

The Foundational Five: A Multifaceted Approach to Monitoring Organizational Culture and Staff Performance

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Introduction

- Organizational culture aligned with key performance indicators is critical for quality service delivery (Silbaugh & El Fattal, 2021).
- Universal intervention plans may require additional training and systems for effective staff adoption (Horner & Kittelman, 2022).
- A group engagement sampling procedure was developed to assess clinic staff engagement in behaviors aligned with organizational values and practices (Sturme & Crisp, 1994).
- Individual performance is monitored using a fidelity or procedural integrity checklist to identify areas needing targeted training.
- The approach combines group (clinic) and individual performance data to provide a comprehensive view of overall performance and cultural adoption.
- Data-driven performance monitoring supports organizational culture shifts and is essential for consistent, high-quality service delivery.

Methodology

Participants

- Area Director of Clinical Services
- Director of Functional Assessment and Treatment
- Three Directors of Clinical Services
- Two Directors of Clinical Development
- Sixteen Supervising Clinicians
- 100 technicians

Setting

- Three clinics across Arizona and Michigan

Measures

Independent Variable(s): The Foundational Five (F5)

- The F5 training is an intervention tool designed to train competency in how to implement foundations of care (see Figure 2) while working with clients. Supervising clinicians completed baseline data collection across their caseload with each technician.

Dependent Variable(s)

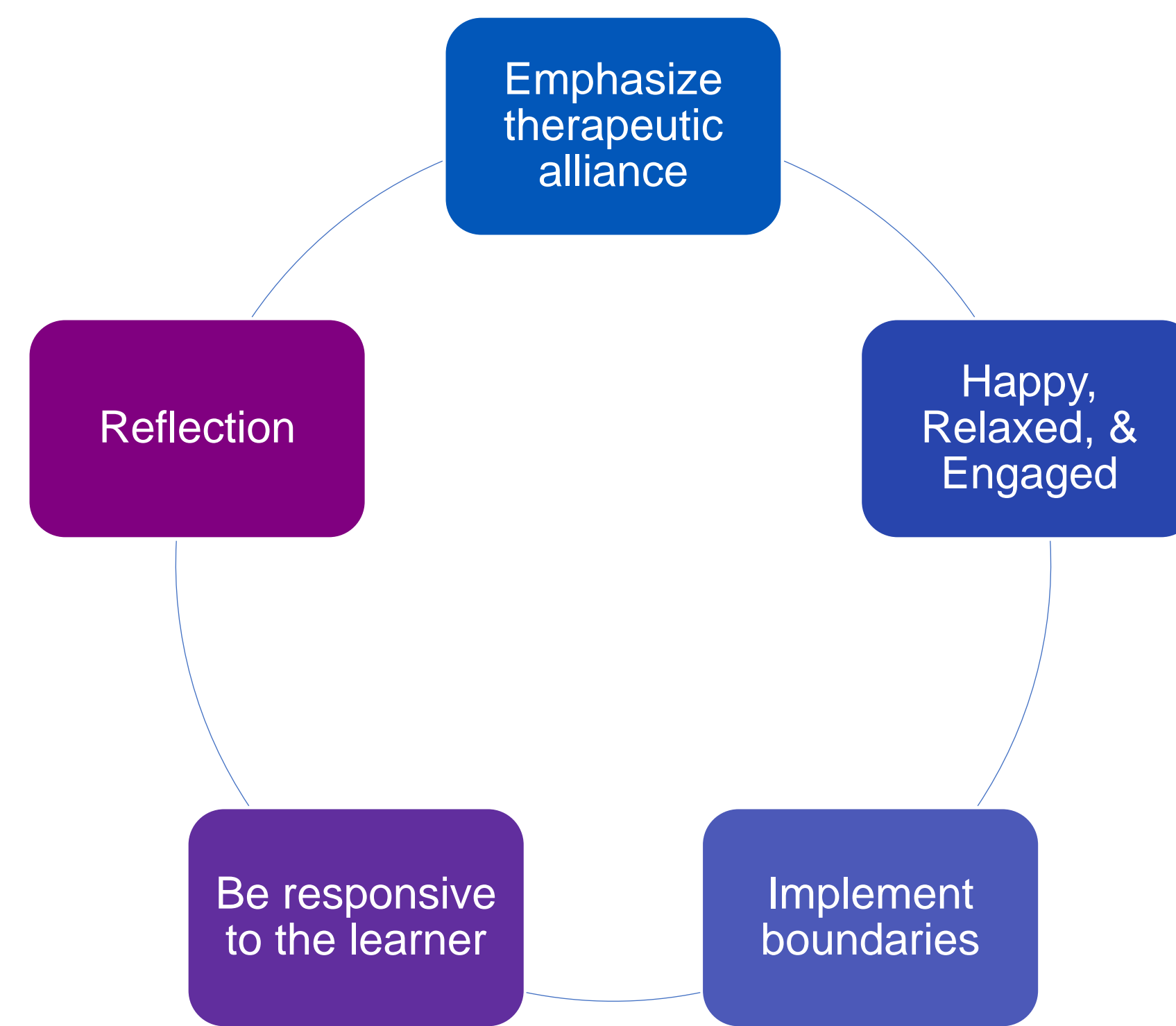
- The Clinical Walkthrough tool (see Table 2), a form that was utilized to collect data on clinic adherence to foundations of care as a whole.

Procedures

- Baseline:
 - Walkthrough data was collected using 15 minute interval samples accounting for the technician behavior across the clinic during that time.
 - Baseline data was collected on group behavior using the walkthrough tool across the three clinics for 3 weeks.
 - Walkthrough data collection continue for the AZ clinics with no changes to the protocol.
- Intervention:
 - The F5 was introduced to the technicians by the Director of Clinical Services during a 1-hour training at the MI clinic.
 - Baseline data was collected for each technician across two observations using the F5 rubric over the course of two weeks.
 - Technicians that achieved 90% across two sessions were considered to have met criteria (see Figure 3). The remaining supervising clinicians utilized the F5 rubric to train skills during supervision sessions with technicians during their supervision overlaps.
 - Clinicians would provide feedback during and at the end of sessions for those in training based on performance.
 - Feedback would be reviewed at the beginning of the next session prior to starting

Methodology (cont.) & Results

Figure 1
The Foundational Five



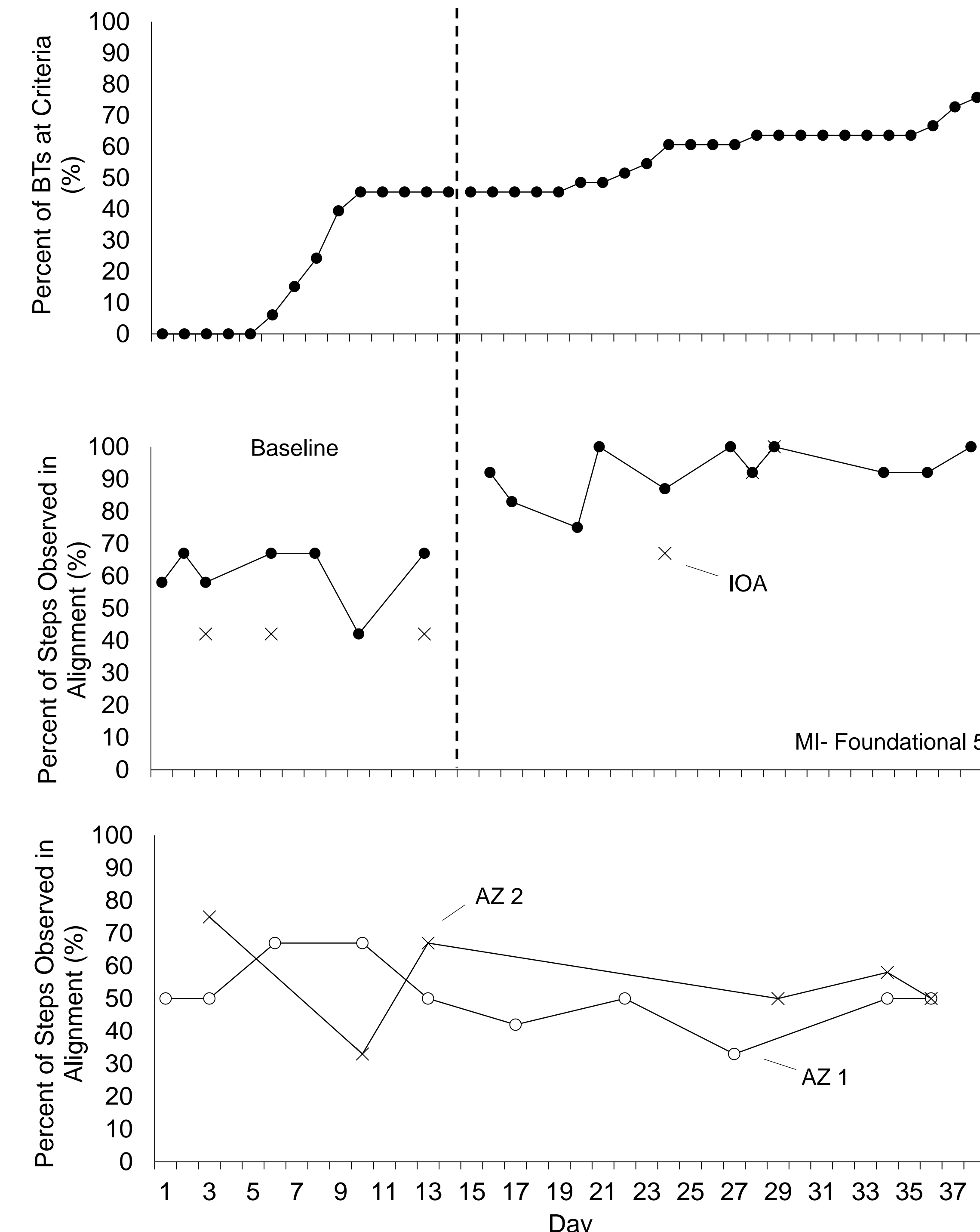
Note. The five behavioral repertoires that make up the Foundational Five

Figure 2
Foundational Five across individual and group measures

| | F5 Walkthrough | F5 Individual |
|--------------------------------|---|---|
| Emphasize Therapeutic Alliance | <ul style="list-style-type: none"> Continuous positive regard Empathize and validate client in distress | <ul style="list-style-type: none"> Continuous positive regard Leisure engagement Present moment awareness in session Emphasis on choice Empathizing and validating child in distress |
| Enriched environment | <ul style="list-style-type: none"> Synthesized reinforcement Necessary routines; environmental organization | <ul style="list-style-type: none"> Client behavior- HRE Synthesized reinforcement Manages challenging contexts and triggers Necessary routines and support |
| Implementing Boundaries | <ul style="list-style-type: none"> STEAM Safety and risk conscientious Emphasis on choice | <ul style="list-style-type: none"> Boundary Identification STEAM Technician behavior- early set boundary Safety and risk conscientious |
| Being Responsive to Learner | <ul style="list-style-type: none"> Proximity Present moment Clinical judgement | <ul style="list-style-type: none"> Assent and assent withdrawal Adjusting expectations |
| Reflection and Feedback | <ul style="list-style-type: none"> Humility Collaboration | <ul style="list-style-type: none"> Provides feedback Accepts feedback Engages in humble technician repertoires Prioritizes collaborative opportunities |

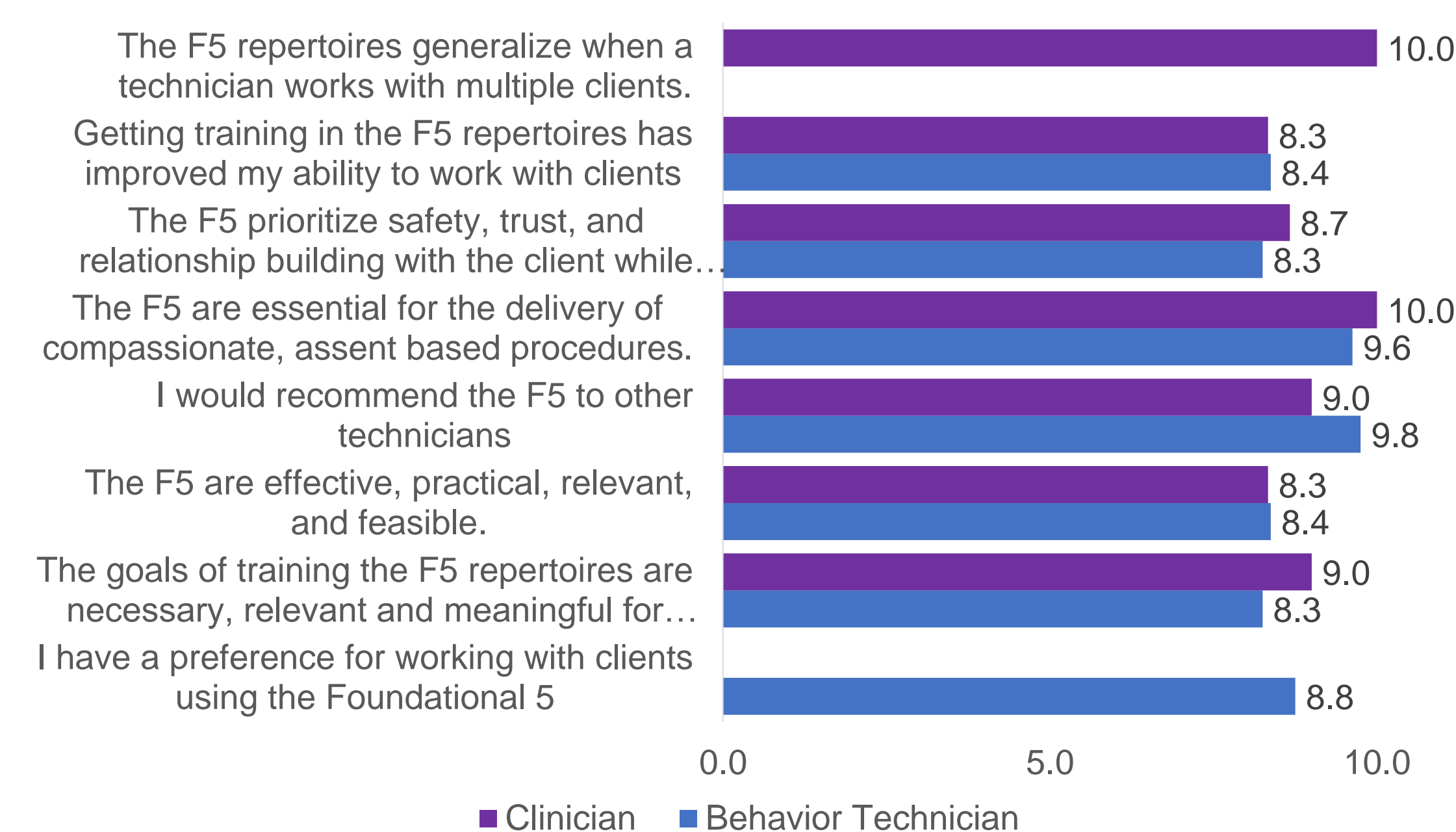
Note. Breakdown of the Foundational Five repertoires including smaller component skills for each.

Figure 3
Walkthrough data and technician progress



Note. The first graph provides a cumulative record of the technicians reaching criteria prior to and during training. The second graph shows the effect of the F5 training on the walkthrough data. The third graph shows the walkthrough scores of the two clinics that did not receive the F5 training.

Figure 4
Social validity for clinicians and technicians



Note. Social validity scores for technicians (n=11) and clinicians (n=3). Scores were selected based on a Likert scale from 1, Strongly Disagree to 10, Strongly Agree.

Discussion

- When implemented in isolation, the walkthrough did not function as an effective intervention for enhancing the overall alignment of culture regarding large scale adoption of clinical models. The findings of this study suggest that applying the foundational five at an individual level with technicians yielded a positive correlation with improvements in overall clinic culture (see Figure 3).
- The study indicates that the individual implementation of the foundational five led to enhancements in the technician's overall engagement with clients and sustained improvements in clinic culture as technicians consistently met the established criteria.
- Notably, it was observed that not all technicians needed to meet the criteria for the walkthrough scores to improve. Additionally, the study underscores the necessity of supplementary training to support the comprehensive adoption of the foundations of care across the clinic.
- Social Validity data indicate that both technicians and clinicians agreed that the goals of training the foundational five repertoires were necessary, relevant and meaningful to implementing a session (see Figure 4).
- Additionally, social validity data further indicate that both the supervising clinicians and the technicians found the foundational five to encompass essential components to delivering compassionate, assent-based procedures.
- Limitations:** training, fidelity, opportunities for overlaps
- As the study progressed, it was discovered that some supervising clinicians required additional training on how to provide effective coaching to the technicians on the foundational five.
- There was opportunity for IOA data collection for the walkthrough tool, however, no IOA was collected for the foundational five.
- For some technicians, there was only 1 opportunity per week to get overlapped with the foundational five due to the way the supervising clinician's supervision schedule with clients. Additional barriers included technicians and supervising clinicians being out on paid time off.
- All of the clinical spaces looked different physically.
- Limited opportunities for foundational five data collection.
- Future Research:**
 - Increasing training on how to implement and coach on the foundational five across directors of clinical services and supervising clinicians.
 - Not every client had a foundational plan in place, and this slightly influenced the foundational five scores.
 - Making the addition of IOA data collection for foundational five.
 - Ensuring that there are additional instructions on the walkthrough tool to account for physical differences in the clinic layout.

Implications

- Partnering with our operations team to utilize the F5 data as part of performance management plans for technicians.
- Having the F5 serve as a mandatory monthly fidelity check for all technicians across the organization.
- Adding the walkthrough and Foundational five as part of our existing mentorship model.
- Rolling out walkthrough and F5 data in larger clinics will require procedural modifications.