Effective remote staff training of objective session notes

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Session notes are a required component of documenting behavior analytic sessions. The direct training of writing objective session notes is important to the success of direct line staff completing adequate documentation and meeting requirements set forth by agencies, certification boards, and insurance funders. However, in-person training is not always immediately available due to contextual restrictions. This study evaluated the effectiveness of implementing the teaching interaction procedure when training staff remotely to objectively document client progress within session notes. Three Registered Behavior Technicians™ (RBT®s) were trained via telehealth to complete session notes objectively. Results showed that all 3 participants met the mastery criterion during probes measuring the objective documentation of home-based behavior analytic sessions. These findings suggest that a training package, such as the teaching interaction procedure, can be effectively implemented remotely when conducting staff training.
Key words: remote training, session notes, staff training, teaching interaction procedure

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A Registered Behavior Technician™ (RBT™) is a direct line interventionist who commonly delivers behavior analytic services to individuals diagnosed with autism spectrum disorder (ASD; Council of Autism Service Providers, 2020). As of December 31, 2019, there were more than 70,000 RBTs® worldwide (Behavior Analyst Certification Board, n.d.). For a professional to be an RBT they must be at least 18 years old, have a high school diploma (or equivalent), complete at least 40 hr of training, and pass a direct observation competency assessment and written exam, among other requirements (BACB®, 2020). An RBT requires training based upon a task list created by the BACB and continuous training and supervision by Board Certified Behavior Analysts Board Certified Assistant Behavior Analysts® (BCaBA®; BACB, 2020).

Behavior analysts should be training and supervising RBTs using procedures with demonstrated effectiveness, such as video modeling (Catania et al., 2009; Rosales et al. 2015), written instructions (Graff & Karsten, 2012; Ramon et al., 2015), computer-based instruction (Ingvarsson & Hanley, 2006; Nosik & Williams, 2011), behavioral skills training (BST; Parsons et al., 2013; Sarokoff & Sturmey, 2004), and the teaching interaction procedure (Green et al., 2019; Harchik et al., 1992). Similar to BST, the teaching interaction procedure consists of identifying and labeling the target behavior, providing a meaningful rationale, describing and demonstrating the target behavior, role playing, and providing feedback (Leaf et al., 2015). This procedure has been demonstrated to be

effective in teaching social behavior (Kassardjian et al., 2013; Leaf et al., 2010; Peters et al., 2016) and has an emerging body of research in regard to staff training (Green et al., 2019; Harchik et al., 1992).

However, in-person staff training is not always feasible. Contextual circumstances such as lack of qualified supervisors within a geographic location (Higgins et al., 2017) and, most recently, state and federal restrictions that limit in-person contact due to the COVID-19 pandemic (e.g., social distancing; Centers for Disease Control and Prevention [CDC], 2020) can lead to training RBTs via telehealth. Telehealth is the use of technology by health care providers, administered from a distance via live-feed video or telephonically, to provide services such as assessment, intervention, and training (Tomlinson et al., 2018). Healthcare professionals in multiple fields, including psychology and medicine, have used this technology to provide services to clients (Batsis et al., 2019; Pratt et al., 2013; Varker et al., 2019). As it relates to training staff who provide behavior analytic services, research has demonstrated the efficacy of the telehealth modality. Tomlinson et al. (2018), for example, conducted a systematic review of this literature that resulted in 20 articles meeting the inclusion criteria. The authors concluded that overall results indicated that training via telehealth was generally successful in training skills to fidelity, considered acceptable by participants on social validity questionnaires, and produced significant cost savings. Nonetheless, the authors also noted that this area of research is still emerging and requires further investigation.

Despite studies demonstrating the effectiveness of remote staff training and training models such as the teaching interaction procedure, more evidence is needed to identify best practices for effectively and efficiently training RBTs to complete various RBT Task List items with fidelity (Luna & Rapp, 2019). One skill that has been identified as imperative for RBTs to display with fidelity is the completion of accurate session notes (BACB, 2019). Session notes are the documentation that RBTs complete at the end of each session, which includes the content of the session and the client's progress towards treatment goals (Health Net Federal Services, n.d.). These notes, which document and communicate ongoing progress and barriers to client outcomes for other professionals, are an essential component of a complete medical record for clients receiving behavior analytic services. Many healthcare funders require session notes for reimbursement for each behavior analytic session (Blue Cross Blue Shield Blue Care Network, 2019; Health Net Federal Services, n.d.). It is critical for providers to complete comprehensive and accurate session notes to remain in compliance with regulations established by insurance agencies (Health Net Federal Services, n.d.). A failure to comply with these policies can result in monetary and legal ramifications for the agency (Unumb, 2017). Thorough and compliant session notes, comprehensively documenting the ongoing direct implementation of behavior analytic programming, provides practitioners with a complete record of provided services for each individual client.

Despite the importance of session notes, few studies in the behavior analytic literature have evaluated methods for training direct line staff to write session notes effectively. For example, Luna and Rapp (2019) used a pre- and posttest design to assess the effects of a checklist on the objectivity of session notes completed by special education staff in a public school district. Participants completed session notes after viewing simulated interactions between a research assistant role-playing as a teacher and a research assistant role-playing as a child. The experimenters evaluated statements about reinforcers provided, levels of prompting, tasks completed, and types of problem behavior exhibited by the student. Results indicated inconsistent

improvement in the session notes across certain content areas (e.g., reinforcers provided versus topographies of behavior) and across participants. The authors concluded that further research is needed on more effective ways to train staff to complete session notes. The investigation of efficient training methods, particularly when in-person contact is limited, can provide practitioners with methods that successfully teach essential skills even when implemented from a distance.

The purpose of this study was to investigate the use of the teaching interaction procedure to remotely train RBTs on the writing of session notes to document services both objectively and effectively. This study extends Luna and Rapp (2019) by evaluating RBTs' completion of session notes after the RBTs provided in-vivo services rather than after the RBTs viewed simulated interactions.

Method

Participants

Participants included three RBTs, all of whom worked for a private home-based agency providing behavior analytic intervention to individuals diagnosed with ASD. A general recruiting flyer was sent to all RBTs within the agency. Participants were selected based upon meeting the inclusion criteria and volunteering to participate. Participants had to hold an active RBT certification and score below 80% accuracy on baseline probe data.

Autumn was a 27-year-old female who had a bachelor's degree and was completing coursework towards a master's degree. Autumn had 12 months of experience implementing behavior analytic interventions for individuals diagnosed with ASD during which she had been an RBT. Tara was a 29-year-old female who had a high school diploma. Tara had 11.5 years of experience implementing behavior analytic

interventions for individuals diagnosed with ASD and had been an RBT for 18 months. Stephanie was a 30-year-old female who had a bachelor's degree and 4.5 years of experience delivering behavior analytic interventions to individuals diagnosed with ASD. She had been an RBT for 4 years.

Participants had received general training on completing session notes approximately 6 months prior to the start of the study. This training was part of the basic onboarding procedure at the agency and included a general overview of updated components within the session note template used by the agency. The participants received no additional formal training on writing session notes prior to the start of the study.

Setting and Materials

The study took place across two settings. First, training was conducted remotely using Zoom©, a secure video conferencing platform (Zoom©, 2020). For video conferencing, the experimenter used a desktop computer. Each of the three participants were asked to have access to a laptop or desktop computer and be in a private location during training sessions. Both the experimenter and the participant(s) were required to have their cameras on for the duration of all video conference training sessions. The experimenter shared their screen during the video conference to show a Google Slides™ presentation. Additionally, the experimenter provided the participant with a blank template of the session note (described below), with only the anecdotal sections to complete, during the role-play portion of each training session (described below). The second setting was in a client home where each participant implemented behavior analytic programs with an individual diagnosed with ASD. Probes were conducted following the participant's behavioral intervention session using the data acquired during the session.

Response Measurement and Interobserver Agreement

The primary dependent variable was the accurate completion of narrative portions of a session note following each scheduled home-based session. The layout and content of the note were created in a manner that would be compliant with third party funding (e.g., insurance). The session note was divided into seven components that required anecdotal descriptions (see Table 1). These components were selected following review of funder requirements for essential items that should be included in session documentation. Raters scored the notes based on the operational definition of each component and whether the statements were objective. Objective statements were defined as those derived from observation rather than from inferences or opinions (Luna & Rapp, 2019). The mastery criterion was 100% of the components scored as correct for three consecutive probes during the intervention condition (Fuller & Fienup, 2018; Richling et al., 2019).

The first general section involved reporting progress on three individual goals. The purpose of this section was to emphasize goals that showed significant progress, regression, or maintenance of a skill. The participant had to write about three different behavioral goals that they targeted for the client during the session. For each goal selected, the participant had to include the data from the current session, data from the past session, and a comparative statement. For example, a correct response could be, "client emitted mands at a rate of 20 per hour, which progressed from the client's last session where mands were emitted at a rate of 15 per hour." A non-example could be, "the client is really trying to make progress on this goal;" this would be a subjective statement that does not present objective data.

The second general section was an overview of the session content. The purpose of this section was to provide an overall summary of the content and progress of the session. The participant completed four areas in this section. The first area involved writing a statement describing setting events for that session, which were defined as observable events that could have impacted the session. Correct examples could include stating that a medication changed, a parent was out of town, or that the client's schedule changed. Incorrect examples could include that "the client had a bad day." This statement would be incorrect because it

Table 1

Operational Definitions of Session Note Components

Components	Operational Definition
Progress for Goal 1	Statement noting the data from the current session, the data from the previous session, and comparison of the two data points (i.e. progressing, maintaining, or regressing)
Progress for Goal 2	Statement noting the data from the current session, the data from the previous session, and comparison of the two data points (i.e. progressing, maintaining, or regressing)
Progress for Goal 3	Statement noting the data from the current session, the data from the previous session, and comparison of the two data points (i.e. progressing, maintaining, or regressing)
Setting Events	Description of events observed that may have impacted data collected (e.g., medication change, change in schedule, parent out of town). A statement of no setting event was also accepted.
Goals Targeted	A statement including each goal that was targeted during the session. Participants could also include information regarding techniques implemented, but this was not required.
Overall Progress Statement	Noted each goal that was making progress based upon the data collected in the current session and compared to previous session data. Participants could also include statements about goals that were regressing or maintaining, but this was not required.
Overall Barrier Statement	Statement about observed variables that were impeding overall progress or progress for particular goals. A statement of no barrier was also accepted. Participants could include a statement of how this barrier was addressed, but this was not required.

required the RBT® to make an inference and did not report observable environmental factors or events. The next area included a statement of each goal targeted in the session. Correct examples included a statement such as, "During this session, the goals of rate of manding per hour, gross motor imitation, and one-syllable echoics were targeted." Incorrect examples included noting only one goal or a general statement that did not include specific goal titles. Also required was an objective statement of overall progress, which included noting each goal that was showing progression based on the data. Correct examples could include, "Overall, the client is making progress on two of the goals implemented during today's session as evidenced by data collected for receptive identification and two-syllable echoics." An example of an incorrect statement was "the client is making progress on some of their goals," because the participant did not include information on specific goals that demonstrated progress. Finally, the participant needed to write a statement of overall barriers to the session, which included identifying any variables that impeded the overall or specific progress of certain goals in the session. Correct examples included, "A barrier to progress is the client's preference for only two items during the session. Sessions will continue to target expanding the client's repertoire of reinforcement in order to address this barrier." An example of an incorrect barrier statement was "the client was unmotivated during the session" because of its subjectivity.

The second dependent variable was the total training time needed for participants to reach the mastery criterion. The duration of each teaching session was recorded and summed to obtain a total teaching time for each participant.

A second experimenter independently scored 33% of probes (range, 33% to 40% across participants) across participants and conditions for the purpose of determining interobserver

agreement. Agreement was calculated utilizing event-by-event agreement in which each of the seven components of the session note were scored, compared, and tallied for agreement or disagreement. The total number of agreements between the two experimenters was divided by the total number of measures reviewed. Agreement was 100% across all participants and conditions.

Agreement was also calculated for training time of 33% of training sessions. An independent reviewer reviewed the recorded video sessions and recorded the training time per training session. Training time recorded by the independent researcher was compared with the time reported by the researcher. Agreement was 100% across all four training sessions reviewed.

Probes

The experimenters conducted probes during baseline, intervention, and maintenance to determine the participant's accuracy when completing session notes. No more than one probe was conducted per day regardless of the condition. A probe consisted of the participant completing a session note using Central Reach® (Central Reach®, 2017), a secure online practice management database, at the conclusion of a clinical session with a client. Upon completion of the session note, the participant saved the note and locked it within the electronic database. Once the session note was locked, no further modifications could be made. The experimenter then collected the session notes, removed the identifying client information, and analyzed the anecdotal sections of each component. On days the experimenter conducted probes, they used the first completed session note, resulting in probes across different clients. Baseline probes were collected daily. Intervention probes started with the first clinical session that occurred at least one calendar day following the training. Participants did not receive feedback. Maintenance probes were separated by at least 1 week.

Baseline

One probe (described above) was conducted each day.

Intervention

Prior to the start of the teaching session, the experimenter gave the participant a unique video conferencing link to receive training via telehealth. Training consisted of the experimenter implementing the teaching interaction procedure using a Google Slides™ presentation (see Table 2), for which there were two variations. The presentations were identical with the exception of the examples used during model and role-play. The varying examples permitted participants to practice across multiple exemplars. Each participant contacted both slide variations, but none of the participants required all six possible examples during role-play. The number of teaching trials across teaching sessions ranged from four to five total role plays for each participant and was dependent on the demonstration of mastery within training (100% accuracy during role-play).

The experimenter displayed the Google Slides™ presentation using the screen share function in Zoom©. The experimenter vocally reviewed the labeling, rationale, instructions, example, and non-example portions of the teaching interaction procedure, while the participant asked questions when applicable and identified the examples and non-examples. Immediately prior to the role-play portion, the experimenter emailed a blank template of a session note via a secure Google Doc™, which allows for real time collaboration. The researcher also displayed a slide that included data in the same format as the example and non-example model slides that were displayed earlier in training, but with novel information. The experimenter directed the participant to complete the session note using the data provided on the slide and allowed the participant to independently complete the session note.

The experimenter responded to any questions by simply encouraging them to do their best. Once the participant indicated that they had completed the session note, the experimenter shared the document on their screen and switched between two tabs (the Google Slides™ and the Google Doc™) to provide feedback on each of the components of the session note. Participants continued practicing during each training session until they reached 100% mastery during role-play. Once the participant met the mastery criterion for the role-play, the teaching session ended.

Teaching sessions continued following each intervention probe until probe data indicated 100% accuracy for three consecutive probes. Each teaching session consisted of implementing all components of the teaching interaction procedure, including reviewing all slides of the Google Slides™ presentation.

Maintenance

The experimenter collected maintenance data after the participant met the mastery criterion during the intervention condition. Maintenance sessions were identical to those in baseline.

Experimental Design

The researchers employed a three-tiered, nonconcurrent multiple baseline design to evaluate the effects of implementing the teaching interaction procedure remotely on the writing of anecdotal session notes.

Treatment Fidelity

An independent evaluator watched video recordings of four of the 11 total teaching sessions to assess the fidelity of the experimenter's implementation of the teaching interaction procedure. Correct behavior was defined as the trainer (a) identifying the topic of training as writing objective session notes, (b) providing a rationale for writing session notes objectively,

Table 2

Google Slides™ Presentation Contents and Experimenter/Participant Roles

Slide Number(s)	Content	Experimenter Role	Participant Role
1	Title	Introduced topic	Asked questions if applicable
2	Rationale for training on objective session notes	Presented rationales vocally	Asked questions if applicable
3	Definition of term objective	Vocally presented instructions that were detailed on each slide	Asked questions if applicable
4	Instructions on objectively reporting progress on specific goals		
5	Instructions on how to report a setting event		
6	Instructions on writing goals that were targeted during the session		
7	Instructions of objective description of overall progress		
8	Instructions for writing barriers to progress		
9	Sample data to be used for model	Reviewed data, asked trainee if each model appropriate or inappropriate, and provided feedback on trainees' responses	Vocally responded if each anecdotal component was appropriate or inappropriate and why
10-11	Appropriate models of objectively writing each anecdotal component		
12	Transition slide that presented a question if example was appropriate or inappropriate		
13	Checklist of each component reviewed in instructions		
14-18	Same format as 9-13, but with non-examples of writing the components of the session note		
19	Transition slide	Vocally prompted the trainee to practice writing session notes and emailed a blank template of a session note via a secure Google document	Asked questions if applicable
20	Novel data to be used for role play including goal names, data points, setting events, and barriers	Directed the participant to complete the session note using the data provided on the slide	Completed session note and indicated once complete
21	Checklist of each component reviewed in instructions	Shared the document on their screen and provided feedback.	Asked questions when applicable
22-25	Variations of examples followed by checklist for repeated practice	Repeated role-play and feedback as noted above	

(c) providing written steps for writing objective session notes, (d) vocally stating the steps of writing objective session notes, (e) modeling appropriate writing of session notes, (f) modeling an inappropriate example of a session note, (g) asking the participant to identify the model that was appropriate and inappropriate, (h) vocally prompting the participant to role-play writing an objective session note, (i) providing feedback about specific steps the participant completed correctly, (j) providing corrective feedback regarding steps that were incorrect, (k) vocally prompting the trainee to role-play until mastery. Treatment fidelity was 100% accurate.

Social Validity

A survey was sent to each participant through secure email following the completion of the study. The participants e-mailed the surveys back to the researcher following completion. The survey contained seven statements and asked participants to indicate if they

Table 3

Social Validity Survey Results

Question	*n*	Positive %	Neutral %	Negative %
1. My knowledge of writing objective session notes has increased after my training sessions.	3	100.0	0.0	0.0
2. My application of independently writing objective session notes increased after my training sessions.	3	100.0	0.0	0.0
3. I have continued to use the skills taught during training sessions to write objective session notes at each client session.	3	100.0	0.0	0.0
4. I was satisfied with the structure of training sessions.	3	100.0	0.0	0.0
5. I was satisfied with the training being conducted remotely.	3	66.7	33.3	0.0
6. I was satisfied with the length of training sessions.	3	100.0	0.0	0.0
7. I would recommend other therapists receive this same training on objective session note writing.	3	100.0	0.0	0.0

Note. The positive column includes answers scored agree and strongly agree, neutral includes answers scored neutral, and the negative column includes answers that were scored disagree or strongly disagree.

strongly agreed, agreed, were neutral, disagreed, or strongly disagreed with each statement. The statements focused on the participants' satisfaction with the training content and structure, and if they continued to use the content after the study was completed, among other things (see Table 3).

Results

Figure 1 displays the results of all three participants' performance during probes. During baseline, Autumn (top panel) displayed consistent and low levels of correct responding (*M* = 18.7%). During the intervention condition, she showed an immediate increase in correct responding and reached the mastery criterion in four sessions, for a total teaching time of 2 hr. Maintenance probes were taken 8, 21, and 28 calendar days following intervention. Maintenance probes were extended due to interruptions in scheduling. Autumn displayed 100% correct responding across all three maintenance sessions.

Tara (middle panel) displayed consistent and low levels of correct responding (14% on every session) during baseline. During the intervention condition, she showed an immediate increase in correct responding and reached the mastery criterion in four sessions. The total

teaching time for Tara was 2 hr and 14 min. Tara displayed 100% correct responding across all three maintenance probes, which occurred 7, 14, and 21 calendar days after intervention.

During baseline, Stephanie (bottom panel) displayed consistent and low levels of correct responding (*M* = 15%). During the intervention condition, she showed an immediate increase in correct responding and reached the mastery criterion in three sessions. The total teaching time for Stephanie was 2 hr and 8 min. Stephanie maintained 100% correct responding on maintenance probes, which were collected 7, 18, and 25 calendar days after intervention. Maintenance probes were slightly extended past 1 week due to interruptions in scheduling.

Although participants' performances were consistently low in baseline, each participant generally included objective description of goals that they targeted during the session. Common errors were the inclusion of subjective statements or statements that did not fully meet the definition of the dependent variable. While subjective statements can be problematic, the baseline notes included the minimum requirements of the funder and did not adversely affect subsequent access to ongoing services for any of the participants' clients.

Figure 1

Participant Performance During Baseline, Intervention, and Maintenance
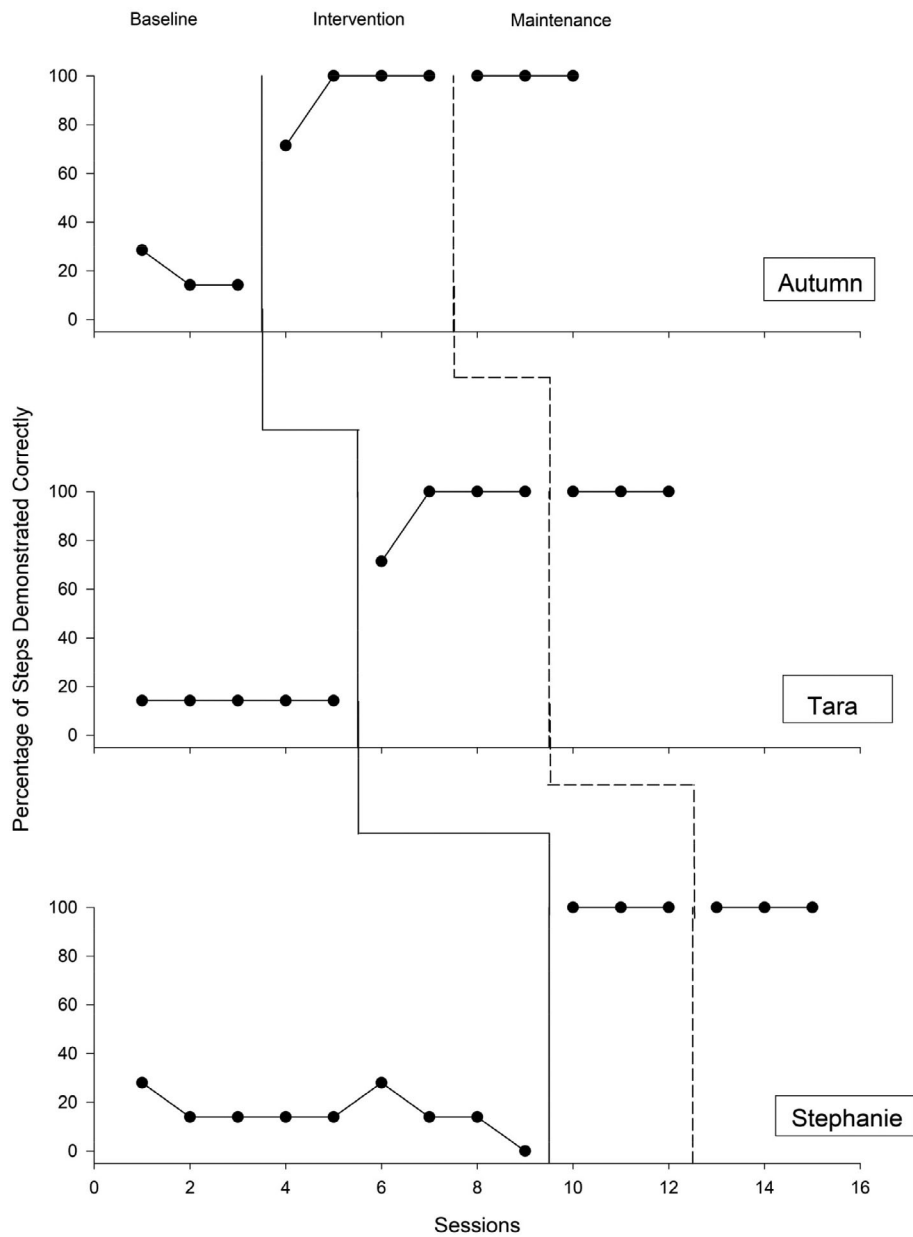
The results of the social validity survey are displayed in Table 3. All participants indicated that they strongly agreed or agreed to every statement regarding their satisfaction with the content of the training and their continued ability to apply and use the content following the conclusion of the training. Two participants responded positively while one participant responded that they were neutral to the modality of the training.

Discussion

The purpose of this study was to determine the effectiveness of the teaching interaction procedure for remotely training three RBTs to correctly fill out session notes. Each participant's performance met the mastery criterion after no more than four teaching sessions and a total training time of no more than 2 hr and 14 min. Additionally, the participants maintained 100% correct responding 3 to 4 weeks after the intervention had concluded. Thus, results indicate that the teaching interaction procedure, delivered via telehealth, was effective to train participants to complete a task that is required within clinical practice.

This study adds to the literature on the teaching interaction procedure as an effective package for training staff (e.g., Green et al., 2019; Harchik et al., 1992). The procedure may be helpful in training staff as it utilizes clear instructions and meaningful rationales of why the trainee should engage in the targeted behavior. Providing rationales may result in more buy-in from the trainee and lead to longer compliance with procedures. Additionally, the presentation of both correct examples and incorrect examples may enhance the efficiency of training. A recent review of the staff training literature found that only a small proportion of studies included both examples and non-examples in training (Marano et al., 2020). Thus, additional research is needed on the benefits of this approach.

Results also extend the literature on training RBTs remotely. This is especially important when few qualified supervisors are available in a geographic region, such as rural areas (Higgins et al., 2017) or when planning for continuity of behavior analytic services and training in response to in-person contact restrictions (CDC, 2020). Results also contribute to the literature on training staff to document medical services across a variety of fields (Andrus et al., 2018; Dickie & Bass, 1980; Dolan &

Broadbent, 2015; Sherman & Johnson, 2019). The direct and explicit training of writing session notes can proactively ensure that accurate and objective information regarding the behavior analytic session is included in required medical documentation.

Although the teaching interaction procedure was effective, it shares a number of features in common with behavioral skills training. These have been conceptualized as two different procedures because of the inclusion of rationales, as well as examples and non-examples, in the teaching interaction procedure (Leaf et al., 2015). Future research should evaluate the contribution of these components to the efficacy of the teaching interaction procedure and compare the teaching interaction procedure to other training modalities, such as video modeling.

Participants in this study were more experienced RBTs, so it is unclear whether the results would generalize to RBTs who are newer to the field. Extensions of this research should be conducted with individuals who do not have experience in the field of behavior analysis and are pursuing certification. Training efficiency is particularly important when considering the minimum number of initial training hours required for the RBT credential. Trainees may need more than the current minimum number of hours required for certification to demonstrate competency in all necessary skills. Additional research findings should continue to guide requirements for training and the evolution of those requirements. Finally, further research should compare the outcomes of in-vivo versus telehealth training. For example, research could compare training time, competency, maintenance and generalization of skills, and cost of training when analyzing in-vivo and remote training. The continued investigation of both of these modalities will be necessary as the use of technology within healthcare continues to increase.

Another limitation of the current study is the small sample size. Future research should evaluate how this training could be extended from individual to group formats. It would be essential to determine any logistical barriers of utilizing the teaching interaction procedure within a group staff training context. While the teaching interaction procedure has been utilized to teach social skills within a group format (Dotson et al., 2010; Leaf et al., 2010), additional investigation is needed to assess how it can be translated to a group staff training format. An additional limitation is that participants were not required to include statements describing interventions they implemented within session. Information about interventions was displayed in a different portion of the session note template that was utilized within the company's practice management software. Future research should assess how the notation of specific interventions should be included and measured for accuracy and objectiveness within anecdotal sections of the required session note. Completing this information may be more difficult to teach, as it will also require the trainee to have the prerequisite knowledge to tact interventions using behavior analytic terminology.

Direct training of writing session notes provides RBTs with the foundation for the successful completion of comprehensive documentation of each of their behavior analytic sessions. The continued study of validated training procedures implemented in both in-vivo and remote formats will be essential to ensure the fidelity of behavior analytic services, particularly as additional novice practitioners obtain the RBT certification.

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