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ABSTRACT

This outreach project is based on the validated Developmental Therapy-Developmental Teaching model originally designed for young children with severe emotional/behavioral problems and their families. It is an approach that emphasizes the teaching skills that foster a child's social-emotional-behavioral competence. The model has proven effective in inclusive settings with children who have social, emotional, or behavioral disabilities, and those who have additional developmental delay, autism, or other disabilities. Components of the model have been integrated into early childhood general pre-academic curriculums and in natural settings. Family involvement such as parental participation in assessment, program planning, and simultaneous home implementation of model practices is an integral aspect of the model. The project assists early childhood and local child care programs in replicating components of the model in natural, inclusive, or pull-out settings for children (birth to age 8) with social-emotional-behavioral disabilities, and their families. Recognizing that effective implementation depends upon the knowledge and skills of the adults who work directly with these young children, the project assists participants in acquiring specific skills to foster social-emotional-behavioral growth. Emphasis is on model applications in typical daily activities such as social play, social language, listening and responding, creating, imagining, playing, and participating. Specific outreach activities include: (1) dissemination of information and general training about the model to early childhood personnel and families of participating children; (2) planning and model implementation at selected replication sites, with new staff development materials suitable for on-site and distance learning via Internet and satellite; and (3) evaluation of project impact on the proficiency of participating personnel and families, their evaluation of helpfulness and effectiveness of the outreach project, and the progress of participating children. (SG)

U.S. Office of Special Education Programs

DEVELOPMENTAL THERAPY-DEVELOPMENTAL TEACHING:

An Outreach Project For Young Children With Social-Emotional-Behavioral Disabilities

Final Performance Report
October 1, 1997 - September 30, 2000
(CFDA No. 84.024D)

University of Georgia
College of Family and Consumer Sciences
Athens, Georgia

P.O. Box 5153
Athens, Georgia 30604
Phone: 706-369-5689
Fax: 706-369-5690
e-mail: mmwood@arches.uga.edu
Web site: www.uga.edu/dttp

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(CFDA No. 84.24 D)
October 1, 1997 — September 30, 2000

Final Report

This project, *Developmental Therapy-Developmental Teaching: An Outreach Project for Young Children with Social-Emotional-Behavioral Disabilities* (CFDA No. 84.024D), provided outreach assistance to programs serving children, ages birth to eight, with severe social, emotional, or behavioral disabilities (and also those with other disabilities including autism, when behavior was also a problem). Programs receiving assistance from this project were providing services to youngsters in inclusive general education, in inclusive special education, in special education classes, in psychoeducational programs, and in community and other natural settings. The original goals remained unchanged during the three years of the project.

Outreach Outcomes: Goals Accomplished	
1.	Personnel with increased understanding of social-emotional development.
2.	Personnel with increased skills to foster social-emotional development.
3.	Children with increased social-emotional-behavioral competence at quality replication sites.
4.	Effective outreach project activities and products.

Project Activities

Project activities focused explicitly around the outreach mission: To assist parents and practitioners in early childhood and child care programs in effectively implementing proven practices of the Developmental Therapy-Teaching curriculum model. Outreach services included ***dissemination*** of information about the model (Management Objective 1); ***consultation and planning*** for model

workshops, in-class tutorials and in-depth follow-up (Management Objective 3); ***coordination with state and national agencies*** (Management Objective 4); outreach assistance for ***professional development*** through workshops, distance learning, and teleconferencing (Management Objective 5); preparation of ***inservice instructional sequences and media*** for use with local programs (Management Objective 6); design of ***new outreach activities***, including a training-trainers program, and modification of existing outreach strategies to meet changing needs of personnel in multiple settings (Management Objective 7; Management Objective 8 in Year 2 report); and ***evaluation*** of project accomplishments in meeting the needs of programs and individuals at each site, with particular focus on improving the performance and effectiveness of the service providers (Management Objective 8; Management Objective 7 in Year 2 report).

On a year-by-year basis, the project worked with 5 programs during the first year of the grant; 16 programs the second year (5 continued plus 11 new programs), and 18 programs in the third project year (13 continued plus 5 new programs). Details of each management activity and its accomplishments are provided in the following sections.

Project Outcomes

At the end of the three-year period, the project exceeded anticipated outcomes for each management objective. Through dissemination activities, the project reached approximately 3,800 individuals in 38 states, the Virgin Islands, and 15 foreign countries, seeking information about the model and/or outreach assistance. More than 1,992 individuals received inservice training through professional development workshops and/or intensive in-depth training for model implementation. Local needs assessments for planning model implementation was provided to 20 programs in 7 states. In these 20 programs, 346 individuals serving 585 children with special needs received in-depth, extended outreach assistance during the three-year period. The project was on location at replication sites for 224 days. Some days were conducted by one associate and some were as many as four.

Over the project period, outreach activities were coordinated with 7 state agencies. New materials/products included (a) new video productions for introduction to the model, (b) computer-aided materials, (c) new training materials for trainers-in-training, and (d) new training materials for skill practice by site personnel. Additionally, at the end of the final project year, 6 leadership participants had completed the trainers-in-training certification requirements. **Figure 1** provides an overview of these project accomplishments.

Project Effectiveness

Project effectiveness was defined as (a) participants demonstrating significantly increased skill in using the specified practices to foster the social-emotional-behavioral development of children in their local settings; (b) young children with disabilities making significant gains in social-emotional-behavioral development in programs with demonstrated quality replications of the Developmental Therapy-Developmental Teaching mode, and (c) outreach activities, services, and products judged by recipients to be effective in meeting their needs.

At the completion of the three project years, 20 program sites received extensive site development, technical assistance, and replication services. These services impacted directly on 346 direct service providers and parents, and 585 young children with disabilities (outcome projections were for twelve to eighteen program sites to have received extensive site development, technical assistance, and replication services with direct impact on approximately 200 direct service providers and parents). Observational ratings of actual performance of a representative sample of direct service providers indicated that 84% acquired a proficiency score of *Adequate* or better by demonstrating basic practices necessary for model implementation. Of these, 87% achieved higher proficiency scores at *Effective* or *Highly Effective* levels of proficiency. In addition to the outcomes specified in the original project proposal, we began in Year Two to emphasize training of leadership individuals to become on-site trainers -- our developing Regional Associates Program for training local trainers (see Management Objective 7). It was anticipated that half of the participating programs would train a local leadership individual to provide continuing model dissemination, outreach assistance staff development after the grant funding period. This projection was exceeded; 13 sites had leadership personnel participate in the Training of Trainers Program with twenty individuals accepted for the Training of Trainers Program. Six of the twenty have become Developmental Therapy - Teaching Regional Associate Instructors.

Measures of satisfaction of participants with their training experiences indicate that project activities met their needs, and most respondents indicated considerable gains in understanding and skills. Almost all participants also indicated a need for further training or more time with project instructors on-site. Workshop effectiveness, assessed by 1,646 participants (including participating parents) received average ratings of 4.37 to 4.64 on a scale of 5 (*Highly Satisfied*) to 1 (*Not Satisfied)*, indicating high degrees of satisfaction. Satisfaction of direct service teams, assessed through post-project anonymous questionnaires, indicates levels of satisfaction from above average

through post-project anonymous questionnaires, indicates levels of satisfaction from above average (ratings >3.0) to highly satisfied (ratings of 5.0) on all four project training dimensions: workshops, observations in their classrooms, debriefings for feedback, and written feedback. Views of leadership trainees about their satisfaction and usefulness of their project experiences was assessed through a focus group discussion. The participants held high opinions of their experiences both professionally and personally.

Overall effectiveness of the project was obtained by interviewing local coordinators to assess the extent to which participating programs acquired the basic elements for model replication. Of the 20 sites that participated in evaluation of child progress, all were rated at the *Basic Implementation* level or better, and three sites achieved the highest *Exemplary Model Demonstration* level. Leadership individuals in the local programs who have successfully completed the RA training of trainers program can continue to provide staff support, train new personnel, and document program effectiveness.

Together, these evaluation results indicate that the overall project mission to improve service for children and youth with severe social-emotional-behavioral disabilities was achieved with distinct and measurable performance indicators. Project goals were effectively accomplished and exceeded anticipated outcomes in the original proposal.

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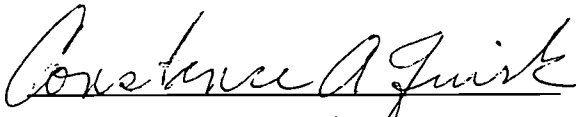

Constance A. Quirk, Ph.D.
Project Director
University of Georgia
College of Family and Consumer Sciences
Developmental Therapy-Teaching Programs
Athens, Georgia 30601

December 20, 2000

FINAL REPORT

DEVELOPMENTAL THERAPY - DEVELOPMENTAL TEACHING:

An Outreach Project For

Young Children With Social-Emotional-Behavioral Disabilities

CFDA No. 84.24 D

October 1, 1997 — September 30, 2000

THE INTERVENTION MODEL

The *Developmental Therapy-Teaching* curriculum provides a framework for guiding social-emotional development and responsible behavior in children and teens. It matches a child's current social, emotional, and behavioral status with specific goals, objectives, behavior management strategies, curriculum materials, activities, and evaluation procedures. It also defines specific roles for adults to facilitate a child's development. The curriculum sequentially spans social, emotional, and behavioral development for children and youth from birth to 16 years.

The curriculum has four areas: *Behavior, Communication, Socialization,* and *(Pre) Academics/Cognition*, to address four essential human activities — *doing, saying, caring,* and *thinking*. Within each of these four areas, specific teaching objectives follow developmental sequences for social-emotional competence and responsible behavior. Specific curriculum activities, management strategies, and adult roles define the ways the model is implemented for preschoolers, school-aged children, and teens.

Three measurement instruments provide the core evaluation measures for this curriculum. The *Developmental Teaching Objectives Rating Form-Revised* (DTORF-R) is a 171-item assessment instrument used to obtain a profile of a child's social-emotional-behavioral status. It identifies specific objectives for social-emotional competence in an Individualized Education Program (IEP), Individualized Family Service Plan (IFSP), or Individual Transition Plan (ITP). The rating process is used also for a functional behavioral assessment, provides a profile of current strengths as well as areas of difficulty, and is used at repeated intervals to evaluate child progress.

The *Developmental Therapy Rating Inventory of Teacher Skills* (DTRITS) has four forms specifying the basic adaptations in practices for model implementation in four large age groups: infant/toddlers, preschool, elementary school-aged, and in middle/high school. The DTRITS provides an observational rating of an adult's current performance skills, serves as a needs

assessment for planning inservice training, is the basis for tutorial feedback, can be used as a self-guide for model implementation, and documents acquisition and maintenance of skills over time. DTRITS data also provide measures of replication fidelity at sites attempting model implementation. An *Administrative Support Checklist* contains 41 basic administrative elements associated with levels of program quality in model replication. Previous studies of model effectiveness have shown that certain minimal levels of administrative support were necessary to support successful performance by direct service teams in classroom settings as measured by the DTRITS during a school year.

The evaluation plan uses these three instruments to obtain measures of both qualitative and quantitative assessment of outreach activities and the optimal settings/conditions for achieving the greatest results. These measures of trainees, children, and programs were analyzed for evaluation of outcome effectiveness. The benefits from such analyses are these:

- Formative feedback to individual participants re-focuses training so that learning experiences can be redefined, reinforced, revised, and replicated.
- Summative feedback documents project accomplishments and permits staff to examine the quality of outcomes.

HOW THE PROJECT GOALS WERE ACCOMPLISHED

The Developmental Therapy-Teaching Programs is an outreach unit of the College of Family and Consumer Sciences at the University of Georgia, Athens, Georgia. The unit enjoys outstanding administrative support and working relationships with the Office of the Vice President for Services and Outreach, Dr. Eugene Younts; and in the College, with Dean Sharon Nickols, Associate Dean Christine Todd (Years 1 and 2), and Associate Dean Tom Rodgers (Year 3). The unit is comfortably housed off-campus due to a critical space shortage at the University, but is able to connect directly to all of the on-campus support systems. **Appendix A** illustrates the administrative organization of the unit within the University.

During the three years of this grant project, the unit received additional grant support for other outreach, training, and service activities from the Georgia Department of Education, U. S. Department of Education, Office of Special Education, Early Education Programs (CFDA 84.324R and CFDA 84.325N); State of Washington, Department of Social and Health Services, Division of Children and Family Services; and local public education and community service programs.

Project staffing went through several changes during the three grant years. The original Project Director, Karen R. Davis, became ill during the first year and subsequently went on disability status and died. Dr. Mary M. Wood, retired Professor Emeritus of Special Education and founder of the Developmental Therapy-Developmental Teaching model served as Interim Project Director. Dr. Connie Quirk, an experienced and certified National Instructor for Developmental Therapy, joined the project in Year 1 as Senior Trainer and subsequently became Project Director for Year 3. Dr. Faye Swindle served as part-time Senior Training Associate for the entire three years of the project. A second Training Associate, Julie Hendrick became ill also during the first few months of the project and was retired on disability. Her part-time position was filled by Diane Wahlers as Coordinator of Outreach and Distance Learning during the second and third grant years. Coordinator for Dissemination Betty DeLorme and Office Manager Debbie Huth served the project part-time throughout the three grant years. Elizabeth Carbone served as Evaluation Coordinator during Project Year 3. In addition to this core staff, the project was able to obtain the services of four highly experienced and certified National Instructors in Developmental Therapy as adjunct staff/consultants to assist with in-depth training at selected field sites. These were Dr. Susan Galis, Dr. Mary Leiter, Dr. Bonnie McCarty, and Rosalie McKenzie, a specialist in services to young children with Autism Spectrum Disorders. In addition, Dr. William Swan and Dr. Douglas Flor provided services for project evaluation.

The success of the project as well as its mission depended on bonding project goals and the agencies' requirements and commitments. Programs and agencies seeking to improve their services needed all available information about resources and options. With awareness of this, the project had extensive communications with each potential site during planning phases so that expectations of administrators and direct service providers were matched to the outreach assistance as nearly as possible. This overarching principle guided project activities while keeping efforts focused on the particular project objectives and outcomes as specified in the original proposal. These activities and accomplishments are reported below, according to project management objectives.

Management Objective 1, Dissemination: *To disseminate information about the outreach project and the model.*

The goal for this objective was to provide information about the model to individuals, parents, and early childhood practitioners concerned with meeting the special needs of young

children who are troubled, those with emotional or behavioral problems, and those at-risk. During the first two years, the project worked collaboratively with another OSEP project which provided similar outreach and technical assistance to programs serving older, school age children to age 16 with severe social-emotional-behavioral disabilities. In its final year, the project worked collaboratively with a third OSEP project which provided leadership training to onsite supervisors of programs serving children and youth with severe social-emotional-behavioral disabilities. These projects shared costs for information dissemination about the core model components and how to access outreach services. These cross-project efforts provided greater combined output for addressing the needs of children and youth with social-emotional-behavioral problems from birth to age 16.

Project information was disseminated to over 3,800 individuals in 38 states. Internationally, the project received requests for materials and information from Australia, Canada, China, Ireland, Italy, Israel, Germany, Japan, Lithuania, New Zealand, Norway, Russia, Scotland, Singapore, Taiwan, Ukraine, and the Virgin Islands. Telephone, fax and e-mail communications were additional forms of dissemination used extensively for exchange of information and consultation.

Of the disseminated print materials, "awareness" packets of information (including a newsletter and new brochure) were distributed to 175 individuals in 20 states and over 1700 were distributed to participants at professional conferences and workshops. The new 5-section foldout brochure highlights the model elements as it is applied across the age spans (Copy attached at the end of this report.) Over 3,000 bookmarks were distributed at conferences and training sessions to introduce our website (Copy attached at the end of this report.) Five issues of the newsletter were mailed to 2,200 individuals in 38 states. The newsletters included front page feature articles concerned with the psychoeducational principles that are utilized in the Developmental Therapy-Teaching approach. Other sections include news from programs implementing the model, international applications, current and projected training opportunities, instructional tips from classroom teachers, and other articles with practical applications for those interested in implementing this model. (Copies of the newsletters are included at the end of this report.)

Among the requested print materials are our two project monographs. The first, a 73-page monograph, describes the 25-year history of the Developmental Therapy-Teaching model. This product was useful for potential sites which needed in-depth information about development of the model, references for related publications, summary of research conducted in a variety of settings

documenting student progress with this model, acquisition of skills by teachers, and adaptations of the model for inclusive and early childhood settings. The second monograph, a 33-page publication, *Documenting Effectiveness*, summarizes research evidence of model effectiveness at five locations with children in inclusive, partial inclusion, or special education settings. Additionally, observational data of teaching teams and college interns rated on performance in demonstrating specified practices for model implementation when working directly with children are included. Over 200 monographs were distributed.

Our web site began operation in August, 1998. We received an estimated 7,500 inquiries (approximately 300 hits a month), some being direct inquires about how to obtain additional information about the model. These requests were from parents, teachers, administrators, and graduate students about individual training in the use of this model. We also received requests from professors for more information about the model, and from program administrators seeking workshop training and outreach assistance for staff development, providing new services or improving existing services to this age group.

In addition to disseminating directly through our office and web site, awareness materials about the model are included in several resource directories, including:

- *CLAS Culturally & Linguistically Appropriate Services.* Early Childhood Research Institute, OSEP/USDE, UIUC-ERIC, CEC-ERIC., 1999.
- *EEPCD Resources for Autism Spectrum Disorders.* Compiled by NEC*TAS, 1998.
- *EEPCD Resources Supporting Inclusion.* Compiled by NEC*TAS, 1998.
- *EROD, Education Resource Organizations Directory.* U. S. Department of Education, 1998.
- *ERIC*, 1998.
- *ISER Home, Internet Special Education Resources, Special Education & Learning Disabilities Resources: A Nationwide Directory.* Feb. 1999.
- *Map to Inclusive Child Care* Network publication, 1998.
- *Tests in Print.* Complied by the Buros Institute of Mental Measurements, University of Nebraska, 1999.

Dissemination activities have also been conducted through presentations at professional meetings, conference exhibits, workshops, and papers prepared for publication. These activities are

reported separately in Management Objective 5, ***Professional Development***.

Management Objective 2, Site planning for model implementation: *Planning to identify and design outreach services which reflect the individual needs of potential participants and programs.*

This management objective focused on planning outreach services that met the specific needs of programs requesting assistance. We call this activity *site development* -- Phase Two in our original outreach design. Following a preliminary request for outreach assistance, the planning focus was to identify the training needs at local program sites and to assess the degree of commitment of staff, parents, and administrators to provide necessary resources and support for model replication. Criteria for accepting a site for model replication were:

- ✓ Evidence of administrative support and need for services to be provided for model implementation.
- ✓ Evidence of sufficient staff planning to demonstrate basic knowledge about the model and a willingness to attempt model implementation.
- ✓ One supervisory person from the site who agreed to participate in the Training Trainers Program while outreach services were provided to the direct service personnel. (New requirement, begun in Project Year 2.)
- ✓ A Training Agreement with content needs and training schedule collaboratively developed from a needs assessment developed by project staff, program administrators, direct service providers, and parents.
- ✓ A student evaluation schedule for the year, including a minimum of pre- post-measures to be submitted to the project without student names attached, including the Developmental Teaching Objectives Rating Form-Revised (DTORF-R) and other evaluation measures routinely used by the program. (See Management Objective 8, *Evaluation.)*
- ✓ Agreement to use the DTORF-R for IEP program planning and to provide family services and program evaluation consistent with the principles of the model.
- ✓ Commitment of staff time to training with the understanding that periodic performance measures would be collected by the project instructor with feedback to the participants.

The planning phase with a program was completed when a formal training agreement was negotiated and signed by the site program administrator and the project director. This agreement formalized mutual agreements about (a) amount of training and technical assistance the project would provide, (b) obligations of the local site for cost-sharing and released staff time, and (c) scheduled times for repeated evaluations of children's progress during the training period. Each training agreement specified the implementation sequence but could be modified during the process as needed.

When a local program committed to model implementation, cost sharing was negotiated on the basis of the size of the program, the number of participating teams, extent of administrative support, and the initial skill levels of participants. Local programs were expected to contribute some resources to the effort. We used a minimum cost-sharing approach in which every participating program made some degree of commitment, both in cost and in released time for participating personnel. The fees were designed to minimize initial costs to local programs during each planning phase and included only minor training and travel expenses for the project consultant/trainer. The project assumed major costs for training materials and the project consultant. In contrast, there was a rather large proportional contribution expected when a program simply requested a single workshop. This type of assistance was kept to a minimum, except for introductory presentations about the model. Workshops alone, without follow-up, seem to have few long term benefits; i.e., there is little carryover or skilled implementation. (A copy of the fee schedule is included in **Appendix B** the end of this report.)

Figure 2 lists the sites participating in planning for model implementation and shows the year a site initiated planning and outreach activities as well as the extent of carryover of training from year-to-year. As shown, 20 sites received planning assistance for model implementation. Overall 20 programs participated in project activities. Nine of these programs were solely early childhood programs serving children through age 6. Of the remaining 11 programs, 5 served both preschool and school aged children with Autism Spectrum Disorders or severe developmental delay and 6 served a wider range of ages including those in early childhood. Thirteen sites were identified as inclusive programs. At 13 sites, 20 personnel in supervisory positions participated in leadership training activities (sites identified with an asterisk* in Figure 2).

Each program differed in staff skills, needs, and resources. Planning for the training sequences and implementation processes at each program site was unique to the identified needs.

Therefore, considerable resources were allocated to the planning phase of outreach, prior to actual training for model implementation. Additionally, a new training agreement and a revised training plan was re-negotiated at the end of each project/school year if outreach assistance continued. As local service providers became increasingly proficient, the performance data generated during the period of outreach assistance indicated strengths and weaknesses in proficiencies. These data were used in collaborative planning between the administrators, participants, and our project instructors during each phase of outreach.

Management Objective 3, Model Implementation and Replication: *To provide outreach assistance for model replication in general education and natural settings whenever possible.*

This management objective received the major portion of project resources and staff time because activities involved extended, in-depth training with repeated visits to each participating team at each site. Overall, during the three project years, activities to implement the model provided 224 days of direct, on-site consultation and instruction through inservice, observations, feedback, and tutorials at 20 program sites with 346 participants working directly with 585 children with special needs. Original project outcomes from these implementation activities were projected to be between 14 and 18 local sites implementing the model with approximately 200 participating individuals.

The numbers participating includes parents and program support staff who were in positions to participate for extended periods of in-depth training; e.g., parents, social workers, program directors/principals, psychologists and general education teachers. However, the numbers do not reflect the parents and additional local personnel that participated in introductory workshops and staff debriefings only (These individuals are described in Management Objective 5, ***Professional Development.)***

Typically, a site seeking implementation assistance received an initial visit for observation of the program, a preliminary needs assessment, and an overview presentation to staff about the model. In programs where it was clear that there was commitment to model implementation, this first visit/observation often offered an opportunity to make a pre-training performance assessment of each participating team. DT/RITS observational ratings of the teams and an Administrative Support Checklist were used to obtain baseline information, providing invaluable information about training needs as described in Appendix H of the original proposal.

The type and extent of outreach services was determined by the annual re-assessment of needs and the interim performance data at each site. Sites with an outstanding program, documented proficiency, and meeting the standards set for the *replication* standard were encouraged to attempt to achieve the highest *demonstration* standard during the last project year. This standard indicates that site personnel are sufficiently skilled to demonstrate model practices consistently as an exemplary replication which can be used for observation and training by others. Three sites reported in Figure 2 were able to achieve this high quality standard by the end of the third project year, and will become future training sites where others may observe exemplary practices and receive guidance for implementing the model practices in their own programs (See **Appendix C** for replication standards).

Each of the 20 sites which received outreach in the basic model implementation during this project period had a unique approach to service delivery and varying amounts of parental involvement. **Figure 3** provides summary characteristics of 20 sites receiving in-depth staff training. The Early Childhood Special Education program of the Cooperative Education Services in Trumbull, Connecticut provides an intensive therapeutic program, using a general preschool curriculum with highly individualized adaptations to provide for the special factors needed by their young children who have severe language, hearing, behavioral, and autistic disabilities. The Gateway-Longview Therapeutic Preschool in Bowmansville, New York is a therapeutic day care program for children with and without disabilities. During our assistance, they expanded their pullout program for those with special needs into their general preschool curriculum program for nondisabled peers. The Special Needs Program, part of the Positive Education Program in Cleveland, Ohio, and Sunshine & Rainbows, Forks, Washington, offer special, inclusive and community programs for individuals with severe developmental delays and the autism spectrum.

The Monarch Therapeutic Child Care Program in Lacy, Washington offers highly specialized child care and preschool curriculum to young abused children who are under state protection through the Therapeutic Child Development (TCD) Program in the Department of Health and Human Services. Parents and foster parents participate actively in training activities. Three additional Washington State Therapeutic Child Development programs in Grayson, Sunnyside, and Yakima offer similar programming. The Learning Tree Preschool Program in Bremerton, Washington focuses primarily on preschool children but also provides before and after school programs for older children.

The Early Intervention Program, a component of the Positive Education Program in

Cleveland, Ohio, is jointly funded by public school special education, Medicaid, community sources, and United Way. The parent-guided, community-sponsored service is for parents, grandparents, and foster parents of very young preschool children who are having difficult behavior management/discipline problems. Parents who have "graduated" from parent services work under EIC staff supervision with other parents conducting initial interviews, coaching in effective management strategies, and doing follow-up. Developmental Therapy - Teaching outreach activities for staff and parents guided a shift in service delivery to provide a fuller inclusive early childhood curriculum to include normally developing preschool siblings.

The Audubon Area Preschool program within the Hopkins County, Kentucky school district incorporates a wide service area with many inclusive early childhood programs. A second geographically extensive program in Hopkins County serving kindergarten children in inclusive settings participated in outreach assistance activities. Additionally, during Year Three, outreach assistance for a third Hopkins County program for school age children with severe disabilities (ages 5 years - 14 years) previously served through our severe outreach project was continued. Our specific implementation activities for this project were directed to the children eight and under at these sites.

Robins Air Force Base schools in Georgia had two projects to implement Developmental Therapy-Teaching; one, an inclusive program with young troubled children in first and second grades; and the second, a program which served children with developmental delay or autism. There was strong parent participation in outreach activities. Also, in Georgia, three psychoeducational programs serving children in self-contained and inclusive programs received outreach services.

Each of these sites has performance data for progress of children and proficiency of staff. Statistical analysis indicates that during this project period 228 children at 13 sites made significant gains in social-emotional-behavioral development, as measured by the DTORF-R (see Management Objective 8). Annually, data provided the basis for re-assessment of training needs, amount of outreach assistance provided, and topics covered. Additional sites were served during the last project year because of the availability of local trainers as they became certified as Regional Associates (RAs) for Developmental Therapy-Teaching (see Management Objective 7).

Management Objective 4, Interagency Collaboration for Model Implementation: *To coordinate outreach activities with state and national agencies to improve services for young children with social-emotional-behavioral disabilities.*

The project collaborated with 7 state agencies responsible for personnel development to ensure consistency with personnel standards and plans. Over the project period, contact was made with educational agencies and service provider systems in Georgia, Ohio, Kentucky, Maine, Connecticut, New York, and Washington State. In Georgia, we participated in initial planning with a newly forming Early Childhood Network under the leadership of Georgia Public Television, Educational Division, and R*TEC for the Southeastern States and Virgin Islands Region. Project staff also participated in the state-wide autism planning initiative through the Babies Can't Wait project. Close involvement with Outreach staff of the University of Georgia College of Family and Consumer Sciences provided training opportunities across the state. We joined Cooperative Extension in presenting statewide training for early childhood service providers. Courses in Developmental Therapy-Developmental Teaching assessment and methods currently under way will be offered as components of a new online University of Georgia continuing education program for Child Development Associates. In depth training with several Georgia school districts and psychoeducational programs led to a collaboration with the Georgia Department of Education on a State Improvement Grant. Planning is underway with the Georgia Department of Human Resources for intensive training for foster families (Department of Family and Children Services) and technical assistance for therapeutic childcare programs (Mental Health, Mental Retardation and Substance Abuse).

In Ohio, training during Project Year Three continued with Positive Education Programs, a broad umbrella organization serving children with special needs from 200 school districts in the metro Cleveland area. A major component of our work in Ohio has been preparing six leadership personnel to independently provide staff development to expand model implementation to programs both within PEP and in the geographical area. Three program specialists/coordinators have completed certification as Regional Associate Instructors. By providing technical assistance in Developmental Therapy - Teaching methods and assessment to Cleveland area schools through the Positive Education Programs, Regional Associates insure sustainability of the model.

Through planning with the State of Washington, we completed an interagency agreement with the Department of Social and Health Services, Mental Health Division, the Children's Administration, and the Washington State Educational Service District 113. This agreement enabled our project to provide leadership training to program coordinators of special programs throughout the state. Results of this collaboration and the RA training-trainers program are described more fully in Management

Objective 7, *The Regional Associates Certification Program.*

Outreach to early childhood programs in several other states provided educational and mental health services in a variety of settings. The effectiveness of our training is due to the successful collaboration and joint vision of many state and regional agencies including the Head Start program of Audubon Area Community Services, Inc., (Kentucky), Gateway Youth and Family Services, (New York), EASTCONN, (Connecticut), and Maine State Billing Services, Inc., (Maine). Affiliation with state and national professional associations and agencies such as Georgia Association on Young Children, CEC, CCBD, DEC, NEC*TAS, National Research Institute on Children's Mental Health, The Federation of Families for Children's Mental Health, Center for School Mental Health Assistance, et al, provided opportunities for networking which are and will be invaluable to the health and growth of Developmental Therapy - Teaching Programs and the positive impact on the lives of special children.

During the three year period, the project activities were approved by 8 universities in 5 states for staff development units (SDUs). The agencies for licensing child care providers approved the Developmental Therapy-Teaching Programs training under licensure standards in the State of Washington and in Georgia. Additionally, Continuing Education Units (CEU's) were provided to participants in the Black Hills Seminars in South Dakota through Augustana College; in Wisconsin through Silver Lake College Spring Tonic Conference; in Texas at the International CCBD Conference through University of North Texas; and in Georgia through Georgia State University and the University of Georgia Center for Continuing Education. Developmental Therapy - Teaching comprised instructional units in undergraduate and graduate classes at the University of Georgia, Georgia College, University of Wisconsin at Eau Claire, and the University of Southern Maine.

Activities for continuing multi-agency collaboration during the final project year focused at the national level on cooperation with groups advocating community responsiveness to mental health needs of young children and to parent groups seeking expanded, exemplary services. We continued the linkages that we had built during the first two project years. These activities have had significant impact on the expansion and improvement of our project's outreach efforts and on services to very young children, especially long term benefits for increasing the scope and effectiveness of local services.

Management Objective 5, Professional Development: *To provide professional development through workshops, presentations at professional meetings, distance learning, and electronically mediated communications (EMC).*

The project provided topical workshops, on request, for professional development (inservice), presentations at local, state, and national professional gatherings, and extended trainings which included direct tutorial assistance in classrooms. Professional development activities encompassed two categories: (1)interactive workshops in which professionals, paraprofessionals and parents frequently participated together and (2) conference presentations, papers, and training at professional meetings/seminars. Our experience demonstrated that extended, in-depth training offered greater potential than single workshop formats for professional growth; therefore training in this format was not a project priority. However, single workshops and other forms of discrete training remained in demand and provided an excellent vehicle for introductory presentations of the basic approach and its components to a variety of audiences.

Over the three year period, 1,650 individuals attended workshops/conference presentations about Developmental Therapy-Developmental Teaching topics. (This count reflects repeated attendance if individuals attended more that one workshop/conference session.) Attendees of professional development activities represented a wide range of professional occupations and personal experiences. **Figures 4a** (Project Years 1 and 2) and **4b** (Project Year 3) summarize the occupations of these workshop/presentation respondents. Combining the numbers of participants in each category during the three-year period revealed the following occupation information: 38% teachers, 17% paraprofessionals, 11% mental health professionals, 11% administrators/supervisors, 3% social service providers, 3% health care professionals, and 5% parents.

While many of these training activities were targeted solely to model applications for early childhood, other presentations and discussions were extended to children's social-emotional health issues across the age spectrum. The topics most often included model overview and its basic components: *Assessment of Children's Social-Emotional-Behavioral Development, Functional Behavioral Assessments, Developmentally Appropriate Behavior Management, Anxiety and Defense Mechanisms, Curriculum Practices that Address Emotional Needs, Effective Classrooms and Schedules, Building a Therapeutic Team.*

Topics of a more theoretical nature were presented at professional meetings e.g., Emotionally Healthy Practices; Developmental Therapy-Teaching as a Framework for Contemporary

Psychoeducation; and Agency Collaboration for School-based Mental Health services for Children.

Conference presentations, seminars at professional meetings and published papers are among the proven, traditional means of promoting professional development that have been used by this project as outreach vehicles. Sample presentations, papers, and exhibits by project staff listed in **Figure 5** show the wide range of topics delivered and audiences reached during this project period. The project provided an all-day preconference training session in Developmental Therapy-Teaching at the Infant and Early Childhood Annual Conference in Olympia, Washington, in May, 1999 and a four-session strand on psychoeducational methodology at the International CCBD Conference in Texas in October, 1999. National Instructors and Regional Associates conducted all-day preconference sessions as well as several stand-alone sessions at the Black Hills Seminars in South Dakota in June 1998, 1999, and 2000. National Instructors and Regional Associates also presented a four-day intensive training for the 2000 Connections Academy in Wenatchee, Washington in July and a three-session strand on Developmental Therapy-Teaching at the 2000 Georgia Psychoeducational Network Conference in August.

Professional presentations, evaluated for effectiveness, is a required standard for Regional Associate (RA) certification. During the three years of this project, a growing number of RAs co-presented with National Instructors or led workshops, seminars, and conference presentations, resulting in a dramatic increase in the actual numbers of workshops/presentations during Project Year 3. To date, 100% of the Early Childhood RAs have co-presented at regional or national trainings; 65% have achieved competency on this certification standard. RAs had an integral part in over half of the workshops/presentations in Year 3. 31% of these were co-presentations by RAs with National Instructors and 30% were independently initiated by RAs (See Management Objectives 7 and 8).

The demand for quality professional development activities has highlighted the need for alternative delivery modes which are manageable by a small staff. An effort has been made to use electronically mediated communication for training, e.g., internet, and two-way videoconferencing, whenever feasible. To date, personal interface is still preferred by both staff and target audiences; the face-to-face interaction between trainers and trainees is still an essential component of professional development activities. However, as technology improves and becomes more widely accessible and our ability to utilize it effectively increases, electronically mediated communications is expanding our outreach efforts to reach a larger audience in a cost effective way.

Management Objective 6, Product Development: *To develop or revise instructional products and media packages for use in outreach training.*

In order to reflect current needs and trends of the field, project staff worked continually to develop, disseminate, evaluate, and redesign the extensive products, materials, and instructional modules used in this outreach project. New materials/products included (a) new video productions for introduction to the model, (b) computer-aided materials for meeting 1997 IDEA requirements for functional behavioral assessments, (c) new training materials for trainers-in-training, and (d) new training materials for skill practice by site personnel. These products are described below:

New video productions. In addition to new printed awareness materials and portfolios of model information, the project completed a series of introductory 20-minute videos in collaboration with the University of Georgia Center for Continuing Education, Media Production Department. The videos introduced principles of the Developmental Therapy-Developmental Teaching approach and illustrated exemplary practices to demonstrate developmentally appropriate strategies and environments which encourage social-emotional growth. These videos were designed for personnel and families of children in three age groups: (a) Early Childhood and ECSE programs, (b) elementary school programs, and (c) middle and high school programs. The first, "Providing Developmental Therapy-Teaching Programs for Little Ones," was completed in March, 1998. The second, "Developmental Therapy-Developmental Teaching for Troubled Children in Elementary School," was completed in August, 1999. The third was re-designed into an interactive simulation CD-ROM format. Additional funding was needed to accomplish this and was received from the U. S. Department of Education, Office of Special Education Programs. This project is currently underway with separate funding. A fourth proposed video for training personnel to use the *Developmental Therapy-Teaching Objectives and Rating Form-Revised (DTORF-R)* with reliability was also re-designed into newer technology using an internet course format.

Computer-aided materials. The software version of the DTORF-R for use by participating sites was completed in 1998. This program, available for either MAC or PC, enables a rating team to generate their results in printed format to attach to their local IEP forms. In response to the 1997 IDEA requirements for identifying specific social-emotional-behavioral objectives, this software provides a section for the IEP on social-emotional-behavioral objectives and criteria for mastery, along with a functional behavioral assessment and recommendations for positive behavioral interventions. The software also allows for repeated measures to be stored and a child's progress

record generated at repeated reporting periods. An upgraded version of this program is currently in progress.

New training materials for trainers-in-training. In keeping with the increased focus on training trainers (the RA leadership program described in Management Objective 7 below) we compiled core instructional units most frequently requested by sites. These structured "lessons" were requested by the leadership trainees as a means to assist them as they began to conduct inservice workshops and training independently. **Appendix D** contains the "content map," modified in Year 3, outlining the instructional content modules from which specific core sequences are selected. The Trainers' Manual under production during the latter half of the last project year, has been distributed on a pilot basis to each trainer as they completed requirements and met performance standards for certification as a Regional Associate (RA). This activity was sponsored jointly between our two outreach projects, sharing costs and staff time.

New training materials for skill practice by site personnel. In addition to redesigning handouts and participant exercises to support existing training workshop modules, we began to reshape this management objective to focus on distance learning and web-based communication. A strategic plan was developed for the expanded use of technology and distance learning through teleconferencing, consultation and training via the University satellite system, and the internet. (See **Appendix E**).

Considerable planning effort went into exploring the feasibility of designing CD-ROM interactive programs for assisting practitioners in acquiring specific positive behavior management skills. This plan was described in Management Objective 6 of our Year One performance report/refunding proposal. The conclusion was reached that it is a critical need, but beyond the scope of this project's resources. Therefore, we prepared two grant applications for this specific product development. One effort for elementary age children, was directed for inclusion in Georgia's State Improvement Grant application, and the other, for preschool and teens to the Office of Special Education, Projects of National Significance. Funding was received in both instances and the projects are in process. Efforts are continuing to obtain additional funding for further development of new technology — specifically interactive internet course work and CD-ROM instruction, offering useful tools for adults to learn and practice at their own learning rate.

Management Objective 7, The *Regional Associates (RA) Certification Program* (Management Objective 8 in Year 2 Performance Report): *To design new outreach activities and modify existing*

strategies to accommodate the needs of personnel in varied settings.

In the original proposal, it was anticipated that activities in this management objective would focus on the design and production of innovative, new or modified instructional activities to enhance participants' understanding and mastery of model practices in the many and diverse settings where the model is being replicated. After the first project year, however, it became clear that long-term project impact on participating programs must rely on local leadership to provide needed support for trained personnel, re-train new staff, maintain program integrity, and document the gains made by children served. In response to this long-range need, the project initiated a pilot "training-trainers" program for local leadership people at participating implementation sites to prepare them to (a) conduct awareness sessions and basic inservice training for new staff to use the basic model components, (b) guide their experienced staff in maintaining high quality performance, and (c) assist new local programs in planning and implementing the model.

Criteria for acceptance into the *RA* Training- Trainers Program were:

- ➡ Hold a current supervisory/coordinating position with responsibilities for direct supervision in a program planning to implement the model.
- ➡ Submit a resume of prior experience related to work with children and teens who have severe social-emotional-behavioral disabilities.
- ➡ Provide a letter of recommendation about current work from a supervisor.
- ➡ Complete a preliminary needs assessment.
- ➡ Complete a pre-assessment test of basic knowledge about the model and how its theory is translated into "best practices" for the students to be served.
- ➡ Commit to follow-up with model outreach activities independently for at least one new site a year following certification.

Those accepted into the *RA* Training - Trainers Program planned their individual training programs with a project instructor so that their training occurred simultaneously with co-teaching/supervision of local program personnel. Training was designed to be completed in two years.

First year training components for participating RAs focused on acquiring knowledge about Developmental Therapy - Teaching:

- ✓ Complete independent study modules about the basics of the Developmental Therapy-Teaching model and the underlying principles.

- ✓ Participate and co-teach with the project instructor for on-site workshops.
- ✓ Observe with the project instructor as direct service teams learn to implement the model in their work with students.
- ✓ Complete three observational ratings of the teams with the instructor: a baseline rating at the first observation and two practice ratings during the second & third observations.
- ✓ Debrief with the instructor and the observed team following each observation to provide feedback about ways model practices were demonstrated and ways performance could be improved.

Second year RA training focused on applying Developmental Therapy - Teaching knowledge and skills under the supervision of a National Instructor :

- ✓ Plan and implement (with instructor's assistance) introductory workshops for new staff members and additional workshops on essential model elements for all returning personnel.
- ✓ Observe teams with the project instructor during all site visits.
- ✓ Complete three observational ratings with the instructor: two practice ratings with feedback (first & second visits) and one "reliability" rating to measure degree of agreement with the instructor, item-by-item.
- ✓ Debrief with the project instructor and teams after each observation about ways they are demonstrating model practices were demonstrated and ways performance could be improved.
- ✓ Assist the project instructor in preparing written descriptions of workshop activities proven effective in staff development for implementing the model.

Twenty early childhood leadership level individuals in six states actively participated in the RA program during this project period. **Appendix F** contains the names and positions of these trainees. The competencies and evaluation sources for leadership participants specified as requirements for certification are summarized in **Appendix G.** Although the training is offered as a two-year sequence, a considerable amount of the leadership training experience must be done around daily job responsibilities, making it difficult for some to complete these requirements in a timely manner. Not all were expected to complete this pilot training during the project funding period, and other funding sources were obtained to enable these to continue their training. At the end of the final

project year, 6 participants had completed all certification requirements, and 12 others were actively nearing completion of the requirements. Details of individuals' progress toward meeting required standards is found in Management Objective 8, **Evaluation**.

Training was comprised of a variety of experiences. We provided individual tutorials, planning consultation, workshop co-teaching opportunities, and observation/feedback to Regional Associate trainees about their presentation and supervisory skills. In some regions, individuals met informally in small groups each month, usually after work or on Saturdays, to share their experiences in implementing the model; some held quarterly tutorial phone conferences with their national instructors; many observed in each others' respective programs for practice with the instruments. (Materials describing the Regional Associate requirements, performance standards, and evaluation plan were provided in Year One Performance Report/Refunding Proposal.) Articles describing the activities of the Washington State Regional Associates and the Ohio State Regional Associates are included in the newsletters (see enclosed newsletters at the end of this report).

The project sponsored an invitational conference for Regional Associate leadership trainees in April, 1998. This was attended by 13 of the early childhood leadership Regional Associates in addition to 11 other participants from school age programs. This conference provided 20 contact hours of instruction in model implementation, theory, and practice. Extending over three and a half days, the conference was well-received by participants. The summary of participants' evaluation of the conference is included in Management Objective 8, **Evaluation**.

Two interactive teleconference sessions were held for RAs to share their leadership experiences and to help us reassess our goals and activities. As our numbers of certified instructors trained under the auspices of this project and companion projects increase, a newly forming Regional Associate Network is becoming more active. We envision that this Network, by maintaining close communication with project staff, will enable training to reach a larger audience without sacrificing model fidelity. The Network members will also benefit from the ability to share ideas and resources with Regional Associate Instructors in other geographical locations.

As reported previously in Management Objective 5, these trainers-in-training also participated as co-teachers/facilitators with project staff instructors in workshops or other professional presentations. The workshop supervised by the project instructors and were evaluated by participants and project instructors. This provided feedback about the knowledge the RA's had acquired about the model, their skills in facilitating involvement of workshop participants, and their overall effectiveness

as workshop presenters. In addition to their contributions in maintaining the integrity of sites replicating this model, certified Regional Associates have been called upon by other local programs to assist in implementing the model.

Management Objective 8. Evaluation (Management Objective 7 in Year 2 Performance Report): *To evaluate project effectiveness in meeting the original project goals on time and within budget.*

Accomplishments for each management objective were evaluated for timeliness and effectiveness. Figure 1, presented at the beginning of this report, summarizes the scope of project accomplishments. Forms and instruments have been developed and field-tested in previous projects. They were included in the original proposal with descriptions of their development, reliability, validity, and uses. However, the Summary of Evaluation Plan from the original proposal, is reproduced in **Appendix H** for ease of reference. It is particularly important to note that the original reliability and validity studies about these instruments and subsequent research reports using these instruments were submitted to U.S. Department of Education, Program Effectiveness Panel. These studies were conducted with populations of students with identified social, emotional and behavioral disabilities. The performance measures in these studies resulted in documentation of program effectiveness and model validation three times – first, as an effective model for children with severe social-emotional-behavioral disabilities; second, as an effective training program to increase performance competencies of those who work with these students; and third, as an effective model for use in inclusive, partial, or special education settings.

Reliable data collection at ongoing service program sites is a well-documented challenge. It proved to be so for this project as well. In order to assure confidence in reliability of the data and in the accuracy of the findings, we had to accept smaller numbers in our samples. While this approach introduced a question of bias into the selection process, we chose samples which had reliable data, excluding those where data were incomplete or inaccurately collected. We believe the smaller samples are representative of the typical participants, children served, sites, and outcomes.

Effectiveness of this project was assessed on four dimensions: (a) observational measures of participants' performance in using the specified practices; (b) progress of the children served by the participants during model implementation; (c) satisfaction of the participants with the training; and (d) assessment of administrative support for model implementation. Results are presented below.

Evaluation question 1. *Do participants demonstrate understanding of the social-emotional-behavioral development of children and their own roles in fostering healthy social-emotional-behavioral development of children and youth?*

The original evaluation plan involved administering a series of quizzes in multiple choice format to answer this question. A decision was made during the first year of the project that a knowledge test *per se* was not entirely suitable because of the intense focus of our technical assistance on actual performance and demonstrated skills of participants. The proposed quizzes put some direct service participants at a distinct disadvantage and resulted in low scores when their actual performance demonstrated understanding of the content. We believe that effective performance requires understanding of the knowledge base. Therefore, observations of performance using the *Developmental Therapy-Teaching Rating Inventory of Teacher Skills (DTRITS)* was accepted as a sufficient proxy of knowledge on the part of the direct service teams. A representative sample of participants performance scores when working directly with children is presented below in evaluation question 2. These results show that 84% achieved DTRITS proficiency scores of adequate or better, indicating a working knowledge of basic practices needed for model implementation.

To further evaluate participants understanding of their roles in model implementation, a group of 13 program directors and coordinators volunteered via teleconferencing to participate in a focus group to discuss their views of the training program. The in-depth, open-end interview was conducted by the Project Evaluator and the Coordinator for Distance Learning in a one-hour, informal conversational format using video tape to record responses. Focus group guidelines suggested by M. Q. Patton in *How to Use Qualitative Methods in Evaluation* were followed for conducting the interview and analyzing responses. Here is a quote from one participant in the focus group that reflects his/her views about understanding important elements in successful implementation:

> *I think my experience is that I am able to walk into a classroom, whether it is a classroom like the preschool classes at our center...I am able to walk in there and tell the teachers what is going on with [*child*] dynamics and I am able to support their [*the teachers'*] strengths and tap in and understand appropriate expectations for that child...and what anxieties are constantly at play for kids. Also, I am able to walk into other classrooms and other settings where a parent*

*may be involved and without seeing a child for a tremendous amount of time be able to facilitate the assessment process. And be a [*model*] teacher for parents and teachers about appropriate expectations and really target plans that are going to help support a child's growth.*

This quote is representative of feedback we received repeatedly as we worked across sites and reinforces our decision to look at actual performances as a proxy for knowledge and understanding.

Evaluation question 2. *Do participants demonstrate effective performance skills in the service setting after participation in the training program to implement the model?*

Performance of direct service participants. Model implementation requires major emphasis on close teamwork among the direct service providers and the support/resource staff. When project staff made site visits for in-depth follow-up training, an attempt was made to observe all participating teams for a minimum of one hour in each classroom. Typically, an observation was then followed by a 30 - 60 minute debriefing for feedback with the team, focusing on skills and areas of performance that required improvement. At the time implementation activities began at a site, the project instructor observed each team to obtain a baseline DTRITS rating (Time 1). After the initial implementation activities were completed, DTRITS ratings were repeated (Time 2). This procedure was repeated each year that the site participated with the project in implementation.

Table 1 reports the DTRITS scores achieved by 45 teams (97 individuals) at 13 representative sites after initial model implementation, performance feedback, and tutorial assistance. Levels of proficiency established for DTRITS scores in previous studies are 90-100 = *Highly Effective*, 70-89 = *Effective*, 50 - 69 = *Adequate*, 30 - 49 = *Less than Adequate*, and 16 - 29 = *Poor*. The scores indicate that 76% of these teams (64 individuals) achieved DTRITS proficiency scores at the *Adequate* or better level, indicating demonstration of the basic practices necessary for model implementation. Of these teams, 80% (58 individuals) demonstrated *Effective* or *Highly Effective* skills.

Performance of leadership participants in the training-trainers pilot program. An expanded evaluation design was added in Project Year 1 when the new pilot program was initiated for early childhood leadership individuals in the *Regional Associate (RA) Training Program*. **Table 2** lists the progress of these participants toward achievement of the trainers' standards. Results of the evaluation activities for this pilot training-trainers program component are summarized here:

Competency 1. Knowledge: The 100-item multiple-choice test of knowledge about Developmental Therapy-Developmental Teaching was taken by all but two of these RA leadership participants at the beginning of their training. Post training knowledge tests were administered on an individual basis, when each participant requested the test after periods of self-study or as they came to the end of their individualized leadership training program. Nine of the twenty trainees took and achieved the passing criterion or greater, with an average gain of 15 points. **Table 3** reports the pre-and post-training scores for these individuals. The remaining participants are continuing their independent progress toward certification as a *Developmental Therapy-Developmental Teaching Regional Associate* through another grant project which resulted from this pilot effort.

Competency 2. Reliability in using the 171-item DTORF-R assessment procedure: Leadership participants (RAs) were expected to participate in team assessments of children in their programs and to review all DTORF-R ratings for accuracy. This procedures is a quality check on reliability of the assessment and requires extra proficiency in the use of the instrument on the part of the RA. Each rating was then reviewed by a project instructor for accuracy in the rating procedure and reliability of rater judgments. The instructor identified problem areas or inaccuracies in the rating procedure and provided feedback to the RA and the rating team. When DTORF-R ratings at a site were accepted as reliable and valid measures by the instructor, the RA was judged to have passed competency 2, DTORF-R reliability. Using this procedure, to date 13 RAs received a "pass", indicating competency in supervising team ratings of social-emotional-behavioral development.

Competency 3. Reliability in using the 212-item DTRITS observational rating form: RAs were expected to observe with the project instructor as teaching teams worked directly with groups of children during implementation of model practices. These parallel observations were made during each return visit of the project instructor, and practice DTRITS ratings were made independently by the *RA* and the instructor. Follow-up discussion of rating differences on particular items following an observation served as tutorials for the RAs. This procedure was repeated with each visit until the DTRITS rating by the RA reached 80% agreement with the project instructor. Using this procedure, 14 RAs achieved the performance criterion to date.

Competency 4. Field supervision: Each RA was expected to provide on-going inservice assistance to their staff for model implementation during the periods between project instructors' visits. At the conclusion of the training agreement, or at the time when the RA and project instructor believed that implementation reached an acceptable replication level, the teams were asked to

anonymously rate the quality and effectiveness of the RA in assisting them in effective implementation. Using this procedure, 7 RAs completed the requirement successfully by receiving average ratings of 4 or better in field supervision on an 8-item form with a 5-point rating scale (See **Appendix I**). As this outreach project ends, 8 other RAs are actively in process of guiding their program staff in model implementation and 5 are inactive but indicate interest in continuing to use model components.

Competency 5. Group instruction in basic model elements: Three phases of training were used to assist the RAs in developing effective skills for leading staff workshops for model implementation. The first phase, completed by 15 of the RAs, involved co-teaching with a project instructor in which planning was a combined effort between the instructor and RA. The second phase required independent presentations when there was no co-teaching but the project instructor assisted the RA in planning, selecting strategies, and designing effective workshop materials. This second phase was completed by 15 RAs and the presentations were also evaluated by the workshop participants. The third phase for *certification* was successfully accomplished by 13 RAs, in which they independently planned all aspects of the workshop, led the session, and were evaluated by a project instructor on an 18-item rating form with a 5-point scale of effectiveness as a session leader.

Evaluation question 3. *Did children show significant progress in social-emotional-behavioral competence during the model implementation period?*

To evaluate project impact on children served by the participants during model implementation, 18 sites agreed to assist us in collecting baseline descriptive data and reliable assessments of social-emotional-behavioral status using the DTORF-R. All children served by the participants at these sites were included if their baseline DTORF-R ratings for social-emotional-behavioral development were completed with accuracy.

Table 4 summarizes the characteristics of these 534 children at each site at the time model implementation was underway. The average age for this group of children was 74 months. Some older children with Autism Spectrum Disorders and/or severe developmental delay served by participating sites are included in these analyses. Boys comprised 73% of the sample and 58% were Caucasian. All had at least one recorded disability, 41% with a primary diagnosis of severe emotional/behavioral disability, 26% with a diagnosis of Autism Spectrum Disorder, and 41% with additional secondary disabilities. The severity of their disabilities, calculated from the extent of delay on their baseline DTORF-R ratings of social-emotional-behavioral development, ranged from

18% as severe, 45% as moderate, 38% mild, and 11% were in the range comparable to their age peers.

Table 5 contains the mean scores and standard deviations for the DTORF-R ratings. At baseline, the average scores across the sites ranged from 25.33 at site 15 to 73.28 at site 8. At time 2, the average scores at the sites ranged from 42.03 at site 1 to 80.57 at site 8. At site 1, this was a gain of about 6.6 items. At site 8, the gain was about 7.3 items. The average time lags from baseline DTORF-R ratings at Time 1 to the second DTORF-R ratings at Time 2 ranged from 3.5 months to 9.7 months. Results of the statistical analysis of the gains using paired dependent t-tests with a probability level of .05 and a 2 tailed test indicate that the children at nine of the 13 sites made statistically significant progress in social-emotional-behavioral development ($p < .05$) during the time when their teachers received training for model implementation.

To explore the extent to which implementation of the model may have contributed to these gains, comparisons were also made between the actual DTORF-R scores achieved and extrapolated scores assuming no intervention with this model. The prior rate of item mastery was first calculated by dividing the average actual baseline DTORF-R by the average chronological age. The extrapolated scores were then obtained by multiplying the prior rate of item mastery by the time lag and adding it to the baseline score. These extrapolated scores indicate what the groups would have achieved assuming the prior rates of mastery had continued (without intervention) during time equivalent to the intervention periods. **Table 6** summarizes these results. From baseline to Time 2, 87% of the children (197) at 7 of the 9 sites made significantly greater gains during model implementation than could have been achieved had they progressed at their previous mastery rate prior to implementation. These findings indicate that model implementation by the participating teams had a significantly positive effect in promoting increased social-emotional-behavioral development of the children that they served.

Evaluation question 4. *To what extent did local programs at participating sites acquire the basic elements for model replication?*

Model replication at local program sites An administrative checklist containing 41 basic program elements desirable for effective model replication was completed collaboratively by project instructors and site administrators/coordinators to determine the extent to which model components had been included in the implementation effort. If a component was rated as "provided and being

used consistently," the item was marked YES. If it was used inconsistently, the item was marked PARTIAL, and if it was not available or not implemented, it was marked NO. The total items marked YES provided an administrative support score for a site. Criterion levels established in previous research studies on model effectiveness are these: 26-41 items = sufficient number of components; 16-25 items = sufficient number of elements for model implementation; and 10-15 items = essential components in place for basic model implementation.

Table 7 reports the administrative support scores for 17 of the 20 implementation sites that participated in model implementation activities for the project. **All of these sites were rated at the *basic model implementation* level or better.** Nine sites had demonstration level components in place indicating the highest level of administrative support for utilizing the model effectively. Six sites had sufficient number of administrative elements in place for model replication.

Evaluation question 5. *To what extent are participants satisfied with their training experiences?*

Satisfaction with workshops. A total of 1,646 workshop participants at 116 workshop presentations during the three year period completed evaluations. (It should be noted that not all of the participants at these workshops completed the anonymous evaluation forms.) Throughout the project period, two evaluation forms were utilized. During Project Years 1, 2, and 3, a four question form (Form A) was used; whereas in Year 3 this form was revised to a 3 question format (Form B). During the third year, both evaluation forms were used. **Table 8** summarizes these evaluations. During the project period, 1,099 participants at 88 workshop/presentations responded to four questions form (389 responses during Years 1 and 2; 710 in Year 3). On a five point rating scale with 5 representing judgments such as *very beneficial* material, *well organized* workshop and personal needs met *very well* to 1 representing *dissatisfaction*, the respondents indicated high degrees of satisfaction, with average ratings ranging from 4.37 to 4.64 Consistently similar evaluations were obtained on the three question form during Project Year 3 from 547 respondents at 27 workshop/presentations. On a 5 point scale, participants rated the effectiveness of the workshop process, the relevancy of the workshop content, and the personal usefulness of the workshop process with 5 being high, to 1 low; their average responses ranged from 4.40 to 4.55. Respondents expressed similar levels of satisfaction with the material, workshop organization, general impression of the workshops, and the extent to which their individual needs were met.

Satisfaction of participants in training for model implementation. To obtain information about the level of satisfaction among those who participated in on-site training for model implementation, a one-page questionnaire was mailed to all participating personnel at 16 of the 18 sites agreeing to participate in project evaluation activities. Questionnaires were given to direct service team members, support staff, and administrators who had attended workshops or participated in extended training. Using a scale from *Very Helpful* (5) to *Not Helpful* (1), they were asked to rate five training activities anonymously: *workshops*, *observations* in their classrooms, *team debriefings* for feedback, *written feedback,* and *other*. The questionnaire also contained 4 additional open-end questions about their perceptions of skills they had acquired as a result of training, positive aspects and weaknesses of the training they received, and changes in their effect on children and families.

Responses were received from 82 participants. **Table 9** summarizes their ratings, indicating levels of satisfaction ranging from 4.04 to 4.60. Their responses to the open-end questions reflected a wide range of individual differences in levels of training they received, from participants on direct service teams working year-long for model implementation to individuals such as support staff who had attended only the introductory staff development sessions. Responses to the question of newly acquired skills included understanding the social-emotional development of children better, skill in using the DTORF-R assessment instrument to assess social-emotional competence, using positive behavior management strategies effectively, working with parents and staff more effectively, and developing effective programs.

Training activities they cited as strengths included all of the specific content areas in the core training. They reported satisfaction with the organization of these sessions, role play opportunities, relevant examples, small group exercises, and opportunities to discuss individual cases. They also mentioned knowledge levels, helpfulness, support, and skills of project instructors in providing practical applications as strengths in the training.

Their reports of weaknesses of the training focused almost entirely on issues of time. They reported that training was too short and felt a shortage in number of scheduled observations and feedback they received (time limitations on the part of the visiting instructor's schedule). They also reflected that they would have liked more direct suggestions for activities, curriculum ideas, follow-up case studies, and applications in the classroom for writing goals and objectives. A few respondents expressed concern over adapting the model to their specific situations due to class size, characteristics of students, or competing demands of the academic curriculum already in place.

There was also a comment that the comprehensiveness of the curriculum requires in-depth work beyond what can be done given all the other daily requirements.

In response to the question about positive changes in their effect on children and families as a result of the training, all respondents indicated YES, giving specific examples such as a common language among staff and families, changes in parents' awareness of their child's strengths and problems, increased ability to manage problem behavior more effectively, and increased staff team work. Respondents also noted that the training had given them more confidence and increased their feelings of success. These detailed responses are included in **Appendix L**.

Satisfaction of leadership trainees (RAs). A focus group interview with 13 program directors and coordinators in the training trainers program was held at the end of Year 2 around two general topics with six specific questions. The first discussion focused on the training that they had received, and the second topic concerned their perceptions of the training they were able to provide others. In general, the focus group held high opinions of their individual training experiences, both personally and professionally. Appendix J contains the questions and summary of responses. They identified experiences they valued the most (questions 1.1 & 1.2), citing the 3-day leadership retreat for in-depth immersion on the model, participating in presentations with project co-instructors, and observations of instructors as they provided consultation and feedback in classrooms (See Appendix K for evaluation results of this conference). The group identified many new skills they had acquired (question 1.3), including understanding of the model and how to apply it in different situations, working with families to support children's healthy development, doing assessments, decoding feelings, and helping teachers and parents develop effective plans.

The group was less similar in their perceptions of their own professional and personal experiences during training (question 1.4). Several described their self-development as highly satisfying and exciting, while others expressed feeling pressure to perform at levels of difficulty resulting in feelings of inadequacy. (One individual viewed this pressure experience as "unprofessionally handled.") Their observations of their effect on children, families, staff, and programs (question 1.5) were all highly positive.

Their recommendations for design of the leadership program (question 1.6) reflected satisfaction with effective aspects such as the notebooks of materials from others' training efforts, the self-evaluation prescreening process to identify individual strengths and needs, opportunities to focus on aspects relevant to their daily work, and the system that responded to different learning

needs.

Their recommendations included greater assistance with presentations, opportunities to practice presentations with peers for feedback, increased diversity of participating RAs, and increased time needed for preparation of presentations. They expressed some disappointment in the value of self-help/peer study groups where they attempted to learn from each other.

In discussion about the training they provided others (question 2.1), they were positive and confident of their present level of skill for supporting others in schools, consultation and informal training with parents, presenting workshops and training new staff in introductory and intermediate levels of model implementation, using the model for Functional Behavioral Analysis and Positive Behavioral Intervention Plans, and informally supporting staff in consultation about individual children's needs. They generally felt that their work with the project and with their staff (questions 2.2 & 2.3) was well received but expressed concern that presentations offered only at the basic level fail to meet the needs of advanced participants.

Their plans for training others in the future (question 2.4) included foster parent training, continuing on-site staff training, consultation with other school districts, and training in positive behavior management for general and special educators, administrators, and mental health personnel. They had numerous future project plans using the model. These included finding grant funds for expanding the scope of their program's model implementation, using the assessment instruments at a statewide level, extending the model into regional school districts, and expanding the curriculum resources for the model.

They all also anticipated continuing their individual tutorial programs and completing certification requirements so that they would be able to train others in the future. They were articulate about their own strengths and weaknesses and were able to suggest very specific ways in which the project could assist them further in gaining the skills they needed (question 2.5). They requested project instructors to continue visiting and monitoring their activities and programs; assistance in setting up grant-funded pilot programs; assistance in obtaining resource materials, audio-visual aids in training for model implementation, and on-line training materials. They also requested an annual leadership conference bringing together RAs from across the country for in-depth immersion in leadership issues.

Summary of Evaluation Results

The preceding review of evaluation data and outcomes indicates that each of the four original project goals was effectively accomplished and exceeded anticipated outcomes in the original proposal. Timeliness was judged by on-going process evaluation activities described in each management objective. Overall, the project maintained the work schedule and budget for activities and accomplishments as anticipated in the original proposal. Changes in key personnel that resulted from illness and death during the first project year somewhat slowed the initial accomplishments in Project Year 1. However, the targeted activities and accomplishments were recovered and exceeded during the remaining two years.

Outcome measures indicate:

- Increased understanding about how to promote healthy social-emotional-behavioral growth through exemplary teaching and behavior management practices among those who work and live with young children who have severe social-emotional-behavioral disabilities (SE/BD).
- Increased skill in using adult practices proven effective in enhancing teaching-learning environments for fostering healthy social-emotional-behavioral development in these students.
- Increased and sustained social-emotional-behavioral development by participating children.
- Increased technical assistance, information dissemination and professional development opportunities for those who provide education and mental health services to these children, their teachers, and their families.
- Increased collaborative planning with state, regional, and local service providers to implement model programs for children and youth who have severe social-emotional-behavioral disabilities.

Together, these evaluation activities support the conclusion that the overall project mission to improve services for young children with SE/BD was achieved.

PROBLEMS ENCOUNTERED AND HOW THEY WERE SOLVED

There were several unanticipated problems which influenced the direction of grant activities over this three-year period. These problems reflect issues and challenges in the early childhood field of severe social-emotional-behavioral disabilities and how they impact on outreach assistance for model implementation rather than problems specific to this project. Conditions that gave rise to these problems and how the project responded are described below, by these specific outreach activities: (1) *Dissemination of information* and *introductory training* about the model to early childhood personnel and families of participating children; (2) *Planning and model implementation* at selected replication sites; (3) *Pilot Program for Training Trainers;* (4) E*valuation* of project impact; and, (5) *Interagency Collaboration.*

Problems in Dissemination of Information and Introductory Training and Project Response

The extremely large volume of requests for general information about the model was not anticipated. Numerous requests were received from individuals, program administrators, professionals, parents, or direct service providers nationally and internationally. The solutions were (a) an expansion and redesign of print materials into electronic media, (b) design of a web site with links to other resources, (c) sharing of materials and collaboration for translations in response to international requests for materials and guidance in model replication, and (d) extensive telecommunications to reduce actual staff travel for model dissemination purposes. To accomplish these new directions, it was necessary to redesign job descriptions for both key staff and for new personnel, primarily for use of advanced electronic communications and computer graphics design.

This broad shift to electronic media resulted in considerable project staff time and resource allocation toward upgrading dissemination materials and developing introductory products. The original proposal anticipated production of a series of video tapes highlighting developmentally appropriate strategies to be used at each stage of development. Resources were redistributed to the production of two introductory videotapes: one for early childhood and one for elementary school. The remaining resources were used to develop our computer software and to design an on-line course module to teach the basics for model implementation.

Problems in Planning and Model Implementation and Project Response

The project received many more requests for assistance in model implementation than could be provided. It would have been impossible to meet this need using the outreach model of intermittent, in-depth training and follow-up at participating site visits for observations and debriefings with every individual team at each requesting program. The solution was to carefully assess the solidity of fit between the model and the established program. Project staff planned with the site administrators for specific needs at each program. Training began with a limited number of teams who volunteered for a one or two year pilot effort and was expanded in Years 2 and/or 3 to include additional teams. Two of the 20 sites were not able to continue implementation activities after initial training, due to turnover of both top administrators and teaching teams.

Another problem in planning involved local concerns about how much additional work and time would be required of participants. Already over-loaded with paper work and record keeping, this question was raised by staff at every site. A parallel concern was the question of "fit" between the model's assessment instrument for developing IEP/IFSPs, Functional Behavioral Assessments, Behavioral Intervention Plans and the site's own district requirements. These issues of balance between model requirements, limitations in project staff, overload of staff at local sites, and their expressed needs for inservice assistance were addressed during planning with administrators at each site. In the initial inservice training with participating teams, these issues were frequently revisited. Most, but not all, of the sites were able to blend model implementation requirements with local requirements. In each instance where it did not occur, local administrators and participating teams made the decision to include the Developmental Therapy - Teaching instruments for social-emotional-behavioral assessment as an add-on to local requirements for IEP/IFSPs, FBAs and BIPs.

Turnover of staff is an on-going problem throughout the field. We encountered numerous instances of absenteeism, staff resignations during the school year, and extended illnesses, causing shifts in job assignments and changes in teams participating in project activities for in-depth model implementation. Site administrators expressed their concern over this dilemma, which had left them with new, inexperienced or untrained replacement staff throughout the year. This frequent turnover of staff gave rise to a need for repeated introductory training sessions on the basics of model implementation, while previously trained staff members were ready for advanced skill development.

To address this training problem, two initiatives were taken: (1) a re-shaping of our technical assistance was undertaken during Project Year 1. Training by staff from NEC*TAS resulted in

expansion of our long-distance communication links and instructional options to the implementation sites. These included a web site, LIST-SERVE, video teleconferencing, and frequent phone consultation with site administrators and with participating teams and (2) a pilot leadership training program was designed to train local coordinators/supervisors at the implementation sites. The objectives were (a) to prepare these direct service leadership individuals to conduct introductory inservice training for their new staff and (b) to provide support to existing staff as they continued to acquire advanced skills for model implementation.

Problems in the Pilot Program for Training Trainers and Project Response

Leadership individuals responsible for coordinating and supervising model implementation activities day-to-day expressed the need for advanced skills and knowledge about the model. This was particularly evident to them between visits of the project instructor. Participating teams went to them for feedback, problem solving, support, and guidance as they worked to implement the model with children who had severe social-emotional-behavioral problems. With staff turnover, these leadership individuals also found themselves needing to repeat introductory level training for new personnel.

To address this need, during the first year of the project we focused on identifying leadership personnel at participating sites who wanted extended training to become certified trainers. Standards for acceptance into the program and five rigorous performance standards for certification were established. (See description in Management Objective 7.) Individual training programs were designed to meet these standards, and training was implemented during the latter half of Project Year 1. Leadership training included shared presentations with the project instructor at their local sites and at regional and state conferences. They also were required to observe and debrief with their own staff and the project instructor during site visits. Trainees expressed some concern that they would be unable to complete all of the requirements for certification during the project funding period but were assured that they could progress through their training at their own rate. At this time, it appears to take most individuals approximately two years to accomplish the certification requirements.

Problems in Project Evaluation and Project Response

Evaluation presented the greatest problems for the project. The evaluation design proposed in the original proposal was used; (See Appendix H) however, problems inherent in field based data

gathering presented obstacles requiring modifications in several of the proposed evaluation activities. Because the evaluation plan had both formative and summative aspects, evaluation was a significant, time-intensive, ongoing project activity. It became necessary to shift position responsibilities among project staff because the collection and maintenance of accurate field records became increasingly demanding and time consuming.

The most difficult aspect of the evaluation design was the assurance of reliability and validity of the observational performance data collected on participating teams and the children they served. At every site, project instructors reported the same types of difficulty in observing and rating the teaching teams at work. For example, when an instructor arrived at a site to observe a team's performance, it was not unusual to find (a) the group on a field trip, (b) a high number of children absent, (c) a key member of the team absent, (d) a substitute for the lead teacher (e) a non-representative activity such as lunch or rest, (f) new staff, and/or (g) some children following a part-time schedule in an inclusive general education class, necessitating a split in the team as one staff person went along to assure that the inclusive experience was successful.

Collection of reliable and valid data on the progress of children served during the project presented a different set of problems. One of the core requirements for model implementation is the accurate use of the DTORF-R rating procedures by the participating teams as they rate the social-emotional-behavioral development of every child in their group. The project staff did not do these ratings, but reviewed each team's completed ratings for accuracy. If discrepancies were evident, the instructor and the team met to review and revise the ratings. This procedure required the project instructor to have sufficient time when on site to observe each child in the program. The original evaluation plan specified collection of both baseline and intermittent DTORF-R measures on each child. Valid baselines were sometimes difficult to obtain from some teams because (a) they lacked a sufficient understanding of the instrument even though they had participated in the preliminary core content workshops, (b) project staff had difficulty obtaining the basic demographic information needed to describe the sample population, (c) carelessly completed ratings, (e) untrained staff participating in the rating, and/or (d) incomplete ratings. Collection of valid ratings repeated throughout the school year to document progress was also difficult as children (a) moved away, (b) were newly enrolled, (c) transferred to other programs, and/or (d) were absent during the rating periods.

To assure reliability and validity of the data and confidence in the accuracy of the findings

for participating teams and children, we had to accept smaller numbers in our samples. While this approach may have introduced bias into the sample selection process, we chose to use samples which had reliable data, excluding those where data were incomplete or inaccurately collected. We believe the smaller samples are representative of the typical participants, children served, and sites.

Another, less significant change in the original evaluation plan involved the discontinuation of administering the pre- post- knowledge test for participating teams. A decision was made at the end of the first year of the project that a participant knowledge test *per se* was not entirely suitable because of the intense focus of our technical assistance on actual, demonstrated skills and performance of participants. The paper and pencil test put some team members at a distinct disadvantage and resulted in low scores when their actual performance had demonstrated understanding of the content. We believe that effective performance on the DTRITS requires understanding of the Developmental Therapy-Developmental Teaching knowledge base and is a sufficient proxy for a knowledge test.

Problems in Interagency Collaboration and Project Response

Interagency collaboration activities received less proportional staff time than other efforts yet the rapidly expanding need for close communication among agencies serving this population could have justified a full-time staff position. Early childhood intervention programs are facing the challenge of very young disruptive children with extremely difficult social-emotional-behavioral problems manifested in inclusive early childhood settings, child care, and foster care. The increasing incidence and severity of such problems served to further expand the need for interagency collaboration at local, regional, and state levels, including university and other state agency training programs. The special education/general education initiative for inclusion also required considerable cross-agency work. In addition, mental health agencies were beginning significant expansions into the schools to provide mental health services to troubled children and their families. Payments for these services and coordination of treatment plans with educational plans became major interagency issues at several sites.

Because the extent of this need was not anticipated in the original project proposal, it fell to core project staff to provide interagency collaboration in a limited way at state, regional and national levels, while our field-based instructors represented the project in coordination with local sites and agencies. They were asked frequently to attend meetings, participate in conferences, and make

presentations. While these activities somewhat reduced the time project instructors spent in direct on-site assistance to participating teams, they were able to contribute to solutions for service delivery and personnel issues.

IMPLICATIONS FOR POLICY, PRACTICES, AND RESEARCH

There is deep, widespread concern among early childhood personnel and parents about young children. Young children with and without disabilities are at risk for significant delays in developing social-emotional-behavioral competence. Daily life seems to be increasingly more difficult for many families trying to cope with the work force, poverty, and child rearing. When parents are stressed to their limits, the challenges of providing responsible boundaries, guidance, and care are affected. Children are vulnerable to this stress; it impacts how they behave, how they cope, and how they use their abilities in learning opportunities. Moreover, changes in the states' welfare programs have added another complexity to the task of providing safe, secure, nurturing environments in which young children can develop in wholesome ways. A greater number of young mothers are leaving home to join the workforce. This results in child care and early childhood programs full to overflowing with young children, sometimes under inadequately trained staff.

Adding to these facts, reports of national statistics show increases in exposure of young children to acts of violence and in their participation in dramatic acts of violence. Reported violations included those by children against themselves and other children, children against teachers, and children against their own parents. This growing evidence has raised awareness of society's failure to meet the social-emotional needs of its young people. The explosion of violent acts in schools during the past three years caused a surge in requests for information about the Developmental Therapy-Developmental Teaching model. We believe that the volume of requests we received reflects the deep concerns of those who work and live with seriously troubled children on a daily basis. Many adults are simply unprepared for the levels of complexity presented by this group of young people. Not only parents, but even experienced professionals, are faced daily with hurdles requiring skills and understanding beyond the ordinary scope of parenting, mental health, and educational interventions.

Recommendations for the Field

The complexity of troubled young people demands an equally sophisticated, multidimensional approach with shared values and standards that transcend races and cultures. Providing for complexities involved in effective special education for this group of children should be a central principle in policy and practice. Here are several recommendations that would follow from such a central principle:

1. Program missions should be grounded in well established complementary theories about how children develop mentally healthy personalities, and include *learning, valuing, relating, behaving, basic thinking and problem-solving.*

2. Programs should be conducted with seamless components for mental health interventions, and include involvement with other major social institutions that shape children's lives – families, childcare, law, government, recreation, and spiritual life.

3. Assessments should be based on procedures shown to be reliable and valid for identifying a child's current assets in each of the areas addressed in the scope of the intervention program.

4. In planning a child's intervention program, defined procedures should be used for gathering and analyzing past experiences to more fully understand their impact on a child's current status.

5. Advanced skill training with demonstrated proficiencies in developmentally and emotionally appropriate practices, human relationships, and sustained practice of mission standards should be required for anyone working in the early childhood field.

6. Criteria for a child's progress should be established with defined outcomes having practical and theoretical validity.

7. On-going inquiry into the presumed effectiveness of every practice with every child should be part of every program.

The field should be held to such basic standards for all children with severe social-emotional-behavioral disabilities.

Recommendations for Effective Outreach and Technical Assistance

Project experiences, problems encountered, and feedback from front-line practitioners over the past three years suggest numerous ways to assist individuals and programs at the local level in meeting the needs of this difficult-to-serve group of young people.

1. Family involvement in intervention programs. We believe that by putting greater emphasis on parents as team members, outreach projects can contribute significantly to enhancing constructive family involvement for a child's benefit. Family involvement was initially low at the participating sites, reflecting similar widespread problems in the field. We found we were able to make some change in attitudes and practices by placing this as a high priority. Specifically, we found that parents, encouraged by the local staff and our project instructors to participate in the basic skills workshops along with program staff, were responsive and could utilize the training at home. We also found that this co-participation built greater understanding between staff and families. Feedback from some project participants noted that parents who participated with their child's team in training and in rating social-emotional-behavioral development were increasingly positive about their child's abilities and potential for progress in the program. Staff who work closely with parents are also more optimistic about children's prognosis for positive growth.

2. Skilled local leadership. At sites where we had a leadership trainee actively participating in model implementation as a trainer-in-training, there was greater progress by the teams in demonstrating and sustaining effective model practices. There appeared to be more confidence among the direct service teams to attempt new or improved practices when the coordinator was actively involved both during the instructor's site visit and during the interim between visits. Consequently, the assessment of children's progress was more accurately completed at sites where there was an active leadership person in training. We conclude that the greatest benefits from model implementation accrue when local programs have their own supervisors/coordinators trained to high levels of proficiency and knowledge about the model.

3. On-going site evaluations. On-going evaluation of each child's progress is essential if program quality is to be maintained. Each site should work to accumulate a database to build their own normative expectations about child progress in that program. At sites where more frequent child progress data were collected, we observed that teams were able to modify their day-to-day practices with more precision as children moved forward. In contrast, at sites where assessments were made only at the beginning and end of the year, program practices were not as readily changed as children changed. With infrequent evaluation, children tend to plateau and a program could inadvertently contribute to a ceiling on greater social-emotional-behavioral development. However, teams in intervention programs are not typically enamored of data collection processes, justifiably, as additional paper work and accuracy are necessary. We found that considerable outreach effort needs to be put into helping local administrators and coordinators put basic evaluation procedures in place. When local staff and parents (a) see evaluation results in formats easy-to-understand and interpret at a glance, (b) receive supportive assistance in using the results in practical ways to improve classroom conditions, and (c) are assured that their own value is not threatened by the results, there appears to be greater commitment to being a part of ongoing program evaluation.

Recommendations for Outreach

The degree of flexibility in current OSEP guidelines for conducting discretionary grant-funded projects is reasonable and helpful to outreach activities. With a field changing as rapidly as it did during the three years of this project, flexibility in modifying staffing patterns, staff assignments, tasks to be accomplished, and procedures was essential for successful accomplishment of the overarching project goals. We found the meetings in Washington for Project Directors extremely helpful in keeping abreast of current trends and new innovations — especially those that focused on our area of severe social-emotional-behavioral disabilities and technical problems of documenting intervention effects. We also found that contact with the larger national technical assistance projects was most helpful, especially those that came from allied fields involved with mental health or technological issues. If grant officers were encouraged to visit funded projects and implementation sites, this could promote greater utilization of proven models and practices nationally.

At present funding levels, only core outreach services with intermittent assistance over a three-year period can be provided. Yet, requests for assistance far exceed capacity to respond both

within specific sites where implementation is occurring and at new sites where entire school districts or mental health programs seek assistance. Expansion of federal funding for outreach, both in dollar amounts and in funding periods (preferably from three to five years) would enable outreach programs to expand, sustain on-going efforts, and increase the depth of skills at participating sites. Increased funding levels would also allow for increased FTE for greater project involvement in interagency planning at state, local, and regional levels. With educational reforms at high levels, it seems essential that model outreach programs contribute to planning for educational improvements.

Finally, our single greatest number of requests for on-site outreach assistance came from direct service providers who wanted to see model practices in action. They expressed a need to observe model practices demonstrated effective with children who had challenging behaviors similar to the ones they experience daily. Whenever possible, project instructors identified staff in local programs that were demonstrating proficiency and success with model practices. Yet, other teams at the same program seldom had released time to observe these practices and learn from them. We were especially pleased to make arrangements for a few direct service providers to visit other programs to see model practices. However, these opportunities were infrequent because of local funding limitations.

Project instructors were also asked frequently to demonstrate specific strategies when making site visits. We did not encourage this because of project focus on staff training and not direct service delivery. However, we endorse the idea that skill acquisition is easier when there are opportunities to observe and model effective practices. A multiplier effect is created when local demonstration sites are available for observing and modeling effective practices. We believe that observations of successful practices by direct service peers is among the most effective and cost efficient activities for a model outreach program. However, current OSEP ceilings on funding levels for model outreach projects make it difficult, if not impossible, to mount a project component to provide these opportunities. We recommend several policy standards for OSEP to consider:

- ✓ Expand maximum amount available for project proposals to include a specific component for direct service demonstration activities.

- ✓ Encourage outreach projects to offer extended regional summer institutes where direct service providers could gain intensive experience as observers and team

members in a successful demonstration program.

- ✓ Allow outreach projects to offer stipends and expenses for participation at in-depth training institutes for implementing model practices.

- ✓ Allow funds for partial payments to demonstration teachers at model sites and related program expenses such as transportation of children to the demonstration site.

- ✓ Encourage project FTE for project instructors to coordinate direct service programs for children and supervise learning experiences for direct service trainees at summer demonstration components of the outreach project.

- ✓ Allow funds, including travel and substitutes, for direct service providers to visit demonstration sites for short visits.

In summary, this project has shown that extended on-site, in-depth, extended outreach assistance will result in improved program quality and skill acquisition by direct service providers, supervisors, coordinators, children, and their families. The lesson to be learned is that even more can be gained from these expenditures in the future if closer links are made available between an outreach project, local implementation programs, and high quality demonstration programs.

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Figures 1 - 5

Figure 1. Overview of Performance Indicators, Final Performance Report Oct. 1, 1997 - Sept. 30, 2000

Management Objective	*States Reached*	*Schools/Sites Served*	*Individuals Reached*	*Children Benefitting Directly*	*Other Outcomes*
1. DISSEMINATION*	38 states & Virgin Islands; 15 other nations	NA	3,800	NA	1,875 awareness materials distributed; 3,000 bookmarks; 2,200 newsletters mailed; 200 monographs
2. PLANNING FOR MODEL IMPLEMENTATION*	7 states	20 programs	346	585 children with disabilities	38 training agreements
3. MODEL IMPLEMENTATION & REPLICATION	7 states	20 programs; hours of direct on-site consultation & instruction	346 individuals with extended in-depth training	585 children with special needs	18 programs continuing with model components after training
4. INTERAGENCY COLLABORATION*	7 states	14 agencies and 8 universities	NA	NA	Additional funding support received from Georgia and Washington State
5. PROFESSIONAL DEVELOPMENT*	National outreach in 15 states and District of Columbia	116 workshops (See also Figure 5)	1,646 participants in workshops	NA	24 other professional activities (presentations/exhibits, publications)
6. PRODUCT DEVELOPMENT*	NA	NA	NA	NA	Web site; 2 videos introducing the model; FBA software; internet course modules; monograph
7. PILOTING TRAINING OF TRAINERS*	6 states	20 leadership trainees	13 schools & agencies	NA	13 trainees generated extended outreach
8. EVALUATION (See Tables 1 - 11)	NA	Model fidelity measured at 13 replication sites	Sample performance data analyzed for 97 direct service trainees	Sample performance of 277 children analyzed for social/emotional/ behavioral gains	Data storage/retrieval systems established; satisfaction survey from participants; focus group feedback from leadership trainees

*During Project Years 2 & 3 costs and resources were shared with our severe outreach project and training of trainers project respectively.

Figure 2. Early Childhood Sites Participating in Planning for Model Implementation by Year (N = 20)

Year One (1997 - 1998)	Year Two (1998 - 1999)	Year Three (1999 - 2000)
1. Cooperative Education Services ● ■ Early Childhood-Speech/Language/Autism Program Trumbull, Connecticut	Model replication	Demonstration
2. *Monarch Therapeutic Child Care ▲ Lacey, Washington	Model replication	Demonstration
3. *Early Intervention Program ● ▲ Positive Education Program Cleveland, Ohio	Model implementation	Model replication
4. *Special Needs ■ Positive Education Program Cleveland, Ohio	Model implementation	Model replication
5. *Gateway-Longview Therapeutic Preschool ●▲ Bowmansville, New York	Model replication	Demonstration
	6. *Hopkins County Preschool Program ● ▲ Madisonville, Kentucky	Model implementation
	7. *Hopkins County Kindergarten ● ▲ Madisonville, Kentucky	Model implementation
	8. Robins Air Force Base School System ● ■ Warner Robins, Georgia	Model replication
	9. Maine School Administrative District, No. 72 ● Freyeburg, Maine	Discontinued
	10. *Maine School Administrative District, No. 40 ● Waldoboro, Maine*	Model implementation
	11. Bainbridge Island School District Bainbridge Island, Washington	Model implementation

Figure 2. Continued

Year One (1997 - 1998)	Year Two (1998 - 1999)	Year Three (1999 - 2000)
	12.*Therapeutic Child Development Programs ● Olympia, Washington	Discontinued
	13. *EPIC Therapeutic Child Development ▲ Children's Village Yakima, Washington	Model replication
	14. *Learning Tree Preschool (St. Olaf's Preschool) ●▲ Bremerton (Paulsbo), Washington	Model implementation
	15. *Sunshine & Rainbows ● ■ Forks, Washington	Model replication
		16. Cobb-Douglas Psychoeducational Center ● Smyrna, Georgia
		17. *EPIC Therapeutic Child Development ▲ Sunnyside Sunnyside, Washington
		18. South Metro Psychoeducational Program ● Ash Street Forest Park, Georgia
		19. South Metro Psychoeducational Program ■ Flat Shoals Union City, Georgia
		20. *Grayson Associates ▲ Junior's Therapeutic Day Care Everett, Washington

* = Shared collaboratively with our Severe Disabilities and Regional Trainers Outreach Projects
● = Inclusive Programs
■ = Autism Spectrum Programs
▲ = Solely Early Childhood Programs

Figure 3. Summary Characteristics of the 20 Sites Receiving In-depth Staff Training

Site	# Staff Trained	Type of Service	# of Children Served	AGES			Age Info Missing
				3 - 5 Pre-K	6 - 8 K - 3rd	Other	
1	15	Partial Inclusion Special Classes	82	26		39	17
2	14	Special Classes	62	12	43		7
3	20	Full Inclusion Partial Inclusion Special Classes	88	88			
4	30	Special Classes	51		1	43	7
5	37	Full Inclusion Special Classes	49	47	1	1	
6 & 7 2 sites	(a) 20 (b) 10 30	Full Inclusion	31	31			
8	17	Full Inclusion Special Classes	20		11	9	
9	5	Partial Inclusion Special Classes	10		7	3	
10	25	Full Inclusion Partial Inclusion Special Classes	8		8		
11	3	Small Group Pull-out for Therapeutic Session (2 x wk)	10		7	3	
12	3	Partial Inclusion	6		5	1	
13 & 17	(a) (b) 16	Special Classes	19 6	17 5	2 1		
14	12	Full Inclusion Special Classes	20	20			
15	16	Full Inclusion Partial Inclusion Special Classes	20	20			
16	78	Full Inclusion Partial Inclusion Special Classes	31		12	19	
18	9	Partial Inclusion Special Classes	32	2	28	2	
19	9	Special Classes	28	1	27		
20	7	Special Classes	12	9		3	
TOTALS							
20	346		585	278	153	123	31

*Children above age 8 were severely developmentally delayed an/or with Autism Spectrum Disorders and functioning at preschool developmental levels.

Figure 4a. Occupations of Respondents to Workshop Evaluations Years One and Two (N = 389)

Occupation	Number*	% of 389
Teacher	127	32.6%
Paraprofessional (e.g., aide, ed tech)	97	24.9%
Program Coordinator	28	7.2%
Psychologist	18	4.6%
Parent	16	4.1%
Program Director	8	2.1%
Social Worker	8	2.1%
Family Service Professional	8	2.1%
Resource Consultant	7	1.8%
Case Manager	5	1.3%
Speech-language Pathologist	4	1.0%
Counselor	3	.8%
Childcare Consultant	3	.8%
Program Specialist	2	.5%
Community Service Provider	1	.3%
Associate Teacher	1	.3%
Consultant	1	.3%
Grant Project Coordinator	1	.3%
Assistant Professor	1	.3%
Counseling Intern	1	.3%
Behavior Team	1	.3%
Other not specified	55	14.1%

* some participants indicated more than one occupation

Figure 4b. Occupations of Respondents to Workshop Evaluations
Year Three (N = 1257)

Occupation	Number*	% of 1257
Teacher	489	39%
Paraprofessional (e.g., aide, ed tech)	178	14%
Psychologist	32	3%
Parent	62	5%
Program Director/Coordinator	118	9%
Social Worker	78	6%
Family Service Professional	23	2%
Speech-language Pathologist	17	1%
Counselor/Mental Health Specialist	35	3%
Childcare Provider	9	.7%
Community Service Provider	7	.5%
Program Administrator & Supervisor	28	2%
Consultant	5	.4%
Student	10	.8%
Professor	8	.6%
Health Care Professionals	36	3%
Researcher	5	.4%
Other Not Specified	164**	13%

*Some participants indicated more than one occupation
**150 Evaluations forms did not include occupations

Figure 5. Professional Development Activities: Sample of 116 Presentations and Papers

TITLE	ACTIVITY	CONFERENCE /LOCATION/ PUBLICATION
Using Evaluation to Build an Effective Outreach Program	presentation	OSEP, NEC*TAS Early Childhood Project Directors Meeting, Washington, D.C.
Intervention Approaches to Enhance the Development of Young Children with Social and Emotional Challenges	presentation	National Technical Assistance Center for Children's Mental Health and NEC*TAS, Orlando, FL
Voices for Change	presentation	Black Hills Seminars, Spearfish, SD
Protection from the Badness of the World	paper	*Reclaiming Children and Youth - Journal of Emotional and Behavioral Problems*, Spring 1999
Creative Arts with the Model	workshop	Staff Inservice, Positive Education Program, Cleveland, OH
The Development al Perspective	CD	*Enhancing Teachers' Problem Solving Skills in Early Childhood Behavioral Disorders*, University of Missouri-Columbia project
Evaluating Outreach Project Effectiveness	presentation	OSEP Project Directors' Meeting, Washington, D.C.
Getting to the Heart of Difficult Behavior: Management that Heals	presentation	15th Annual DEC International Early Childhood Conference, Washington, D.C.
Theoretical Foundations of Developmental Therapy - Developmental Teaching; *Putting the Developmental Therapy - Developmental Teaching Approach into Practice*	presentations	Black Hills Seminars, Rapid City, SD
Curriculum Stage Adaptations	workshop	Staff Training, PEP Early Intervention Program, Cleveland, OH
Developmental Therapy	presentation	Foster Care Treatment Conference, Yakima, WA
Planning Therapeutic Activities	workshop	Robins Air Force Base Schools, Warner Robins, GA
Stages I and II	presentation	Atlanta Area Regional Training, Forest Park, GA

TITLE	ACTIVITY	CONFERENCE /LOCATION/ PUBLICATION
Using Evaluation to Build an Effective Outreach Program	presentation	OSEP, NEC*TAS Early Childhood Project Directors Meeting, Washington, D.C.
Social-Emotional Competence and Responsible Behavior: A Practical Way to Assess Young Children's Progress	presentation	Infant and Early Childhood Conference, Bellevue, WA
Introduction to Model Implementation	workshop	Inservice, Bainbridge Island School District, Bainbridge Island, WA
Developmental Anxieties of Preschool Children	presentation	Olympic College, Bremerton, WA
Developmental Therapy - Developmental Teaching: A Model for Social and Emotional Growth	workshop	Hopkins County, Madisonville, KY
VIEWPOINT Preventing School Failure: A Teacher's Current Conundrum	article (in press)	Preventing School Failure
Reshaping the Future	presentation	Back to the Future, 1999 Off-Year Annual Re-ED Conference, Snowshoe, WV
Using DTORF-R Results for Program Planning	workshop	Staff Training, Robins Air Force Base Schools, Warner Robins, GA
Assessing Social-Emotional Competence and Growth: A DTORF-R Overview	workshop	Regional Meeting, St. Croix River Education District, St. Cloud, MN
Developmental Therapy-Developmental Teaching: A Framework for Contemporary Psychoeducation	presentation	Annual Psychoeducational Conference, St. Simons Island, GA
Using the DTORF-R for Documenting Student Progress	workshop	Inservice, Educational Adminstrative District 40, Waldoboro, ME
An Introduction to Developmental Therapy - Developmental Teaching	workshop	"Sharing Horizons," Head Start Conference, Olympia, WA
Developmental Expectations for Stages I & II; *Who is the Special Student?;* *The Real Importance of Schedules, Materials, & Activities*	workshops	Beacon Central, Utica, KY

Tables 1 - 9

Table 1. Observation Performance Ratings of 45 Direct Service Teams

Participant Teams		DTRITS SCORES and Proficiency Levels Achieved			
Team ID	*n Individuals*	*Highly Effective 90 - 100%*	*Effective 70 - 89%*	*Adequate 50 - 69%*	*Below Passing <50%*
0206	3			59	
0302	2	100			
0301	2	93			
0308	4	97			
0304	2				45
0309	2				33
0503	2		76		
0501	2	100			
0507	2		75		
0504	2			65	
0506	2	95			
0713	2	97			
0711	2				33
0715	2	93			
1111	2	94			
1109	2		79		
1110	2	100			
1404	2	100			
1405	2	100			
1603	2			68	
1611	4		81		
1605	2				46
1602	2		86		
1604	2		80		
1612	2	90			
1613	2	92			
1608	2		88		
1606	2		73		
1614	2		84		
1615	2	94			
1609	2		89		
1616	2		85		
1617	2				33
1701	2			67	
1704	2		78		
1706	2	100			
1804	3				40

1805	2				45
2001	2				49
2302	2				34
2401	3			58	
2402	2			64	
2501	2		78		
2601	2			63	
2602	2				38
2603	2				16
TOTAL 45 teams, 97 individuals		14 teams, 30 individuals	13 teams, 28 individuals	7 teams, 16 individuals	11 teams, 23 individuals

Table 2. Regional Associates' Progress toward Certification

Name	Certification Requirements Satisfied					Status
	Knowledge Test	DTORF-R Reliability	DTRITS Reliability	Field Supervision	Presentations	
Judy Bondurant-Utz		✔	✔	in progress		Active
Jane Bulter-Nix	✔	✔	✔	in progress	✔	Active
Charleen Cain	✔	✔	✔	✔	✔	Certified
Patricia Copeland	✔	✔	✔	in progress	✔	Active
Cheryl Dunn						Active
Cynthia Edwards	✔	✔	✔	✔	✔	Certified
Muazzez Ehren						Inactive
Pamela Fox		✔	✔	in progress	✔	Active
Andrea Gillen	✔	✔	✔	✔	✔	Certified
Kelley Jones	✔	✔	✔	✔	✔	Certified
Scotty Jones	✔	✔	✔	✔	✔	Certified
Linda Middleton		✔	✔			Active
Billie Navojosky	✔	✔	✔	✔	✔	Certified
Patty Orona				in progress	✔	Active
Mary Perkins	✔	✔	✔	in progress	✔	Active
Susan Sarachman			✔	in progress	✔	Active
Pamela Spinner				in progress		Active
Suzan Wambold		✔	✔	✔	✔	Activie
Wendy Watts	✔					Active
Nancy Wheeler						Inactive

66

67

Table 3. Pre/Post Knowledge Test Scores

Name	Pre-Test	Post-Test	Passed
A	69%		
B	62%	81%	√
C	77%	82%	√
D	70%	83%	√
E			
F	71%	86%	√
G	70%		
H			
I	74%	91%	√
J	62%	81%	√
K	61%	79%	√
L	54%		
M	66%	80%	√
N	55%		
O	66%	82%	√
P	67%		
Q	66%		
R	74%		
S	85%		√
T	78%		

Table 4. Baseline Characteristics of Children at 15 Representative Sites Where In-depth Training for Model Implementation Occurred.
(N=534)

Site	1	2	3	4	5	6 & 7	8	10	14	15	16	18	19	20	total
n	82	62	88	51	49	31	20	08	20	20	31	32	28	12	534
Age (mos.)	77	36	56	169	49	48	108	90	41	34	110	91	89	36	74
age range (mos.)	37-134*	4-74	32-75	69-253*	36-60	37-59	73-149*	65-103	19-57	12-62	60-142*	53-129*	45-128*	16-51	
Gender:															
boys	69	29	61	43	40	22	15	07	14	08	24	26	23	05	386
girls	13	33	27	08	09	09	05	01	06	12	07	06	05	07	148
Race:															
Caucasian	45	46	56	21	23	26	17	08	15	12	17	07	04	09	306
African-Black	19	04	14	29	11	02	03		01		11	22	24		140
Asian-PI	03		01	01	01				04		02	02			10
Hispanic-Latino	11	01	15		09					02	01				38
Native American		02													02
Multiracial	04	09	02		05	03				06		01		03	37
Primary Disability:															
ED/BD	07	47	65	02	19	08	05		17	18	08	26	13	07	242
Autism	53	01	05	26	03	02	06	03			23	01	15		138
Developmental	11	12	04	20		20	04	01	02	02		01		02	79
Intellectual							02	02				04			08
Speech/Lang.	02	02	06	03	01		03	01	01					03	22

*Sites marked with asterisks serve some older children with Autism Spectrum Disorders and/or severe developmental delay.

Site	1	2	3	4	5	6 & 7	8	10	14	15	16	18	19	20	total
Other			01		26	01		01							38
None			01												01
Not Known			06												06
Secondary Disability:															
Yes	13	21	29	46	04	24	0	04	09	06	21	09	16	12	214
No	69	41	59	05	45	07	20	04	11	14	10-	23	12	0	320
Severity of Delay:															
None	01	11	12		05		01	01	02	05	01	04	06	05	54
Mild	11	24	33	01	19	07	09	07	12	01	02	17	05	03	146
Moderate	50	25	37	29	24	20	10		06	14	14	09	08	04	236
Severe	20	01	05	21	01	04					14	02	09		96
Not Known			01								01				02

Sites 9 and 11 did not participate in data collection for this evaluation report.
Sites 6, 7, 12, and 13 data were incomplete.

71

72

Table 5. Children's Performance Scores and Paired Sample t-Tests at Baseline and at Time 2 During Staff Training for Model Replication at 13 of 20 Sites (N = 277)

Site	n	Mean DTORF-R Baseline	sd	Mean DTORF-R Time 2	sd	Average Timelag (months) Baseline-Time 2	sd	t-value	Sig (2 tail)
1*	64	35.47	21.66	42.03	22.42	6.1	2.53	5.10	.000
2	24	37.29	19.08	45.67	17.06	5.5	1.47	5.17	.000
3	47	47.68	18.48	56.06	18.75	5.1	2.20	7.03	.000
4*	23	49.91	28.05	54.17	26.36	5.0	2.73	1.73	.097
5	35	41.40	13.91	49.26	16.15	4.5	1.67	4.33	.000
6 7	incomplete data								
8*	7	73.28	21.02	80.57	23.52	6.7	1.60	1.61	.158
9	Did not participate in evaluation activities								
10	7	65.14	18.49	72.14	15.75	3.9	.69	2.70	.036
11	Did not participate in evaluation activities								
12	incomplete data								
13 17	incomplete data								
14	17	43.00	15.07	51.58	12.71	5.4	1.88	7.86	.000
15*	3	25.33	3.21	42.66	10.69	9.3	1.53	2.30	.148
16	16	52.13	33.19	62.56	35.55	5.5	.52	3.57	.003
18	10	61.90	25.39	78.50	23.99	7.0	1.46	3.46	.007
19*	11	48.73	44.22	52.91	48.56	4.5	1.13	2.11	.060
20	8	46.25	16.36	57.13	19.58	3.5	1.41	3.59	.009
n = 277									

*Sites marked with asterisks serve children with Autism Spectrum Disorders.

Table 6. Paired t-Tests Comparing Extrapolated Scores and Actual Scores at Time 2 at Sites Where Children Made Significant Gains (N = 228)

Site	n	Mean DTORF-R at Time 2	sd	Average Timelag (months) Baseline- Time 2	Extrapolated Scores* at Time 2	sd	t - value	p value
1	64	42.03	22.42	6.1	38.47	22.93	2.869	.00
2	24	45.67	17.06	5.5	43.19	20.03	1.387	.18
3	47	56.06	18.75	5.1	52.01	20.11	2.972	.01
5	35	49.26	16.15	4.5	43.31	15.03	2.014	.05
10	7	72.14	15.75	3.9	67.98	18.73	1.669	.15
14	17	51.58	12.71	4.6	47.57	3.72	2.587	.02
16	16	62.56	35.55	5.5	54.53	34.58	2.720	.02
18	10	78.5	24.00	7.00	67.04	8.57	2.36	.04
20	8	57.13	19.58	3.5	50.80	18.38	2.350	.05

*Assuming no intervention

Table 7. Level of Administrative Support for Replication at Sites Participating in Project Evaluation

Site	*Score**
1	41
2	33
3	32
4	30
5	41
6 7	34 incomplete data
8	31
9	incomplete data
10	21
11	25
12	incomplete data
13 17	17 15
14	24
15	32
16	12
18	20
19	22
20	27

* Score indicates number of administrative elements in place for model replication

Table 8. Early Childhood Outreach Project
Workshops and Presentation Evaluation Summaries
October 1, 1997 - September 30, 2000 (N = 1646)

A. Evaluation Questions (4 question form - Years 1 - 3) (scale: 5 high to 1 low)	**Project Year One and Two*** (N = 389 responses at 31 workshops as reported in Year Two)	**Project Year Three** (N = 710 at 57 workshops)	**Overall Total** (N = 1099)
1. The material presented was: (of no benefit to *very* beneficial)	4.45	4.61	4.55
2. The workshop was: (disorganized to well organized)	4.56	4.69	4.64
3. My general impression of the workshop is that it was: (poor to excellent)	4.44	4.55	4.51
4. This workshop met my needs: (not at all to very well)	4.27	4.42	4.37

B. Evaluation Statements (3 question form - Year 3) (scale 5 - 1)	**Project Year Three** (N = 547 at 27 workshops)
1. Process	4.40
2. Content	4.55
3. Value	4.47

Table 9. Evaluation of Training
October 1, 1997 to September 30, 2000

Participants' rating of their Developmental Therapy - Developmental Teaching training experience (N=82)

*Please check the Developmental Therapy - Developmental Teaching (DT-DT) training activities you have participated in. Circle how helpful each was for you.**

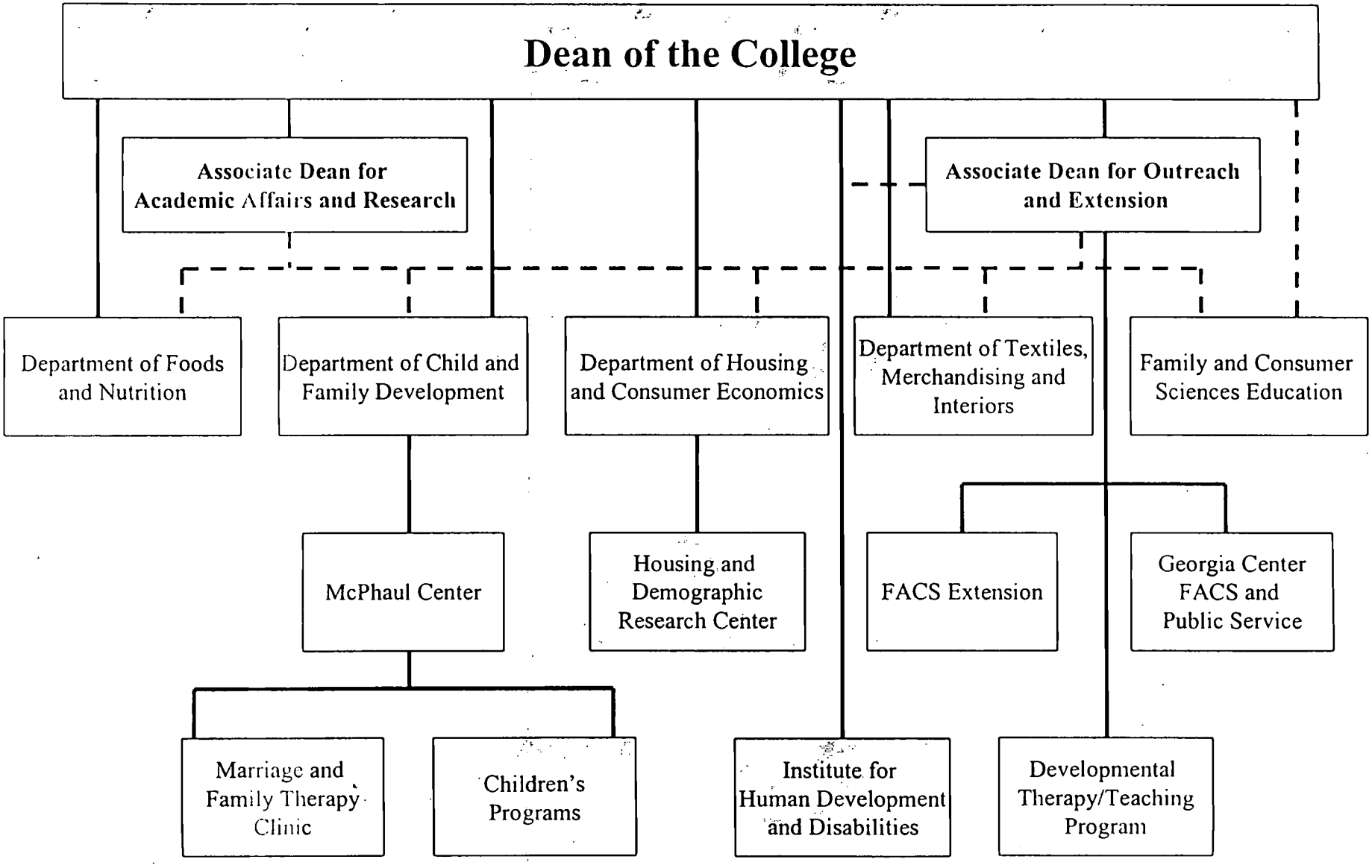
ACTIVITY	N	Average response
Workshop	74	4.18
Direct Assistance with your Classroom		
Observations of your class by a DT-DT trainer	62	4.22
Direct feedback by a DT-DT trainer	65	4.39
Written feedback from a DT-DT trainer	53	4.04
Other (e.g., textbook, discussions, assessment instrument, Regional Associate training)	10	4.60
Total	82	4.28

* scale of 5 (very helpful) to 1 (not very helpful)

Appendix A

Administrative Organization Unit
Within the University

Organization of the
COLLEGE OF FAMILY AND CONSUMER SCIENCES
Academic Programs, Research, and Service



Appendix B.
2000-2001 Schedule of Fees

Appendix B.
Developmental Therapy-Teaching Programs

P.O. Box 5153
Athens, Georgia 30604-5153

College of Family & Consumer Sciences
University of Georgia

Phone: 706-369-5689
Fax: 706-369-5690
e-mail: mmwood@arches.uga.edu

2000-2001 Schedule of Fees

Workshops •Initial Training •Topical workshops	Consultant/Instructor's fees* plus travel and per diem	•Materials are provided by Developmental Therapy - Teaching Programs
Inservice for Implementation: Year-long Assistance •Onsite needs assessment and training plan. •Onsite assistance for model implementation. •Tutorials: Observation and feedback in participating classrooms. •Ongoing consultation regarding model techniques and implementation strategies. •Analysis of student and teacher progress. •Year end evaluation and report with recommendations.	$150.00 per participating team (one-time fee) plus travel and per diem for instructors/consultants.	•Number and dates of visits are negotiated by site and instructor. •Training materials are provided by Developmental Therapy - Teaching Programs. •Site is responsible for providing curriculum materials (≈$100/team)** and release time for participating staff.

* All consultants and instructors have successfully completed the National Developmental Therapy Leadership Training Program and are certified as both Developmental Therapy - Developmental Teaching demonstration teachers and as staff instructors. The per consultant/instructor fee for initial training or topical workshops is $500/day. For other forms of technical assistance, consultation, or inservice, Developmental Therapy-Teaching Programs provides instructors' fees. Please call 706-369-5689 to discuss your training needs.

** The curriculum guide, Developmental Therapy - Developmental Teaching (1996) by Mary M. Wood is available from PRO-ED, 8700 Shoal Creek Boulevard, Austin, TX (800-897-3202).

The assessment instrument, Developmental Teaching Rating Objectives Form - Revised (1999), is available directly from the Developmental Therapy Institute, P.O. Box 5153, Athens, GA 30604 (706-369-5689).

Appendix C.
Replication Standards

Appendix C.
Replication Standards

Developmental Therapy-Teaching Programs

P.O. Box 5153
Athens, Georgia 30604-5153

Phone: 706-369-5689
Fax: 706-369-5690
e-mail: mmwood@arches.uga.edu

MINIMUM STANDARDS FOR MODEL REPLICATION

Several minimal standards have been designated as necessary for replication:

1. Staff training in the Developmental Therapy-Teaching practices.

2. Accurate use of the Developmental Teaching Objectives Rating Form (DTORF-R) to assess each child's social-emotional-behavioral status and identify an individual's program objectives for these areas of development .

3. Selection of services for children based on IFSP, IEP, or ITP goals, and utilization of the specified practices according to each child's developmental stage.

4. Staff performance of 75% effective or better on the Developmental Therapy Rating Inventory of Teacher Skills (DT/RITS).

5. Team involvement of staff, family and teachers in each DTORF-R rating; and active participation by family members in the Developmental Therapy-Teaching program, whenever possible.

6. Provision for concomitant enrollment of each child in an inclusive or integrated educational placement, whenever possible.

7. An evaluation plan which includes the use of the DTORF-R and the DT/RITS, on a pre-post basis along with other evaluation data required for annual reports. In addition, sites provide child progress data from at least one standardized instrument, whenever possible.

8. Evidence of administrative support for continuation of these program services, and a score of 16 or greater on the Administrative Support Checklist.

Appendix D.
Content Map
Instructional Modules
for
Participant Training

Appendix D.
CONTENT MAP
For Developmental Therapy-Developmental Teaching

~~ Instructional Modules for Participant Training ~~

PART 1
Introduction to This Approach

△Module 1[1]

"Six Frequently Asked Questions About This Approach"

Q1: "What is the program focus?"
Q2: "Why are change and growth built into the program?"
Q3: "How does this approach promote success-producing behavior?"
Q4: "How does it motivate students to become involved?"
Q5: "What is required to use this approach?"
Q6: "How do you know the program is effective?"

- **Q1. Program Focus**

  Q: What fundamental beliefs about troubled children guide the program?
  Graphic: = "Behave, Speak, Feel, Relate, and Think"
  Graphic: = "Four Foundation Beliefs and Program Implications"

- **Q2. Instructional Goals for Change and Growth**

  Q: "How are change and growth built into the program?"
  Graphic: = "The Broad Sequence of Instructional Goals, Stages One - Five" (Figure 1.3)[2] on page 8
  Q: "What curriculum content is included to achieve these goals?"
  Graphic: = Doing, Saying, Caring, and Thinking" (Figure 2.2 page 34)

- **Q3. Programmatic Changes for Success-Producing Behavior**

  Q: "How do changes in adult roles and intervention strategies promote social-emotional-behavioral successes?"
  Q: "How do changes in learning environments and experiences promote social-emotional-behavioral successes?"
  Graphic: = "Summary of Program Stages" (Figure 1.4 on page 10)
  Video: "Introduction to Developmental Therapy-Teaching - Little Kids to Teens" (use either preschool or school age version)
  Or, use **"Roles of Adults"** video to illustrate adults behavior and program activities, Stages One to Five

1. Note △ = Modules typically included as basic content for initial and middle phases of acquiring skills for using Developmental Therapy-Teaching. Selection of modules and order of use in inservice is determined by the needs of participants at the beginning of training and may be modified as training progresses.

- **Q4. Motivating a Student to Become Involved**
  Q: "How do *self-esteem, identify,* and *personal responsibility* fit into this approach?"
  Graphic: = "Understanding a Student's Heart and Head" (List on page xii)

- **Q5. Program Implementation**
  Q: "Why combine 'Therapy' and 'Teaching'?"
  Q: "Where can this approach be used?"
  Q: "Which children benefit?"
  Q: "Who can learn this approach?"
  Q: "What special equipment and materials are needed?"
  Q: "How are parents involved?"
  Q: "How are cultural, age and family values addressed?"
  Q: "What place does academic instruction have?"
  Q: "How can other curriculum be included?"
  Graphic: = "More Questions"

PART 1
Corresponding Readings: Note:
Preface, xii - xiii
Chapter 1, pages 7 - 16
Figures 1.3, 1.4, 1.5, 1.8
Chapter 3, pages 55 - 61, 70 - 78,
Figure 3.5

****

1. Note Δ = Modules typically included as basic content for initial and middle phases of acquiring skills for using Developmental Therapy-Teaching. Selection of modules and order of use in inservice is determined by the needs of participants at the beginning of training and may be modified as training progresses.

PART 2
Using the DTORF-R

Δ<u>Module 2</u>

- Uses of the Instrument
  - Q: "What is the DTORF-R?"
  - Graphic: = (pages 1 - 2*)

- Rating Procedure
  - Q: "What is the procedure for using it with reliability?"
  - Slide/audio, **"Instructions**
  - **"Review the Basics"** (pages 18 - 25, 30*)
  - **Practice Cases** (pages 26 - 29, 31 - 36*)

<u>Module 3</u>

- More Practice Cases
  - Q: **"Rating from a written description: Charlie"** (pages 38 - 39*)
    - **"Frank"** (pages 42 - 43*), **"Donna"** (pages 46 - 47*)

<u>Module 4</u>

- Content analysis of the Instrument Subscales
  - Q: **"What content scope and item sequences are included?"** (Pages 2 - 8, 25**)

<u>Module 5</u>

- Documenting Program Effectiveness
  - Q: "What place does evaluation have in the program?"
  - Q: "Can social-emotional-behavioral growth be documented?"
  - Q: "Can student gains be attributed to program intervention?"
  - **Graphic: = "The Criterion - Referenced Evaluation System"** (Figure 3.5, p. 72)

PART 2
<u>Corresponding Readings:</u>
Chapter 3, pages, 61, 66 - 70
*<u>In *Users Manual for the DTORF-R:*</u>
**<u>In *Technical Manual for the DTORF-R:*</u>

****

1. Note Δ = Modules typically included as basic content for initial and middle phases of acquiring skills for using Developmental Therapy-Teaching. Selection of modules and order of use in inservice is determined by the needs of participants at the beginning of training and may be modified as training progresses.

PARTS 3 - 5
Introduce each part
using the transparency of the
Developmental Therapy-Teaching Logo

PART 3
Healthy Social-Emotional Development for Typically Developing Age Peers

△Module 6

- Central Concerns and Values of Each Age Group
  Q: "What's really important to me?"
  Q: "What do I need from adults?"
  Graphic: = "A Child's Expanding Spirit"

  Q: "What do children this age typically value as 'satisfactory'?
  Graphic: = "The Sequence of Values" pages 41 - 43 (Figure 2.3 on p. 42)

- Key Social-Emotional Processes for Each Age Group
  Q: "What typical social-emotional processes occur in each age group?"
  5 Graphics: = "Stage Charts" (pp. 180, 204, 233, 264, 294)
  [Also 5 laminated charts for group use]

△Module 7

- Developmental Anxieties of Each Age Group
  Q: "What central developmental anxiety is experienced by typically developing peers in each age group?"
  Graphic: = "How Typical Developmental Anxieties Emerge" (p. 47)

PART 3
Corresponding Readings:
Chapter 2, pages 32 - 38, 41 - 48
Chapter 3
Appendix 4, pages 349 - 354

****

1. Note △ = Modules typically included as basic content for initial and middle phases of acquiring skills for using Developmental Therapy-Teaching. Selection of modules and order of use in inservice is determined by the needs of participants at the beginning of training and may be modified as training progresses.

PART 4
Decoding Behavior

△Module 8

- Review Underlying Social-Emotional Needs for a Student's Age Peers
  - Q: "What is this student's age?"
  - Q: "What are typically developing age peers experiencing?"
  - **Graphic: "Developmental Anxieties"** (list on page 47)
  - Or review **"How Typical Developmental Anxieties Emerge"** (page 47)
  - Q: "What concerns, anxieties, and approach to problems are typical at each stage for social-emotional development?"
  - **5 Graphics: = "Student in Brief"** for age and stage (pp. 177, 201, 232, 259, 289)

Module 9

- Identify Other Special Developmental and Emotional Needs of Each Student
  - Q: What special factors may be producing developmental anxieties and emotional needs in an individual? (Refer to history, clinical assessments, current interests, habits, and behavior)
  - **Practice Exercise: "Roger"** (pages 62 - 66)

Module 10

- Identify Defense Mechanisms in Observed Behavior
  - Q: "Which defenses are being used by this student consistently?"
  - Q: "Which anxieties are being protected?"
  - Q: "How intensely are the defenses used to obtain emotional protection?"
  - **Graphic: = "The Process of Adjustment"**
  - **Graphic: - "Defense Mechanisms"** (pages 48 - 49)
  - **Practice Exercise: "Identify the Defense Mechanisms"** (pages 50 - 51)

Module 11

- The "Existential Crisis"
  - Q: "How important is the 'existential crisis'?"
  - Q: "Are typically developing age peers going through the existential crisis?"
  - Q: "Has this student passed through it?"
  - **3 Graphics: ="A Preexistential Student Views Adults"** (page 39)
    "A Student in the Existential Crisis Views Adults" (page 40)
    "A Postexistential Student Views Adults" (page 41)

PART 4
Corresponding Readings:
Chapter 2, pages 38 - 51
Chapter 3, pages 62 - 66

****

1. Note △ = Modules typically included as basic content for initial and middle phases of acquiring skills for using Developmental Therapy-Teaching. Selection of modules and order of use in inservice is determined by the needs of participants at the beginning of training and may be modified as training progresses.

PART 5
Materials and Activities

▵Module 12

- Emotionally Appropriate Materials and Activities

  Q: "What content will motivate each individual?"

  Graphic: = "How the Emotional Memory Bank Works (Figure 4.5, page 91)

  Q: "How is emotional content selected to motivate and alleviate anxieties and concerns?

  4 Graphics: = "Content Themes" (List on page 92)

▵Module 13

- Developmentally Appropriate Materials and Activities

  Q: "What schedules, activities and materials will promote mastery of the selected Developmental Teaching Objectives?

  Graphic: = "Planning for Specific Objectives (Figure 4.2 on page 86)

  Graphic: = "How Materials Change with Development" (Figure 4.4 on p. 90)

▵Module 14

- Putting Social-Emotional Content into a General Curriculum

  Q: "What activities and materials can promote mastery of Developmental Teaching Objectives within an existing program?

  Graphic: = "Examples of Content in Typical and Special Classes (Figure 4.3, page 88)

  Or **5 Graphics:** = (Lists on pages 195, 216 - 217, 251, 275, 303)

Module 15

- Examples in the Language Arts

  Graphic: = Developmental Sequences in Language Arts (List on page 98)

- Examples in Children's Literature

  Graphic: = "Criteria for Selecting a Storybook" (List from notes)

- Examples of Teacher-Made Story Books

  Graphic: = "Steps in Designing a Teaching-Made Storybook" (List from notes)

- Examples of Teens

  Graphic: = "Content themes for Teens" (Figure 12.2 on page 305)

PART 5
Corresponding Readings:
Chapter 4, pages 81 - 94, 98 - 100
Chapter 8, page 195
Chapter 9, pages 216 - 217
Chapter 10, page 251
Chapter 11, page 275
Chapter 12, pp. 303, 305 309

1. Note ▵ = Modules typically included as basic content for initial and middle phases of acquiring skills for using Developmental Therapy-Teaching. Selection of modules and order of use in inservice is determined by the needs of participants at the beginning of training and may be modified as training progresses.

PART 6
Positive Behavior Management

△Module 16

- Effective Discipline and Behavior Management
  Q: "What basic guidelines apply for children and teens of all ages?"
  Graphic: = "Four Keys to Successful Behavior Management" (p. 128)

△Module 17

- Positive Rather Than Negative Behavioral Results
  Graphic: = "6 Steps in Designing a Positive Behavior Management Plan" (page 111)

△Module 18

- Positive Behavior Management Strategies Matched to Stage of Development
  Q: "What positive management strategies will be most effective?
  2 Graphics: = "Most Frequently Used Management Strategies" (Figure 6.1, p.129), **"Less Frequently Used Management Strategies"** (Figure 6.2, p. 130)
  [Also, *group activity cards* matching strategies with definitions and stages]

Module 19

- Students' Changing view of Authority and Responsibility
  Q: "How do students change from external control to personal responsible for behavior?
  Graphic: = "Who is Responsible?" (New)
  Q: "What adult behavior is needed to assist students take increasing personal responsibility?"
  Graphic: = "Elements in Building a Relationship" (Figure 7.1 on page 159)

Module 20

- Group Dynamics
  Q: "What forms of social power are used by students and adults alike?"
  Graphic: = "Social Power" (list & definitions on page 159)
  Q: "Which group role is held by each individual in the group?"
  Graphic: = "Roles of Individuals in Groups" (Figure on page 113)
  and **"Social Power in Groups"** (Figure 10.3 on page 248)
  Q: "What changes are needed in social power and group roles to foster positive behavior of group members?"
  2 Graphics: = "Chart of Behavioral Relationships Among Six Students" (Figure 10.4 on page 249 and "What is Evident?" (Accompanying questions)

PART 6
Corresponding Readings:
Stage Chapters, pp. 107 - 122, 125 - 149, 158 - 163, 246 - 250

1. Note △ = Modules typically included as basic content for initial and middle phases of acquiring skills for using Developmental Therapy-Teaching. Selection of modules and order of use in inservice is determined by the needs of participants at the beginning of training and may be modified as training progresses.

Appendix E.
Strategic Plan for
Extending Outreach
Via Distance Learning

Appendix E.
Strategic Plan for Extending Outreach Via Distance Learning

I. System Variables

- **Target Audiences**
  What groups do we want to reach?
  What are their needs?
  What are the conditions and constraints around their learning?

- **Content Domains, Goals, and Modules**
  What "awareness" information is needed?
  What basic content skills and knowledge are needed?
  What advanced content skills and knowledge are needed?

- **Delivery Options**
  What delivery options are currently available?
  What instructional characteristics and benefits does each offer?
  Which options are suitable for our target audiences?
  Which options fit our content domains, goals, and modules?

II. Design Variables

- **Accessibility and Program Capability**
  How accessible are delivery options for our program?
  How accessible are delivery options for our target audiences?
  What levels of staff skills in technology are needed for each option?

- **Relative Costs and Benefits Among Alternatives**
  What are the unit cost estimates for delivery options?
  Which options offer feasible alternatives?

- **The Strategic Plan**
  What are the priorities?
  What are the steps?
  What additional resources will we need (costs, personnel, TA)?
  What timelines are realistic for implementation?

III. Implementation Variables

- **Design of Instructional Strategies for Selected Options**
  What are the unique learning characteristics utilized by each option?
  How much interaction will be included?
  What technological materials will be used?
  What support resources will be provided?
  Who will facilitate the learning?
  Who will handle the technology?
  What instructional feedback will be provided to the learner?
  What instructional evaluation and follow-up will be provided?

- **Design of Outcome Measures**
  What are the expectations and outcomes wanted by participants?
  What are the expectations and outcomes wanted by our program?
  What measures will be used to evaluate the amount of these expectations?
  How effective and useful are the implemented options in accomplishing these expectations?
  What impact does the outcome have on services to children?

Appendix F.
Regional Associates:
Names, Locations, and Positions Held

Appendix F:
Regional Associates: Early Childhood Programs

Name	Location	Position
Judy Bondurant-Utz	Buffalo State College, Buffalo, New York	Professor, Exceptional Education
Jane Butler-Nix	Adams Elementary School, Yakima, Washington	Therapeutic Preschool Educator
Charleen Cain	Waldoboro, Maine	Developmental Therapy - Teaching Consultant
Patricia Copeland	Learning Tree, Bremerton, Washington	Therapeutic Child Development Program Supervisor
Cheryl Dunn	West Kentucky Educational Cooperative, Murray, Kentucky	Educational Consultant
Cynthia Edwards	Positive Education Program (PEP), Cleveland, Ohio	Program Specialist (Music)
Muazzez Ehren	Family Development Center Port Angeles, Washington	Director
Pamela Fox	Audubon Area Head Start, Owensboro, Kentucky	Training and Resource Consultant
Andrea Gillen	Mountainbrook, Alabama	Therapeutic Preschool Teacher
Kelley Jones	Monarch Therapeutic Learning Center, Lacy, Washington	Director
Scotty Jones	Monarch Therapeutic Learning Center, Lacy, Washington	Program Director
Linda Middleton	Sunshine & Rainbows, Forks, Washington	Executive Director
Billie Navojosky	Early Intervention Center West (PEP), Cleveland, Ohio	Program Coordinator
Patty Orona	Yakima, Washington	Foster Parent Education Specialist
Mary Perkins	Educational Service District 113, Olympia, Washington	Regional Early Childhood Coordinator
Susan Sarachman	Behavioral Health Resources, Olympia, Washington	Education Plus Counselor
Pamela Spinner	Center for Special Needs (PEP), Cleveland, Ohio	Assistant to the Coordinator
Suzan Wambold	Star Lake Elementary School, Tacoma, Washington	School Social Worker
Wendy Watts	Hopkins County Schools, Madisonville, Kentucky	School Psychologist
Nancy Wheeler	Lakewood, Washington	Speech/Language Pathologist

Appendix G.

Competencies and Evaluation Sources
for Leadership Participants
in Training Trainers Program

Appendix G.
Competencies and Evaluation Sources for Leadership Participants in Training Trainers Program

We find that it takes approximately two years to complete requirements for certification. Year One of the program focuses on gaining comprehensive knowledge about the theory and methods of the Developmental Therapy-Teaching Curriculum and achieving reliability on the instruments. Year Two shifts the focus to application of this knowledge in the field and communication of this knowledge through workshops and presentations.

	Competencies	Data Sources/Instruments*	Performance Standards
Gaining Knowledge and Skills Year One	Knowledge of developmental theory, research, and resulting model implementation practices	*Developmental Therapy-Teaching Knowledge Test* (100 items)	80% (40 items) correct, or greater
	Reliable use of a rating procedure to identify social-emotional-behavioral objectives for students' IEPs	*Developmental Teaching Objectives Rating Form-Revised (DTORF-R;* 171 items) scored in a paired observation with project staff	90% agreement, item-by-item, against the instructor's rating
	Reliable use of an observational rating form for assessing teachers' classroom competencies	*Developmental Therapy Rating Inventory of Teacher Skills (DTRITS;* 212 performance items) scored against a scoring protocol during a paired observation with project staff	80% agreement, item-by-item
Applying Knowledge and Skills Year Two	Field supervision of teachers beginning to use Developmental Therapy-Teaching	*Evaluation of Trainer's Field Skills* completed by participating teacher (8 items)	Average rating of 4 or better on a 5-point scale
	Group instruction of teachers participating in a Developmental Therapy-Teaching workshop	• *Workshop Evaluation Form (3 items)* • *Evaluation of Session Leader* rated (18 items)	Average of 4 or better on a 5-point scale
	Perceptions of skills as outreach provider	Mailed open-end questionnaire Focus group	75% positive statement = positive perception of own skills
	Satisfaction with project services	Mailed checklist with open-end questions	75% positive statements = satisfaction with project services

Appendix H.
Summary
of
Evaluation Plan

Appendix H.
Summary of Evaluation Plan
(Modified from Figure 10 from the original proposal)

	Effectiveness Dimension	Type of Data Collected	Data Source or Instrument	Type of Data	Subject(s)	Performance Criterion for Outcome Measure
Trainees:	Understanding adult roles and social-emotional-behavioral development	Informal focus group	Audio/video tape	Ethnographic narrative summary	Self-selecting leadership participants	Spontaneous statements of model content and adult roles
	Demonstrating skills for facilitating prosocial behavior in service setting	Observation rating form (inventory of skills)	DTRITS (post)	% mastery	Representative direct service participants	>50% of specified skills demonstrated for adequate understanding of model
Trainees Satisfaction with Training:	Value of training	Checklist and open-end questions	Short questionnaire (post)	Nonparametric summary	Representative sample of participants	Ratings of 3.0 or greater
	Perceptions of own skills and impact on children	Checklist and open-end questions		Nonparametric summary and ethnographic narrative	Participant	75% positive statements = Positive perception of project- own and family skills 75% positive statement = Positive perception of skills
Children:	Effect on children's social-emotional-behavioral development	Developmental ratings for social-emotional competence	DTORF-R (pre-post)	Interval, developmental age scores	Representative sample of children	Statistically significant gain scores = Incremental gain in social- emotional competence ($p<.05$)
Program:	Basic elements provided for model replication	Rating checklist	Interviews with coordinators	Number of elements in place	Sites	26 - 41 items = Exemplary Model Demonstration 16 - 25 items = Model Adaptation 10 - 15 items = Basic Elements Used

Appendix I.
Evaluation of
Trainer's Field Skills

Appendix I.
Evaluation of Trainer's Field Skills

After working on-site with a teacher who is beginning to use Developmental Therapy-Teaching, each trainer-in-training is rated by the teacher for skills in helping others implement Developmental Therapy-Teaching. You can help with this by completing this form and mailing it to the address below. It is not necessary to put your name on this form.

Trainer-in-Trainer:_____

Approximate beginning and ending dates of on-site training:_____

Indicate your rating of this trainer on each item below, using this scale:

1 = poor 2 = fair 3 = good 4 = very good 5 = superior

_____The overall contribution of this trainer to your own growth in implementing Developmental Therapy-Teaching practices.

_____This trainer's knowledge of content.

_____This trainer's skill in explaining what you needed to do.

_____This trainer's practical skills in assisting you to put ideas into practice.

_____This trainer's ability to help you acquire the necessary skills to conduct the program independently.

_____How receptive was this trainer to your needs?

_____How would you compare this field-based training with other training you have received?

_____How would you rate the overall success of your Developmental Therapy-Teaching program for the children during the time this trainer was assisting you?

- Do you think you will continue to use the skills you developed during this field-based training?

_____Yes _____No

If you care to comment about specific aspects of your training provided by this trainer (such as, quality of observations & feedback, personal support, skill in demonstration, relationship with children and other adults, or other matters) please use the back of this page.

Send this completed form to: Developmental Therapy-Teaching Programs
P.O. Box 5153
Athens, GA 30604
Phone: 706-369-5689 Fax: 706-369-5690
E-mail: mmwood@arches.uga.edu

Appendix J.
Summary of Leadership
Focus Group Responses

Appendix J.
Summary of Leadership Focus Group Responses

Question 1.1: What were the essential training experiences that you received as an RA?

Program Component	Levels of Satisfaction			
	high	fairly satisfied	fairly unsatisfied	unsatisfied
Attending Workshops, Conferences	1. Support/deep level information at Leadership Conference (in Athens)			
Participating in presentations	1. Participating in trainings presented to participants at various levels. 2. Observing and co-presenting with national trainer	1. Doing training with trainers		
Observations of trainers	1. Observing trainer do DTRITS. 2. Opportunity to see trainer's initial consulting in classroom			

Question 1.2: What do you think of the training (requirements, standards, content, materials, activities, and guided tutorials)?

Program Component	*Strengths*	*Weaknesses*
Sessions, presentations, training opportunities	1. Intensity of the sessions. 2. Amount of material provided 3. The number of presentations and training opportunities.	1. Opportunities for practicing DTRITS and DTORF-Rs..
Requirements / expectations / Consistency		1. Uncertainty about essential requirements, expectations, and goals. 2. Inconsistent information about requirements provided to RAs. 3. Training not designed for individual success 4. Lack of information about the prior experience/knowledge base of RAs for individualizing training.
Content / process	1. Consistent use of instruments.	1. Unclear understanding of process. 2. Unable to reach depth in content

Question 1.3: What can you do now that you could not do before?

Learning Outcome	Levels of Satisfaction			
	high	fairly satisfied	fairly unsatisfied	unsatisfied
Awareness				
Understanding and knowledge	1. Can take information from the text and relate it to real life 2. Discuss DT-DT and tie it to experiences with kids 3. Administer DTORF			
Application of skill	1. Able to adapt model in different settings in different circumstances 2. Able to help parents become aware of problems and teach ways to support child's development 3. Can recognize children's/teachers' dynamics to support their strengths, decode anxieties, and support child's growth. 4. Do assessments. 5. Teach teachers/parents appropriate expectations; target effective plans			
Development of attitudes and values	1. Have made DT-DT "my own." See kids and relationships through [the DT-DT] filter.			

1.4: How do you feel about your own professional (and personal) experiences during the training?

Experiences	Levels of Satisfaction			
	high	fairly satisfied	fairly unsatisfied	unsatisfied
Relationship with trainers				Personally handled in an unprofessional manner
Development of skills			Felt pressured to do many difficult things- resulting in feeling of inadequacy.	
Self-development	Very growth supporting and exciting - consider self as Developmental Therapist: just part of who I am.	Feel enriched by all components of training but one.		

1.5: What observations do you have about your effect (directly or indirectly) on the children, families, staff,

and programs you work with?

Audience	Effect			
	very positive	fairly positive	somewhat negative	very negative
Children	1. Appropriate adult roles and strategies result in positive growth for kids.			
Families	1. Specific, direct objectives give families hope for success			
Staff	1. Interactions with staff more pleasant and enthusiastic. 2. Staff training more effective. 3. Staff has taken on RA's excitement			
Programs	1. Training trainers has made it possible for statewide education in child development - critical for children's services. 2. Having comprehensive, effective model leads to improved funding.			

1.6: What changes would you recommend in our future training of others, in similar leadership positions?

Design of Training Program	Recommendation: Would be...			
	Very effective	Somewhat effective	Not very effective	Ineffective
Required components	1. Notebook of materials from others' training, presentations	1. Assistance with presentations, e.g., templates, outlines 2. Opportunities to practice presentations with peers for feedback.		
Individualized approach	1. Prescreening process to identify strengths/needs 2. Self-evaluation to determine strengths/needs. 3. Opportunity to focus on aspects relevant to job. 4. Track/level system to ensure that different learning needs are addressed.	1. Diverse self-help/study group (at different levels of learning DT-DT): duplicates diversity in classroom.	1. Monthly self-help/study groups: attempt to help each other learn not very effective	
Guidance from trainer/mentor		Sufficient time for planning presentations		

2.1 What training did you conduct for others while in the RA program?

Training Activity	Levels of Satisfaction			
	very satisfied	fairly satisfied	fairly unsatisfied	unsatisfied
Presenting Workshops, Conferences	1. Independent teacher training at introductory and intermediate levels 2. Co-presentations with national trainers 3. Foster parents' conference			
Support/study group	1. Consultation with school district counselors			
On-site teacher/staff training	1. Training of new staff as support teachers (yearly training, daily interactions) 2.Informal meetings, one-one, about children's needs/ programming 3.Training to use DTORF as FBA 4. Development of positive behavior management plans for SEBD students (IDEA requirement)			
Parent Training	1. Consultation with parents 2. Informal training of parents.			

2.2 How was the training received by the participants?

Training Experiences	Strengths	Weaknesses
Presentations/conferences	Second opportunities to hear basic information enables participants to process concepts.	Presentations offered only at basic level don't meet needs/interests of advanced participants.
On-site training	Working with site over time allows trainers to meet needs of participants	

2.3. What observations do you have about the affect of that training on the children, families, staff, and programs they worked in?

Audience	Effect			
	very positive	fairly positive	somewhat negative	very negative
Children	1. RA has more successful impact in classroom.			
Families	1. Families have become more nurturing. Relationships with children/home environments are more positive/pleasurable. 2. RA has more successful impact on families. 3. Parents understand children's developmental level and can adjust expectations, i.e., their attitude becomes more positive.			
Staff	1. Staff asks positive change questions, thinks about children's developmental level. 2. Staff has developed more positive attitude about children 3. Staff seeks RA's expertise/guidance, feels more supported. 4. Living DT-DT principles on a daily basis gives RA credibility. 5. Staff becames more proactive by assuming appropriate adult roles. 6. Staff manages behavior more effectively using knowledge of children's needs and anxieties.			
Programs				

2.4. *What plans do you have for using your training to train others in the future?*

Outreach activity	Continuation of current projects	Future projects
Conferences		
On-site/Agency training	1. Foster parent training 2. Continuation of current on-site training 3. Training and consultation for school districts and TCDs. serving foster children 4. Training for area special education/regular education teachers. 5. Training for school administrators in child development, positive behavior management 6. Train mental health personnel, therapeutic child care workers, etc. statewide 7. Bring agency to DT-DT demonstration status	Grant proposals to expand program using DT-DT research Increase consistency of statewide assessment and services for children. Extend DT-DT training to regional school districts
Material Development		Curriculum development

2.5. What can we do to assist you in your future work, training others for implementing Developmental Therapy - Developmental Teaching practices?

Type of Assistance	$$$	$$	$
Personal - professional growth	1. National trainers continue to visit 2. National Leadership Conference		1.Practical guidelines for serving as Regional Associate Instructors 2. Assistance (monitoring) from DTTP to ensure future training by RAs remains true to model.
Program development		1. Assistance in setting up grant-funded pilot projects 2. Resource library of DT-DT multimedia training materials 3. Audiovisual materials to demonstrate DT-DT practices and activities.	1. Online training materials and dissemination of information. 2. Notebook of handouts/overheads for presentations

Appendix K.
Conference Evaluation Summary

Appendix K.
Developmental Therapy - Teaching Programs Invitational Leadership Conference
April 19 - 22, 1998
Conference Evaluation Summary (N = 24)

Session/Description	N	Process Rating*: *design/presentation*	Content Rating*: *subject matter*	Value Rating*: *usefulness to participant*
1. Roundtable: Reflect on past experiences	24	4.02	4.09 (n=23)	4.04
2. Roundtable: Current needs, problems, strategies	24	4.00	3.90 (n=23)	4.06
3. Introduction to the Content Map	17	4.53	4.71	4.71
4. Small Group Work				
Part A: Healthy Social-Emotional Development	21	4.33	4.57	4.55
Part B: Decoding Behavior	14	4.43	4.50	4.50
Part C: Positive Behavior Management	17	4.18	4.12	4.18
5. Summary of Small Group Sessions	5	4.20	4.20	4.20
6. Arts and Academics	23	4.35	4.52	4.39
7. Music, Movement & Make Believe for Emotional Growth	19	4.84	4.84	4.84
8. Storytelling, Story Books, and Creative Writing for Emotional Growth	21	4.86	4.90	4.86
9. Computerized DTORF-R	14	4.79	4.86	4.86
10. "New Age" Communication Needs	11	4.27	4.36	4.27
11. Planning for Individual Training Needs and Follow-up	7	4.57	4.43	4.43
Overall Conference: Intensive Training of Trainers	19	4.47	4.5	4.61

*Rating is on a five-point scale from 1 (low) to 5 (high)

Appendix L.
Summary of Responses
to Open-end Questions

Appendix L.

Summary of responses to open-end questions

What can you do now that you could not do before?

Understand the development stages of children
• focus on each child, see their developmental strengths and weaknesses objectively. • decode children's behaviors and understand why behavior is so different than expected. • have another way to identify children who need special help and instruction • understand their needs and how to meet those needs. • recognize children's developmental anxieties.
Assess social-emotional competence
• utilize the DTORF-R as an effective assessment tool, and evaluate skills in communication, socialization, and behavior on a continuum. • use the DTORF-R objectives to write and adjust IEP goals and objectives. • know what skills to be teaching children; work on the objectives throughout the classroom time.
Program more effectively
• group the children in a way that is helpful to them, according to similar goals and objectives. • implement the curriculum within a structure; sequence learning activities developmentally • set activities that correlate to the child's developmental stage, both cognitive and behavioral. • make activities more exciting for children; I accomplish more activities with few behavior problems. • understand the importance of routine and consistency; flow better with the routine.
Use management strategies effectively
• problem solve better by understanding the theoretical approach behind an intervention. • use management techniques better: know what stage a child is in and how that stage dictates strategies to choose and follow • [The training] created a more positive approach to teaching for me; can control my class in such a positive manner and never have to speak negative. "You can get them in the palm of your hand!" • work more effectively as a teaching team; verbal interaction between lead and support teachers facilitates behavior management and teaching - it reinforces positive behaviors and decreases negative behaviors. • better prepared to handle situations; can foresee and plan my actions/words to have control and success.

What were the strengths of the DT-DT training you received?

Theoretical content of the presentations
• interpretation of motivating forces behind behaviors in each stage; by knowing underlying anxieties, I can modify my behavioral strategies. • new ways of working with children' separating social, emotional, cognitive, behavior areas and looking closely at child's skills levels. • better understanding of children makes me better able to teach to their stages and abilities; makes us more aware of developmental differences in young learning and knowledgeable about meeting the needs of children with developmental disabilities. • great approach for being positive with children and surrounding them with clm, safe voices and actions that reassure them and create bonds with them.
Practical content for the classroom
• tools to evaluate the child's developmental stage and information to help the child make progress • an understanding of how to use the DTORF-R as a basis for the curriculum and as an effective tool in the classroom to reach desired goals and objective. • developmentally appropriate classroom activities that are interesting for different stages; better things to use for lower students • many new skills in how to deal and relate with kids: wording to use with children; keeping positive. "The strategies I learned help me all the time."
Process and organization of the training
• interactive training / "hands-on" teaching / role playing. "Participation activities brought us closer as a team." • videos to watch master teachers in action. "Seeing it made me a believer in this model." • observation and team debriefing...trainer pinpointed what was and wasn't working and gave suggestions for change. "Different perspectives...on how to deal with specific behaviors and children was helpful." • group discussion, support, and encouragement
Trainers/mentors
• very informed, knowledgeable, interesting instructor • presentation of the material "where it was easy to understand and was easy to listen to and take it all in." • specific examples and real life experiences which increased understanding • "Written feedback was extremely supportive, especially since it came on a day when things seemed crazy."

What were the weaknesses of the training?

Length and timing of training
• need more frequent training. "A one-time class doesn't really teach a teacher how to implement [DT-DT] appropriately." • training too short - not enough hours in the day to cover the material. • training not consistent - need to meet with the teaching trainer more often • more frequent observations and feedback; need more time for debriefing
Process of training
• would like to observe a DT-DT teacher • trainers should spend more time in classrooms to be able to give specific suggestions • too much time spent on observation part. • no follow-through of direct assistance to the classroom • all staff need to be trained, not just the [teachers] • need more role play or case study analysis
Content of training
• focused too much on philosophy and theory • would like an entire workshop devoted to each stage • training should address levels of knowledge participants already have • sometimes too general to be helpful - would like specific ideas for specific kids
Applicability in my setting
• "I think we are more academically oriented than this program gives time for. If we use it we need to go back to a more social skills setting." • "Videos showed cases where the teacher was able to deal with the problem calmly - they didn't show real, more severe problems out of control...I'd like to see the disruptive behavior that we deal with at the first of the year.." • "I don't know if it works for every child." • "Designed for a smaller classroom." "Want more helpful ways of managing and instructing DD children in a regular classroom of 24 students."

What changes have you noticed in your effect on children or families as a result of the DT-DT training?

With children:
• by consistently focusing on the guidelines given in the training I provide my children with a greater opportunity for success. Children are able to work back in their home school versus being self-contained. • many small changes made a huge difference in my effectiveness with the children. • learned that my relationship with a child is extremely important - the children are more trusting now. • learning how to problem solve behaviors in a positive, developmentally appropriate way has been the greatest challenge but has brought the most rewards. • understand children's behavior - DT-DT takes the frustration out of behavior conflicts • see growth developmentally - recognize when children are ready to move from one stage classroom to another • understand individual needs better - a greater understanding of children's anxieties and their need for successful social-emotional interactions. • children are more interested, seem happier, more relaxed - secure but well-disciplined. • I'm a better parent to my own children - more consistent, yet willing to let them spread their wings.
With parents:
• very positive approach to children and families makes for a warm response. • I am more patient and have more strategies to pass on to families. • communicate better with parents about how child is functioning at school • understanding stages makes explanations clearer to parents. • teachers and parents work better together on behalf of the children
In general:
• all my relationships are better because I can communicate my thoughts in positive ways, not confrontational. • have more confidence in my abilities. • am calmer - feel more successful and less frustrated • I'm learning all the time! • feel very fortunate to be doing what I'm doing.

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