Introduction to PRIME

What Will This Chapter Tell Me?

Many educators struggle to consistently implement evidence-based interventions that are designed to improve student outcomes. School-based consultants (e.g., school psychologists, team leaders) can help educators deliver these interventions by assessing treatment integrity and providing implementation supports when needed. To help this process, PRIME (that is, *P*lanning *R*ealistic *I*mplementation and *Main*tenance by *E*ducators) was designed and evaluated as a continuum of implementation supports that can feasibly and effectively be delivered in schools. This chapter introduces treatment integrity, PRIME, and the theory behind PRIME. The chapter closes with a description of the intended audience for PRIME, the skills needed to use PRIME, and the organization of the PRIME Manual. After reading this chapter, you will be able to describe treatment integrity and PRIME supports, identify the theoretical background of PRIME, and highlight who is the right person to implement PRIME in your setting.

What is Treatment Integrity?

Before explaining PRIME, let's review what treatment integrity is. Treatment integrity can simply be described as the extent to which an intervention is implemented as planned. Researchers describe

treatment integrity as a multi-dimensional construct including adherence, quality, and exposure. That definition means treatment integrity may incorporate different dimensions such as what intervention components were delivered (i.e., adherence), how intervention components were delivered (i.e., quality), and for how long the student received the intervention (i.e., exposure). See Chapter 5 for more detail about treatment integrity and its dimensions.

So, why is it important to support educators' implementation of interventions? Over the past two decades, researchers and practitioners have worked to identify and adopt evidence-based interventions to support student outcomes. Though evidence-based interventions have a greater likelihood of achieving positive student outcomes (as compared to other interventions), their identification and adoption alone is not sufficient. Interventions have to be implemented with a high level of *treatment integrity* to maximize student outcomes. However, studies show that most implementers struggle to consistently deliver interventions as planned. In fact, most implementers don't sustain adequate levels of treatment integrity for more than 1-10 days after an intervention begins. That means, many students are not actually receiving the evidence-based interventions that educators and school teams determine are necessary for them to grow, develop, and achieve positive outcomes.
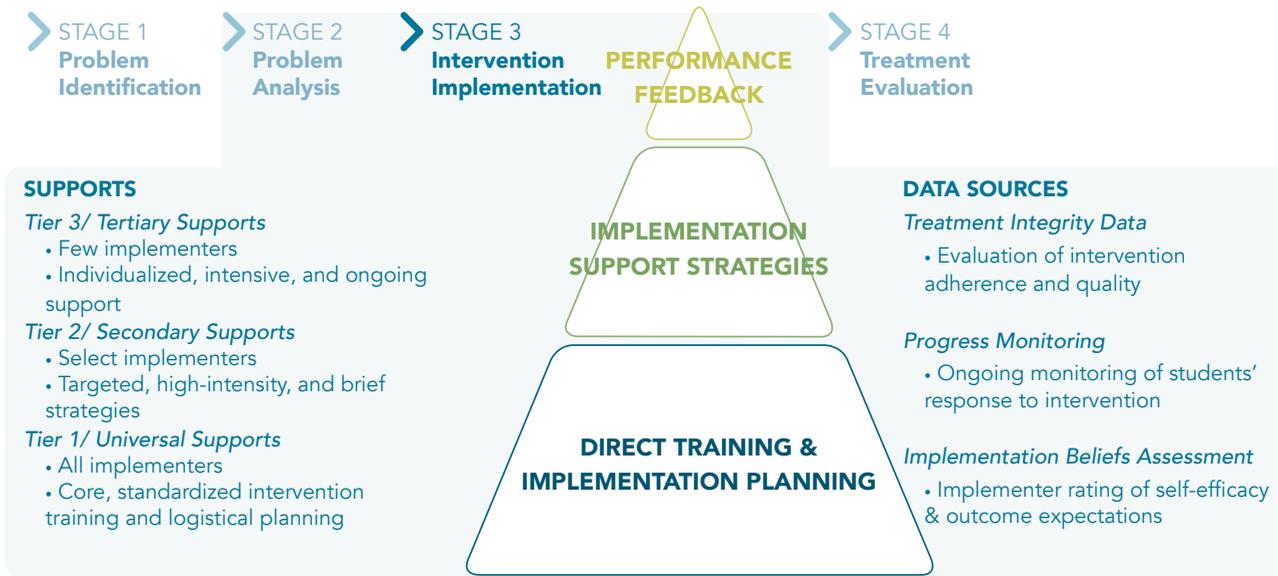
Although this relationship to student outcomes is likely the most important reason to evaluate and promote treatment integrity, there are other reasons it's important. Evaluating treatment integrity is necessary to determine the functional relationship between an intervention and changes in student outcomes. That is, with treatment integrity data you will be able to say whether the intervention is responsible for improvement in student outcomes. This issue is particularly important within multi-tiered frameworks such as Response-to-Intervention and Positive Behavior Interventions and Supports, in which a student's response to an evidence-based intervention determines the level of support he or she receives. Within

these frameworks, collecting treatment integrity data helps to ensure interventions are provided as designed across the tiers and, as such, decisions to increase or decrease supports are appropriate. Treatment integrity can also be important for documentation purposes. Documenting treatment integrity data provides a record of any adaptions to an intervention or any problems with implementation, which may inform future intervention decisions. Further, increasingly educators are expected to document treatment integrity data to demonstrate that students received interventions and supports to which they were entitled. That is, treatment integrity data help educators demonstrate accountability.

Assessing treatment integrity, making data-based decisions based on student outcome and treatment integrity data, and promoting treatment integrity levels as needed are foundational within the PRIME Model, which is discussed next.

What is PRIME?

It's clear that for interventions to optimally promote student learning, we need strategies to support educators' implementation of interventions. PRIME is a system of implementation supports designed to be efficiently delivered within a multi-tiered framework during intervention implementation (see Figure below). It includes feasible universal implementation supports to facilitate high initial levels of treatment integrity as well as increasingly intense and targeted implementation supports to respond to potential decreases in treatment integrity. Within PRIME, decisions to deliver implementation supports are data-driven, based on treatment integrity data and progress monitoring data as well as a measure of the implementer's perspective, the Implementation Beliefs Assessment. The specific PRIME components and process are further described in Chapter 2.

STAGE 1
**Problem
Identification**

STAGE 2
**Problem
Analysis**

STAGE 3
**Intervention
Implementation**

STAGE 4
**Treatment
Evaluation**

PERFORMANCE
FEEDBACK

IMPLEMENTATION
SUPPORT STRATEGIES

DIRECT TRAINING &
IMPLEMENTATION PLANNING

SUPPORTS

Tier 3/ Tertiary Supports
• Few implementers
• Individualized, intensive, and ongoing support

Tier 2/ Secondary Supports
• Select implementers
• Targeted, high-intensity, and brief strategies

Tier 1/ Universal Supports
• All implementers
• Core, standardized intervention training and logistical planning

DATA SOURCES

Treatment Integrity Data
• Evaluation of intervention adherence and quality

Progress Monitoring
• Ongoing monitoring of students' response to intervention

Implementation Beliefs Assessment
• Implementer rating of self-efficacy & outcome expectations

The development of PRIME was informed by research on treatment integrity and an evidence-informed theory of adult behavior change from health psychology, the Health Action Process Approach (HAPA). In addition, prevention science, behavioral theory, consultation, and coaching literatures informed the organization and components of the PRIME Model. PRIME Implementation Supports have been rigorously evaluated and refined based on research results. These findings indicate that PRIME can increase educator's delivery of evidence-based interventions and result in subsequent improvement in student outcomes. Further, these implementation supports are feasible within an indirect service delivery model (e.g., consultation) and were described as valuable and helpful by educators.

To provide further background and context for PRIME, the following section explains the theoretical support for PRIME.

What is HAPA Theory?

PRIME is based on the HAPA, a theory of adult behavior change from the health psychology literature. Implementation of the majority of school-based interventions requires adults to commit to

behavior change. For example, to implement a behavior support plan, a teacher must remember to review behavior expectations during circle time, praise and provide a ticket when the student demonstrates appropriate behavior, and deliver a back-up reinforcer when earned. Just these three steps require the teacher to incorporate a lot of new behaviors into his or her everyday routine. Thus, promoting high levels of treatment integrity can be thought of as an adult behavior change activity or process.

MOTIVATIONAL PHASE

VOLITIONAL PHASE

Note: Adapted from Schwarzer (2008)
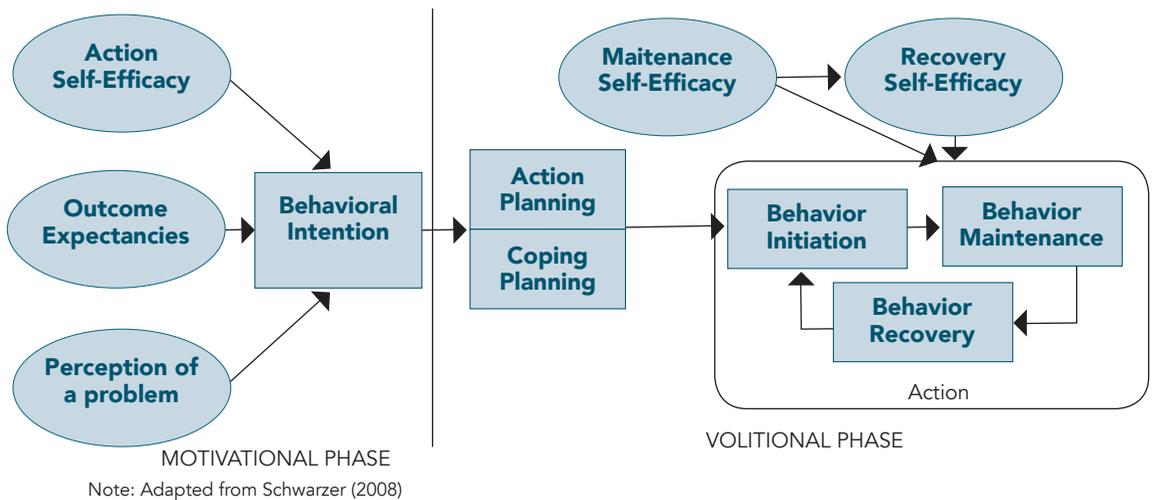
The HAPA model describes how adults engage in this behavior change (see Figure above). Before people change their behavior, they need to be motivated to do so. This process of developing a behavioral intention is captured in the Motivational Phase of the HAPA model. Three variables are considered to play a role in this process: (a) perception of a problem that needs to be addressed; (b) outcome expectancies, beliefs about the positive and negative outcomes of alternative behaviors; and (c) action self-efficacy, one's confidence in being capable of performing a difficult or novel behavior. But intention alone does not change behavior and the process of how

people actually initiate and maintain a new behavior is captured in the Volitional Phase of the HAPA model. New behaviors are promoted by planning, as completed through Action and Coping Planning, as well as adequate maintenance and recovery self-efficacy, one's confidence in being capable to implement over time and after disruption, respectively. Research in health psychology has demonstrated that Action and Coping Planning can facilitate initiation of a new behavior, and that individuals with higher levels of self-efficacy are more likely to sustain the behavior.

The HAPA model informed the development PRIME in several ways. First, PRIME addresses treatment integrity from the development of an intention to implement to maintenance of the implementation behaviors. Second, a key hallmark of the PRIME Implementation Supports is Implementation Planning, which combines Action and Coping Planning from the HAPA model. Third, the Implementation Beliefs Assessment includes items that address the variables described in the HAPA model. Based on this assessment, treatment integrity data, and student outcome data, consultants may provide targeted implementation support to address specific areas of difficulty per the HAPA model.

Who Should Use the PRIME Manual?

School-based consultants acting as individuals or as members of a problem-solving team are the primary targets for delivery of PRIME Implementation Supports. We use the term "consultant" broadly to refer to any individual who uses a problem-solving model to help an implementer (e.g., teacher, parent, paraprofessional) provide evidence-based intervention or supports to a child or adolescent. A consultant could be, for example, a school psychologist, counselor, team leader, special education teacher, or instructional coach. In addition, outside consultants who support educators with an indirect problem-solving approach may also find the PRIME useful.

Not every school-based consultant will be well-suited to deliver PRIME Implementation Supports. PRIME activities are designed to

be implemented within an indirect problem-solving framework and to facilitate the delivery of evidence-based interventions. As such, we expect that consultants who implement PRIME have expertise in both of these areas. To be more specific, a consultant who can effectively implement PRIME will be able to:

- Use an indirect service delivery approach,
- Select appropriate evidence-based interventions,
- Implement evidence-based interventions, and
- Conduct intervention evaluation.

To gain skills and experiences in these areas, consultants will likely need didactic and applied, supervised training in consultation and evidence-based interventions. Although the PRIME Manual and PRIME Prerequisite Guides include introductions to these areas of expertise, it is not sufficient preparation for implementing PRIME. Once further training is accessed, consultants will be prepared to use the PRIME Manual to deliver Implementation Supports.

How is the PRIME Manual Organized?

The PRIME Manual is divided into six parts, with each part including specific chapters, and a section of appendices. These sections are described below.

- *Part 1:* PRIME Overview provides an introduction to PRIME, its key components, and how to implement PRIME.
- *Part 2:* Tier 1 Supports includes a description of the foundational PRIME Implementation Supports that can be used prior to intervention implementation to facilitate high levels of treatment integrity.
- *Part 3:* Collect Data explains best practices in data collection, analysis, and decision-making processes for treatment integrity, progress monitoring, and the Implementation Beliefs Assessment data.
- *Part 4:* Analyze Progress describes how to pull together treatment integrity, progress monitoring and Implementation Beliefs Assessment data through graphing and interpretation.

- *Part 5:* Identify Next Steps explains how to review treatment integrity and progress monitoring data to determine the current implementation situation and make data-driven decisions about next steps.
- *Part 6:* Tier 2 and 3 Supports describes the additional multi-tiered PRIME Implementation Supports that can be used when available data suggest treatment integrity promotion is needed.

The final section of the manual is a collection of appendices including a glossary, selected references, frequently asked questions, and the materials necessary to implement PRIME. These materials are referred to throughout the PRIME Manual and include Implementation Support protocols and treatment integrity guides.

All chapters in the PRIME Manual are organized in the same format. Chapters open with the section "What Will This Chapter Tell Me?" to provide a brief overview of the content and explain how it fits into the PRIME manual. Throughout the chapters, content is highlighted in boxes called "Tips for Using PRIME" and "Key PRIME Points." These boxes describe suggestions for your consultation and points of importance and/or clarification, respectively. Chapters close with the section "What Did I Learn About PRIME?" that summarizes the chapter content. All subsequent chapters also include a list of key terms.

In addition to the chapters within this manual, there are several companion documents that may be useful:
- A Quick Guide provides a brief overview of the specifics of how to utilize PRIME Implementation Supports.
- Prerequisite Guides provide more background information on:
    - Choosing an evidence-based intervention
    - Problem-solving consultation
- PRIME Case Examples illustrate the process and components of PRIME through two example cases.

What Did I Learn About PRIME?

Evidence-based interventions need to be implemented with adequate treatment integrity to improve student outcomes. Many educators struggle to implement interventions with adequate treatment integrity. PRIME is a system of multi-tiered implementation supports to improve educators' treatment integrity. The development of PRIME was informed by research on treatment integrity and a research-based theory of adult behavior change from health psychology, the Health Action Process Approach. PRIME is to be delivered by school-based consultants who have experience with indirect-service delivery and intervention selection, implementation, and evaluation. The PRIME Manual includes multiple sections that introduce PRIME; describe intervention training as well as data sources and data-based decision making; describe implementation supports; and provide materials needed to deliver PRIME.

Chapter 1 Key Terms
Intervention
Consultant
Health Action Process Approach
Implementer
Multi-tiered systems of support
PRIME
Treatment integrity