	100		
	In-situ 3	77.8	100			
	Ginny	Pre Booster 1	70	83	40	0
Pre-Booster 2		80	100	0	25	36
In-situ 1		70	83	40		
Post Booster 1		100	100	100	100	66.7
Post Booster 2		88.9	100	100	87.5	75
Post Booster 3		88.9	100	100	100	75
In-situ 2		90	100	100		
In-situ 3		80	100	100		
Harriet		Pre Booster 1	20	60	60	100
	Pre-Booster 2	90	50	100	13	50
	Pre-Booster 3	44.4	40	60	87.5	60
	In-situ 1	70	66.7	60		
	Post Booster 1	100	100	60	87.5	83.3
	Post Booster 2	88.9	100	60	100	75
	In-situ 2	100	100	100		
	In-situ 3	88.9	100	80		

Note. This shows each teachers' percentage scores on each separate tool for each assessment. SC=Stay Close, UR=Use Reinforcement, P=Pivot, R-UR=Redirect-Use Reinforcement, SE=Set Expectations

Social Validity

For the first three questions, all three teachers rated either a 1 (i.e. greatly agree) or 2 (i.e. agree). One teacher indicated that she did not like being videotaped because she felt “self-conscious” but she did thank the researcher for the training and said it “was really fun.” Moreover, each teacher reported that after the booster training they were having some success in their classrooms with the tools and described various scenarios to the researcher in which they observed success. The principal did not fill out a social validity questionnaire but did express gratitude throughout the study for helping train his teachers in skills that would benefit students and indicated how pleased he was that his teachers were getting this training.

Discussion

No known studies have evaluated the maintenance of skills for teachers who have received behavioral skills training. The current study found that skill levels decreased significantly one year after an initial training. A booster training appeared to be effective in raising scores back to post initial training levels or higher for all three teachers. In-situ probes also indicated that teachers were able to implement the tools in their classrooms with students. It is encouraging that postbooster in-situ scores tended to be even higher than analogue assessments indicating that teachers were able to generalize the skills to the classroom environment during the probes.

It is noteworthy to mention that the post-training scores of Helen were the lowest of the three teachers and this teacher was the only one to mention both to the researcher and via the social validity questionnaire that she did not like to be videotaped. Perhaps her performance would have been higher during her analogue assessments had they not been videotaped as evidenced by the fact that her in-situ percentage scores were better (i.e., all in the high eighties to low nineties) in comparison to the analogue assessments.

One limitation of this study is that maintenance data, as far as following up after the study, was not collected after the booster training to determine long-term effects of the training. However, from the last prebooster assessment until the end of the postbooster assessments, for the first teacher, at least 2 months had passed. Therefore, it can be said that maintenance did occur for that teacher over those couple months because skills did maintain at higher levels than those before the booster training. It is not known if teachers will require additional booster trainings to maintain skill levels or for how

long skill levels will maintain following booster trainings. The teachers in the current study were all assessed after approximately one year from an initial training therefore it is not clear when skill loss may have occurred. Additionally, it is unclear at what point in time a booster training would be effective to help achieve maintenance of skills. Future research should conduct evaluations about the points at which it is most effective or needed to conduct booster trainings. A second limitation is that prompting occurred during the in-situ probes in the classroom setting. Teachers were instructed to implement a tool with a child therefore it is not known whether teachers would be successful in determining appropriate situations to use tools in the classroom. Further studies should assess longer evaluation durations with in-situ assessments to allow for more unprompted opportunities for teacher tool use and to determine at what point prompts might be faded. Future research might also evaluate whether other methods of booster training such as via videotapes would be effective in increasing or maintaining skills. Additionally, it would be beneficial to gather data by observation or incident report about student behavior to see what indirect effect, the training may have had on student behavior through changes in teacher behavioral practices.

In conclusion, this study indicates that short booster training sessions can be effective in improving teacher skill levels in both analogue assessments and in the classroom. It is anticipated that the skills taught within the current training would help to improve teacher interactions with students and result in decreases in problematic behaviors and increases in overall instruction time.

References

- Albarracín, D., Gillette, J. C., Earl, A. N., Glasman, L. R., Durantini, M. R., & Ho, Moon-Ho. (2005). A test of major assumptions about behavior change: a comprehensive look at the effects of passive and active HIV-prevention interventions since the beginning of the epidemic. *Psychological Bulletin, 131*(6), 856-897.
- Alden, L., Safran, J., & Weideman, R. (1978). A Comparison of cognitive and skills training strategies in the treatment of unassertive clients. *Behavior Therapy, 9*(5), 843-846.
- Baker, A. L., & Wilson, P. H. (1985). Cognitive-behavior therapy for depression: The effects of booster sessions on relapse. *Behavior Therapy, 16*(4), 335-344.
- Barlow, D. H., Hayes, S. C., & Nelson, R. O. (1984). *The scientist practitioner: Research and accountability in clinical and educational settings*. New York: Pergamon.
- Braukhaus, C., Hahlweg, K., Droeger, C., Groth, T., & Fehm-Wolfsdorf, G. (2003). The effects of adding booster sessions to a prevention training program for committed couples. *Behavioural and Cognitive Psychotherapy, 31*(3), 325-336.
- Connors, G. J., & Walitzer, K. S. (2001). Reducing alcohol consumption among heavily drinking women: Evaluating the contributions of life-skills training and booster sessions. *Journal of Consulting and Clinical Psychology, 69*(3), 447-456.
- Dib, N. E., & Sturmey, P. (2007). The effects of verbal instruction, modeling, rehearsal, and feedback on correct posture during flute playing. *Behavior Modification, Vol 31*(4), pp. 382-388.
- Egemo-Helm, K.R., Miltenberger, R. G., Knudson, P., Finstrom, N., Jostad, C., & Johnson, B. (2007). An evaluation of in situ training to teach sexual abuse prevention skills to women with mental retardation. *Behavioral Interventions, 22*, 99-119.
- Eyberg, S. M., Edwards, D., Boggs, S. R. & Foote, R. (1998). Maintaining the Treatment Effects of Parent Training: The Role of Booster Sessions and Other Maintenance Strategies. *Clinical Psychology of Science Practice, 5*(4), 544-554.
- Grave, R. D., De Luca, L. & Campello, G. (2001). Middle school primary prevention program for eating disorders: A controlled study with a twelve-month follow-up. *Eating Disorders: The Journal of Treatment & Prevention, 9*(4), 327-337.

- Gross, A., Miltenberger, R., Knudson, P., Bosch, A., & Breitwieser, C. B., (2007). Preliminary evaluation of a parent training program to prevent gun play. *Journal of Applied Behavior Analysis*, 40(4), 691-695.
- Haase, R. F. & Dimattia, D. J. (1970). The application of the microcounseling paradigm to the training of support personnel in counseling. *Counselor Education and Supervision*, 10(1), 16-22.
- Harris, V. W., Don Bushell Jr., D., Sherman, J. A. & Kane, J. F. (1975). Instructions, feedback, praise, bonus payments, and teacher behavior. *Journal of Applied Behavior Analysis*, 8(4), 462.
- Hyman, S. M., & Schneider, B. A. (2004). The short-term treatment of a long-term interpersonal avoidance. *Clinical Case Studies*, Vol 3(4), pp. 313-332.
- Johnson, B. M., Miltenberger, R. G., Knudson, P., Egemo-Helm, K., Kelso, P., Jostad, C., & Langley, L. (2006). A preliminary evaluation of two behavioral skills training procedures for teaching abduction prevention skills to school-age children. *Journal of Applied Behavior Analysis*, 39, 25-34.
- Jones, R. T., & Kazdin, A. E. (1980). Teaching children how and when to make emergency telephone calls. *Behavior Therapy*, 11, 509-521.
- Jones, R. T., Kazdin, A. E., & Haney, J. L. (1981). Social validation and training of emergency fire safety skills for potential injury prevention and life saving. *Journal of Applied Behavior Analysis*, 14, 249-260.
- Kellner, M. H., Bry, B. H., & Colletti, L. A. (2002). Teaching anger management skills to students with severe emotional or behavioral disorders. *Behavioral Disorders*, 27(40), 400-407.
- Kellner, M. H., Colletti, L. A., & Bry, B. H. (2003). Increasing anger log use during school among middle school students with emotional/behavioral disorders. *Child & Family Behavior Therapy*, 25(3), 7-21.
- Kelso, P. D., Miltenberger, R. G., Waters, M. A., Egemo-Helm, K., & Bagne, A. G., (2007). Teaching skills to second and third grade children to prevent gun play: A comparison of procedures. *Education & Treatment of Children*, 30(3), 29-48.
- Kirby, D., Barth, R., Leland, N., & Fetro, J. (1991). Reducing the Risk: impact of a new curriculum on sexual risk-taking. *Family Planning Perspectives*, 23, 253-263.
- Lafasakis, M., & Sturmey, P., (2007). Training parent implementation of discrete-trial teaching: Effects on generalization of parent teaching and child correct responding. *Journal of Applied Behavior Analysis*, 40(4), pp. 685-689.

- McCrary, B. S., Epstein, E. E., & Christopher, W. (2004). Alcoholics Anonymous and relapse prevention as maintenance strategies after conjoint behavioral alcohol treatment for men: 18-month outcomes. *Journal of Consulting and Clinical Psychology, 72*(5), 870-878.
- McDonald, M. R. & Budd, K. S. (1983). Booster Shots following didactic parent training. *Behavior Modification, 7*, 2, 211-223.
- Metz, K., Floter, S., Kroger, C., Donath, C., Piontek, D., & Gradl, S. (2007). Telephone booster sessions for optimizing smoking cessation for patients in rehabilitation centers. *Nicotine & Tobacco Research, 9*(8), 853-863.
- Miltenberger, R. G. (2008). Behavioral skills training procedures. In *Behavior Modification: Principles and Procedures* Thomson Higher Education, Belmont, CA, 251-265.
- Miltenberger, R. G. (1988). Evaluation of home-based programs for teaching personal safety skills to children. *Journal of Applied Behavior Analysis, 21*, 81-87.
- Mortenson, B. P., & Witt, J. C. (1998). The use of weekly performance feedback to increase teacher implementation of a prereferral academic intervention. *School Psychology Review, 27*, 613-626.
- Noell, G. H., Witt, J. C., Gilbertson, D. N., Ranier, D. D., & Freeland, J. T. (1997). Increasing teacher intervention implementation in general education settings through consultation and performance feedback. *School Psychology Quarterly, 12*, 77-88.
- Perri, M. G., McAdoo, W. G., Spevak, P. A., & Newlin, D. B. (1984). Effect of a multicomponent maintenance program on long-term weight loss. *Journal of Consulting and Clinical Psychology, 52*(3), 480-481.
- Poche, C., Brouwer, R., & Swearingen, M. (1981). Teaching self-protection to young children. *Journal of Applied Behavior Analysis, 14*, 169-176.
- Reinke, W. M., Lewis-Palmer, T., & Martin, E. (2007). The effect of visual performance feedback on teacher use of behavior-specific praise. *Behavior Modification, 31*, 247-263.
- Sarokoff, R. A., & Sturmey, P., (2004). The effects of behavioral skills training on staff implementation of discrete-trial teaching. *Journal of Applied Behavior Analysis, 37*(4), 535-538.

- Simons, A. D., Rohde, P., Kennard, B. D., & Robins, M. (2005). Relapse and recurrence prevention in the treatment for adolescents with depression study. *Cognitive and Behavioral Practice, 12*(2), 240-251.
- Slider, N. J., Noell, G. H., Williams, K. L. (2006). Providing practicing teachers classroom management professional development in a brief self-study format. *Journal of Behavioral Education 15*, 215–228.
- Sloat, K. C. M., Tharp, R. G., & Gallimore, R. (1977). The incremental effectiveness of classroom-based teacher-training techniques. *Behavior Therapy, 8*, 810-818.
- Sparks, G. M. (1986). The effectiveness of alternative training activities in changing teaching practices. *American Educational Research Journal, 23*(2), 217-225.
- Stewart, K. K., Carr, J. E., LeBlanc, L. A., (2007). Evaluation of family-implemented behavioral skills training for teaching social skills to a child with Asperger's disorder. *Clinical Case Studies, 6*(3), 252-262.
- Van Camp, C. M., Montgomery, J. L., Vollmer, T. R., Kosarek, J. A., Happe, S., Burgos, V., & Manzollillo, A. (2008). Behavioral Parent Training in Child Welfare: Maintenance and Booster Training. *Research on Social Practice 18*(5), 392-400.
- Walitzer, K. S., Connors, G. J. (2007). Thirty-month follow-up of drinking moderation training or women: A randomized clinical trial. *Journal of Consulting and Clinical Psychology, 75*, 501-507.
- Wilson, P.G. (1992). Principles and practice of relapse prevention. New York: Guilford Press.

Appendices

Appendix A Tool Checklists

Stay Close Tool Checklist

Participant Name: _____

Behavior Analyst: _____ Date: _____

Step	Yes	No	N/A	Comments
1. Get close to the child within 15 seconds of the Stay Close behavior (move toward child and be within arms reach, etc.).				
2. Touch appropriately (pat, hug, rub, etc.).				
3. Match facial expressions. (Appropriately reflect the emotion of the situation.) ¹				
4. Use appropriate tone of voice (voice matches situation, a neutral monotone is not good enough). ²				
5. Relax your body language within 15 seconds of the Stay Close behavior (relaxed, arms open, attentive, looking at child, etc.). ³				
6. Ask open-ended positive questions (what? who? how? when? where?). ⁴				
7. Listen while the child is speaking. Talk less than the child. (Do not problem-solve unless the child asks for help. Do not interrupt or abruptly change the topic.) ⁵				
8. Use empathy statements. (Act like a mirror and reflect the child's feelings, express understanding, caring, etc.) ⁶				
9. Avoid reacting to junk behavior. ⁷				
10. Stay cool throughout the process (no coercives).				

Trainer's Notes: After step 5, steps do not have to be completed in any particular order.

^{1,2,3} A single instance of a punitive, disgusted or inappropriate facial expression (step 3), tone of voice (step 4) or body language (step 5) during any part of the role play should be scored "no" for step 3, 4, or 5.

⁴ Only one open-ended question is needed to score a "yes" for step 6.

⁵ If problem-solving is used without child the asking for it, score "no" for step 7. If the caregiver begins to problem-solve, note if it occurs *before* or *after* the empathy statement.

⁶ Only one instance of an empathy statement is needed to score a "yes" for step 8.

⁷ A single instance of attending to junk behavior throughout the role play will be scored "no" for step 9.

Overall Comments: (Circle any coercives used: sarcasm/teasing; criticism; threats; arguing; questioning; logic; despair, pleading, hopelessness; force; taking away privileges/items/allowance; one up-man-ship; silent treatment; telling on them to others. Be specific.)

Use Reinforcement Tool Checklist

Participant Name: _____

Behavior Analyst: _____ Date: _____

Step	Yes	No	N/A	Comments
1. Tell the child what behavior you liked (if this is appropriate).				
2. Provide a consequence for the behavior that matches the value of the behavior.				(Circle those provided): <input type="checkbox"/> Social Interaction <input type="checkbox"/> Verbal praise <input type="checkbox"/> Appropriate touch <input type="checkbox"/> Tangible item <input type="checkbox"/> Privilege <input type="checkbox"/> Break from task
3. Provide the positive consequence within 3 seconds of recognizing the appropriate behavior (if possible).				
4. Use sincere and appropriate facial expression, tone of voice and body language.				
5. Avoid reacting to junk behavior.				
6. Avoid coercion & punishment.				

Trainer's Notes:

1 The Stay Close components must be used within 3 seconds of the caregiver responding to the appropriate behavior. If used after 3 seconds or not at all, score these items "no". Score "No" if there is any instance of inappropriate expression, tone of voice, or body language after the first 3 seconds. If the observation is a competency check-off, caregiver should tell you how they would make sure the consequence is reinforcing without prompting.

Overall Comments: (Circle any coercives used: sarcasm/teasing; criticism; threats; arguing; questioning; logic; despair, pleading, hopelessness; force; taking away privileges/items/allowance; one up-man-ship; silent treatment; telling on them to others. Be specific.)

Pivot Tool Checklist

Participant Name: _____

Behavior Analyst: _____ Date: _____

Step	Yes	No	N/A	Comments
1. Say nothing about the junk behavior. (For example: Don't say, "Stop that now!" or "Quit doing that!") ¹				
2. Do nothing to react to the junk behavior (for example: don't roll your eyes, stomp out of the room, cross your arms, stare.) ²				
3. Actively attend to another child, person, or activity. (For example: Read a book or praise another child for behaving appropriately.)				
4. Once the child who displayed junk behavior behaves appropriately, provide reinforcement for the appropriate behavior (social interaction, praise, touch, item, and privilege, break from task) within 10 seconds of recognizing the appropriate behavior of this child.				
5. Stay cool. No coercives.				

Trainer's Notes:

^{1,2} Score "No" if there is any response to the junk behavior, including laughing or any change of expression. However, if the caregiver realizes they have responded to the junk behavior and stops the response, note this in the Comments column and reinforce the acknowledgment and correction.

Overall Comments: (Circle any coercives used: sarcasm/teasing; criticism; threats; arguing; questioning; logic; despair, pleading, hopelessness; force; taking away privileges/items/allowance; one up-man-ship; silent treatment; telling on them to others. Be specific.)

Redirect-Use Reinforcement Tool Checklist

Participant Name: _____

Behavior Analyst: _____ Date: _____

Step	Yes	No	N/A	Comments
1. Get within arm's reach of the child (before saying anything).				
2. Make sure the child stops the inappropriate behavior. (Use gentle physical guidance if necessary.)				
3. Calmly say something like, "Hey (child's name), I want you to (state the positive alternative behavior)."				
4. If the child does not begin to do the suggested activity within 3 seconds, model, or gently guide her/him to do the activity.				
5. Use Reinforcement when the child does the appropriate behavior (praise, touch).				
6. Reinforce the behavior within 3 seconds after the appropriate behavior begins. (Stopping serious behavior may be the appropriate behavior.)				
7. Say nothing and do nothing about junk behavior throughout the process.				
8. Stay cool and use no coercives.				
Overall Comments: (Circle any coercives used: sarcasm/teasing; criticism; threats; arguing; questioning; logic; despair, pleading, hopelessness; force; taking away privileges/items/allowance; one up-man-ship; silent treatment telling on them to others. Be specific.)				

Set Expectations Tool Checklist

Participant Name: _____

Behavior Analyst: _____ Date: _____

Step	Yes	No	N/A	Comments
Part I. Set the Expectations				
Set the stage ¹				
1. Time (away from the behavior)				
2. Place (uninterrupted)				
3. Set positive tone				
4. State the expectation clearly and specifically (when, where, what, how).				
5. Briefly reflect the child's feelings (empathy), if necessary (for example, "You sound upset..."). ²				
6. Briefly explain the benefits of this expectation, only if the child asks. ³				
Part II: Set the Consequences				
7. State clearly the consequences for meeting and not meeting the expectation.				
8. Negotiate as necessary. ⁴				
9. Ask the child to restate the behavior and the consequences.				
10. Acknowledge and praise the child's restatement.				
11. Avoid reacting to junk behavior of the child, if necessary.				

12. Stay cool throughout the process (no coercives)

Trainer's Notes:

- ¹ Ask participant to describe when, where, and how setting expectations is occurring (i.e., time, place, tone).
- ² An empathy statement is only necessary if the child is upset with the expectation.
- ³ If the child does not ask, have the caregiver explain to you the benefits. Score yes if the reason for doing the behavior is anything but something like, "because I said so" or "so I won't have to do it".
- ⁴ **Score No:** If the child gave the caregiver an opportunity to negotiate, score item 10 as "no" if the caregiver does any of the following: a) said "No" to the child's request; b) did not negotiate; c) said maybe; or d) put the child off until later. **Score Yes:** If the caregiver negotiates when asked and gives a different consequence than on the original plan OR if the caregiver negotiates without a definite consequence (e.g., says something like "we'll get you a 'special treat' if it rains and you have made your bed"). **Score N/A:** If the child did not give the caregiver an opportunity to negotiate or if the child did not ask, "Why do I have to do it?" score item 11 as "N/A."

Overall Comments: (Were any coercives used: sarcasm/teasing; criticism; threats; arguing; questioning; logic; despair, pleading, hopelessness; force; taking away privileges/items/allowance; one up-man-ship; silent treatment; telling on them to others? Be specific.)

Appendix B Tool Definitions and Examples

Tool	Definition	Example
Stay Close	Created to help improve the relationships between caregivers and children by teaching caregivers to provide attention by interacting positively and providing non-contingent reinforcement. It is used to make the attention of caregivers more desirable to the child.	You are writing something on the whiteboard when a student walks in to your class looking really sad and sits down at their desk. Do what you would do.
Use Reinforcement	Involves giving reinforcement contingent on appropriate behavior (i.e. to draw attention to things you want the child to do more often). This tool is used to increase preferable behaviors and decrease non-preferred behaviors.	After you give directions to your class for an assignment, you notice a student who usually behaves disruptively immediately begins working quietly.
Pivot	Refers to withholding attention for behaviors which are undesirable but not harmful and then immediately giving attention once an appropriate behavior is displayed by the child.	One of your students begins making noises with their mouth. Do what you would do.
Redirect—Use Reinforcement	Involves calmly stopping a behavior that is harmful to self, property, or others, teaching the child a functionally equivalent replacement behavior (a behavior which will get them what they want but without the harmful effects), and then reinforcing them for engaging in the appropriate behavior (e.g. praise, etc.).	You see a student trying to open his Lunchables container with a very sharp knife but you are too far away at first to stop it.
Set Expectations	Involves a verbal agreement between the parent and child for a given task. Once the task is fulfilled, a reinforcer can be earned by the child. It is used to strengthen appropriate behaviors.	The last time a particular student brought his homework assignment in completed, was last week on Thursday. Now, it is the following Wednesday. You know that this child really enjoys working on the computer. You want them to know that if they bring in their completed homework assignments over the course of a week, they earn 20 extra minutes of free time on the computer. If they don't bring it in every day completed, they don't earn that extra time.