



Treatment Fidelity Research: Advances in Operationalizing and Measuring the Construct

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Discussant: Thomas R. Kratochwill

Introduction

- The practice and science of consultation is challenged by one fundamental reality: the delivery of an intervention to a client – and hence, its measured effects -- is controlled in large part by a consultee
- In consultation, treatment fidelity as a construct and an experimental variable is fraught with conceptual and methodological issues

Conceptualizing Treatment Integrity

- The degree to which a consultant adheres to a particular *consultation model* – question is whether the consultation procedures are followed as intended by a consultant
- The degree to which one or more specific *procedures within the consultation process* are implemented (e.g., feedback/modeling) – question is whether we can we influence treatment integrity by a consultee
- The degree to which a consultee delivers an *agreed-upon intervention* to a child – question is whether the intervention, as designed and delivered by a consultee, influences child outcomes

Defining Fidelity as an Independent and Dependent Variable

- *Consultation Procedural Integrity* can be conceptualized as an independent variable
 - Implementation of consultation procedures, or elements of consultation, as designed
- *Treatment Plan Implementation* can be conceptualized as a:
 - Dependent variable (does consultation lead to TPI fidelity?)
 - Independent variable (does TPI lead to child behavior change?)
 - Mediating variable (does TPI mediate the relationship between consultation and child outcomes?)

Difficulties Operationalizing the Construct

- Contextual realities of consultation services and intervention delivery in applied settings contribute to unplanned variations in core aspects of a treatment (what it involves, how it is delivered, who is responsible, how much is enough)
- Complicates a researcher's ability to determine the intervention's integrity with specificity

Difficulties Measuring the Construct

- Measurement issues abound in relation to feasibility, reliability, and validity of assessment
 - What and how much of an intervention to measure (match to active treatment components; all components may not be created equal)?
 - When to measure, and by whom?
 - How to measure qualitative features of intervention delivery?
- A standardized, reliable, agreed upon method for measuring integrity in consultation has yet to be determined

Why is Treatment Integrity an Important Construct in Consultation?

- Degradations in treatment integrity can create substantial threats to internal validity in an intervention study
- Conclusions regarding change in the DV as a function of the IV are completely dependent upon the IV being implemented with integrity, but...
- There are no absolutes – issues of quality and quantity in delivery of intervention are prevalent

Why is Treatment Integrity an Important Construct in Consultation?

- As treatments change, the effects on outcomes can be expected to change
- Concerns are pronounced when implementation of an intervention is controlled by someone other than the psychologist (e.g., teacher, parent)
- We know more about how to develop effective interventions than how to ensure TPI

Symposium Overview

- Paper I: Ann Schulte and colleagues, North Carolina State University
 - Multidisciplinary perspectives on treatment fidelity: Implications for consultation
- Paper II: Michelle Swanger-Gagne and colleagues, University of Nebraska-Lincoln
 - Treatment implementation integrity of interventions facilitated by CBC
- Paper III: Sylvia Rosenfield & Todd Gravois, University of Maryland
 - Evaluating the treatment integrity of IC teams
- Discussant:
 - Thomas R. Kratochwill, University of Wisconsin-Madison

