Best Practices in Assessing and Promoting Treatment Integrity


Numerous books have been written about academic and behavioral interventions, the use of those interventions within multi-tiered support systems (e.g., RTI), and appropriate evaluation strategies for estimating intervention effects; however few have provided a detailed account of the broader field of implementation science, which involves understanding the mechanisms that support the incorporation of evidence-based techniques into routine practice. Treatment Integrity: A Foundation for Evidence-Based Practice in Applied Psychology is designed to fill this critical void within the technical literature. Editors Sanetti and Kratochwill are leading experts in prevention science and have been instrumental in the rise of the evidence-based practice movement (EBP) within the field of school psychology. The book contains 12 chapters that are organized into four sections: 1) conceptualizing treatment integrity; 2) assessing treatment integrity; 3) promoting treatment integrity; and 4) applying treatment integrity and promotion methods.

Treatment integrity is a broad concept that refers to the extent to which an intervention is implemented as designed. Although as Bumbarger illustrates in Chapter 2, treatment integrity assessment encompasses more than simply ensuring treatment adherence and is critical for determining potential dose-response relationships as well as the ecological mechanisms that
result in treatment adaptations at the local level. Failing to assess for treatment integrity during outcome evaluations may result in faulty conclusions about the efficacy of an intervention. However, as Gresham explains in Chapter 5, well designed interventions should include a systematic mechanism for ensuring treatment integrity throughout the entirety of the treatment phase. Thus, integrity assessment is best conceptualized as an element of the intervention itself rather than a summative procedure during the evaluative stage. I found the performance feedback and coaching procedures described by Noell and Gansle in Chapter 7 to be especially beneficial for school psychologists seeking to protect against treatment drift by interventionists in school-based settings.

Although the book contains content that will benefit both practitioners and researchers, across multiple psychological disciplines and practice settings, most of the chapters are more successful in reaching the latter audience. Nevertheless, patient school-based practitioners are rewarded with several chapters written by preeminent school psychology researchers and trainers that are especially relevant to those involved in designing RTI and other related pre-referral intervention systems.

With these considerations in mind, I found Treatment Integrity to be exceptionally well written with a consistent scientist to practitioner focus throughout all of the chapters. I believe the book will be a welcome addition to a school psychologist’s professional library. While the book is certainly not a practice guide per se, many of the chapters contain empirically-driven, best practice advice as to how best to appraise treatment integrity and ensure intervention fidelity. In addition, the book achieves the goal of establishing an agenda for future treatment integrity research. Though the book addresses many concerns about the correct implementation of evidence-based interventions in applied settings, several chapter authors make it clear that
treatment integrity assessment is not a standard practice in school-based settings. This will likely have to change if school psychology is ever to reach its aspirations as a psychological science (i.e., Lilienfeld, Ammirati, & David, 2012).

**References**


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