EDITORIAL

Consultation to Improve Treatment Integrity

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The educational reform that had been mounting for decades but propelled into education practice at a blistering pace since the scaling up of the response to intervention (RtI) framework has resulted in most schools across the country organizing their academic and behavioral support services differently. As these changes take hold, many school social workers and other specialized instructional support personnel are jockeying to stay relevant by locating their work within this framework. To do this, Frey, Lingo, and Nelson (2010) suggested that these personnel place more emphasis on primary prevention efforts and an indirect service delivery model such that a primary role involves helping administrators and staff identify and adopt evidence-based practices (EBPs); coordinate the provision of services across primary, secondary, and tertiary levels of support; and provide technical assistance to support the implementation of EBPs. This editorial elaborates on supporting the implementation of EBPs through consultation—a role that is familiar to school social work—and argues that this responsibility should be prioritized as school social workers attempt to locate their role within the changing landscape of specialized instructional support services. We believe the concept of treatment integrity is critical to this effort. Toward this end, we define consultation, describe the construct of treatment integrity, articulate the skills needed to improve treatment integrity, and review strategies in the current literature to influence implementer behavior.

CONSULTATION

Consultation is an indirect method of intervention that assists *others* in becoming more effective in dealing with complex work problems. It is defined and characterized by the following dimensions:

- It is a problem-solving process, shared by the consultant and consultee.
- It takes place between a professional consultant and a consultee, who is responsible for providing direct service to an organization, program, or person.
- The objective is to resolve a job-related problem of the consultee.
- It is a voluntary relationship.
- The consultee profits from the consultation in such a way that the consultee is better prepared to deal with similar problems in the future (Meyers, Parsons, & Martin, 1979; Sabatino, 2009).

The role of consultant is defined as that of expert or technical advisor who introduces new information, concepts, perspectives, values, and skills to help service delivery systems achieve their mission and goals.

Gallessich (1982) expanded the definition of consultation beyond the traditional clinical case consultation to include six different models: (1) organizational consultation, (2) program consultation, (3) education and training consultation, (4) mental health consultation, (5) behavioral consultation, and (6) clinical consultation. In other words, consultation in its fullest and most complete form addresses micro, mezzo, and macro practices, with the overarching goal being to improve agency performance and service delivery, while specific goals vary according to the target of change—structures, services, processes, or people.

School social workers engage in consultation services on a daily basis yet rarely view their work in these terms. Nor do they provide feedback to school personnel about how their many daily practice tasks are different forms of consultation that provide assistance on a schoolwide, groupwide, and individual basis, as is shown in the following sections on ways to improve treatment integrity.

TREATMENT INTEGRITY

Treatment integrity is also referred to as treatment or intervention "fidelity" and is simply the extent to

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which an intervention is delivered as intended. For example, the Second Step violence prevention curriculum is to be delivered by teachers to the entire class daily. The teacher is to be trained, follow the directions on the cards provided to promote social–emotional concepts and class discussion, and imbed the concepts in the class activities throughout the day. We have worked in schools where use of the Second Step curriculum, which clearly has evidence supporting it, has been mandated by the administration. Yet treatment integrity across classrooms is highly variable in that some teachers do a wonderful job implementing the curriculum and others do not. Specifically, for example, Ms. Harrell delivers it as just described (that is, with high integrity), and Ms. Smith places it on the shelf after the training and has not used it since (that is, delivers it with low integrity). In the context of RtI, when Ms. Harrell and Ms. Smith refer children for behavioral concerns, there is likely to be an assumption that both of the children being referred have been unresponsive to an established EBP; after all, the practice has been adopted schoolwide. This scenario illustrates the relevance of treatment integrity, because knowledge of how well an intervention has been implemented is imperative to our ability to infer intervention effectiveness and, therefore, is critical to improving student outcomes (Sheridan, Swanger-Gagne, Welch, Kwon, & Garbacz, 2009).

Treatment integrity—specifically, low treatment integrity—is increasingly being recognized as a major factor underlying intervention failure, defined as less than expected intervention outcomes. Far too often, treatment integrity is assumed or ignored. For example, several experts have suggested that treatment integrity in the field of education has been largely overlooked or assumed to occur rather than formally assessed (Gresham, 1989, 2009; Hagermoser Sanetti & Kratochwill, 2009). Further, Fixsen, Naoom, Blasé, Freidman, and Wallace (2005) have clearly demonstrated that EBPs have been consistently implemented with weak fidelity across many disciplines. We agree with Lopez and Nastasi (2008), who suggested that one of the most pressing issues related to school consultation is the implementation of EBPs; there is also increasing pressure for specialized instructional support personnel to attend systematically to treatment integrity issues and outcomes. This is consistent with program consultation that focuses on the successful *development*, *implementation*, and *evaluation* of highly specialized services that assist specific student populations or fulfill unmet school needs. It is important to note that the *NASW Standards for School Social Work Practice* (NASW, 2012) identify data-based decision making and treatment integrity as one of five critical issues driving practice.

SKILL TO BOLSTER TREATMENT INTEGRITY

There are two skill sets necessary to improve treatment integrity through consultation. The first involves defining the critical aspects of the EBP. The second relates to influencing the behavior of the implementation agent—typically a teacher.

Defining the EBP

The school social worker must be able to conceptualize the practice in a manageable way by distilling it down to a reasonable number of critical steps or components that define whether it has been implemented, and he or she must develop a system to efficiently and accurately evaluate the presence or absence of these steps or components (that is, treatment integrity). This may be a new skill set for practitioners; however, it is not difficult. Many manualized EBPs have treatment integrity measures, typically created by the team that developed the intervention. For example, the authors of the First Step to Success early intervention created a measure to evaluate whether the behavioral coach or teacher is implementing the school component with integrity (see http://www.firststeptosuccess.org/EFS_CLASS_fidelity_checklist.pdf). If your school is using a manualized intervention, a fidelity measure may have come with it. If not, there may be one available on the Internet; you may also need to contact the senior author to ask for access and permission to use it. We believe that access to treatment integrity tools will become the standard in the next several years. If no existing treatment integrity measure exists, we encourage you to develop one. To do so, create a list of five to 10 critical aspects of the intervention that are observable. Next, provide two response options—one that indicates whether this component was implemented or not and one (only to be completed if it was implemented) indicating the quality with which it was implemented; quality response options are typically rated on a Likert-type scale with five anchors

ranging from poor to excellent. Although it is far better to use an existing measure, something is better than nothing.

One promising aspect of this role as a consultant is that, depending on the approach one uses to influence implementation, school social workers can be useful in improving intervention integrity even if they know little about the substantive areas of the intervention—for example, a math or a reading intervention. They do, however, have to be skilled in the consultation process, which involves strategies to influence the implementer's behavior.

Influencing Implementer Behavior

When interventions are implemented poorly, it is a result of either a skill or a motivation deficit. If poor implementation is the result of a skill deficit, consultation should focus on training. With this approach, the consultant must be skilled in using the intervention him- or herself and be skilled in teaching and learning literature. Fink (2003) suggested that the basic problem with traditional teaching methods, which involve the delivery of a substantial volume of content via lecture, is that they are ineffective for achieving the significant learning teachers desire and learners need. Drawing on some of Fink's ideas, the delivery of intervention content must integrate critical components of the intervention with situational factors (that is, context specific to application by school personnel in education settings). In addition, the trainer must be clear about the intended outcome of the training —and, in this case, the outcome should be the learner being able to implement the intervention with fidelity. Next, the teaching strategy has to include far more than just delivery of content (Joyce & Showers, 2002). Learners must have the intervention modeled for them, practice in role-play situations, and then receive feedback on their performance. The treatment integrity measure discussed earlier should provide a criterion for evaluation and structure for delivering feedback. It is interesting to note that most problems with poor implementation are, we believe, not related to skill deficits but, rather, a lack of motivation.

The challenge of motivating teachers to adopt and implement EBPs with integrity has created a unique opportunity for school-based consultants in general and school social workers in particular. When lack of motivation is responsible for poor treatment integrity, again it is not imperative that the consultant know the substantive area of the practice, but he or she must be able to assess motivation and intervene to increase it. Drawing on motivational interviewing, we know that low motivation is typically the result of a teacher believing it is not important to implement an intervention well or lacking confidence in their ability to implement it well (Frey et al., 2011; Miller & Rollnick, 2012). "Readiness" and "performance feedback," as those concepts have been articulated within implementation science research, are particularly important when motivational issues underlie poor treatment integrity. The concept of readiness suggests there are steps that, if taken, will increase one's motivation to adopt an intervention. Performance feedback addresses the need to attend to implementation after an implementer has—either formally or informally—committed to adopting the practice. Notice that performance feedback is a critical component whether poor implementation is the result of skill deficits or motivational deficits. However, the manner in which it is delivered differs substantially depending on whether poor integrity is skill or motivation based. To date, relatively few strategies to increase treatment integrity have been studied.

STRATEGIES TO INFLUENCE IMPLEMENTER BEHAVIOR

There is limited literature related to influencing implementer behavior. We identified two strategies to address skill deficits. The first, direct training, involves modeling, role-playing, rehearsal, and feedback (Rohrbach, Graham, & Hansen, 1993; Sterling-Turner, Watson, & Moore, 2002). Second, behavioral consultation or coaching, incorporates demonstration, feedback, and practice of new skills (Dusenbury et al. 2007; Joyce & Showers, 2002; Ransford, Greenberg, Domitrovich, Small, & Jacobson, 2009).

Although the literature addressing implementer motivation is also limited, it is growing rapidly. Most of this scholarship emphasizes the importance of a supportive (rather than evaluative) teacher–consultant relationship. One promising approach is joint intervention development and treatment integrity assessment, also referred to as a "partnership model" between researchers and practitioners (Kelleher,

Riley-Tillman, & Power, 2008). Another strategy is consultation contingent on unacceptable levels of initial treatment integrity (DiGennaro, Martens, & Kleinman, 2007). And McKenna, Rosenfield, and Gravois (2009) have proposed an instructional consultation model. Performance feedback is a strategy that is drawing significant attention and appears to be quite promising. Performance feedback involves showing the consultee graphic representations of treatment integrity data coupled with verbal recommendations for improvement. Initial studies on this topic suggest that performance feedback is indeed a promising approach for this purpose (Codding, Livanis, Pace, & Vaca, 2008; Noell, 2008; Noell et al., 2005).

Building on the use of visual performance feedback and a counseling approach known as "motivational interviewing" (Miller & Rollnick, 2012), three research groups have developed school-based intervention procedures for influencing implementer behavior that are particularly relevant when the likelihood of motivational issues is high (see Frey et al., 2011, who have provided a brief description of motivational interviewing as well as a discussion of the promise of this practice within educational settings).

Family Check-Up

The Family Check-Up (FCU) assessment and intervention includes two brief, family-centered sessions to motivate parents to change parenting practices and use intervention services addressing their specific needs (Dishion & Stormshak, 2007). In the first session, the program consultant interviews parents about their goals, concerns, and motivation for change. Then, parents are administered a survey to identify the ecological, family, and youth dimensions that contribute to student risk or resilience in the school setting. On the basis of this information, the consultant provides feedback to the parent, describing the assessment results in a way that supports parent motivation to change and that helps identify appropriate evidence-based supports for the student and family in the school and community.

Classroom Check-Up

Building from the work of Miller and Rollnick (2012) and Dishion and Stormshak (2007), Reinke, Lewis-Palmer, and Merrell (2008) recently developed the Classroom Check-Up (CCU), which is designed to increase the extent to which teachers use evidence-based classroom management strategies. The CCU consists of specific motivational enhancement strategies, including individual (visual) feedback to teachers on observed classroom behaviors (that is, specific praise and reprimands), identification of strengths, promotion of autonomy in the decision-making process, direct guidance (when requested), encouragement of teacher self-efficacy, and development of a menu of change options. Results from a single-subject multiple baseline study across classrooms indicated increased teacher use of specific praise, reduced reprimands, and decreased classroom disruptive behavior (Reinke, Lewis-Palmer, & Martin, 2007).

First Step to Success Enhancements

The enhancements to the existing First Step to Success (First Step) intervention were developed in response to the growing need for school-based interventions that more effectively address family or community-based risk factors that serve as barriers to school success. Specifically, an interdisciplinary team of researchers from the University of Louisville and the Oregon Research Institute—representing special education, school social work, and school psychology—developed enhancements so that the First Step intervention more effectively alters the home and school ecologies and increases the likelihood that change will be maintained following the intervention.

First Step was designed as a secondary prevention intervention to target primary-grade children with moderate or emerging behavior disorders rather than for children for whom challenging behaviors are severe and already entrenched across home, school, and community settings. Although the efficacy of the First Step intervention has been established (Loman, Rodriguez, & Horner, 2010; Walker et al., 2009), it has also been shown to be less effective for children with more severe tertiary-level disorders, and it has less impact on behavior in the home than that within a school setting. In addition, many of the positive gains children demonstrate immediately following implementation of First Step tend to fade once the intervention is discontinued if monitoring and booster sessions are not provided (Walker et al., 2009). Enhancements to the First Step intervention are designed so that changes in teacher and parent behavior as a result of the intervention procedures

are maintained after the intervention period, thereby reducing the dependency on monitoring and booster sessions and sustaining the impressive short-term effects that the program consistently produces.

The enhanced procedures to the original First Step intervention include Enhanced homeBase and the First Step CCU. Enhanced homeBase, which replaces the original home component, typically takes two to five 60-minute sessions (that is, home visits). The First Step CCU, which supplements the original school component of the intervention, is typically completed in two to three briefer interviews with the teacher in the classroom (Lee et al., in press). The application of motivational interviewing in both the Enhanced homeBase and First Step CCU enhancements is based on the *Motivational Interviewing Navigation Guide* (Frey et al., 2012, in press), which presents a process for increasing intrinsic motivation to adopt and implement evidence-based practices in school settings and is grounded in the five universal principles positive behavior support that are central to the First Step intervention: (1) Establish clear expectations, (2) directly teach the expectations, (3) reinforce the display of expectations, (4) minimize attention for minor inappropriate behaviors, and (5) establish clear consequences for unacceptable behavior (Golly, 2006).

CONCLUSION

In this editorial, we have described the importance of treatment integrity within the RtI movement and suggested that school social workers could play an important role in increasing adherence to treatment fidelity. In addition, we have identified two critical skills that consultants need to influence treatment integrity: (1) defining the critical aspects of the EBP and (2) influencing the behavior of the implementation agent—typically a teacher. We believe that motivational interviewing is a promising approach for addressing treatment integrity within the context of school-based consultation, and have provided two examples of how it is currently being applied. Because motivational interviewing requires clinical skills that many school social workers already possess, the adoption of it as a hallmark of our practice might elevate the need for our services within the RtI movement. In the next *Children & Schools* editorial, we will provide an overview of motivational interviewing.

The contents of this issue of *Children & Schools* include research that informs practice. Peckover, Vasquez, Van Housen, Saunders, and Allen examine school social work tasks and share the implications of their findings for school social work services; Phillippo and Blosser analyze school social work's history to provide a perspective on current issues in social work practice; Mallett shares findings from a research study on leveraging Medicaid billing to support school social work practice and the use of private companies to administer the program; and Cawood explores interpersonal violence in a school setting and its implications for practice. In Practice Highlights, Kim discusses work with undocumented students, and in Trends & Resources, Cox identifies EBPs in working with school-age youths in foster care. CS

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