

Modeling (MD)

Brief Introduction

Modeling is the demonstration of a desired target behavior that results in imitation of the behavior by the learner and that leads to the acquisition of the imitated behavior. This EBP is often combined with other strategies such as prompting and reinforcement.

Description

Modeling (MD) occurs when an individual demonstrates a skill or exhibits a behavior after observing it from a performance by a model. Modeling is often referred to as in vivo or live modeling, to differentiate it from video modeling.

MD meets evidence-based criteria with 1 group design and 4 single-case design studies. According to the evidence-based studies, this intervention has been effective for toddlers (0–2 years) to young adults (19–22 years) with ASD. MD can be used effectively to address social, communication, joint attention, play, school-readiness, academic, and vocational skills.

Brief Adapted from

Cox, A. W. (2013) *Modeling fact sheet*. Chapel Hill, NC: The University of North Carolina, Frank Porter Graham Child Development Institute, The National Professional Development Center on Autism Spectrum Disorders.

Matrix of MD by Outcome and Age (years)

Social			Communication			Behavior			Joint Attention			Play			Cognitive			School Readiness			Academic			Motor			Adaptive			Vocational			Mental Health					
0-5	6-14	15-22	0-5	6-14	15-22	0-5	6-14	15-22	0-5	6-14	15-22	0-5	6-14	15-22	0-5	6-14	15-22	0-5	6-14	15-22	0-5	6-14	15-22	0-5	6-14	15-22	0-5	6-14	15-22	0-5	6-14	15-22	0-5	6-14	15-22			

Modeling (MD) Research Summary

Ages	Skills/Intervention Goals	Settings	Outcome
0–22 years	Social, communication, joint attention, play, sensory and emotional regulation, school readiness, academic, vocational	Home, school, community	EBP

*The information found in the Research Summary table is updated yearly following a literature review of new research and this age range reflects information from this review.

Modeling (MD)

Research

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Modeling (MD) Steps for Implementation

Step 1. Identifying the Target of Instruction

- A. Refer to IEP or IFSP to identify the learner's goals.
- B. Discuss goals with IFSP/IEP team members, including family and learner.
- C. Select and operationalize an observable and measurable goal as a target of instruction.

Step 2. Collecting Baseline Data

- A. Collect baseline data appropriate for the targeted skill.
- B. Collect data on at least three occasions to establish an accurate baseline for the targeted skill.

Step 3. Arranging the Environment to Elicit the Target Behavior

- A. Choose motivating materials/activities to engage learners and promote the use of target skills.
- B. Manage and distribute teaching materials in a way that encourages learners to communicate.

Step 4. Modeling the Target Behavior

- A. Establish shared attention.
- B. Provide a model for the learner to follow.
- C. Expand the response and provide the requested material (if the learner gives the target response), and/or provide the material and state the target response (if the learner still does not give the target response or repeat the model exactly).

Step 5. Monitor Intervention Effectiveness

- A. Develop a system to monitor the effectiveness of the intervention that outlines when, where, by whom, and how data are collected.
- B. Modify the program to reflect the learner's progress by changing steps (either to higher or lower levels) as needed.
- C. Review mastered programs and continue to teach them as "maintenance" trials.

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- D. Specifically target maintenance trials for generalization by practicing trials:
 - i. in other settings,
 - ii. with different adults,
 - iii. with different reinforcers, and/or
 - iv. with different instructions/stimuli.

- E. Have the educational team meet regularly to report on the learner's progress and identify potential changes to the learner's program.