

Treatment Integrity Overview

For the best chance of producing positive educational outcomes for all children, two conditions must be met: (a) adopting effective empirically supported (evidence-based) practices and (b) implementing those practices with sufficient quality that they make a difference (treatment integrity) (Detrich, 2014). Both are necessary as neither on its own is sufficient to result in positive outcomes. Figure 1 describes the relationship between empirically supported practices and treatment integrity.

| | | Probability of Benefit Empirically Supported? | |
|----------------------------|-------------|--|-----------------------------|
| | | Yes | No |
| Treatment Integrity | High | Benefit likely | Benefit unlikely |
| | Low | Benefit unlikely | Benefit unlikely |

Figure 1. Relationship between empirically supported practices and treatment integrity

If an intervention has strong empirical support and is implemented with high integrity, then there is a high probability that positive outcomes will be achieved (upper left quadrant). The other quadrants illustrate that the lack of either element reduces the

probability of positive outcomes: If a well-supported, research-based intervention is not implemented with high integrity (lower left quadrant); if an intervention is implemented with high integrity but is not empirically supported (upper right quadrant); or if a nonempirically supported intervention is implemented poorly (lower right quadrant).

It should be noted that some interventions are not empirically supported because sufficient research has demonstrated that they do not produce positive outcomes.

Alternatively, some interventions are not empirically supported because they have not been experimentally evaluated. This latter class of interventions is still in the experimental phase of development. Using these interventions is tantamount to conducting research and all of the rules for engaging in research should be followed. Because these interventions are still experimental, their effectiveness is unknown and they should be implemented only with the fully informed consent of both educators and parents.

The advent of the evidence-based practice movement in education has resulted in considerable effort to identify practices that are empirically supported. Organizations such as the What Works Clearinghouse (<https://ies.ed.gov/ncee/wwc>) and the Best Evidence Encyclopedia (<http://www.bestevidence.org>) have reviewed a large number of interventions to discern the research base for each intervention. Until the past 20 years, treatment integrity did not receive significant scholarly attention. Even with the increased attention, treatment integrity measures are reported in about half of the published intervention research reports (Sanetti, Dobe, & Gritter, 2012; Sanetti, Gritter, & Dobe, 2011). When treatment integrity data are not published in research reports, it is difficult to know if the intervention that the researchers reported was actually implemented and

was responsible for the outcomes or if there was some undocumented variation of the intervention that actually accounted for the outcomes.

As important as treatment integrity is in research, it is equally important in practice settings. Measures of treatment integrity are fundamental to data-based decision making. Effective interventions may be prematurely terminated if the level of treatment integrity is not known. Student performance data tell us only how well a student is responding to the intervention as it is implemented. Treatment integrity measures tell us how well the intervention is being implemented. Without knowing about treatment integrity, it is not possible to know if a student's failure to benefit from an intervention is a function of an ineffective intervention or ineffective implementation (see Treatment Integrity in the Problem-Solving Process for more discussion).

References

- Detrich, R. (2014). Treatment integrity: Fundamental to education reform. *Journal of Cognitive Education and Psychology, 13*(2), 258–271.
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