Effective Support Systems For Treatment Integrity

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An intervention

Is a collective name for programs, projects, training methods, courses, treatment methods etc. that:

- Are aimed at reducing or compensating a risk or a problem in the development of a juvenile, or making this risk or problem bearable
- Are guided by a theoretical, practical, purposeful and systematic approach
- Are aimed at the juvenile itself, its caretakers and/or (educational) environment
- Are defined in time, with a specified amount of time and frequency.

Netherlands Youth Institute (2014)
The **why** of delivering the intervention as intended

An intervention is designed to reduce specific problems.

- Based on empirical research on the *risk and protective factors* that play a role in the onset and persistence of this specific problem and *theoretical notions* about behaviour, *the elements* out of which an intervention should exist are determined (Schoenwald et al, 2011).

The theoretical foundation of an intervention shows *which results can be expected*.

- Therefore, it is logic to *deliver the elements* that are *associated* with the theoretical foundation of the intervention.

In general, research findings indicate that delivering the intervention as intended, is *positively associated* with client outcomes, with higher levels of accurate delivery predicting better outcomes then lower levels (Goense et al., in preparation; Lipsey, 2009; Schoenwald, Chapman, Sheidow, & Carter, 2009; Tennyson, 2009).
Case: Three little pigs
“Help me built a home.”

Manual
1. Building material
2. Connection material
3. Subsurface material

Protection (cold)
1. Thatch
2. Rope
3. Soft sand

Protection (burglary)
1. Branches & wood
2. Nails and rope
3. Hard sand

Protection (wolf)
1. Bricks
2. Cement
3. Concrete
What is delivering as intended?

Carrying out the intervention with the content, duration, frequency and the scope as developed and researched for effectiveness (Carroll et al., 2007).

Delivering the content: Treatment integrity:

1) therapist adherence: the degree to which the therapist delivers prescribed procedures from a specific intervention (delivery consistent with the intervention manual). (Perepletchikova, Treat & Kazdin, 2007)

2) therapist competence:
   a) Technical competence: The level of therapist (technical) skills and the judgment in delivering the components of the intervention (Barber et al., 2006; Barber, Triffelman & Marmar, 2007)
   b) Common competence: competence in delivering common aspects of treatment (e.g. alliance, formation and creating positive expectancies) (McLeod et al., 2013).
Difficulties with treatment integrity

How flexible may I be with providing elements of the intervention?

Will I still be able to build a good alliance with the clients?

How do I know if I deliver the intervention with high adherence and competence?

What are the key elements of the intervention?

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Supporting the professionals

Research suggests that frequent and targeted support of practitioners is an effective way to establish and maintain treatment integrity (Kerby, 2006; Mikolajczak, Stals, Fleuren, Wilde & Paulussen, 2009; Schoenwald et al, 2009).
Effective content of support

Systematic review ‘Support systems for treatment integrity’

Studies included:
1) Evaluated the effects of a support system for practitioners in an evidence-based intervention on dependent measure(s),
   - 30 articles covering 48 outcome studies
2) Showed a positive relationship between the support system and treatment integrity,
   - 27 articles covering 44 outcome studies
3) Adequately operationalized treatment integrity procedures* and
   - 7 articles covering 13 outcome studies
4) Showed sufficient effects of the support on levels of treatment integrity
   - 4 articles covering 6 outcome studies

*The ITIPS-A was used to evaluate the operationalisation (Goense et al., 2014)
Results

Short training of practitioners (alone) is not sufficient:
- minimum combination of training and ongoing support (supervision, consultation, coaching), preferably extended with booster sessions.

Focus effective training:
- Focus on the (general) theoretical principles and key components and procedures of the intervention, rather than teaching the details of manuals

Focus effective supervision:
- Focus on progress of clients, previous sessions and upcoming sessions

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# Results

Table 1. *Learning methods and content applied in training (N= 6)*

<table>
<thead>
<tr>
<th>Indirect</th>
<th>Direct</th>
</tr>
</thead>
<tbody>
<tr>
<td>Didactic presentation of information (workbooks, journal articles, chapters, materials)</td>
<td>Modelling of key components and procedures</td>
</tr>
<tr>
<td>Lectures on the theoretical foundation of the intervention</td>
<td>Role-play with feedback (on treatment integrity)</td>
</tr>
<tr>
<td>Directed reading of intervention manual</td>
<td>Practice in situations with increasing difficulty</td>
</tr>
<tr>
<td>Video demonstrations of techniques/elements/treatment cases</td>
<td>Taking knowledge tests</td>
</tr>
<tr>
<td>Presentations</td>
<td></td>
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<tr>
<td>Written feedback (on practice cases)</td>
<td></td>
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</tbody>
</table>
## Results

Table 2. *Learning methods and content applied in ongoing support (N= 6)*

<table>
<thead>
<tr>
<th>Indirect</th>
<th>Direct</th>
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<tbody>
<tr>
<td>Written feedback on adherence and/or competence</td>
<td>Feedback client progress using monitoring data</td>
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<tr>
<td></td>
<td>Reviewing audio-tapes</td>
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<tr>
<td></td>
<td>Feedback/discussion on adherence and/or competence</td>
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<td>Discussion of challenges and potential solutions</td>
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<td></td>
<td>Role-plays to practice or demonstrate skills for implementing the program and addressing challenges</td>
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It is important a supervisor has experience in the intervention but providing the intervention itself at the time of supervision does not seem necessary.
Conclusions and research suggestions

Use a combination of training and ongoing support with direct and indirect learning methods

- Training will provide therapists with theoretical background knowledge and beginner skills,
- Actual *professionalism* is created by ongoing actively learning in professional practice

The results provide specific information on effective content of support which practitioners and intervention developers can use in order to establish and maintain treatment integrity of their planned interventions

Research suggestions:

- It is important to research if the positive results of the studies can be replicated by providing similar support to practitioners of evidence-based interventions.
- Given the influence of support systems on treatment integrity, as a general rule efficacy studies in the practice field should only be performed if support systems are working properly
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References


References


- Netherlands Youth Institute (2014).


