



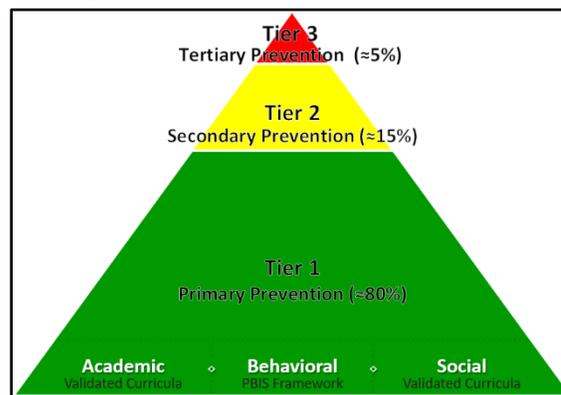
Using Treatment Integrity and Social Validity Data in Ci3T Models

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Using Treatment Integrity and Social Validity Data in Ci3T Models

Treatment integrity and social validity are important data sources for monitoring and supporting implementation of the comprehensive, integrated, three-tiered (Ci3T) model of prevention. These data allow school leaders to understand the degree to which educators implement practices and perceive the goals, procedures, and outcomes of practices within Ci3T. School leaders can make informed decisions to increase the likelihood of achieving positive student outcomes. In this practice brief, we define treatment integrity and social validity, provide the rationale for collecting these data, describe benefits of collecting these data, and explain how to use these data effectively.



What are Treatment Integrity and Social Validity?

Treatment integrity is the degree to which practices are put in place as planned. In Ci3T models, treatment integrity data reflect educators' implementation of procedures for teaching, reinforcing, and monitoring outlined in their Ci3T Implementation Manual. For example, are schoolwide expectations taught, modeled, and reinforced? Are teachers using low-intensity supports to increase engagement? Are social skills being taught and integrated into instruction?

Treatment integrity data are often collected using a checklist of the specific practices outlined in a Ci3T model. Data may be collected from multiple perspectives. For example, a checklist might be completed through a self-report, direct observation by a knowledgeable observer such as an

instructional or Ci3T coach, or a combination of the two.

Social validity is the degree to which stakeholders find goals of a practice socially significant, the procedures acceptable, and the outcomes socially important. Collecting social validity data allow for all members of your school community to contribute their ideas and opinions about the school's Ci3T model. Social validity data might be gathered from interviews, focus groups, or surveys.

Treatment integrity and social validity data are often reviewed together and used to shape professional learning experiences. Practices found to be socially valid are more likely to be implemented as planned, and practices implemented as planned may be more likely to achieve desired results. When considering how to increase social validity, Ci3T Leadership Teams review staff feedback and respond by providing professional learning opportunities or

planning revisions to the Ci3T Implementation Manual at year end. By increasing social validity, staff members may be more likely to use the practices, thereby increasing treatment integrity.

Why Collect Treatment Integrity and Social Validity Data?

Treatment integrity and social validity data are essential for implementing Ci3T. The Ci3T model emphasizes prevention across academic, behavioral, and social domains. To accomplish this, Tier 1 must be made up of effective practices. However, it is expected that Tier 1 may be insufficient for some students' needs, so educators provide appropriate secondary (Tier 2) and tertiary (Tier 3) supports, when needed.

To make accurate decisions about whether Tier 1 efforts are meeting the needs of students and about who needs Tier 2 or Tier 3 supports, it is important to know whether Tier 1 is happening (treatment integrity). Specifically, educators can only determine if Tier 1 is working if they know it is being implemented as planned. Further, educators can only determine whether students are responding to Tier 1 if they are certain students have had access to all Tier 1 elements.



Additionally, social validity data can be analyzed to learn about successes and challenges, including points for additional professional learning to clarify and facilitate implementation efforts. Treatment integrity and social validity provide insights needed to inform these decisions.

What are the Benefits of Treatment Integrity and Social Validity Data?

There are several benefits to collecting and using these data within a Ci3T model. First, collecting these data provide an opportunity to acknowledge the work educators have done to implement Tier 1. Educators can celebrate successes and progress made in specific areas related to Ci3T goals. For example, a school may set a goal in their first year of implementation to gather data from at least 80% of faculty and staff so decisions can be informed by representative feedback.

Second, these data give faculty and staff a voice in the practices selected for use within their Ci3T model. Given that educators are tasked with implementing many practices across academic, behavior, and social skills domains, it is important to provide educators with an avenue for feedback on how implementation is going across all three domains. These opinions shape practices over time – as the Ci3T model may be revised each summer (but avoid making changes during the school year).

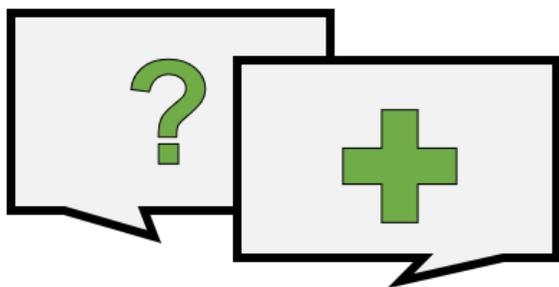
Finally, these data can help identify areas for growth through professional learning. Implementation of Ci3T practices is a learning process, and it is

important for educators to identify not only the strengths of implementation but also areas where additional learning or resources are needed.



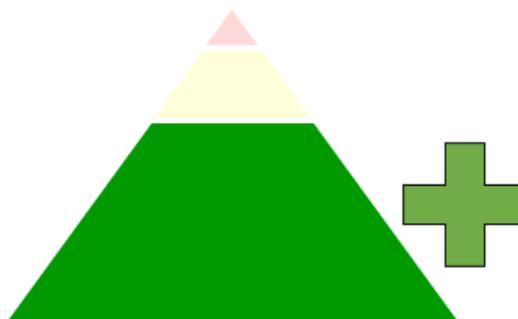
How Do Educators Use Treatment Integrity and Social Validity Data?

These data can be used by educators in several ways. First, school leaders can use treatment integrity and social validity data to inform professional learning efforts on implementation. For example, when responding to social validity questions, educators might consistently describe a misunderstanding on how to access and use student behavior screening data. As a result, the Ci3T Leadership Team might put together a short video or presentation to share with faculty and staff to demonstrate how faculty and staff can access and use those data to inform instructional planning.



Additionally, treatment integrity and social validity data can be used to check

if students have adequate access to Tier 1 practices. If treatment integrity and social validity data suggest low levels of implementation and acceptability, then students may not be receiving the benefits of evidence-based strategies, practices, and programs at Tier 1. Therefore, rather than focusing on connecting students to Tier 2 or Tier 3 interventions, the focus may be on solidifying Tier 1 implementation.



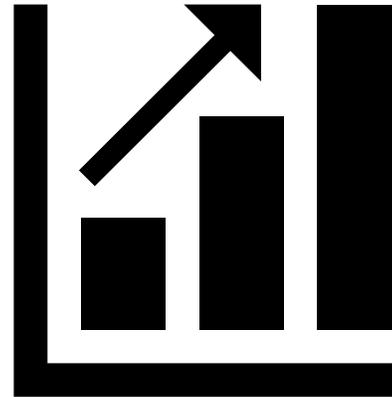
Ensuring Tier 1 is in place is important to the success of Tier 2 and Tier 3 efforts. In Ci3T models, Tier 2 and Tier 3 interventions and supports are additive, meaning these interventions are provided in addition to effective Tier 1 practices. If Tier 1 practices are not implemented with fidelity, there is not a solid base on which to provide or evaluate Tier 2 and Tier 3 supports.

In summary, treatment integrity and social validity data can be used as educators develop and maintain the foundation for all students at Tier 1. The practices encompassed in Tier 1 are key to ensuring all students receive effective, evidence-based practices to prevent academic and behavioral challenges from occurring in addition to providing a strong foundation upon

which educators can implement Tier 2 and Tier 3 supports.

Conclusion

Treatment integrity and social validity data are important sources of information for supporting educators in data-informed decision making and the implementation of evidence-based practices, programs, and supports across the tiers within a Ci3T model. By using these data to support implementation, educators can ensure students receive the benefits of effective practices to achieve school success.



Online Resources

The Comprehensive, Integrated Three-tiered Model of Prevention: <https://www.ci3t.org/>

The National Center on Positive Behavioral Interventions and Supports:

<https://www.pbis.org/>

National Center on Intensive Interventions: <https://intensiveintervention.org/>

Center on Multi-Tiered System of Supports: <https://mtss4success.org/>

Further Reading (*may require university library access)

Lane, K. L., Bocian, K. M., MacMillan, D. L., & Gresham, F. M. (2004). Treatment integrity: An essential—but often forgotten—component of school-based interventions. *Preventing School Failure, 48*(3), 36-43.

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[Lane, K. L., Oakes, W. P., Cantwell, E. D., & Royer, D. J. \(2018\). *Building and installing comprehensive, integrated, three-tiered \(Ci3T\) models of prevention: A practical guide to supporting school success V1.2*. KOI Education. \(Interactive eBook\)](#)

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