F2: Universal Supports in Adult Residential Programs: A Competency-Based Training Model

Sarah Weddle, May Institute
UNIVERSAL SUPPORTS IN ADULT RESIDENTIAL PROGRAMS: A COMPETENCY-BASED TRAINING MODEL

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ADULT SERVICES

Provide comprehensive, individualized ABA services aimed at achieving the highest level of independence.
### WORKFORCE AND PROGRAM NEEDS

<table>
<thead>
<tr>
<th>Employees</th>
<th>Clinicians</th>
<th>Day Programs</th>
<th>Residences</th>
</tr>
</thead>
<tbody>
<tr>
<td>800+</td>
<td>10</td>
<td>4</td>
<td>80</td>
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</tbody>
</table>

Program Evaluation revealed a need for a standardized, evidence-based training program and life skills curriculum.
QUALIFICATION OF ADMINISTRATION AND STAFF

- Commonly cited as a challenge in the adult service setting (Gerhardt & Lanier, 2011; Manente, et al., 2010)
  - Both administration and direct support staff
- Due to lack of resources, training often consists of verbal instruction only
  - Not effective in isolation (Jahr, 1998)
TRAINING IN ADULT SERVICE SETTINGS

Behavioral skills training, while empirically supported for training human service employees (Parsons, et al., 2012) is:

- very time consuming (Parsons, et al., 2013)
- requires competent trainers (Gerencser, et al., 2020)

As others have pointed out, it is very challenging to do in adult human service settings with the resources available (Erath, et al., 2021)

In large organizations like May Institute, this presents us with quite a challenge
BEHAVIORAL SKILLS TRAINING

1. Describe the skill
2. Succinct written description
3. Demonstrate the skill
4. Practice implementation (role play & in-vivo)
5. Provide feedback
6. Repeat until mastered

Parsons, Rollyson, & Reid, 2012
OVER 40 YEARS OF RESEARCH

- Supervisor praise increased staff-resident interactions from 25-50% from baseline at a state-run facility (Montegar, et al., 1975)
OVER 40 YEARS OF RESEARCH

- Kamana et al., (2023) study of 19 adult IDD community-based residential programs
  - Highlighted there is research-to-practice gap for adult programs
  - Used BST & on the job feedback to improve:
    - Positive interactions
    - Effective instructions
    - Responses to challenging behavior

Large-scale evaluation of staff training in programs for adults with intellectual and developmental disabilities

State funding agency requires universal supports to:

- teach functional skills
- prevent challenging behavior
CONTEMPORARY APPROACHES

Motivation

Verbal Behavior

Assent
CONCERNS ABOUT ABA

- “Behavior analysts should continue to evolve and progress the methods informed by our science. This progression should include a move away from rigidly adhering to protocols and a move toward the use of in-the-moment analysis in more naturalistic contexts.”

(Leaf et al., 2021, p. 2842)
CHARACTERISTICS OF INDIVIDUALS-SERVED

Uses Spoken Language to Communicate

- CCSE: 59.5%
- EMA: 63.0%
- WMA: 72.5%
TRAINING PACKAGE

Universal Supports

Core Teaching
6 Modules

Problem Behavior Basics
5 Modules

IMPROVE SERVICE QUALITY

Improve performance with duties related to the two most important clinical documents:

- Service Plans
  - Teaching Skills
- Behavior Support
  - Behavior Reduction
REFLECTION

What are the universal needs of individuals in your organization?
Positive Behavior Supports

Universal Tier of Supports

Guidance for Providers Implementing Positive Behavior Supports

Massachusetts Department of Developmental Services
2022 V. 1 – 12/6/2022
Core Teaching Modules

- Introduction: Schedules & Engagement*
- Building Therapeutic Relationships
- Communication Skills: Mand Training
- Self-Help Skills using Task Analysis
- Listener Responding Skills
- Task Persistence: Completing Consecutive Tasks

Data Collection is included in each module

McGreevy, et al. (2014)
<table>
<thead>
<tr>
<th><strong>THE ESSENTIAL EIGHT</strong></th>
<th><strong>8 MUST-HAVE SKILLS</strong></th>
</tr>
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<tbody>
<tr>
<td>Making Requests</td>
<td>• Access to highly preferred items/activities &amp; removal of situations</td>
</tr>
<tr>
<td>Waiting</td>
<td>• After making requests</td>
</tr>
<tr>
<td>Accepting Removals</td>
<td>• Removal of preferred items/activities, making transitions, sharing, turn taking</td>
</tr>
<tr>
<td>Completing Brief, Previously Acquired Tasks</td>
<td></td>
</tr>
<tr>
<td>Accepting “No”</td>
<td></td>
</tr>
<tr>
<td>Following Directions</td>
<td>• Related to health and safety</td>
</tr>
<tr>
<td>Completing Daily Living Skills</td>
<td>• Related to health and safety</td>
</tr>
<tr>
<td>Tolerating Situations</td>
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CURRICULUM DEVELOPMENT: CORE TEACHING COMPETENCIES

- Results from Essential 8 for a sample of learners (n = ~100)
- Most common functional replacement behaviors
CURRICULUM DEVELOPMENT: CORE TEACHING COMPETENCIES

- Prioritized communication/social domains: mand/listener skills
- Percentage with a **basic requesting repertoire (10)**

![Graph showing the percentage of students with basic requesting repertoire among CCSE, EMA, and WMA programs.]

- CCSE: 44.4%
- EMA: 47.5%
- WMA: 33.0%
CURRICULUM DEVELOPMENT: CORE TEACHING COMPETENCIES

- Procedures emphasize motivation, choice, assent, age-appropriateness
  - No 3-step prompting for compliance, use of 1 error correction attempt only
Evaluate the efficacy of training

Computer-aided BST

Essential for Living Curriculum

Social validity feedback

GROUP 1

- Employees trained: 4 non-clinical administrators
- Bachelor’s degree for these roles is preferred, but not required.
EMPLOYEE ROLES & DUTIES

Care Plan Development: Learning Objectives

Staff Training on Interventions

Program Operations

Direct Care (if needed)
Training Plan

• Occur in vacant rooms at the program
• During 1-2-hour weekly appointments until complete
MEASURES

**Efficacy of Training**

Integrity Data Sheets developed from the Essential for Living Practitioner Handbook:

- Mand Training
- Total Task Chaining
- Listener Responding
- Completing Brief, Previously Acquired Tasks (Consecutive Tasks)
Efficacy of the Computer-Aided Training

Competency criteria for training sessions: minimum of 80% correct responses in 2 consecutive role-play sessions

% Accuracy = Total correct/total opportunities x 100
### TRAINING PROVIDED

Video-aided behavioral skills training package

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**Video**

**Completed with Trainer**
GROUP 1: DESIGN & PROCEDURES

Nonconcurrent multiple baseline design across employees

Baseline | Training Sessions

Videos/Post Tests Assigned

Role Plays
CORE TEACHING - MAND TRAINING CLIP
GROUP 1

RESULTS

May Institute
Shaping Futures, Changing Lives

- □- Mand
- ●- Total Task Chaining
- ←- Listener
- X- Consecutive Tasks
GROUP 1 RESULTS

[Graph showing results for different sessions and participants: Pre-Training In-Vivo Probes, Pre-Training BSL, Post-Training Role Play, Post-Training In-Vivo Probes. The graph includes lines and markers for Mand, Total Task Chaining, Listener, and Consecutive Tasks.]
<table>
<thead>
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<th>Social Validity Item</th>
<th>Rating</th>
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<td>6.0</td>
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<tr>
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<td>Disruptive</td>
<td>5.3</td>
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<td>Ease</td>
<td>3.3</td>
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<td>Effort Worth the Effects</td>
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<tr>
<td>Feasible/Practical</td>
<td>3.0</td>
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<tr>
<td>Impact on Learners</td>
<td>4.8</td>
</tr>
<tr>
<td>Important</td>
<td>5.5</td>
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<tr>
<td>Necessary</td>
<td>4.7</td>
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<tr>
<td>Recommend</td>
<td>4.3</td>
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<tr>
<td>Satisfied</td>
<td>4.3</td>
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GROUP 2

- Employees trained: 4 non-clinical administrators
- Bachelor’s degree for these roles is preferred, but not required.
Training Plan

• Conference and training rooms at office suite
• 2 days, uninterrupted
• Post-training measures at client residences
GROUP 2 RESULTS

Pre-Training Role Play

Post-Training Role Play

Post-Training In-Vivo Probes

Percent Accuracy

1 Month

4 Months

1 Month

4 Months

Mand - Total Task Chaining - Listener - Consecutive Tasks
GROUP 2: SOCIAL VALIDITY

<table>
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<td>Difficulty</td>
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<td>6.1</td>
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<tr>
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CONCLUSION

Group 1: Day Program
Competent with teaching procedures

Group 2: Residential Program
Competent with teaching procedures
IMPLEMENTATION

- Collect ongoing survey feedback
  - Discontinued the videos, and opted for an in-person overview
  - Allows us to be more dynamic and adapt to the needs of audience
  - Added vignettes so attendees can practice data collection
  - Added example goals/objectives & job aides

- **Pyramidal Training Model** (Parsons, Rollyson, Reid, 2013): increasing the number of trainers at each site

- **Meaningful Engagement Series**:
  - Preparing house managers to train their direct support professionals using prompting, fading, and reinforcement during everyday activities.
May training from years past

Identified common, components of behavior support plans

Noted common integrity errors reported to clinical directors and administrators
Problem Behavior Modules

PB Basics

- Introduction & Building Therapeutic Relationships
- Preventing Challenging Behavior
- Responding to Challenging Behavior
- De-escalation Strategies
- Data Collection
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Role Plays
PB BASICS: SOCIAL VALIDITY

- Necessary: 5.9
- Disruptive: 4.2
- Effective: 6.5
- Satisfied: 6.6
- Effort worth Effects: 6.3
- Confident: 6.3
- Recommend: 6.5
- Appropriate: 6.5
- Feasable/Practical: 6.3
- Ease: 6.5
- Impact on Learners: 6.4
- Importance: 6.6
IMPLEMENTATION

- New hire clinical training
- Trained 5 non-clinical staff from human resources training department to assist
  - Larger class sizes – 1:5 ratio completed in about 5.5 hours
- Continued videos, but revised content based on feedback
- Clinicians in centers hold 1-2 additional classes each month
REFLECTION

What resources do you need to design a competency-based training?

What are your current barriers?
SCALING UP
TOWARD QUALITY INDICATORS AT THE ORGANIZATIONAL LEVEL
ORGANIZATION: DIVISION SIZE

Barrier: Size

Serve approximately 400 adults
- 4 day programs
- About 80 residences
- Distributed by 3 regional centers:
  - Cape Cod/Southeast MA
  - Eastern MA
  - Western MA

Solutions

- Identify & prioritize centers most interested in systems change first
- Initiate with groups only if there is a capacity to move it forward within a reasonable time frame
- Work closely with Sr. VPs of the division to monitor systems-level goals
- Share targets and progress with teams at PBS Leadership & Regional tier 1-3 meetings.
SYSTEMS-WIDE METRICS

Universal Supports Implementation

- % of EFL assessments completed across sites
- % of EFL-derived interventions initiated
- % of staff training completed
- % of individuals progressing (ISP)

Health, Safety, Well-Being

- Frequency of Physical Management
- Frequency Preventable Significant Incidents
Regional centers will train 100% of employees to competence using the PB Basics Series by the end of FY24.

Q1 Progress:

- Center 1: 59%
- Center 2: 35%
- Center 3: 21%
Regional centers will train **19% of house managers** to competence using the *Core Teaching Series* by the end of FY 24.

Regional centers will train **100% of house managers** on the *Meaningful Engagement* workshop series by FY24.
Centers will complete initial EFL Assessments for **100%** of learners by the end of FY 2024.

Centers will include goals derived from EFL into service plans for **50%** of learners by FY 2024.