What Will This Chapter Tell Me?

Participant Modeling involves demonstration and practice of the intervention steps in the setting of implementation. In the PRIME Model, Role Play is considered a Tier 2 Implementation Support. This chapter describes the purpose of Participant Modeling as well as how to prepare for and deliver the strategy steps. After reading this chapter, you will be able to get ready for and implement an effective Participant Modeling session.

What is Participant Modeling?

The purpose of Participant Modeling is to improve the implementer’s self-efficacy to implement the intervention and outcome expectations through a positive experience implementing the intervention and demonstration of the intervention benefits. The components of Participant Modeling are (a) a review of evidence supporting the intervention and (b) modeled practice of intervention steps within the target setting. Participant Modeling was developed based on social learning theory, which emphasizes the importance of learning from observation and imitation of role models. In PRIME, Role Play is a Tier 2 Implementation Support. It is most appropriate to support implementation when (a) intervention step treatment
integrity data indicate some steps are not implemented at all; (b) session treatment integrity data indicate low levels of quality, even if adherence is overall adequate; or (c) the Implementation Beliefs Assessment (IBA) data indicate the self-efficacy subscale is low (see Chapter 9 or Appendix I for additional guidance). The implementer should leave Participant Modeling feeling prepared to implement and confident to implement intervention independently.

**How to Prepare for Participant Modeling**

To deliver Participant Modeling, some preparation is necessary. Be sure to review the general guidelines for a PRIME Implementation Support meeting (see Appendix E). In particular, make sure to review the intervention plan and feel prepared to describe and implement it. Beyond the general guidelines, preparation for Participant Modeling includes 5 steps:

1. Preparing 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.
2. Reviewing the intervention rationale;
3. Reviewing intervention implementation data and determining target interventions steps;
4. Deciding the order to model intervention steps; and
5. Readying necessary materials.

**Step 1: Plan How to Complete Participant Modeling**

First, plan when to complete the three sessions of Participant Modeling. The first and third sessions should occur outside of the implementation setting, whereas the second session will happen in the implementation setting, or in-vivo. It is possible to have the three sessions in a row, or it may be necessary to hold the sessions over a few days, based on scheduling. Hold the sessions as close together as possible to ensure that the implementer is ready for the implementation practice (session 2) and able to describe the practice during the debriefing (session 3).
Step 2: Review Intervention Rationale
An important component of Participant Modeling is discussing the rationale for implementing the intervention with the implementer. To be prepared, review how the selected intervention addresses the identified problem and how it will help the student reach his or her intervention goal. Make sure to include the potential benefits of the intervention when it is implemented as intended.

Step 3: Review Intervention Implementation Data and Determine Target Intervention Steps
Next, review the implementation data to identify the intervention steps to target with this strategy. Specifically, review the treatment integrity adherence and quality data to determine the steps with low treatment integrity that can be modeled in the sessions.

Step 4: Decide the Order to Model Intervention Steps
Once the target steps have been identified, decide the order to present them to the implementer. More than one format can be used, such as ordered sequentially, by implementation scenario, or grouped by difficulty. For instance, if the intervention was straightforward, it might make sense to simply practice the intervention steps as listed (i.e., sequentially). If the implementer is struggling with implementation during a particular time of day, then looking at a scenario may be most appropriate. If the implementer is having difficulty with particularly challenging intervention steps, then focus on steps grouped by difficulty. Prepare the list of intervention steps arranged in the order of the presentation ahead of the sessions.

Step 5: Gather Materials
Last, gather the materials needed for the Participant Modeling sessions. These materials include the written list of target intervention steps and any items needed to practice the intervention, such as tangible reinforcers or forms. Bring a copy of the intervention steps for the implementer to keep.
How To Deliver Participant Modeling

The steps of Participant Modeling are described below. This chapter is a more detailed companion to the Participant Modeling protocol and treatment integrity measure found in Appendix K.

Note: Steps 1 to 4 occur outside of the target setting.

**Step 1: Explain the Session Purpose**

To begin the first Participant Modeling session, explain the purpose of meeting with the implementer. Describe the purpose as a chance to review and practice implementation to be sure it is implemented as intended. Outline the steps of Participant Modeling. That is, explain (a) how you will discuss the intervention during the first session; (b) how in-vivo, the consultant will model the select intervention steps and then have the implementer practice those steps with support and then independently; and (c) how you will debrief on the practice to close Participant Modeling. Based on this description of Participant Modeling, work with the implementer to develop goals for the session. Developing meeting goals will allow you to target the discussion and ensure there is a shared vision for the meeting. Goals for Participant Modeling might include increased mastery of the intervention or improved confidence in implementation. Use your understanding of the strategy to help target the implementer’s suggestions for the session goals. Once you’ve decided on shared goals, briefly explain how Participant Modeling will help meet these session goals.

**Step 2: Describe the Intervention and Importance of Implementation**

Describe the rationale for the intervention. That is, how does the intervention address the identified problem? Describe how the benefits of intervention implementation will likely help the student reach his or her intervention goal. Discuss with the implementer how high levels of treatment integrity are related to more efficient improvements in student progress monitoring data.
**Step 3: Review the Steps of the Intervention**

After describing the intervention rationale, review the intervention steps in greater detail. Describe how each step will be implemented, why that step is used, and what implementing that step will serve to accomplish. Ask the implementer questions throughout this step to prompt for his or her perspective of intervention implementation (e.g., “Does that step rationale make sense? What’s challenging about that step?”). During this review, provide the implementer with the opportunity to make minor revisions to intervention steps, as needed. If revisions occur, update the intervention plan and Implementation Plan.

**Step 4: Identify Target Practice Steps and Prepare for In-Vivo Exercise**

The last step of the first session is to decide what intervention steps will be targeted during the in-vivo practice exercise in the implementation setting. These intervention steps should be those that have not been implemented consistently and can be identified through review of the treatment integrity data. It is most helpful to practice steps that are an appropriate fit for modeling and practice, rather than steps that are a single occurrence at the start of the implementation period (e.g., posting visual reminders in the classroom). Use the list you developed before the session to guide the discussion, but elicit suggestions from the implementer as well. Following selection of the target steps, collaborate with the implementer to decide the format and logistics of the in-vivo practice session, such as how you will enter and exit the target setting and the order of demonstrating the intervention steps. Suggest to the implementer that he or she may want to notify the target student(s) of your presence in advance.

*Note: Steps 5 to 9 occur in the target setting.*

**Step 5: Complete In-Vivo Demonstration**

The first step of the in-vivo session is to model the delivery of the intervention steps according to plan. In doing so, make sure to
attend to the adherence and quality of implementation. Be aware of body position and pronunciation to ensure that implementer can see and hear you clearly.

**Step 6: Facilitate In-Vivo Supported Practice**
Following demonstration of each target intervention step, invite the implementer to practice the intervention steps with assistance. As the implementer practices, provide specific, positive, and corrective suggestions and feedback related to the adherence and quality of implementation. Continue with the guided practice until the implementer has mastered each intervention step. Repeat the practice and feedback process with targeted intervention steps.

**Step 7: Allow Implementer to Independently Practice**
Directly after guided practice, transition to an independent practice. For this step, have the implementer practice the intervention steps without your support. Take note of intervention steps implemented completely and with high quality, as well as those steps that might need further support.

**Step 8: Provide Feedback about the Practice**
Prompt the implementer to self-evaluate their independent practice (e.g., “What steps went well? What steps were a little less comfortable?”). Summarize and validate the implementer’s perspective. Provide constructive feedback based on your observation of the independent practice. In doing so, reinforce successes and correct errors in implementation.

**Step 9: Repeat Independent Practice and Feedback, if necessary**
Some implementers may need additional practice to master the intervention steps. If needed, repeat the guided and/or independent practice until the implementer successfully and confidently implements each component of the intervention independently.
Note: Steps 10 to 11 occur outside of the target setting.

**Step 10: Discuss Skill Generalization**

In the third session of Participant Modeling, review the progress made during the in-vivo session. Provide the implementer specific praise and feedback regarding the adherence and quality of implementation of targeted intervention steps during independent practice. Discuss with the implementer the opportunity to generalize these skills to other settings or problems (e.g., Where and when might the implementer be able to use the intervention steps and other skills mastered during in-vivo practice?).

**Step 11: Close the Session**

To close Participant Modeling, review the consultation goal(s) and determine whether those goals have been met through three sessions. Ask the implementer if they have remaining questions about implementation or need additional resources or support to maintain implementation of the intervention as planned. Provide positive feedback to the implementer and reinforce participation in Participant Modeling.

**What Did I Learn About PRIME?**

In the PRIME Model, Participant Modeling is a Tier 2 Implementation Support designed to increase implementer confidence and skill in implementation. To implement the strategy, the consultant and implementer discuss the rationale for implementing the selected intervention and identify target intervention steps for further practice. The consultant demonstrates the target intervention steps in the target setting and facilitates guided and independent practice of the intervention steps. Finally, the consultant and implementer discuss continued implementation of the intervention and generalization of skills acquired through Participant Modeling.
Chapter 11 Key Terms
In-vivo
Participant Modeling