Treatment Integrity in the Real World

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Intervention Integrity

Did you know that the MTV show The Real World has been on for approximately 24 years now. When it comes to the "Real World" for schools to implement treatment integrity or intervention fidelity checks, many probably think being on a reality tv show is more appealing and less challenging. Within the research, the term '*treatment integrity*' is interchangeable with '*treatment fidelity*' when used to describe delivery of an intervention. Both terms are receiving more attention in the fields of education, psychology, and medicine.

Without knowing how well an intervention[1] was delivered, how can one know the obtained results are a reflection of the practice or the delivery? Treatment integrity is a concept that is becoming more familiar to school psychologists but continued attention is needed to ensure students receive the highest quality instruction. Even in research, few studies documented the level of implementation and the impact on outcomes (Dane & Schneider, 1998).

The original definition of treatment integrity involved the "methodological strategies used to monitor and enhance the reliability and validity of behavioral interventions" (Bellg et al., 2004, p. 443). There have been several researchers and workgroups that have provided definitions and categories of intervention integrity (Bellg et al., 2004; Dane & Schneider, 1998; Perepletchikova, Treat, & Kazdin, 2007). Dane and Schneider (1998) provided five components of intervention integrity and these components are cited in Best Practices in School Psychology: 6th Edition (2015). The five components provided by Dane and Schneider are:

- *Adherence*: how closely an educator attends to and follows specified procedures in the intervention. Was training adequate?
- *Quality of Delivery*: includes consideration of the educator's skill, decisions, timing, choice making and judgement when implementing the intervention
- *Program Differentiation*: the degree that the proposed intervention differs and is distinct from other practices
- *Exposure or dosage*: refers to the number, length, frequency, or duration of intervention sessions
- Participant responsiveness: the level of educator and student engagement in the intervention. Is the student's behavior a factor?

As school psychologists, we understand how treatment integrity with interventions can be difficult. Odom (2009) suggested that implementation in classrooms demonstrated that a maximum of 80% of a given lesson plan is implemented, with a more realistic treatment integrity of 60% to 80%. This indicates that 20% to 40% of a lesson plan may not be essential to achieving positive outcomes for students. Shaw, Boulanger, Gomes (2016) stated that "despite the clear effectiveness of treatment integrity-based implementation of evidence-based interventions, there are a host of challenges to be addressed." The following are some of the challenges regarding treatment integrity:

1. Response to diversity.
2. Relevance to target population.
3. Resources.
4. Match to school culture (i.e. are teachers prepared, have they done this before)
5. Coercive nature of treatment integrity (i.e. teacher resistance)
6. Sustainability (i.e. many teachers report that they will not continue the intervention after treatment integrity ends)

Shinn (2016) indicated that the decisions we make with students based on data and determining student outcomes is a critical aspect when planning for a student's instructional needs. Translating this to day to day practice for school psychologists would include targeting the intervention based on skill, setting ambitious goals, and monitoring to ensure adequate growth using curriculum based measures. To target skills, use of Haring and Eaton's (1978) Stages of Learning using Acquisition, Fluency, and Generalization and Adaptation can be used to accurately target skills by intervention. Analyzing the data and outcomes based on the *decisions* made by teams is a critical role for school psychologists and will lead to improved outcomes for students in the future. Before treatment integrity can be addressed, interventions must be aligned to skill deficits.

Proposed Checklist:

Interventionists must have adequate initial and continuing training to deliver the intervention with adherence. To ensure continued quality and to highlight critical components of the intervention, development of checklists may help to maintain and increase intervention integrity. According to Gawande (2010), checklists remind us of the minimum necessary steps and make them explicit. Gawande (2010) continues that checklists instill a kind of discipline of higher performance. Development of intervention integrity checklists could provide frequent reminders and verification that what was intended was actually delivered in a high quality manner. The checklist is meant as a quick check, not a replacement for quality training and support.

Theoretical Proposal to Evaluate Intervention Integrity through Intervention Integrity Checklist: The following items could be used to develop a tailored checklist for a specific intervention, point values are suggestions only.

1. Reliable and valid assessment data is present to correctly target skill and Stage of Learning (Acquisition, Fluency, Generalization: Haring & Eaton, 1978), 0 or 1
2. The intervention is defined in specific terms: What specific skill(s) does the intervention target? Based on question 1, is this the best intervention? 0 or 1
3. Broad categories of strategies, procedures, and tasks required during the intervention are developed for each intervention (Perepletchikova, 2016).
4. Broad categories are subdivided and subcategories are explicitly defined as to which areas are necessary each time the intervention is delivered. Discriminate between

[1]For simplicity, the term "intervention" is used but intended to encompass any additional instruction a student receives that is not provided to all students in core instruction.

behaviors that necessary each session or those that are used as needed. Provide examples (Perepletchikova, 2016).

5. For each item, the following scale will be used:
   - 0-not done, not required; 1-required, not done; 2-required, done
   - Using the 0-2 scale, interventionists will strive for 80% on each self-report checklist (Perepletchikova, 2016).

Use of the Checklist:

In theory, checklists could be developed for each intervention delivered by a school. The main purpose of the checklist would be a reminder to the interventionist of the critical components used for self-reflection. Another purpose would be to provide a clear, objective method for teachers or administrators to observe and provide feedback to the interventionist if critical components are evident. However, this feedback would be intended to be "low stakes" and not of an evaluative nature. Peer observation or observation by teachers or administrators would be conducted in more of a 'walk through' format. The desired outcome is improved student outcomes through increased intervention integrity.

The Wisconsin SLD rule has treatment integrity components that are part of the criteria, which had been highlighted with enthusiasm by many presenters at the 2016 NASP convention in New Orleans. For example, the DPI technical Guide for SLD (2013) indicated that during the SLD evaluation process there must be systematic observations of classroom instruction and intensive scientific research-based or evidence based interventions (SRBI). The interventions must be implemented with adequate fidelity by applying them in a manner highly consistent with its design and at least 80% of the recommended number of weeks, sessions, minutes. Many of us have observed how the the SLD rule has driven districts to implement many components of the RTI/MTSS process. School psychologists may already have existing checklists that may be used as a starting point in developing general practices for treatment integrity in their districts.

Intervention integrity is readily discussed among school psychologists yet few of us have definitive answers how to achieve true integrity. Even when integrity is monitored, achievement of 100% is not a realistic expectation. Prior to any discussion about treatment integrity, school psychologists are encouraged to assist teams to accurately target skills using data and matching intervention to the skill. Next, ensuring data is collected regularly and with adequate duration will lead to increased confidence for decision making. When intervention integrity can be addressed, school psychologists are urged to seek available entry points such as intervention integrity during the SLD process and then scaling the practice to other interventions. Although treatment integrity is not a 'clean' concept to measure, efforts by school psychologist to improve intervention delivery will lead to improved outcomes for students.

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