

Appendix K

Participant Modeling Strategy

Participant Modeling

Participant Modeling aims to increase both an implementer's confidence to carry out an intervention, as well as his or her outcome expectations, through positive experience with the intervention and demonstration of its benefits. Through a brief review of evidence supporting the intervention and modeled practice of intervention steps within the target setting, the implementer should be prepared to implement and feel confident approaching the intervention independently.

Preparing for Participant Modeling

- Review general guidelines for preparing for an Implementation Support Strategy meeting and complete necessary planning steps (see Appendix E).
- Prepare for Participant Modeling to take three sessions; the first and third sessions will occur outside of the implementation setting and the second session should happen in-vivo.
- Review information regarding intervention rationale.
- Review the intervention implementation data and determine intervention steps that should be targeted using Participant Modeling based on adherence and quality data.
- Based on implementation data and the intervention itself, decide in what order to model the intervention steps. Pre-

pare a list of intervention steps in order according to most appropriate format. For example, intervention steps may be ordered sequentially or grouped according to difficulty. Note: It may be necessary to prepare more than one list if multiple formats may be appropriate.

MATERIALS:

- Written list of discreet intervention steps (i.e., list of teachable steps from Direct Training) denoting “target” steps as determined by treatment integrity data.
- Any items needed to practice the intervention (e.g., writing utensils, forms, reinforcers, manual).

STEPS

1. Explain session purpose

TALKING POINTS

Note: Steps 1-4 occur outside the target setting.

- Explain that the purpose of this meeting is to have a chance to review and practice intervention implementation to be sure it is implemented as intended.
- Describe the steps of Participant Modeling - the implementer will observe the consultant model select intervention steps, practice those steps with support, and practice them independently.
- Discuss and collaboratively develop goals for Participant Modeling. These might include increased mastery of the intervention or improved confidence in implementation. Highlight how the steps of Participant Modeling will help meet the session goals.

2. Describe the intervention and importance of implementation

- Describe how the selected intervention addresses the identified problem and will help the student reach his or her intervention goal.
- Explain how implementation of the intervention impacts student outcomes. That is, high levels of treatment integrity are related to more efficient improvements in student progress-monitoring data.

3. Review the steps of the intervention

- Review the intervention steps in detail, explaining how each step will be implemented, why that step is used, and what implementing that step will serve to accomplish.
- Regularly provide the implementer with opportunities to ask questions about the steps and describe his or her experience with implementation.
- If the implementer requests minor adaptations to an intervention step, revise the step on the list and update the Implementation Plan as needed.

4. Identify target practice steps and prepare for in-vivo exercise

- Identify target intervention steps to be practiced during in-vivo practice by determining which steps are not being implemented consistently (according to treatment integrity data), and are an appropriate fit (e.g., steps like posting visual reminders in the classroom one time are likely not appropriate for in-vivo practice).
- Work with implementer to choose desired format for in-vivo practice. For example, will you model target intervention steps as the opportunity arises? Will you arrange the steps in a sequential order and model them in that order?
- Plan logistics for how you will enter/exit the target setting and suggest to the implementer that he/she may want to notify the target student(s) of your presence in advance.

5. Complete in-vivo modeling

Note: Steps 5-9 occur in the target setting.

- Model how each of the targeted intervention steps should look and sound, being mindful of pace and clarity. Be aware of body position and pronunciation to ensure that implementer can see and hear you clearly. In doing so, attend to the adherence, quality, and exposure for each intervention step.

- | | |
|---|---|
| 6. Facilitate in-vivo supported practice | <ul style="list-style-type: none"> • Invite the implementer to practice the intervention steps with your assistance. Provide specific, positive, and corrective suggestions and feedback. • Have the implementer continue to practice with your guidance until step is mastered. • Repeat modeling and guided practice as needed until all target intervention steps have been rehearsed. |
| 7. Allow implementer to independently practice | <ul style="list-style-type: none"> • After all targeted intervention steps have been modeled and practiced with support, invite implementer to independently practice. |
| 8. Provide feedback about the practice | <ul style="list-style-type: none"> • Ask the implementer to self-evaluate their independent practice. • Provide constructive feedback regarding the implementer's independent practice. Be sure to reinforce successes and correct any implementation errors. |
| 9. Repeat independent practice and feedback, if necessary | <ul style="list-style-type: none"> • If needed, repeat the guided and/or independent practice until the implementer successfully and confidently implements each component of the intervention independently. |
| 10. Discuss skill generalization | <p><i>Note: Steps 10-11 occur outside the target setting.</i></p> <ul style="list-style-type: none"> • Provide implementer with praise and feedback regarding implementation of targeted intervention steps during independent practice. • With the implementer, identify where and when implementation of the intervention (or skills acquired through mastery of the targeted intervention steps) might be generalized to other settings or problems. |
| 11. Close the Session | <ul style="list-style-type: none"> • Revisit the consultation goals and evaluate if those goals have been met through Participant Modeling. |

- Ask if the implementer has any questions or requires any additional resources or support (e.g., offer a summary of your session or the list of intervention steps).
- Provide positive feedback to the implementer about his or her participation in Participant Modeling.

Appendix K

Participant Modeling Treatment Integrity Protocol

To ensure PRIME Implementation Supports are delivered as planned, consultants should evaluate the treatment integrity of their delivery. Use the key below to rate the (a) adherence, (b) quality, and (c) implementer responsiveness on the Treatment Integrity Data Sheet (below) during or immediately following provision of a strategy.

Adherence is the degree to which the strategy steps are implemented as planned. To rate adherence, circle the descriptor that best describes how completely each step was delivered.

| | |
|--------------------|--|
| <i>Complete</i> | All aspects completed (100%) |
| <i>Substantial</i> | More than half of aspects completed (99-51%) |
| <i>Limited</i> | Less than half of aspects completed (50-1%) |
| <i>None</i> | No aspects completed (0%) |

Quality refers to how well the strategy steps are implemented. Quality can be evaluated only if the step was implemented; rate on those steps for which adherence was rated as complete, substantial, or limited. To rate quality, circle the descriptor that best describes how well each step was delivered.

| | |
|------------------|--|
| <i>Excellent</i> | Step was implemented skillfully as indicated by: <ul style="list-style-type: none">• Appropriate interaction and specificity,• Step smooth,• Appropriately paced,• Competently implemented (e.g., clearly responsive to teacher's unique needs) |
|------------------|--|

| | |
|-------------|---|
| <i>Good</i> | Step implemented adequately, but in a less skillful manner; step somewhat flawed in at least 1 of the indicators under “excellent” |
| <i>Fair</i> | Step implemented poorly in a manner that is inadequate or seriously flawed in at least 1 OR somewhat flawed in at least 2 of the indicators under “excellent” |
| <i>Poor</i> | Step implemented poorly, with none of the indicators under “excellent” |

Implementer Responsiveness refers to how actively engaged and cooperative the implementer was during the PRIME Implementation Support session. Two items related to implementer responsiveness are rated at the end of the session based on the percentage of time the implementer demonstrated these characteristics per the definitions below.

| | |
|-------------------------|--|
| <i>Actively Engaged</i> | <p>The implementer is purposefully participating in the intervention process.</p> <p><u>Examples include:</u> Note taking, reading materials, intently listening, asking questions, nodding head, vocalizing understanding/interest (e.g., “okay”), making affirmative statements (e.g., “I will...”)</p> <p><u>Non-examples include:</u> Looking out the window, distracted by things unrelated to the current task, checking the clock</p> |
| <i>Cooperated</i> | <p>The implementer willingly and agreeably working jointly with the consultant during the intervention process.</p> <p><u>Examples include:</u> Reviewed presented data, actively participated in role plays, followed through with tasks asked of them</p> <p><u>Non-examples include:</u> Refusal to participate in intervention step(s), lacked elaboration when asked questions</p> |

PARTICIPANT MODELING: Treatment Integrity Data Sheet

Implementer:

Consultant:

Date:

Start time:

End time:

| Strategy Steps | Adherence | | | | Quality* | | | | |
|--|-----------|-------------|---------|------|-----------------------------------|-----------|------|------|------|
| | Complete | Substantial | Limited | None | NA | Excellent | Good | Fair | Poor |
| 1. Explain session purpose | 3 | 2 | 1 | 0 | NA | 3 | 2 | 1 | 0 |
| 2. Describe the intervention and importance of implementation | 3 | 2 | 1 | 0 | NA | 3 | 2 | 1 | 0 |
| 3. Review the steps of the intervention | 3 | 2 | 1 | 0 | NA | 3 | 2 | 1 | 0 |
| 4. Identify target practice steps and prepare for in-vivo exercise | 3 | 2 | 1 | 0 | NA | 3 | 2 | 1 | 0 |
| 5. Complete in-vivo modeling | 3 | 2 | 1 | 0 | NA | 3 | 2 | 1 | 0 |
| 6. Facilitate in-vivo supported practice | 3 | 2 | 1 | 0 | NA | 3 | 2 | 1 | 0 |
| 7. Allow implementer to independently practice | 3 | 2 | 1 | 0 | NA | 3 | 2 | 1 | 0 |
| 8. Provide feedback about the practice | 3 | 2 | 1 | 0 | NA | 3 | 2 | 1 | 0 |
| 9. Repeat independent practice and feedback, if necessary | 3 | 2 | 1 | 0 | NA | 3 | 2 | 1 | 0 |
| 10. Discuss skill generalization | 3 | 2 | 1 | 0 | NA | 3 | 2 | 1 | 0 |
| 11. Close the session | 3 | 2 | 1 | 0 | NA | 3 | 2 | 1 | 0 |
| Sum Columns | | | | | | | | | |
| Sum Adherence Columns | A | | | | Sum Quality columns | A | | | |
| Number of Applicable Steps x 3 | B | | | | Number of Rated Quality Steps x 3 | B | | | |
| Divide A / B | | | | | Divide A / B | | | | |
| Adherence % | | | | | Quality % | | | | |

| Implementer Responsiveness | | | | |
|--|----------------|----------------|----------------|-------------|
| | Always 100% | Mostly >51% | Rarely ≤50% | Never 0% |
| Implementer was actively engaged . | 3 | 2 | 1 | 0 |
| Implementer cooperated with the intervention. | 3 | 2 | 1 | 0 |

*Only complete if adherence step is rated complete, substantial, or limited