Teaching Knowledge Competencies

Newly hired staff at May Institute child and adult centers receive pre-service training in applied behavior analysis (ABA) knowledge competencies. The purpose of training is to teach staff basic ABA principles, terminology, and applications before they assume program responsibilities with students and consumers. We have evaluated this training in two studies that included staff from four centers (Luiselli & St. Amand, 2005; Luiselli, St. Amand, MaGee, & Sperry, 2007). The training program is comprised of “content modules” that address numerous knowledge competencies (e.g., principles of reinforcement, prompting, measurement, intervention evaluation).

A trainer teaches each module through PowerPoint presentations that combine didactic instruction, demonstration, behavioral rehearsal, and group discussion. Using standardized Assessment of Knowledge (AOK) tests, our research indicates that staff typically acquire competencies at 85-100% after a single training session and maintain their newly acquired skills one month later.

This research has been instrumental in verifying an effective and practical method of pre-service training within human services organizations.

Implementing Discrete Trial Instruction

Discrete trial instruction (DTI) is an evidence-based and empirically supported methodology for teaching skills to children who have autism and other developmental disabilities. DTI incorporates several procedures that are applied systematically according to behavior-specific criteria. Although research verifies the effectiveness of DTI, few studies have evaluated methods for training service providers in its proper implementation. In studies by Leblanc, Ricciardi, and Luiselli (2005), and Gilligan, Luiselli, and Pace (2007), we targeted DTI with classroom teachers using a combination of training procedures.

We observed the teachers instructing students and documented their performance according to a “discrete trial checklist.” Following these observations, a trainer met with each teacher, reviewed the checklist results, corrected errors (with directions and practice), and praised accurate implementation. This com-
RECENT PUBLICATIONS


DISCRETE TRIAL INSTRUCTION... continued from front

competency-based training immediately improved teachers’ DTI skills. Follow-up observations revealed that these gains were maintained.

Figure 1 shows the experimental design and results from the Gilligan et al (2007) study. The training procedures we used were practical, time-efficient, and well received by trainees.

Figure 1. Percentage of discrete trial component behaviors implemented correctly

Systems-Level Performance Improvement

A systems-level orientation to human services training considers administrative and supervisory protocols to improve the performance of direct-care, middle management, and senior clinical personnel (Luiselli & Russo, 2005). Our approach to performance enhancement relies on a specification and description of work expectations (quality indicators), competency-based assessment, systematic measurement of goal attainment, and behavior-specific feedback. In several studies (publications noted at left) we found that this model was successful in training direct-care staff to implement communication skills instruction, teachers to conduct more frequent assessment of interobserver agreement, and program managers to write behavior support plans.

Another study showed that a performance monitoring intervention improved the frequency of supervision completed by senior clinicians. Our principal findings from these studies suggest that successful performance improvement depends on continuous training that is competency focused, targets multiple quality indicators, includes routine measurement, and is integrated within all levels of organizational service delivery.

ABOUT MAY INSTITUTE

May Institute is a nonprofit organization that provides educational, rehabilitative, and behavioral healthcare services to individuals with autism and other developmental disabilities, brain injury, mental illness, and other behavioral healthcare needs. The Institute serves over 25,000 individuals and their families annually at more than 200 service locations in the Northeast, Mid-Atlantic, Southeast, Midwest, and on the West Coast. An active center of research and training, May Institute maintains affiliations with more than 40 universities, hospitals, and human service agencies worldwide.

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