

Scaling a Mentorship Model to Achieve Meaningful Outcomes Using the Practical Functional Assessment (PFA) and Skill-Based Treatment (SBT)

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Introduction

- Centria Autism aimed to transition its clinical culture towards a values-based framework that supports a compassionate approach to behavior analytic services called Foundations of Care.
- Behavioral interventions have the greatest effects in a system where it will be used with fidelity and supported on every organizational level and in combination with implementation resources that facilitate adoption, sustainability, and scaling (Sugai & Horner, 2020; Horner et al., 2017).
- A successful model for large-scale requires adoption of a behavioral framework that leverages stakeholder support, funding, policy & systems alignment, and workforce capacity to drive a leadership team who is then responsible for training, coaching, evaluation & performance feedback, and expertise for local implementers (Sugai & Horner, 2020).
- Efforts have been made to train clinicians in the Practical Functional Assessment (PFA) through seminar-based training (Whelan et al., 2016) and train clinicians to implement Skill-Based Treatment (SBT) through intensive coaching (Pollack et al., 2021).
- The projected goal is to train ~350 clinicians in Foundations of Care including the Foundational Plan (FP), the Practical Functional Assessment (PFA) and Skill-Based Treatment (SBT) through a mentorship program. This program focused on measuring the effects of synchronous and asynchronous remote training as well as live consultation on clinician implementation of the PFA and SBT processes.

Methodology

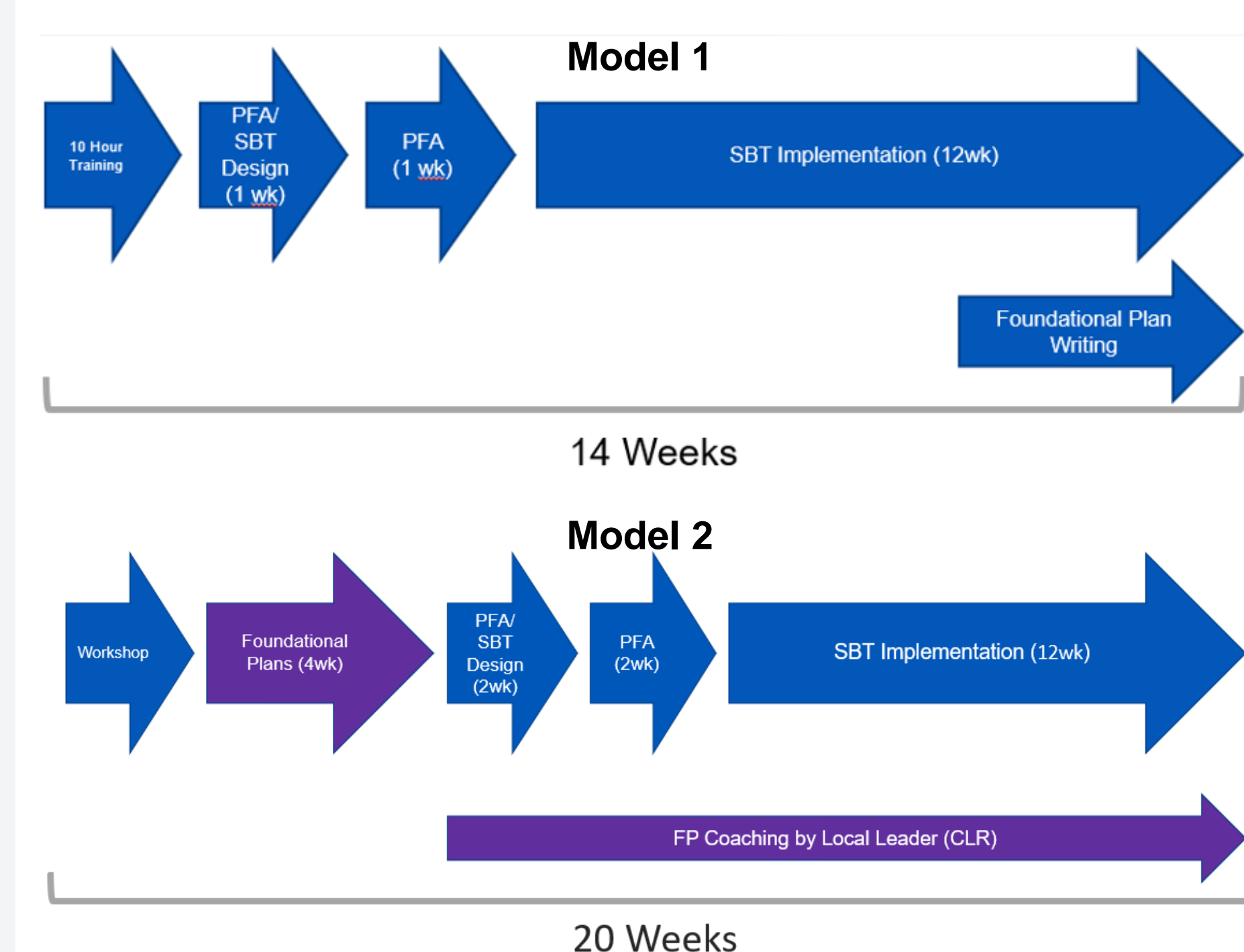
Model 1

- Participants:
- 96 clinicians (BCBAs, BCaBAs, and Behavior Consultants)
 - Trainers: 6 directors (BCBAs) w/ experience implementing ≥30 iterations of the PFA/SBT
- Settings:
- Mentorship by Director provided remotely through Zoom
 - Service delivery settings:
 - Clinic setting; in-person supervision
 - in home; telehealth supervision for sessions in the home, some in-person supervision sessions.
- Procedure:
- Served as preliminary framework for Model 2 (see Figure 1 and Table 1)
- Graduation Requirements:
- 15, 1 hour group trainings
 - 3 Foundational Plans written to fidelity
 - Complete PFA for 1 client
 - SBT implementation for 1 client over 12 weeks
 - 15 minute presentation and reflection

Model 2

- Participants:
- 149 clinicians (BCBAs, BCaBAs, and Behavior Consultants)
 - Trainers: 4 directors (BCBAs) w/ experience implementing ≥30 iterations of the PFA/SBT
 - 16 Clinical Leadership Residents that completed mentorship (Model 1), met fidelity and were selected to support clinicians in the relevant markets.
- Settings:
- Mentorship by Director provided remotely through Zoom
 - Service delivery settings:
 - Clinic setting; in-person supervision
 - in home; telehealth supervision for sessions in the home, some in-person supervision sessions.
- Procedures:
- See Figure 1 and Table 1
- Graduation Requirements—Completion of:
- All e-learning modules on Relias.
 - Two 2-hour PFA design meetings (director, peer)
 - Two 1-hour PFAs (director, peer)
 - Phase 4 of FOC fidelity rubric on FP implementation in session
 - FPs across caseload (≥8)
 - 90% fidelity on an independently written plan
 - ≥8 live SBT overlaps with director
 - 90% implementation fidelity & achievement of CAB3.
 - Case reflection presentation
 - Receive endorsement from director on decision making, problem solving, and concept application.

Figure 1
Timeline of mentorship components



Note. The 20 weeks of mentorship were set up in the following order: Clinicians focused on FPs for 4 weeks, PFA/SBT design and PFA implementation for 4 weeks, and SBT implementation for 8 weeks. FP implementation was scored across all 20 weeks.

Table 1
Breakdown of mentorship components

Mentorship	Synchronous	Asynchronous	Consultation
Model 1 July 2022- Feb 2023	<ul style="list-style-type: none"> 15 hours Weekly cohort meeting PFA/SBT Design Meeting 	<ul style="list-style-type: none"> 10 hours Intro Course 	<ul style="list-style-type: none"> 7+ hours 12-20 Live 30 min overlaps during client sessions
Model 2 April 2023- Feb 2024	<ul style="list-style-type: none"> 8 hours Workshop Clinical values Writing FPs Foundational Plan Writing Design Meeting 	<ul style="list-style-type: none"> 12 hours CEU Modules Deep-dive into SBT topics Alignment with current step of treatment 	<ul style="list-style-type: none"> 20+ hours 20-40 Live overlaps during client sessions FOC Supervision Foundational Plans SBT

Note. Comparison of the various components of the training categorized by modality for mentorship models 1 and 2.

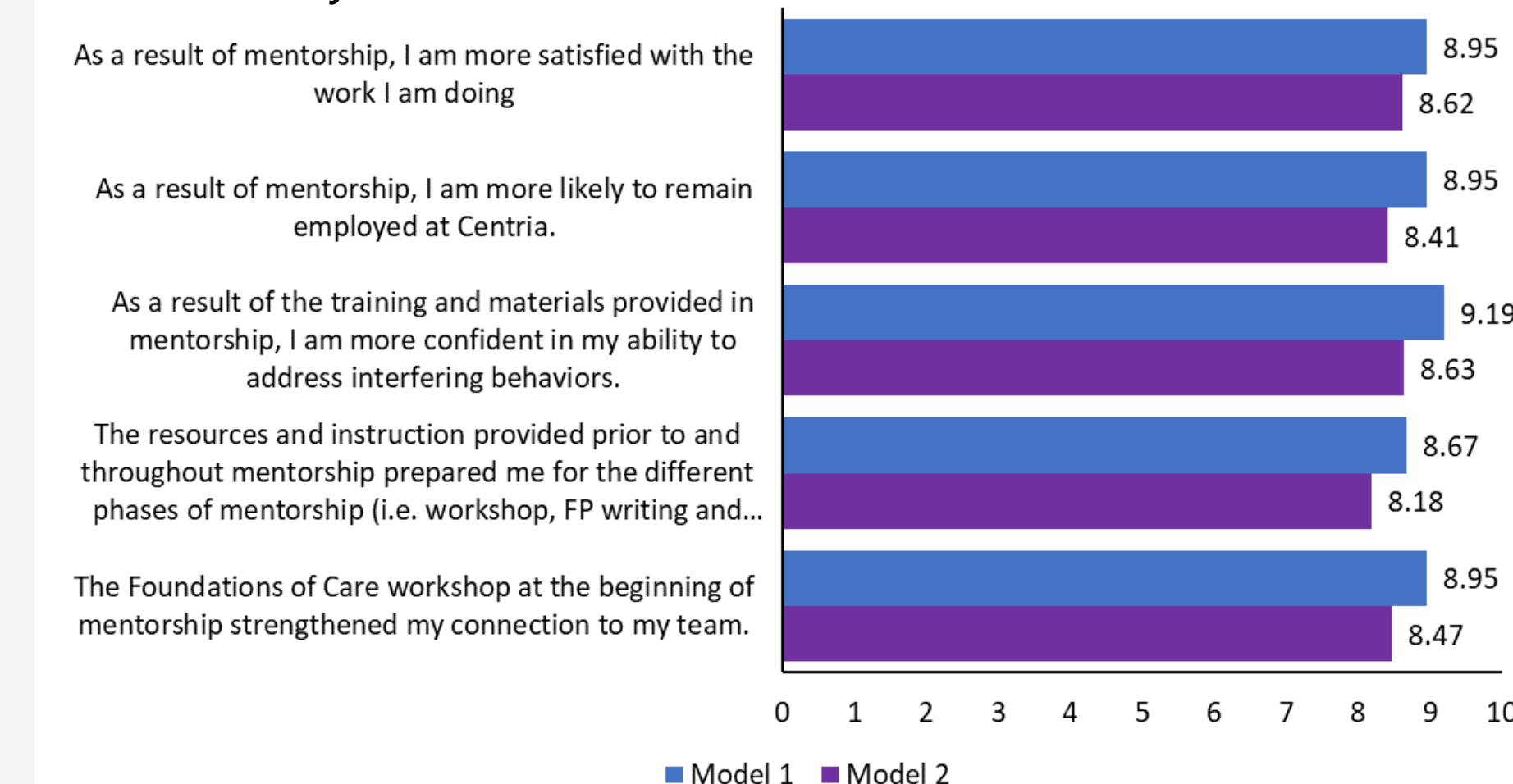
Results

Table 2
Graduation criteria and graduation rates

Criteria	Mentorship Model 1 July 2022- Feb 2023	Mentorship Model 2 April 2023- Feb 2024
	<ul style="list-style-type: none"> 15, 1 hour group trainings Foundational Plan Writing PFA SBT- with fixed interval 	<ul style="list-style-type: none"> Foundational Plan writing Foundational Plan Implementation Supervisory Behavior PFA SBT- through cooperation and skill building
# of Participants	96	149
Did not meet criteria	3.75%	7%
Graduated	96.25%	93%

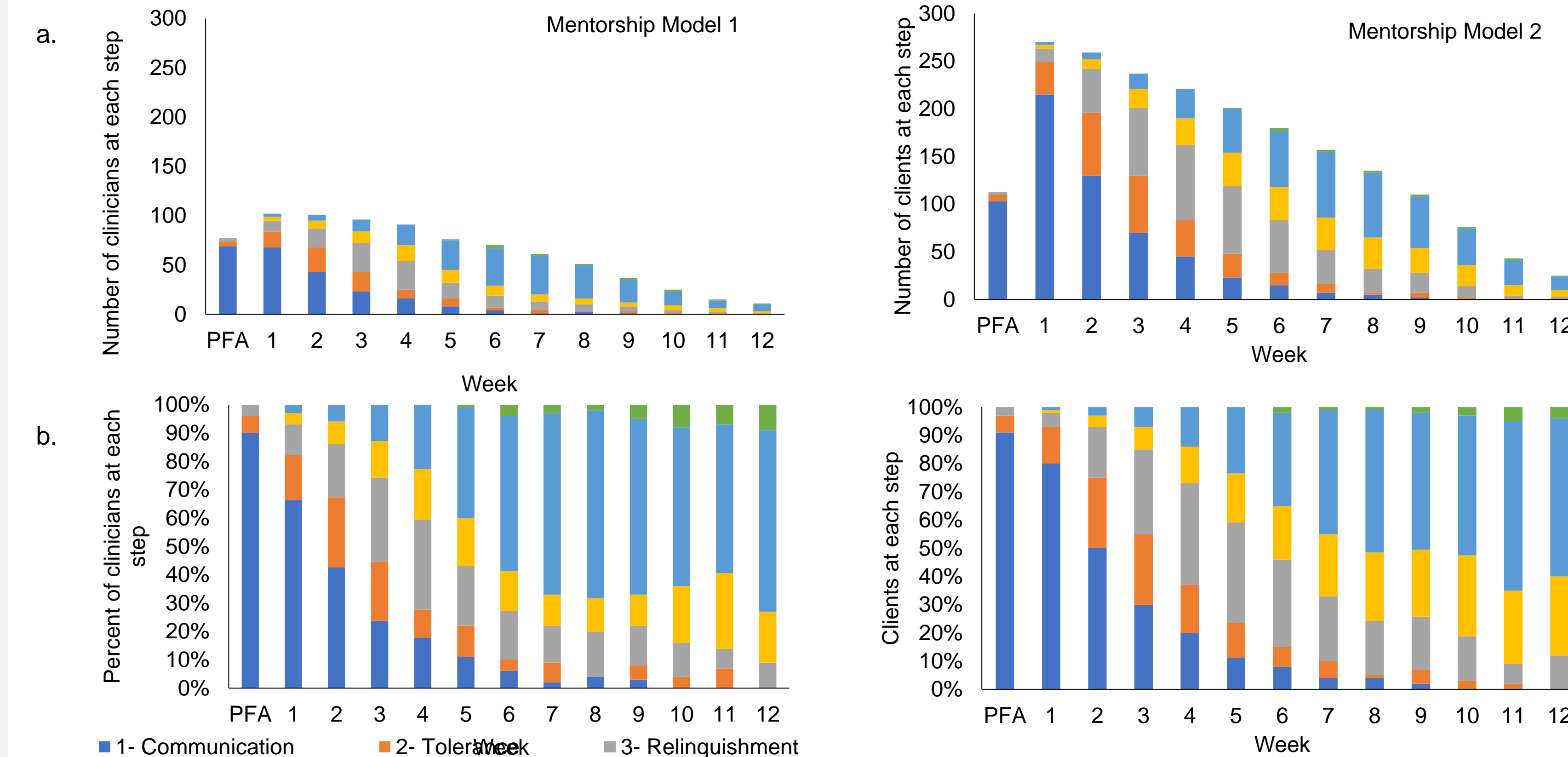
Note. A comparison of the graduation criteria, number of participants, and graduation rates across both models.

Figure 2
Social validity measures



Note. Social validity scores for both mentorship models 1 (n=55) and 2 (n=67). Rating scale from 1- Strongly Disagree to 10- Strongly agree.

Figure 3
SBT progress and distribution recorded during overlaps



Note. Graphs display progress made by the clinicians after each week of live consultation with Director. Graph a. shows the number of clinicians at each step per week. Graph b. shows the distribution of the clinicians at each step per week.

Discussion

- Expanded mentorship to include clinicians, leadership, and clients while maintaining high graduation rates and social validity.
- Enhanced mentorship in Model 2 based on lessons from Model 1, emphasizing comprehensive foundational planning throughout 20 weeks.
- Foundational plans in Model 1 led to reduced interfering behaviors and skill acquisition, minimizing the need for Skills Based Treatment.
- Improved mentorship to be more comprehensive and have larger capacity while maintaining high graduation rates and social validity.
- Implementation of Foundational Plans before SBT reduced interfering behaviors and behavioral contrast.
- Mentorship completion shifted clinicians away from escape extinction and planned ignoring, prioritizing compassionate approaches and therapeutic alliance.
- Challenges included client absences, tech changes, and discharges affecting live coaching during SBT for some clients.
- Clinicians faced culture challenges when not training simultaneously in Foundations of Care within clinic settings.

Implications

Figure 4
Foundational Plan writing and implementation training timeline



Note. Visual representation of the timeline for training Area Directors, Clinical Directors, and clinicians.

Table 3
Breakdown of new mentorship model components

Mentorship	Synchronous	Asynchronous	Consultation
Model 3 April 2024- Present	<ul style="list-style-type: none"> 1:1 meetings Feedback for IOA and fidelity 	<ul style="list-style-type: none"> CEU Modules Workshop HRE/Boundaries Interfering behavior Operations 	<ul style="list-style-type: none"> 7+ hours 12-20, 1 hour overlaps during client sessions and supervision sessions.

Note. Breakdown of components for Model 3 based on data and experiences from the two previous models