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*Behav Modif* 2005; 29; 488

DOI: 10.1177/0145445504273281

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# Achieving Human Service Outcomes Through Competency-Based Training

## A Guide for Managers

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During the past three decades, empirically supported strategies have been demonstrated for the training of competencies—highly specific skills and behaviors that are needed to complete a critical job task. The present article reviews several examples of competency-based training in human service programs and provides guidelines for the implementation of competency-based training by managers. Four methods for delineating a competency model are described, with recommendations for using them in combination. A sample direct support worker competency is described, and a guideline is provided for conducting competency-based training on the job based on the findings of research on performance-based feedback. This guide may offer some assistance to managers of human service programs.

**Keywords:** *training; performance management; organizational behavior management; human services; feedback*

**When an organization achieves** its most critical outcomes, it does so through the behaviors of its members. But not just any behaviors will lead to critical outcomes. Rather, the members must emit the right behaviors. The right outcomes are the product of the right behaviors. Exactly what these behaviors are will vary from industry to industry, and from organization to organization.

For our purposes, we will call the right behaviors *competencies*. Competencies are distinct sets of behaviors applied to reliably complete a task that is directly linked to a critical outcome. The completion of these tasks performed at an ideal rate leads to the achievement of critical outcomes. In this way, competencies are directly tied to outcomes. Achieving outcomes is a matter of identifying competencies

BEHAVIOR MODIFICATION, Vol. 29 No. 3, May 2005 488-507

DOI: 10.1177/0145445504273281

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that are required to achieve the outcomes and then systematically arranging conditions that will support the emission of the behaviors.

In community-based human service programs—group homes, supported living, day programs, and vocational programs serving individuals with disabilities—the critical direct service tasks are usually provided by entry-level staff under the supervision of entry-level supervisors. Perhaps as many as 70% of the members of such organizations are in these entry-level positions, and most are held by staff with less than 2 years' experience in their positions (Taylor, Bradley, & Warren, 1996). The confluence of entry-level staff and supervisors at the point where the organization's most critical outcomes are to be achieved argues the need for highly targeted and effective training and supervision if the organization is to succeed.

The purpose of this article is to provide managers with guidelines for training and maintaining the right behaviors. The approach is called *competency-based* because the goal of training is the acquisition of competencies—the highly specific sets of behaviors required to complete a critical task. During the past three decades, an empirically supported methodology for training and maintaining critical behaviors has emerged, namely, performance-based feedback (Alvero, Bucklin, & Austin, 2001). The methodology has been shown to be effective across a range of industries and settings, most certainly within community-based human service programs (Harchik & Campbell, 1998). The practical application of performance feedback and its use to train identified competencies is the subject of this article.

However, first we will review examples of competency-based training and provide an illustration of a human service competency from an agency that provides community-based human services.

### COMPETENCY-BASED TRAINING IN THE WORKPLACE

As previously defined, competencies are sets of behaviors. The behaviors (or skills) are applied in the completion of tasks that are essential for the achievement of an organization's most critical outcomes. To illustrate the relationship of behaviors to tasks to outcomes, consider the example of discrete trial training. Discrete trial training is

a standard instructional strategy in special education settings for children with autism spectrum disorders (National Research Council, 2001). These schools essentially promise their clients (school districts, parents, and the children themselves) a highly specific and measurable outcome: the achievement of identified educational goals. In this situation, the task—conducting discrete trial training sessions—is critical to the achievement of the outcome. The task itself can be reduced to a circumscribed list of component skills and behaviors that becomes a model of the task (e.g., a competency model). For instance, in discrete trial instruction, there are the behaviors (a) presenting a clear, unambiguous, and consistent discriminative stimulus (SD); (b) following a standard prompt hierarchy; (c) providing a differential consequence for correct and incorrect responses; and (d) waiting a specified time between trials (the intertrial interval). Of course, there are other skills and behaviors in a comprehensive discrete trial training model, but these four illustrate the point: Competencies are sets of distinct behaviors.

By delineating a critical task in terms of behavioral components, managers construct a simple guide for field training the critical task. Numerous studies have illustrated the utility of this. For example, Fleming and Sulzer-Azaroff (1989) trained staff in a residence serving adults with mental retardation to teach self-care (hand washing, tooth brushing, and bed making) by first delineating the competency into seven distinct and operationally defined component skills. The authors then used this competency model to guide performance feedback, the intervention that was the focus of the research.

The above study illustrates a competency-based approach applied to a single skill set. However, Kneringer and Page (1999) demonstrated the rapid acquisition of three competencies using a similar approach. The authors identified the component behaviors and skills of (a) proper food storage, (b) health menu development, and (c) meal preparation. Through a multiple-baseline across behaviors design, the authors demonstrated that performance improved in two group homes immediately following competency-based training using didactic training and performance feedback.

A more comprehensive application of the approach was recently demonstrated by Harchik et al., (2001) who delineated 17 competen-

cies for direct support professionals, such as (a) responding to medication related incidents, (b) completing daily communication notes, (c) teaching skills, (d) implementing an individual behavior support plan, and (e) planning a menu. The competencies were selected and the component skills defined during group meetings comprised of managers, supervisors, and direct support professionals (a process that the authors called *participatory*). The result was a model of 17 critical tasks, each delineated into measurable behaviors. The authors selected a subset of 9 tasks for their research that showed that the model could be used for highly effective on-the-job training consisting of direct observation and practice followed by performance-based feedback. A multiple-baseline across behaviors (groups of competencies) demonstrated that the approach resulted in dramatic and rapid skill acquisition across all subjects.

Researchers have also used the methodology (competency delineation then performance-based feedback) to train supervisors to deliver performance-based feedback itself (Reid & Parsons, 1995). Furthermore, the authors demonstrated that the performance criterion for the competency was not achieved with classroom-based training alone but required the on-the-job training that used direct observation and performance feedback.

With the exception of Harchik et al. (2001), none of the above studies and few from the same literature base conceptualize their first step as the development of a competency model. However, this is exactly what the researchers did. In each case, the authors identified a set of skills believed to be essential for the performance of a critical task. Despite not identifying it as such, the authors then used the competency model to guide skills training to a criterion-level.

### **COMPETENCY MODELING: IDENTIFYING COMPETENCIES AND COMPONENTS**

Identifying the behavioral components of critical tasks can be performed by a single manager, a group of managers, or a cross-functional work team charged with this outcome. A typical strategy is for a small group of senior managers or experts to decide what consti-

tutes a competency and its component skills and then direct supervisors to implement field training to the next level in the organization. The supervisors receive training in the model and a small set of supervisory skills, such as delivery of feedback. This has been called *train the trainer* and *pyramidal training* (Shore, Iwata, Vollmer, Lerman, & Zarcone, 1995). Here, the emphasis is on fast implementation of the training, with less concern for identification of the components to be trained.

Alternatively, a participatory model has been proposed where direct service staff and their immediate supervisors work with middle and senior managers to identify competencies and component skills and then design the implementation plan (Harchik et al., 2001). Proponents argue that such an approach may increase the acceptability of the objectives and increase work effort in the implementation of the training plan. In addition, at least one prior study has suggested that a participatory model requires less administrative oversight than a typical model (Burgio, Whitman, & Reid, 1983). This approach would cultivate consistent definitions of good performance between organizational levels (Latham & Wexley, 1994).

At this time, it is unclear which strategy would work best under a range of circumstances. Certainly such factors as the scope of the training (e.g., training a single competency vs. a set of competencies) and the size of the project (e.g., training 9 staff in a single residential home vs. 90 staff in 10 programs separated by 100 miles) would factor into an organization's decision to develop the competency model through a top-down process or a participatory process. That said, it would be difficult to offer a simple prescriptive.

There are far fewer choice points for deciding how one will select competencies and component skills. Indeed, there are four major approaches available to managers and teams for the identification of competencies and their behavioral components: (a) systematic observation, (b) consensual validation, (c) standards of practice as presented in the representative literature, and (d) organizational policy. In actual practice, all four methods are likely to be used, which we will call the *combined approach*.

### SYSTEMATIC OBSERVATION

Developers of competency-based training programs can determine the behavioral components of critical tasks by conducting successively finer observations of their best performing staff to develop a components analysis of the competency (Lucia & Lepsinger, 1999). These observations alone can be the basis for a competency model, or developers might validate the model by comparing the scores (such as percentage of items displayed during observation sessions) of senior staff to novices (Lucia & Lepsinger, 1999). In valid models, scores would reliably distinguish between groups. Invalid models (failure to differentiate presumably distinct groups) would be subject to further refinement, perhaps based on additional observation. This approach is clearly the most empirically valid. However, a major obstacle is the time, energy, and expertise required to develop such a model. Presumably, this is why most practitioners have turned to the alternative strategies listed below.

### CONSENSUAL VALIDATION

Developers of competency-based training programs often identify and define competencies through a series of meetings with personnel who have expertise in the field and the putative competency domains. For instance, the strategy used by Harchik et al. (2001) drew on expertise across a range of job functions: senior managers, clinicians, frontline supervisors, and direct support staff. In consensual validation, the team combines its divergent experiences to draft a theoretical model of ideal staff performance based largely on face validity.

The strength of such an approach is its speed and, as a bonus, its value in increasing the acceptability and implementation of the resulting model (Harchik et al., 2001). The weakness of the strategy is that it might overvalue the provincial observations of committee members. However, the weakness could be overcome by combining the method with either systematic observation, as described above, or the next strategy.

### STANDARDS OF PRACTICE

In this approach developers of the competency model draw items from the empirical literature of the field. Item selection would essentially be based on best practices as found in the representative literature. For example, when Parsons, Reid, and Green (1996) trained institutional support staff in basic teaching skills, the component skills included (a) adhering to a least-to-most prompting strategy, (b) providing correct reinforcement (e.g., positive consequence follows correct performance; no positive consequence for incorrect performance), and (c) correcting errant responses (e.g., increasing to next prompt level on exhibition of incorrect responding). Some of these items referenced source literature; others did not but are otherwise so ubiquitous in the literature they would be accepted by most practitioners.

The strength of this approach is its reliance on an empirical literature to suggest specific items for inclusion. By doing this, the resulting competency model truly brings research to practice. This is clearly obvious in the single competencies that have been reviewed, such as basic teaching skills, discrete trial training, and nutritional practices. One weakness of this approach is that some items found to be valuable by local experience or by untested but reasonable extension from theory to practice might not be represented in the relevant literature and thus might be omitted from the model. Similarly, items that have been deemed important as a matter of institutional policy (such as signing a communication log at the end of a shift) would be omitted in a purely literature driven model of a critical task. To overcome this problem, developers of competency models often combine this methodology with consensual validation, as described above, or the next strategy.

### ORGANIZATIONAL POLICY

Often a competency model includes items that reflect simple, highly specific behaviors (as opposed to developed skills) that an organization has deemed critical for the performance of a given task. The items may not have any empirical validity but nonetheless reflect

important conventions in the field, ideal practices supported by common sense or local regulations.

For example, it is widely accepted in the field of developmental disabilities that individuals are no longer referred to by their clinical labels (i.e., the retardate) but rather through a reference to the person first (i.e., person with mental retardation). Such conventions represent values shifts within the field, and although they may lack any empirical justification, they are widely believed to be essential in the conduct of our work. Accordingly, a competency model for professional interaction with individuals served might list *uses people first language* as one item.

Similarly, common sense tells us that recording data in a teaching session as it occurs is superior to recollection at some later time. This practice probably can be supported by the experimental literature on memory function. However, it is unnecessary to conduct such a search or experiment. Instead, modelers of teaching skills include “records data immediately” as an important convention that is validated at face (Fleming & Sulzer-Azaroff, 1989).

Finally, local regulations might require items be included though their necessity is not immediately apparent. For instance, direct support staff who work with individuals with challenging behaviors may be required to complete an incident report immediately following a criterion event. This practice might reflect a regulation, an agency policy, or both. Its roots are in the protection of individuals served, though its measurable impact on specific individuals might be slight at best. Still, numerous agencies rightly consider this task critical, and if such is the case, a competency model could be developed to train the skill and maintain ideal performance standards.

Although the value of selecting items based on organizational policy is obvious, equally so is its weakness: It is unlikely that an organizational policy could comprehensively represent the most contemporary best practices with the degree of specificity needed for a competency model. For this reason, a competency model is likely to draw some of its items from this source but rely more heavily on one of the methods described above.

### COMBINED APPROACH

No single approach is without methodological or logistical flaws. Indeed, an approach that is superior in one circumstance might be unequivocally inferior in another. In practice, all four methods are used in the development of complex models. For example, Christian and Hannah (1983) combined these strategies to delineate work performance standards of human services workers and their supervisors.

A clear example of combined approaches for a single competency may be found in Crowell, Anderson, Abel, and Sergio (1988), who delineated a competency model of quality customer service interactions of bank tellers by combining systematic observation and consensual validation. Specifically, the basis for the competency model was (a) extensive direct observation of teller-customer interactions, (b) input from a range of bank personnel including tellers, and (c) consensus of item selection from senior bank managers. The opportunity for multilevel and cross-functional input also suggests a participatory approach.

### A SAMPLE HUMAN SERVICE COMPETENCY

After carefully determining the skills and behaviors that comprise the competency, two additional steps are required: (a) the skills must be operationally defined and (b) the skills should be arranged in a simple observation checklist format (Fleming & Sulzer-Azaroff, 1989). By operationally defining the skills, supervisors and trainers have a clear and consistent language for providing performance feedback. By arranging the skills as a checklist, supervisors and trainers have a tool to help ensure that their observation and feedback sessions are comprehensive and focused. In addition, the resulting materials can be used as handouts to trainees, a generally recommended practice (Harchik & Campbell, 1998).

The layout of the checklist is fairly straightforward. However, there are some choice points. For instance, in the sample shown in Figure 1, the rating of each skill (the feedback column) is a Likert-type scale. The rationale for this was that it encouraged supervisors to note prog-

ress toward the criterion (May Institute Inc., 2000). Other checklists have involved a simple dichotomous rating with the item either displayed or not displayed.

Below is an example of a human service worker competency developed by a large, multistate human service organization. The organization serves adults and children with developmental disabilities, brain injury, and mental illnesses. Program models include residential, day, consultation, and outpatient. This competency, teaching skills (May Institute Inc., 2000), is used when staff conduct formal teaching sessions for targeted adaptive skills such as self-care routines, independent living skills, and money management, using a structured teaching plan such as task analysis.

This competency is extremely important in human service programs because skill development and independence are often critical outcomes for such programs. Not surprisingly, the same competency has been the focus of numerous performance management studies in human services and figures prominently in the national skills standards for direct support professionals (Taylor et al., 1996).

There are 10 skills and behaviors that comprise the competency, listed along with a descriptive narrative below. In practice, the descriptors might be found in an implementation manual that would serve as a reference for field trainers (Latham & Wexley, 1994). A sample observational checklist is shown Figure 1.

#### **NUMBER 1: SECURES ALL TEACHING MATERIALS PRIOR TO THE SESSION**

Prior to implementing a teaching session, the support staff should locate the task analysis (if applicable), data recording sheets, and prescribed reinforcers (if applicable). The staff person should also locate any materials that will be needed during the training. For instance, if the staff person will be teaching hand washing, prior to the session, the staff person should check the bathroom to ensure that soap and towels are where they ought to be. By taking a few minutes to prepare, the staff person prevents unnecessary disruptions and possible interference with learning.

| <b>Teaching Skills Checklist</b>                       |   |   |   |
|--|---|---|---|
| Staff: _____   |   | Program: _____  |   |
| Trainer: _____   |   | Date: _____   |   |
| <b>Feedback<br/>Rating<br/>Key</b>                     | 1 or 2  | More practice and instruction needed.   |   |
|  | 3   | Minimal correction needed.  |   |
|  | 4 or 5  | Displayed item to standard.   |   |
| Performance Criteria                                   |   | Feedback  |   |
| 1. Secures all teaching materials prior to the session |   | 1—3—5 N/A   |   |
| 2. Sets training environment                           |   | 1—3—5 N/A   |   |
| 3. Directs the person to session                       |   | 1—3—5 N/A   |   |
| 4. Implements all steps as specified in program        |   | 1—3—5 N/A   |   |
| 5. Uses least to most prompt hierarchy                 |   | 1—3—5 N/A   |   |
| 6. Reinforces correct responses                        |   | 1—3—5 N/A   |   |
| 7. Records data correctly                              |   | 1—3—5 N/A   |   |
| 8. Redirects to task as needed                         |   | 1—3—5 N/A   |   |
| 9. Ends session with terminal reinforcement            |   | 1—3—5 N/A   |   |
| 10. Resets materials and environment                   |   | 1—3—5 N/A   |   |
| Skill<br>Development<br>Criteria                       | Developing  | Fully Competent   | Expert/Mentor   |
|  | Currently learning to apply the competency. Requires feedback and models in order to apply the skills consistently. | Able to apply the relevant criteria consistently across a range of contexts and environments. | Fully competent. Plus, demonstrates ability to teach these skills to others and give constructive feedback. |
| Evaluator Signature: _____                             |   | Staff Signature: _____  |   |

**Figure 1. A sample observational checklist: Teaching skills.**

#### NUMBER 2: SETS THE TRAINING ENVIRONMENT

Also prior to instruction, the staff person should ensure that the area where the teaching session will take place is clean, organized, and as distraction free as possible. Once again, this simple preparation task promotes a fast and effective teaching session by preventing disruption and distraction.

**NUMBER 3: DIRECTS THE PERSON TO SESSION**

Using a pleasant and friendly tone of voice, the staff person makes contact with the individual being served and cues to instruction, "Jim, it's time to practice hand washing now. OK?"

**NUMBER 4: IMPLEMENTS ALL STEPS, AS SPECIFIED IN THE PROGRAM**

Using the teaching plan or task analysis as a guide, the staff person implements each step in the order specified. If the instructional plan involves the trainer presenting a discriminative stimulus (SD), then the SD is presented clearly and accurately on each occasion.

**NUMBER 5: USES LEAST-TO-MOST PROMPT HIERARCHY**

The staff person prompts error or absence of response starting with gesture (point to step), followed by verbal (direct step), and then physical (hand-over-hand support). Steps are increased quickly, allowing no more than 3 to 5 seconds of an absence of appropriate response before ascending to the next prompt level. Alternatively, an instructional plan might prescribe a starting point. For instance, the plan might include a point prompt at each step. As before, the hierarchy would be ascended following error or absence of response.

**NUMBER 6: REINFORCES CORRECT RESPONSES**

The staff person provides reinforcement for correct responses. The reinforcer may be prescribed in the teaching plan, or represents a stimulus that has been determined to function as a reinforcer in prior teaching sessions. In any case, the reinforcer is delivered immediately on exhibition of the target behavior.

**NUMBER 7: RECORDS DATA CORRECTLY**

In most instructional plans, it is possible to record data immediately following a target response (e.g., during discrete trial instruction) or shortly after an instructional session (when teaching from a task analysis). Thus, data recording is correct when it occurs as close to the

exhibition of the target response as possible. In addition, data recording is correct when it is also accurate (it reflects what was actually observed).

**NUMBER 8: REDIRECTS TO TASK, AS NEEDED**

If the individual appears distracted, then the staff person verbally directs back to task.

**NUMBER 9: ENDS SESSION WITH TERMINAL REINFORCEMENT**

In most cases, an instructional session ends with terminal reinforcement, a practice that would increase motivation for participating in direct instruction.

**NUMBER 10: RESETS MATERIALS AND ENVIRONMENT**

After the session has ended, the staff person restores the environment and returns materials to storage. The materials should be ready for use by the next staff person; any damage should be repaired immediately.

These items were selected from several sources: consensual validation, standards of practice, and organizational policy. Most will be familiar to readers who have managed programs where staff are expected to teach important skills to individuals with developmental disabilities. During consensual validation, these items were considered the typical practices of our best direct support staff and seen as the behaviors and skills most likely to lead to skill development in the individuals being served (May Institute, 2000).

### **IMPLEMENTING COMPETENCY-BASED TRAINING**

Once a competency has been identified and its component skills delineated and written into a concise checklist format, the manager is able to begin on-the-job competency-based training. The training intervention represents a package of three strategies: (a) task clarifica-

tion, (b) performance feedback, and (c) praise. Although each of these interventions has been shown to improve performance, a well-controlled component analysis demonstrated that the combination of all three resulted in the greatest gains (Crowell et al., 1988). In their study of bank teller customer interactions, the researchers showed that behavioral improvements were noted as each component was added. The authors then used a withdrawal design to illustrate that task clarification effects were relatively enduring (reversal of customer interaction scores during withdrawal stabilized at the posttask clarification level, rather than the initial baseline), although best performance was regained when feedback and praise were reintroduced.

The three strategies are integrated in a simple protocol that has been described by numerous researchers, notably Reid and Parsons (1995). The trainee's supervisor (functioning as trainer) typically implements the protocol. The steps of the protocol are implemented sequentially, and the sequence is repeated in a series of on-the-job training sessions across a few weeks until a performance criterion is met. In general, trainees rate these procedures acceptable (Parsons, 1998). For example, Harchik, Sherman, Sheldon, and Strouse (1992) found all of their subjects reported that the protocol helped them become better teachers and the feedback was "very fair and accurate" (p. 603).

The protocol is shown in Table 1, with the addition of guidelines for providing performance-based feedback. Each step is discussed in detail, below.

#### **STEP 1: VERBALLY REVIEW EACH ITEM**

This is task clarification. Using the competency checklist as a guide, the trainer simply reviews each item with the trainee. Any uncertainties are clarified and misunderstandings are corrected. The clarification phase establishes a mutual agreement as to what constitutes expected performance. Verbal review as an antecedent to best performance is supported by numerous laboratory and field validated findings. Indeed, a comprehensive review of more than two decades of research concluded that when performance goals are clear and highly specific, goal acceptance, work effort, and persistence during chal-

**Table 1**  
**On-The-Job Training Protocol Used in Competency-Based Training**

| <i>Step</i>                                   | <i>Implementation Guidelines</i>   |
|---|--|
| Verbally review each item.                    | Meet with the trainee face to face.<br>Using the checklist as a guide, verbally review each item answering questions.<br>Solicit questions, clarify any ambiguities.   |
| Provide the trainee with written guidelines.  | A copy of the checklist may be sufficient. Simply provide it to the trainee after verbal review.<br>Encourage the trainee to reread the guidelines from time to time to help keep focus.   |
| Observe the trainee implement the skill.      | Ideally, this is a real work situation, rather than a role-play.<br>Use role-play only if in vivo not possible.<br>Set aside an adequate amount of time.<br>Remain in the background during observation.<br>Make specific notes of what you see for each skill.  |
| Provide immediate feedback.                   | Meet with the staff person as soon after the observation as possible.<br>Review each item, providing either praise or correction as necessary.<br>Begin with praise.<br>For correction, describe how the skill should be performed.<br>If possible, teach the skill using role play; or, demonstrate the skill in vivo.<br>Solicit questions, clarify any ambiguities.<br>End with a positive statement. |
| Repeat Steps 1 through 4 until criterion met. | Repeat training sequence until mastery criterion has been met. This should be done in several shifts, rather than massed.<br>Encourage the trainee to practice the new skill (using the checklist as a guide) before your next observation and feedback session.   |

enges are highest (Locke & Latham, 1990). Thus, the value of this first phase should not be underestimated.

In addition, some researchers have added role play, modeling, or both during task clarification procedures (for examples see Harchik et al., 1992; Ducharme & Feldman, 1992; Schepis, Reid, Ownbey, & Parsons, 2001) Role-play and modeling of critical skills have been recommended as best practices in a comprehensive review of organizational behavior management practices in human service programs (Harchik & Campbell, 1998).

**STEP 2: PROVIDE THE TRAINEE WITH WRITTEN GUIDELINES**

Written guidelines or handouts are commonly provided during task clarification procedures (Crowell et al., 1988; Kneringer & Page, 1999; Schepis et al., 2001). In practice, this can take the form of a copy of the competency checklist, a summary description of individual items, a standard memo summarizing the verbal review, or various combinations. In any case, the step constitutes additional task clarification and presumably provides the trainee with a resource for review following training sessions and a job aide for accurate practice between sessions. Trainers should encourage trainees to use the materials accordingly.

**STEP 3: DIRECTLY OBSERVE THE TRAINEE IMPLEMENTING THE COMPETENCY**

Ideally, this is conducted on the job in a real work situation. Using the checklist as a guide, the trainer observes performance and rates each skill as either displayed or not displayed or some continuous rating such as the standard Likert-type scale with one end anchored as *item displayed to standard*. Observations should be scheduled for a time when the target competency is likely to be displayed. This way, the actual observation time will be short. Observation times of 10 to 15 minutes have been used (Harchik et al., 2001).

In actual practice, it may not be possible to directly observe the target competency—for instance, a competency covering “managing behavioral crises” where the actual time and place of a crisis would be unpredictable. In such cases, an alternative procedure would be to conduct observation during a role-play across a series of standardized scenarios. However, the strength of observation is its direct measure of performance during actual work. Scenario-based training would not measure exhibition of the competency on the job and should be used cautiously.

For some competencies, it would not make sense to observe in vivo, such as completing a chart note to standard. In these cases the permanent product would be reviewed using the skills checklist as a guide, though all other steps in this protocol would remain the same.

**STEP 4: PROVIDE IMMEDIATE FEEDBACK**

Following direct observation, the trainer meets with the trainee to provide performance-based feedback for each item of the competency checklist. Feedback is either correction or praise: the trainer corrects a skill displayed below criterion, or the trainer praises a skill displayed at or exceeding criterion. In either case, the focus is on the behavioral criteria and data from direct observation. Because of the sensitive nature of feedback about one's performance, a feedback session should be conducted in a reasonably private location, whenever possible. This is usually not difficult. For instance, a trainer might have a residential staff person step outside, away from others, before delivering feedback.

In general, the session should be positive in nature. Some researchers have recommended that the feedback session begin with praise and end with a specific, positive statement (Parsons & Reid, 1995). In between, the trainer should teach skills displayed below criterion through verbal review, modeling, or role-play—the purpose of feedback is development, not admonishment.

The trainer should also encourage questions and other input from the trainee during the feedback session and take steps to ensure that the feedback has been understood (Parsons & Reid, 1995). Satisfaction with a performance appraisal process is strongly correlated with the recipient's participation, namely, questions, comments, and solicited input (Latham & Wexley, 1994). Trainers should take steps to encourage participation in feedback sessions.

Feedback should be delivered as close to the performance as possible, with immediate feedback the ideal. This makes sense because the memory of trainer and trainee will be most accurate at that time, permitting feedback that is accurate and specific to observed performance. In addition, the positive effects of feedback on performance diminish with delay (Locke & Latham, 1990). It has also been reported that trainees prefer feedback that is immediate to feedback that is delayed (Reid & Parsons, 1996).

**STEP 5: REPEAT STEPS 1 THROUGH 4 UNTIL CRITERION MET**

Task clarification, direct observation, and feedback are reapplied until the trainee demonstrates mastery. The criterion for skill acquisition should be set very high, and include some demonstration that the performance has been sustained. For example, a trainer might continue the process until the staff person displays 90% to 100% of items to criteria across three consecutive observations. Repeated sessions should be spread over several days, rather than massed together, providing trainees the opportunity to practice between observation and feedback sessions. In fact, during feedback (Step 4), the trainee should be given specific direction to practice the skills during shifts before the next observation and feedback session, ideally using the written guidelines (provided at Step 2) as a guide.

**DESIGNING AND IMPLEMENTING  
COMPETENCY-BASED TRAINING: A SUMMARY**

Competency-based training is an empirically supported strategy for developing the skills and behaviors required to complete a critical task. To implement competency-based training, a manager must identify competencies and carefully delineate component skills. There are four strategies used for this—(a) systematic observation, (b) consensual validation, (c) standards of practice, and (d) organizational policy—though in practice these methods are usually combined. The process can be completed by small groups of managers. However, a multilevel or cross-functional team using a participatory process may result in greater acceptability.

After delineating the competency model, skills are organized into observation checklists that are then used to guide on-the-job training delivered by either a supervisor or training specialist. On-the-job training consists of four steps: (a) verbal review (which may include role-play or demonstration), (b) written guidelines, (c) direct observation, and (d) feedback (which includes correction, modeling, and

praise). These steps are administered sequentially during several sessions until the performance criteria have been met.

In general, the approach has high acceptability (Parsons, 1998) and has demonstrated considerable efficacy (Alvero et al., 2001; Harchik & Campbell, 1998). It would seem to represent an ideal strategy for human service managers wishing to train and maintain the skills most critical to the achievement of program outcomes.

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