

Appendix A

Glossary

Action Plan: The first section of an Implementation Plan, which consists of a structured format for completing detailed logistical planning related to implementation of school-based interventions. In completion of the Action Plan, the consultant and consultee define intervention steps and the plan the logistics of implementing the intervention (i.e., the “who,” “what,” “when,” “where,” “how often,” and “with what” about each intervention step).

Adherence: A dimension of treatment integrity referring to the degree to which specific intervention steps are implemented as planned.

Aim Line: A visual representation on a graph of rate of progress needed for the student to reach the intervention goal by the date set as the end of the progress-monitoring period.

Bar Graph: A type of graph used to illustrate relative comparisons across a variable of interest; data are displayed on bars and a value is assigned to each bar. An example of a bar graph that might be used in PRIME is a graph with the x-axis representing intervention step (i.e., one bar for each intervention step) and the y-axis representing the proportion of intervention sessions in which a step was implemented according to the intervention plan.

Consultant: We use the term “consultant” broadly to refer to any individual who uses a problem-solving consultation model to interact with a consultee (e.g., teacher, parent) to help the consultee provide evidence-based intervention services to a child in a school setting.

Coping Plan: The second section of an Implementation Plan, which consists of a structured format for identifying barriers to intervention implementation and developing strategies to address those barriers. In completion of the Coping Plan, the consultant and consultee proactively identify major barriers to intervention implementation and brainstorm coping strategies to address the identified barriers.

Data-based Decision-making: A process of integrating multiple sources of data (e.g., progress monitoring data, treatment integrity data) to inform decisions

about modifying the intervention plan or changing implementation supports

Data Path: A line that connects the data points on a graph indicating the changes from one data point to the next.

Data Point: A marked point on a line graph indicating the level of the variable of interest for a particular session.

Direct Observation: A treatment integrity assessment method in which the consultant systematically observes the implementation of the intervention plan and then rates the extent to which he or she observes specific intervention steps.

Direct Training: A Tier 1 Implementation Support intended to increase the implementer's implementation self-efficacy by teaching him or her foundational intervention implementation knowledge and skills. Direct Training consists of didactic training on intervention steps, followed by the consultant demonstrating the intervention, the implementer practicing the intervention, and the consultant providing feedback to the implementer.

Didactic Training: A component of Direct Training in which the implementer reviews each intervention step needed to implement the intervention and gives detailed instructions about how to carry out each step.

Exposure: A dimension of treatment integrity referring to the extent (i.e., frequency or duration) the student receives (i.e., is exposed to) the intervention.

Health Action Process Approach (HAPA): A theory of adult behavior change from the health psychology literature that provides the theoretical and empirical basis for PRIME.

Implementation Beliefs Assessment: A self-report measure to indicate an implementer's perceptions of the intervention (i.e., outcome expectations) and his or her ability to implement (i.e., self-efficacy)

Implementation Planning: Implementation Planning is a Tier 1 Implementation Support for increasing preparation for implementation and the Implementation Plan is a tool for completing detailed logistical planning of intervention implementation and identifying and problem-solving significant barriers to implementation.

Implementation Self-efficacy: One's confidence in being capable of performing a difficult or novel behavior. Implementation Self-Efficacy is one variable measured by the Implementation Beliefs Assessment.

Implementer: The person responsible for delivering an intervention.

Indirect Service Delivery: A service delivery model in which a consultant (e.g., a school psychologist) supports another implementer (e.g., a teacher, a parent) who implements the intervention plan with the student; PRIME is designed to be delivered within an indirect problem-solving model.

Intervention: A prevention, treatment, educational, and/or service curriculum, practice, or program that is typically implemented in school settings. An evidence-based intervention is one which data from research studies generally

support the efficacy or effectiveness of the intervention; also commonly referred to as research-based interventions or empirically supported interventions.

Intervention Step Treatment Integrity: Intervention Step Treatment Integrity is calculated separately for each intervention step. It is a measure of the percentage of intervention sessions that the consultee delivered a particular intervention step.

Intervention Evaluation: The fourth stage of a problem-solving model during which the consultant and implementer meet to discuss overall student progress and evaluate the intervention after implementation.

Intervention Implementation: The third stage of a problem-solving model during which the implementer begins to deliver the intervention to support the student.

Intervention Step: The discrete behaviors the implementer performs to deliver the intervention. An intervention plan usually includes several intervention steps.

In-vivo: Occurring during typical intervention implementation (i.e., in setting with target students).

Level: On a graph of progress monitoring or treatment integrity data, level is the average value of the measured outcome within a condition summed across all the data point within that condition.

Line Graph: A type of graph used to summarize data across time with time plotted along the x-axis (i.e., dates, sessions) and the extent of the variable of interested plotted on the y-axis (e.g., treatment integrity, progress monitoring, IBA data). An example of a bar graph that might be used in PRIME is a graph with the x-axis representing intervention step (i.e., one bar for each intervention step) and the y-axis representing the proportion of intervention sessions in which a step was implemented according to the intervention plan.

Maintenance Self-efficacy: A concept from the Volitional Phase of the Health Action Process approach, maintenance self-efficacy is one's confidence in being capable of keeping up a difficult behavior. Maintenance self-efficacy is one variable measured by the Implementation Beliefs Assessment.

Motivational Consulting: A Tier 2 Implementation Support strategy that involves reviewing the student intervention goals and using Motivational Interviewing techniques such as change talk and positive regard to increase the implementer's motivation to increase his or her implementation across time.

Multi-tiered Systems of Supports: A service delivery framework, such as Response-to-Intervention and Positive Behavior Intervention and Supports, in which students are provided instructional and intervention supports along a continuum of intensity based on results from universal screening and progress-monitoring data.

Outcome Expectations: A concept from the Motivational Phase of the Health Action Process Approach, outcome expectations are one's beliefs about the positive

and negative outcomes of alternative behaviors. Outcome Expectations is one variable measured by the Implementation Beliefs Assessment.

Participant Modeling: A Tier 2 Implementation Support strategy that involves reviewing intervention steps and then modeling, guided practice, and independent practice within the implementation context (e.g., classroom).

Performance Feedback: A Tier 3 Implementation Support Strategy that involves a meeting between the consultant and implementer to discuss treatment integrity and progress monitoring data, review difficult implementation steps, and collaboratively problem solve to address challenges to implementation.

Permanent Products: Permanent products are products naturally created through intervention implementation. Permanent product review is a treatment integrity assessment method that involves the review of permanent products to determine the degree to which the intervention steps were implemented.

Phase Change Line: A vertical line transposed on a graph to indicate when the data are collected during different conditions, or phases; the most common phase change line is between baseline data collection and intervention implementation.

PRIME (Planning Realistic Intervention Implementation and Maintenance by Educators): A multi-tiered framework of implementation supports to plan for the implementation of any school-based intervention.

Problem Analysis: The second stage of a problem-solving model during which the consultant reviews the baseline data to develop a hypothesis for the current level of functioning or behavior, develops an intervention plan, and establishes plans for progress monitoring and treatment integrity data collection and review with the implementer.

Problem Identification: The first stage of a problem-solving model during which the consultant and implementer identify the area of primary concern through interviews and progress monitoring data.

Progress Monitoring: Frequent collection of data on the target skills that indicate how the student is progressing toward the goals of the intervention.

Raising Awareness: A Tier 2 Implementation Support talking strategy that focuses on the implementer's perception of the intervention, its effectiveness and implementation.

Recovery Self-efficacy: A concept from the Volitional Phase of the Health Action Process approach, recovery self-efficacy is one's confidence in being capable of resuming a difficult behavior after an interruption. Recovery self-efficacy is one variable measured by the Implementation Beliefs Assessment.

Role Play: A Tier 2 Implementation Support Strategy that incorporates modeling and practice of several intervention implementation scenarios outside of the implementation context.

Self-efficacy: A concept in the Health Action Process approach, self-efficacy is one's

confidence in their ability to act in a certain way to achieve certain goals.

Self-report: A treatment integrity assessment method in which the implementer rates the extent of implementation of the intervention steps on a checklist or form throughout or after an intervention session.

Session Treatment Integrity: The proportion of intervention steps delivered during each intervention session.

Summary Statement: A statement used to help interpret graphs describing the overall pattern of data highlighting the trend, level, and variability.

Tier 1 Implementation Supports: Tier 1 Implementation Supports are proactive and feasible Implementation Support strategies that can be delivered together before intervention implementation begins to facilitate high levels of implementation; Tier 1 Implementation Supports are Direct Training and Implementation Planning.

Tier 2 Implementation Supports: Tier 2 Implementation Supports are a series of four strategies designed to increase intervention implementation knowledge, fluency, and/or motivation for select implementers who struggle to implement adequately after Tier 1 supports. Tier 2 Implementation Supports are Participant Modeling, Role Play, Raising Awareness, and Motivational Consulting.

Tier 3 Implementation Supports: Tier 3 Implementation Supports are designed to increase intervention implementation of those few implementers who require ongoing, intensive implementation support. The Tier 3 Implementation Support is Performance Feedback.

Treatment Integrity: The extent to which an intervention is implemented as planned. Treatment integrity data are collected throughout the plan implementation period.

Trend: On a graph of progress-monitoring or treatment integrity data, trend is the pattern of change in the data over a period of time (e.g., before intervention, after intervention implementation), such as increasing, decreasing, or stable trends in the data.

Trend Line: A visual representation on a graph of the actual rate of progress, indicating how quickly the student is improving per the progress monitoring measure or rate of treatment integrity across time.

Variability: On a graph of progress monitoring or treatment integrity data, variability is the spread of data above or below the data path.

Quality: A dimension of treatment integrity referring to how well the intervention steps are delivered as planned.

X-axis: The horizontal axis on a graph representing time (e.g., dates of assessment, intervention sessions, weeks, months) or another variable that is measured repeatedly over time (e.g., intervention steps, IBA items).

Y-axis: The vertical axis on a graph representing the percentage or extent to which the outcome variable of interest is evident.