

EVALUATION OF THE EFFECTS OF BEHAVIORAL SKILLS TRAINING ON
PRACTITIONER PLAY SKILLS

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by
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EVALUATION OF THE EFFECTS OF BEHAVIORAL SKILLS TRAINING ON
PRACTITIONER PLAY SKILLS

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Evaluation of the Effect of Behavioral Skills Training on Practitioner Play Skills

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Abstract

Behavioral skills training (BST) has been demonstrated through research to be an effective method for teaching skill acquisition (Buck, 2014). Oftentimes, BST is used with caregivers to teach them how to implement clinical treatments outside of the clinical setting and in their homes. Another way that BST is used is when training applied behavior analysis (ABA) interventionists for their career. This study evaluated the effects of BST on implementer play skills. Additionally, this study evaluated the conditions under which skill acquisition and generalization occur and if BST was an effective method for increasing the percentage of play skills implemented correctly by a practitioner. The purpose of this study was to evaluate the effectiveness of BST to increase the percentage of play skills implemented correctly by a practitioner. Two female RBTS in their early twenties were used as participants. The study consisted of a baseline condition, BST, post-BST condition, and maintenance condition. The results of this study suggest that BST was effective at teaching play skills to the two participants. It also suggests that BST could be used to teach play skills to autism practitioners.

Evaluation of the Effects of a Behavioral Skills Training on Practitioner Play Skills

Behavioral skills training (BST) has been demonstrated through research to be an effective method for teaching skill acquisition (Buck, 2014). Oftentimes, BST is used with caregivers to teach them how to implement clinical treatments outside of the clinical setting and in their homes. Another way that BST is used is when training applied behavior analysis (ABA) interventionists for their career. One area of BST that has not been thoroughly researched is the impact of BST on the play skills of practitioners (Shireman et al., 2016). Time engaged in play has been identified as a valuable time to establish motivation and identify potential sources of reinforcement for clients. (Graff & Karsten, 2012). In addition, social communication skills are often an area of deficit in the repertoires of individuals with autism spectrum disorder (ASD), and time spent engaged in play is an opportunity to practice and acquire new social communication skills (Gibson et al., 2021).

Overview of BST

BST typically involves four components: instruction, modeling, rehearsal, and feedback (Miltenberger, 2003). The instruction component for BST can either be written or verbal, in this study we utilized verbal instruction. This allows for the BST instructor to explain the skill to the participant and to potentially address any questions or concerns they have prior to modeling the skill. The next component, modeling, involves the BST instructor demonstrating the appropriate skill. This requires the instructor providing an in-person, video, or audio example of what the individual is supposed to do. Following modeling, the participants have the opportunity to rehearse the behavior, and immediate behavior-specific feedback will be provided regarding their performance. In 2014 a literature review conducted by Buck evaluated over twenty articles and case studies that evaluated the efficacy and durability of BST to teach a wide array of skills.

These articles covered many different skills as well as utilized multiple different populations to demonstrate the applicability across diverse groups. Overall, BST was shown to be an effective method for teaching new skills to individuals across varying populations and for various skills (Buck, 2014). Depending on the individual client's needs, multiple variations of BST can be adapted to ensure that training occurs in an individualized manner.

Variations of BST

Barnes et al. (2014) evaluated a BST model to teach practitioners how to implement the verbal behavior milestones assessment and placement program (VB-MAPP). The purpose of their paper was to determine if BST was an effective method for teaching practitioners how to correctly implement an assessment. Barnes' et al. BST was arranged by first completing pretest probes (i.e., baseline data), followed by instruction, then video modeling, then rehearsal and feedback. Following the BST, they conducted posttest probes that were identical to the pretest probes to measure the effect of the BST. One adaption they made to the traditional BST is including a condition for remedial teaching if the participants earned less than the mastery criteria on the posttest. This involved reviewing each step of the task list and a detailed explanation of how it should have been completed. The results of the study showed that the BST intervention produced an immediate increase in performance for both participants.

Iwata et al. (2000) modified the BST procedure to teach undergraduate students how to implement a functional analysis (FA). The procedures varied slightly from a traditional BST in that group instruction consisted of written materials, followed by a video model rather than an in-person demonstration, rehearsal with the specified client, and performance-specific feedback. This modified BST procedure was effective at successfully teaching undergraduate students how to conduct an FA across all conditions of the FA (attention, demand, and play). Sarokoff and

Sturmev (2004) also evaluated a modified BST approach with the purpose of teaching teachers in a special education department how to implement discrete trial training (DTT) procedures. Their BST procedures included written descriptions, modeling, rehearsal, and feedback. Performance accuracy improved from 50% to 95%. Therefore, BST was effective for teaching special education teachers to correctly implement DTT. Time spent engaged in DTT is valuable, but it is not the only time during a therapy session that a skill can be acquired.

Importance of Play in Therapy

Some research has demonstrated that children prefer working with therapists who have been paired with a highly preferred item (Lugo et al., 2018). Lugo et al. (2018) evaluated the effects of pre-session pairing on preference for therapeutic conditions and challenging behavior. In this context, pre-session was discussing the time spent not engaged in programs. This study evaluated three different conditions that could potentially impact the reinforcing value of the session. A four-year-old child was exposed to pre-session pairing prior to DTT, free play prior to discrete-trial-instruction (DTI), and free play at the immediate onset of DTI. The results of this study suggested that participants prefer therapists that had been paired with highly preferred items. Time spent playing in between sessions is an example of the time that therapists can use to pair themselves with the preferred items and activities of their clients. If the child prefers to work with therapists in this way, that could suggest a child would prefer working with a therapist who had been trained to play rather than one that had not been trained to play.

Gibson et al. (2021) provides a review of evidence-based research on play to narrow the scope of literature that practitioners and caregivers must navigate. The authors organized the literature based on study design, population characteristics, and other characteristics. The inclusion criteria specified peer-reviewed intervention studies of approaches that are play based

targeting skills such as language, communication, and social outcomes for children with autism. They concluded that evidence suggests and emphasizes the importance of play-based interventions when teaching new skills. It also suggested specifically the communicative benefits for children if the role of the practitioner in play has been considered.

Study Purpose

A plethora of literature exists demonstrating the effectiveness of BST as a method for skill acquisition, as well as the value of play during therapy sessions; therefore, this study strives to connect the literature on BST to the literature about the importance of play (Barnes et al., 2014; Iwata et al., 2000). The value of the practitioner during play has been emphasized, which indicates evidence-based training would prove beneficial as a reference for other implementers to modify to best meet their clients' needs. Researchers have demonstrated the efficacy of BST (Buck, 2014) and the importance of play (Lugo et al., 2018), yet a gap in literature exists in the context of using BST to teach play skills. Therefore, this study evaluated the effects of BST on implementer play skills. Additionally, this study evaluated the conditions under which skill acquisition and generalization occur and if BST was an effective method for increasing the percentage of play skills implemented correctly by a practitioner. We hypothesized that BST would result in higher percentages of play skills implemented correctly and an increase in the total number of play skills completed. Therefore, the purpose of this study was to evaluate the effectiveness of BST to increase the percentage of play skills implemented correctly by a practitioner.

Methods

Participants and Setting

The individuals who participated in the study, Rylan and Taylor, were two registered behavior technicians (RBTs) employed at the Thomson Center for Autism and Neurodevelopment. They were both white females in their early twenties. They have both been RBTs for less than a year in duration. Rylan had previous experience with young children, but prior to being an RBT she had not been employed to work with children. Taylor did have a history of employment working with children in a pre-school setting. The participants were chosen out of convenience as they were already hired at the location of the study, and both worked on the same clinical team. Although not a direct participant, a six-year-old white female client was a play partner. The client was able to produce vocal speech; however, she only produced phonemes and there did not always appear to be a function for each sound she made. No data were collected regarding the behavior of the client. Although her behavior was not measured, the principal investigator ensured that preferred materials for the client were available during each session as an attempt to make the session time valuable and enjoyable to the client. The materials were identified as preferred on past preference assessments with her Behavior Analyst and she also had access to an item she brought from home during all sessions.

All sessions occurred in two therapy rooms at the Thompson Center autism clinic. The room where the BST sessions were completed was equipped with a table, multiple chairs, and toys needed for the role-play portion. The room where the post-BST sessions occurred was the client's usual therapy room equipped with multiple shelves of toys and tables with therapy materials. Other individuals were present during the post-BST sessions as they occurred during the client's naturalistic play opportunities, and she was typically in a therapy room with other individuals. The materials used by the data collector were the datasheets, a pen or pencil, and the handheld camera.

Dependent Variable

The primary dependent variable of this experiment is the percentage of play steps implemented correctly by a practitioner per specific play skill. The secondary dependent variable was the number of correct steps performed on the Applied Behavior Intervention Services (ABIS) play evaluation (Appendix A). The play skills that were used were derived from the RBT play evaluation created at the Thompson Center by the Board Certified Behavior Analysts (BCBAs). Multiple BCBAs including one BCBA-D worked together to design this measurement tool using their knowledge of play and what skills they believe would be beneficial for the RBTs they supervise to acquire. This measurement was created once a skill deficit had been identified among practitioners in the clinic. The objective of this measurement tool was to determine what percentage of the skills are being implemented correctly, and another expectation is to have those results increase each time. However, the play evaluation itself does not identify how to increase the play skills. The six play skills were proximity, praise, create, reflect, contrive, and block and redirect. Some of these skills were adapted from literature describing play skills that are important in developing rapport (Lampi et al., 2005), while others were determined by interviews with the Thompson Center BCBAs as skill deficits amongst practitioners.

Measurement and Reliability

Data were collected by trained observers with pen and paper on a prepared data sheet (Appendix A and Appendix B) that described the measurement system, the operational definitions, and the criteria for the target play skill. Each session was video recorded for scoring purposes. During baseline and maintenance portions of the study the observers utilized the RBT play evaluation which lists the six skills and criteria for completion. After each BST session was complete, RBTs had a specific data sheet based on the targeted play skill to use in addition to the

baseline datasheet. The baseline datasheet (Appendix A) was used to calculate the number of play skills implemented correctly during each session while the individual skill datasheet measured only the targeted skill (Appendix B). The target skill datasheet included the target play skill, the operational definition, and the criteria for the specific play skill targeted.

The principal investigator acted as the primary data collector and was present throughout the entire study and an additional trained RBT observer utilized the video recordings to collect reliability data for at least 33% of sessions across all conditions. Agreements were calculated using item-by-item interobserver agreement (IOA) in which the number of agreements was divided by the number of agreements plus disagreements and multiplying that value by 100. Treatment fidelity data was collected for all BST sessions and achieved scores of 100% across all sessions. Typical IOA results in the field of ABA result in 80% agreement or higher (Watkins & Pacheco, 2000). Reliability data for agreements in play skills correctly implemented was collected for 33% of sessions and achieved an agreement reliability score of 91.5% for Rylan's data and 91.5% for Taylor's data. Treatment integrity data was also collected and the primary investigator received a score of 100% for each BST for both participants (Appendix C).

Independent Variable

The independent variable of the study was the BST for play skills. During baseline sessions, participants were observed to determine what play skills they could complete independently on the RBT play-skills evaluation. Once a pattern of responding demonstrating near-zero levels of responding or a decreasing trend was present, the behavior with the lowest percentage of correct implementation or with a trend moving in the opposite direction of the expected intervention effect was chosen for the first BST. A minimum of three baseline sessions were conducted to determine a pattern of responding. The remaining skills were chosen with the

same criteria in mind, yet they had longer baselines so the decision regarding which skill to target was continuously monitored. For example, if praise was the lowest responding skill during the first few sessions, a BST for praise would be introduced. The post-BST condition for praise would then serve as a baseline for the next skills to be introduced. If praise increased, and another skill demonstrated a decreasing trend or near-zero levels of responding, then that skill would be introduced in the next BST. Three skills were chosen to target in three different BSTs for both participants. The BST involved first providing instructions on how to correctly implement the play skill. An opportunity for the instructor to model the correct behavior then occurred, followed by a rehearsal segment for the participants. After the rehearsal segment, the instructor of the BST provided feedback to the participants regarding their behavior. The training occurred once per play skill and the effect of the trainings was measured across sessions.

Experimental Design

The experimental design used for this study was multiple baseline across behaviors. For experimental control to be established with this design, the behavior of each subject must have changed in the predicted direction when the intervention was introduced and not before the introduction of the intervention. This design was chosen due to the irreversibility of the training and new skill acquisition. This design allowed for more flexibility in participant recruitment because the intervention did not need to be introduced at the same exact time for both participants, and specific skill deficits for each individual participant were able to be measured. This design allowed for a more individualized approach to BST to best meet the needs of the individual participant.

Procedures

Baseline

Prior to the implementation of the BST with the participants, a minimum of three baseline sessions were conducted in which toys were present and the RBTs were instructed to play with the client for five minutes. The principal investigator was present to measure the percentage of play-skills implemented correctly by the participant during a play session prior to their exposure to the BST. There were no consequences for the RBTs behavior, and they were permitted to immediately resume their therapy sessions with their clients. No feedback based on their behavior was provided. After a stable trend was established across three sessions, intervention began. The trend was described as stable if it lacked variability, demonstrated a clear decreasing trend, or the rates of responding remained within 20% between sessions. During baseline sessions, we evaluated the RBTs ability to correctly implement the six play skills on the RBT play evaluation. Once baseline was complete, the three skills with the lowest percentage of correct implementation were targeted during BST. This was calculated by scoring the number of steps implemented correctly and dividing that by the total number of steps implemented correctly and incorrectly, then multiplying that by 100.

Behavioral Skills Training

The play skills chosen as the target behavior were determined based on the three skills with the lowest percentage of skill completion during baseline. The six steps identified on the RBT play evaluation were proximity, praise, create, redirect, contrive, and block and redirect. These skills were adapted from research regarding rapport (Lampi et al., 2005) and interviews within the Thompson Center by the BCBA's. The purpose of this play evaluation was to measure correct implementation of the skills, yet it did not address how to increase those skills. The specific skills are operationally defined in Appendix A. The BST involved four parts: instruction, model, rehearsal, and feedback. The instructor, the principal investigator, then provided

clarification for anything that was unknown and asked the participants to describe the step back to them. After the instruction period of the BST, the instructor then modeled correct implementation of the skill. Next, the participant rehearsed the skill independently with a role-play volunteer acting as a client. In addition to rehearsal, the instructor provided immediate feedback to the participants regarding their behavior. The rehearsal and feedback for each skill occurred before post-intervention data collection began.

Post-Intervention

After successful completion of the BST, data collection began occurring during the clients' sessions during time spent engaged in play. The sessions lasted five minutes and occurred a maximum of four times per day, and only occurred once per week. The room was equipped with all materials necessary for playing to occur and there was a client present. The participant was instructed to "play" and data collection began. No prompting or feedback occurred during the sessions and no feedback based on behavior was provided after the session.

Generalization

For the duration of the study, multiple generalization probes were conducted to determine if the BST for each individual skill led to an increase in total skill steps acquired. The entire play rubric was used for each generalization probe as to measure each of the individual six steps. Constant monitoring of progress allowed researchers to determine if the intervention was effective in increasing performance of each individual skill, and if treatment effects produced generalization to other target skills on the play evaluation.

Maintenance

After the participants met the mastery criteria for each specific target skill, maintenance probes were conducted to determine if participants maintained the skill acquisition for a socially

significant duration of time. A socially significant amount of time varies based on the individual, but for the purposes of this study it was defined as occurring for more than ten sessions after the BST. These sessions occurred simultaneously with post-intervention sessions for other skills. The probe sessions were identical to baseline and post-intervention sessions in that they lasted for five min and occurred during the client's play time.

Results

Summary of Experimental Results

The completion of each BST intervention led to an increase in the percentage of steps implemented correctly for all three play skills across both participants. The three skills chosen as target skills for Rylan were praise, reflect, and contrive. The three skills chosen as target skills for Taylor were contrive, create, and reflect. For Rylan praise was chosen as the first skill to target as it displayed the lowest percentage of skills correctly implemented. Reflect was chosen as the second skill because of consistent near-zero levels of responding and contrive was chosen third due to its variable but low rate of responding during baseline. For Taylor all three target behaviors were chosen as targets due to their low levels of responding or their decreasing trend which was the opposite of the anticipated treatment effect.

For Rylan's first skill (praise), four sessions of baseline data were collected prior to implementing the BST. After the BST was implemented, four more sessions were conducted in order for the participant to show responding at 80% or above correct implementation of the skill. During maintenance of this skill, the participant responded at 100% for four sessions before a decrease in percentage of step implemented correctly for the specific skill. The decrease in maintenance did not appear until the BST for the third skill had begun, suggesting that as more skills were taught, the first skills taught might begin to decrease again. For the second skill

(reflect), 8 sessions of baseline data were collected prior to the second BST. Immediately after the BST was introduced for this skill the participant showed an immediate increase to 100% responding for three sessions. This skill showed a slight decrease in maintenance once the third BST was introduced for the third skill. Lastly, for the third skill (contrive) eleven sessions of baseline data were collected before the third BST occurred. The participant showed an immediate increase in the percentage of the play skill implemented correctly and showed a pattern of responding at 80% for three sessions. In addition to all three skills increasing, the total number of play skills implemented correctly on the RBT evaluation increased from two skills in baseline to four skills in post-BST and maintenance. Their data is depicted in Figure 1.

For Taylor's first skill (contrive), three sessions of baseline data were collected prior to the first BST. The behavior for this skill increased immediately to 100% correct implementation of the skill across three sessions. The next skill (create) was introduced after six baseline sessions. Just as with the prior skill, the percentage of correct responding increased immediately post-BST to 100% across three sessions. For the last skill (reflect), nine sessions of baseline data were collected before the BST for the final skill. Just as with the last two skills, the percentage of correct responding immediately increased to 100% across three sessions. In addition to all three skills increasing, the total number of play skills implemented correctly on the RBT play-skills evaluation increased from two skills in baseline to four skills in post-BST and maintenance. Their data is depicted in Figure 2.

Discussion

This study evaluated the effects of behavioral skills training on the play skills of two RBTs. Baseline data was collected for a minimum of three sessions for each participant before a BST was introduced for the skill. The BST consisted of instruction, modeling, rehearsal, and

feedback for each of the three skills taught to both RBTs. Data collection during play sessions occurred after the BST to determine if there was an effect on the percentage of play skills implemented correctly or the number of correct play steps completed on the ABIS RBT play evaluation. The results suggest that BST could be an effective method for teaching play skills to some autism practitioners

Upon the introduction of the BSTs for each play skill, both participants rapidly acquired the new skills. This pattern was seen for all three play skills taught for both participants. However, a difference in responding was discovered in the generalization probe data. Rylan had a gradual and steady increase in the total number of play skills implemented correctly, whereas Taylor reached five out of six play skills for two sessions before decreasing back to four. During sessions seven and nine when Taylor achieved high scores, the client had acquired a new independent play skill, catching a ball, that was followed by very high levels of praise. Praise was not one of the play skills taught to Taylor; however, it was programmed into her skill acquisition programs which could explain why she responded so highly during those two sessions.

During maintenance for each skill, correct responding remained above baseline for all three skills across both participants. However, correct responding decreased once another skill was introduced through BST. For example, once the second skill was introduced, responding on the first taught skill decreased slightly for Rylan. It is expected that responding might not stay at 100%, so a modification of adding in refresher BSTs throughout the maintenance probes might prove beneficial in assisting in maintaining those skills.

Implications

The results of the study suggest that BST is a promising method for increasing the percentage of correct play skills implemented by a practitioner during play time in therapy. This conclusion bridges the gap in literature between BST and implementer play skills by providing an empirical example of how to increase the play skills of ABA practitioners while also highlighting the importance of play in a clients' therapy session. As a field, it has been established that BST is an effective method for teaching skills; however, this study provides support for BST as a method for teaching play skills.

Limitations

One limitation of this study is that a new preference assessment was not conducted for the client that was used as a client participant, so the certainty of knowing we had preferred items in the room decreased. A preference assessment would have allowed researchers to identify items to keep consistent throughout all play sessions. By keeping items consistent, we could have potentially prevented the decrease in generalization responding that was demonstrated with both participants. However, we had items available that her BCBA had labelled as preferred as well as items she brought from home daily. This allowed for us to make sure she had preferred items with her, but we did not know with certainty whether they functioned as reinforcers.

Another limitation of the study is that only two participants were utilized, so there is not enough external replication to confidently say that this method for increasing play skills would be effective for all practitioners. However, because the two participants did demonstrate increased play skills, this suggests that this method might be effective for training some practitioners. Both participants came from a very similar demographic which also limits the generality of the results. Because the sessions were only conducted with one play participant, this study is limited in that the results were not replicated among multiple children with varying

abilities. The results of the evaluation could differ based on the child's verbal ability, so it is crucial that this study is replicated with other children.

Another limitation of this study are the potential overshadowing effects the data collectors had on the data that was obtained. These are any unwanted effects that were measured in the data that were caused by the observation or measurement system. The presence of a data collector could have changed the way the participants interacted with the client, which could have led to greater responding than if a data collector had not been present.

Implications for Future Research

One future extension of this study could be to include maintenance probes over the course of a year. In accordance with BACB guidelines, RBTs must complete a competency assessment each year to ensure that they are still competent practitioners. However, the competency assessment does not evaluate play skills, so these are not consistently monitored skills. Based on this renewal timeline, it would be interesting to see the effect of time on the percentage of play skills implemented correctly.

Another future extension would be to measure the client-participant's preference for a trained play-partner versus an untrained play partner. This could prove beneficial because it could create a better therapeutic environment if the client prefers having a trained play partner. Future research should utilize a variation of a preference assessment in which clients identify if they prefer working with a trained play partner.

This same extension could be done, however, by measuring BCBA preference for trained practitioners versus untrained practitioners. Utilizing a preference assessment, it would be interesting to see if BCBA's have an inherent preference for a trained play partner vs an untrained

play partner with their clients. Having trained practitioners in sessions with their clients can lead to more play occurring, which creates happier clients.

In addition, a case study identifying RBT skill deficits through interviews with supervising BCBAAs could be done to further improve the social validity of the play skills chosen. This would ensure that stakeholders of therapy sessions are having the opportunity to share what skills they prefer occurring and what skills they would like to see improved upon. This current study only consulted BCBAAs from one clinic, so extending this study could diversify the information gathered.

In conclusion, this study investigated the potential effects of behavioral skills training on practitioner play skills. The results add to the literature by providing a suggestion for how to improve the play skills of autism interventionists with behavioral skills training.

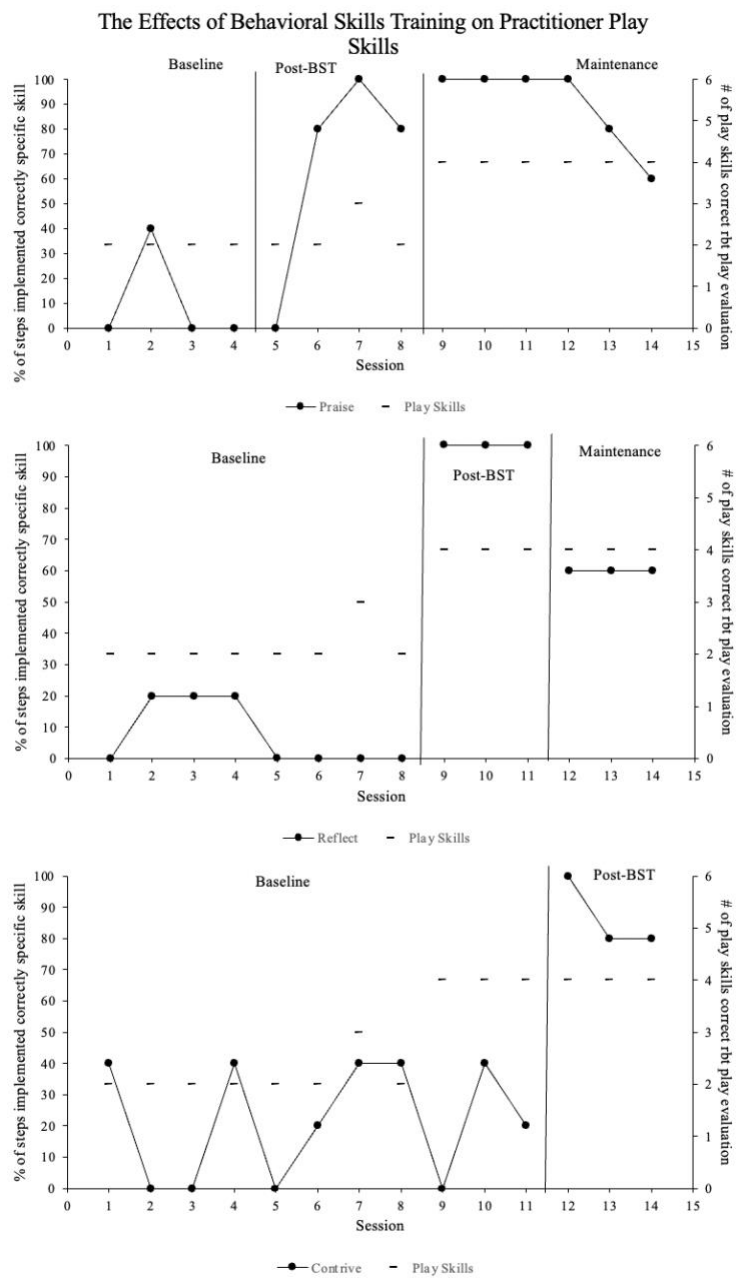
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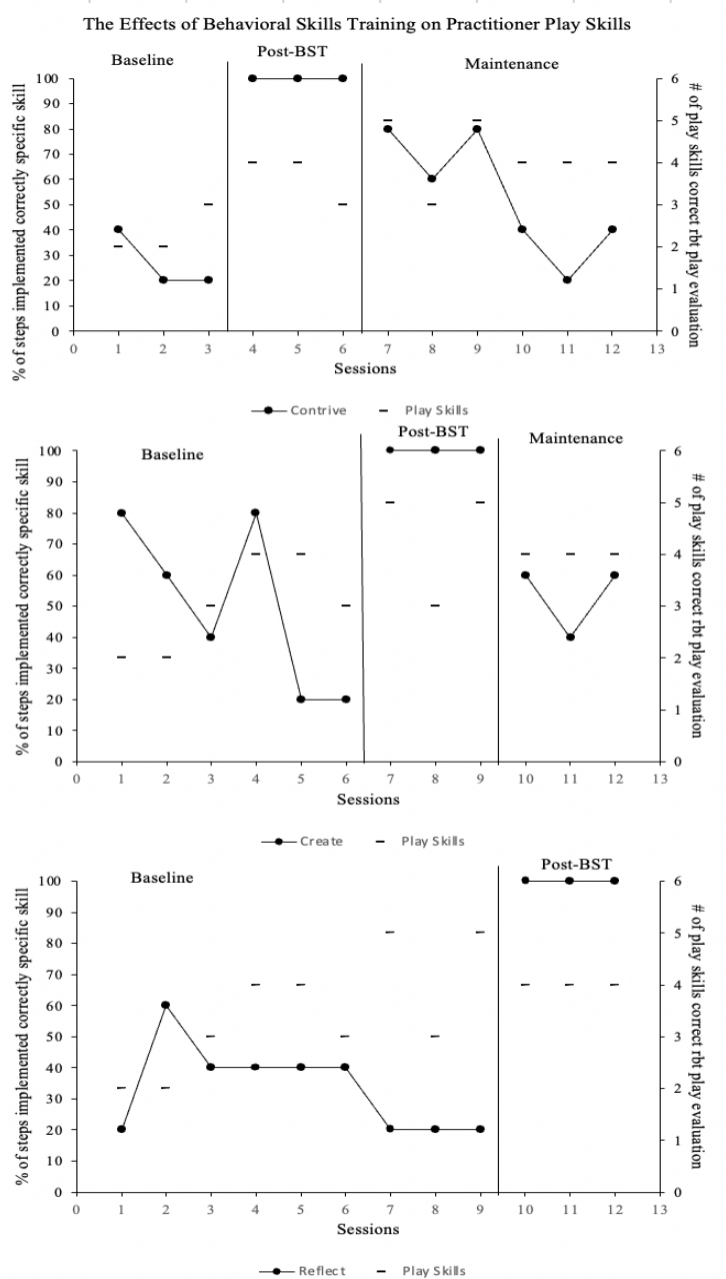
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Figure 1

Effects of Behavioral Skills Training on Practitioner Play Skills: Rylan



Note. This multiple-baseline across behavior graph depicts the effects of a behavioral skills training intervention on the percentage of play skills implemented correct by the practitioner for Rylan. It also depicts the number of play skill steps implemented correctly on the BRT play evaluation across sessions.

Figure 2*Effects of Behavioral Skills Training on Practitioner Play Skills: Taylor*

Note. This multiple-baseline across behavior graph depicts the effects of a behavioral skills training intervention on the percentage of play skills implemented correct by the practitioner for Taylor. It also depicts the number of play skill steps implemented correctly on the BRT play evaluation across sessions.

Appendices

Appendix A: ABIS RBT Play Evaluation

Baseline & Generalization Probe

Date: _____ **Session:** _____ **Participant:** _____ **Condition:** _____

Instructions: Use the checklist below to measure RBT integrity across the following play skills during a 5-minute observation.

| Skill | Definition | Measurement | Criteria | Demonstrated (+ or - / tally) |
|-------------------|---|-----------------------------|-------------|-------------------------------|
| Proximity | RBT stays within a contextually appropriate distance of learner | 30 sec. whole-interval | 100% | |
| Praise | RBT uses behavior specific-praise contingent upon appropriate behavior | Frequency | 5 instances | |
| Create | RBT models appropriate play with item in a novel way/models new function of toy OR RBT creates new play opportunities by offering freebies | Frequency | 5 instances | |
| Reflect | RBT vocally narrates appropriate play skills exhibited by the learner OR RBT repeats vocalizations emitted by the learner | Frequency | 5 instances | |
| Contrive | RBT contrives opportunities for the learner to mand (i.e., physically reaching, PECS, vocal approximations, AAC) | Frequency | 5 instances | |
| Block & Re-Direct | RBT actively redirects learner following an appropriate instance of blocking | Percentage of Opportunities | 100% | |

| Evaluator | Primary/Reliability | Correct (+) | Incorrect (-) | % Correct |
|-----------|---------------------|-------------|---------------|-----------|
| | | | | |

Specific Feedback:

Appendix B: Individual Skill Datasheet

Contrive Intervention

Date: _____ **Session:** _____ **Participant:** _____ **Condition:** _____

Instructions: Use the checklist below to measure RBT integrity across the following play skill during a 5-min observation. Using a clicker or tally-system, track the frequency of how many times the participant meets the definition.

Definition: RBT contrives opportunities for the learner to mand (I.e., physically reaching, PECS, vocal approximations, AAC).

Measurement: Frequency

Criteria: 5 instances (minimum)

| Frequency: |
|------------|
| |

| Evaluator | Primary/Reliability | Total | Criteria Met? (Y/N) |
|-----------|---------------------|-------|---------------------|
| | | | |

Specific Feedback:

Appendix C: Treatment Integrity Datasheet

Treatment Integrity BST

Date: _____

Session: _____

Participant: _____

Coach: _____

Directions: Indicate the occurrence of each behavior by placing an X in the corresponding column.

| | Yes | No |
|---|-----|----|
| Coach labels and identifies skill to be taught | | |
| Coach describes/explains skill to be taught | | |
| Coach models skill | | |
| Coach allows for the participants to practice the skill | | |
| Coach provides feedback to participant | | |

Evaluator: _____ Primary of Reliability?: _____

Total Correct: _____ Total Incorrect: _____ % Correct: _____