Dimensions of Treatment Integrity Overview

Historically, *treatment integrity* has been defined as implementation of an intervention as planned (Gresham, 1989). More recently, treatment integrity has been reimagined as multidimensional (Dane & Schneider, 1998). In this conceptualization of treatment integrity are four dimensions relevant to practice: (a) exposure (dosage), (b) adherence, (c) quality of delivery, and (d) student responsiveness.

Exposure (dosage) refers to the amount (frequency and duration) of an intervention a student is receiving. For example, a student's supplemental reading support may call for the intervention to occur three times per week and 30 minutes per session. If the delivery is less frequent or sessions are shorter, then the student's exposure to the intervention is less than optimal and the outcome may be compromised.

Adherence is the most commonly measured dimension of treatment integrity (Sanetti, Chafouleas, Christ, & Gritter, 2009). It is the extent to which those responsible for implementing an intervention are doing so as prescribed. Most interventions are multicomponent packages and in some instances very complex. Whether a specific feature of an intervention occurred as planned is usually how adherence is measured.

Quality of delivery is the degree to which the implementation is executed with enthusiasm and sincerity. This dimension is underrepresented in the scholarly literature primarily because of its subjective nature; however, it is an important facet of treatment integrity and warrants more research. Consider the following: Many interventions for challenging behavior include praising students when they are behaving appropriately. Some teachers are effusive with their praise and vary it in many ways so that it does not become rote. Others may praise in a very monotone and rote manner. The differences in

the way praise is delivered is likely to influence the impact of the intervention even if both individuals who are praising are doing so with 100% adherence to the intervention protocol.

Student responsiveness is the degree to which the student is engaged during the intervention. This dimension is a bit controversial. Some argue that it should not be a part of treatment integrity measures because it is a measure of student behavior and measures of treatment integrity should reflect what adult educators are doing. The counterargument is that even with high integrity for exposure, adherence, and quality of delivery, it is possible that the student's lack of engagement with the intervention may negatively impact the intervention. For example, a student receiving an intervention to improve fluency in basic math may minimally participate in instruction even though the intervention is implemented with high integrity across all other dimensions of treatment integrity. This poor participation may be a function of placing the student in the instructional program at his or her failure level. Conversely, a student placed in the instructional program at his or her mastery level might not be engaged because the instruction is boring. Student responsiveness to an intervention can be an important indicator of the appropriateness of the instructional program.

Each of these dimensions can influence the impact of an intervention, but it is also important to be mindful of the interaction among variables. Consider the previously mentioned intervention protocol that calls for a student to receive supplemental reading support three times a week for 30 minutes each session. Both of these measures are part of the exposure dimension. If the student receives only one session per week and that session lasts for 30 minutes, then he or she is exposed to the intervention a third of the

time prescribed. Similarly, the student could receive the reading intervention three times a week but for only 10 minutes each session. The student is still exposed to the intervention a third of the prescribed time. To complicate matters, even if the instructor perfectly implements the intervention during the session (adherence), the outcome is likely to be degraded because exposure was limited. This example highlights the importance of measuring all of the dimensions of treatment integrity and not just adherence. If just adherence is assessed and the outcome is less than desired, it might be determined that the intervention was ineffective even with a high level of adherence. Failure to consider all dimensions of treatment integrity can result is errors in decision making.

References

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