

investigators have described the schedule at which the intervention was implemented. For example, if the children are in an operationally defined developmental program, then investigators should define the frequency with which the intervention is planned (e.g., 5 days per week) and its intensity (e.g., 4 hours per day). Clearly, such information requires investigators to identify the intervention events and treatment-agent behaviors. If a study is to be replicated, information on the intervention schedule is necessary; such information is critical, however, if different levels of the intervention are being studied (e.g., full-day versus half-day programs, etc.). Describing the events and treatment-agent behaviors and the schedule of planned implementation are the minimal acceptable levels of documentation necessary for publication.

*Level II—Data are presented showing that intervention occurred.* Level II is achieved if the investigator presents data showing that the events and behaviors constituting the intervention described in Level I occurred as scheduled. The measures used in such documentation will vary according to the intervention carried out in the study. For example, if a 3-day per week developmental program was planned, then a measure of the occurrence of the intervention might be the children's attendance data. If the intervention consisted of providing parent-to-parent support, an appropriate measure might be a record of the frequency and duration of contacts between parents.

Another critical measure of the level at which the intervention was implemented might be the skill of the interventionist. Interventionist skill is tied to the operational definition of the intervention, specifically the treatment agent behaviors. The appropriate metric for presenting information about intervention skill varies according to the dimension measured. In many cases, the percent of times the inter-

ventionist complies with the treatment protocol is a useful measure. For example, if a prompt is to occur on 10 trials, then an appropriate measure is the percent of trials the prompt is delivered (Billingsley, White, & Munson, 1980).

In other studies, timing the duration of intervention sessions may be necessary. For example, Carnine (1981) timed the duration of activities to study high and low implementation of direct instruction. He presented data on the average number of minutes of rapid and slow paced sessions. In a study of staff training, Farmer, Wolery, Gast, and Page (1988) used a checklist completed by an observer and trainees to document that each point in a content outline was discussed. Other examples of useful measures might be the number of families who were aware of respite care services and the procedures for accessing them, and the amount of therapy available in a particular program and the number of families using these services.

*Level III—Data are presented related to clients' interaction with the implementation.* Documentation at Level III describes the clients' participation in the intervention. For example, to achieve Level III documentation, investigators involved in a study of staff training would document that a training activity occurred (e.g., that an inservice training session was conducted) and that the staff members participated in the intervention (e.g., asked questions, engaged in activities, took notes, answered the presenter's questions, etc.). Similarly, in a study designed to evaluate the effects of an instructional strategy, observing children's attention to the stimulus may be more explanatory than recording the frequency with which the teacher presented the stimulus. Also, in a study designed to investigate the effects of a schedule of activities, measures of engagement would provide evidence of children's reaction to this schedule.