Evaluating the Utility of an Abbreviated Behavior Plan Supplement

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Introduction

While research shows that treatment gains can be made without perfect treatment integrity (Vollmer, et. al., 1999), higher treatment integrity is associated with more rapid and successful outcomes. One roadblock to acceptable implementation of behavior intervention plans may be the document itself. Behavior plans often serve multiple functions (Carr, 2009). Not only do they document the appropriate treatment for an individual, but often they are required to meet state and federal guidelines as well. As a result, behavior plans may end up as lengthy documents potentially making it difficult for staff to find and understand necessary information quickly, which may result in poor integrity of plan implementation. A possible solution would be to provide the plan implementers with an abbreviated supplement that includes only the information required to implement the plan in an easy to reference format. Pizzo, et.al. (2010) conducted a pilot study that showed that having access to an abbreviated behavior plan made it easier for staff to locate information regarding target behaviors and interventions. The purpose of the current study was to identify if having access to an abbreviated behavior plan supplement resulted in improved treatment integrity.

METHOD

Participants

The participants were staff members assigned to work with three individuals with behavior intervention plans.

Setting and Materials

The setting was a campus residential facility. Materials used were the full behavior intervention plan (as required by organizational and regulatory guidelines); an abbreviated behavior plan supplement, individualized treatment integrity forms, and any behavior plan specific materials (timers, visuals, etc.)

Dependent Measures

The dependent measure in this study was the percentage of behavior plan components correctly implemented.

Inter-Observer Agreement Data

IOA data were collected for 36% of the observations. IOA averaged 88.2% and ranged from 70.6% to 100%.

PROCEDURE

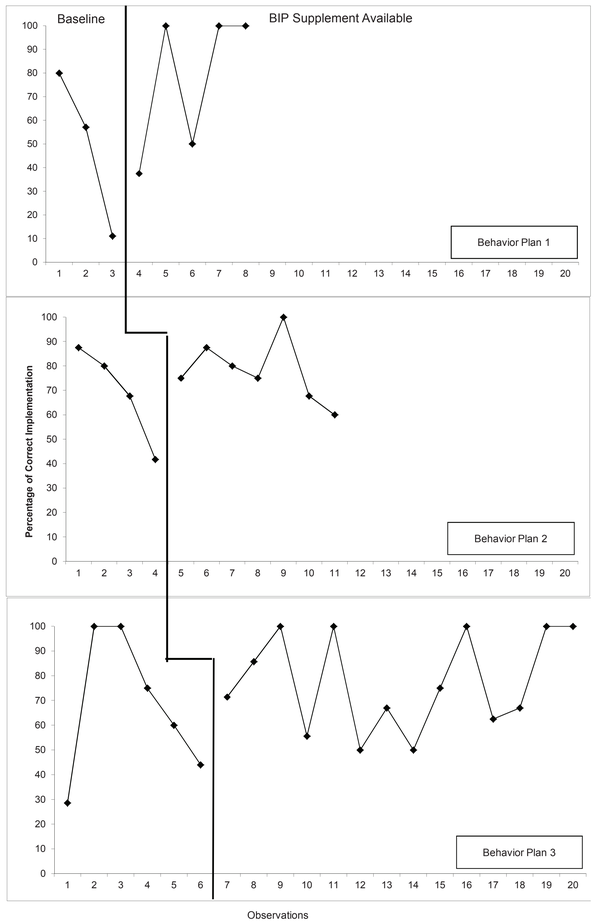
A multiple baseline design was used to evaluate the effects of the availability of a behavior plan supplement on the treatment integrity of behavior plan implementation.

Throughout the study, 10-minute observations were conducted on the staff using individualized behavior plan treatment integrity forms. Each component of the behavior plan was scored correct if it was implemented according to the behavior plan throughout the entire observation; incorrect if it was not implemented according to the behavior plan at any point during the observation; or not applicable if implementation was not needed during the observation.

During the baseline phase, staff had access to the full behavior intervention plan and had been trained according to typical facility standards (a combination of didactic and immediate feedback).

During the treatment phase, staff had access to the full behavior intervention plan and the abbreviated supplement. They were made aware of the supplement but did not receive any additional training.

RESULTS AND DISCUSSION

The graph indicates the results of a behavior plan supplement on treatment integrity. During baseline, treatment integrity was low and variable for all three behavior intervention plans. For the first behavior plan, treatment integrity averaged 49.4% and ranged from 11.1% - 80%. For the second behavior plan, treatment integrity averaged 69.2% and ranged from 41.7% - 87.5%. The final behavior intervention plan integrity averaged 67.9% and ranged from 28.6% - 100%. During the treatment phase, treatment integrity for all three behavior plans improved but remained variable. Average percentages of correct implementation were 77.5%, 77.9%, 77.4%, respectively. There remained, however, a great deal of variability. The range of correct implementation for the first behavior plan was 37.5% - 100%; the range for the second behavior plan was 60% - 100%; the range for the third behavior plan was 50% - 100%.

Overall, these results indicate that while access to an abbreviated behavior plan supplement does increase treatment integrity, its presence alone does not result in acceptable treatment integrity. For each behavior plan implemented, the average and range of correct implementation was below acceptable standards. This indicates that additional training is needed. Future research on this topic could focus on the most effective ways to integrate an abbreviated behavior plan supplement into current training methods as well as how to utilize an abbreviated behavior plan supplement with more effective training methods (modeling, role playing, etc.).