

The Realities of Fidelity versus Flexibility

Presentation at the Seattle Implementation Research Conference – October 2011

Rita Bostick, MA, LPC
Director of Program Dissemination, Triple P America

Sara van Driel, PhD US Program Dissemination Specialist, Triple P America



Overview

- Introduction to fidelity vs. flexibility
- Very brief overview of Triple P Positive Parenting Program
- Guidelines for fidelity vs. flexibility
 - Examples of low-risk and high-risk adaptations
- Implications
- Current research and future directions



Defining Fidelity and Flexibility

- Fidelity staying true to the evidence-base
 - What cannot vary
- Flexibility tailoring to fit the needs of individual families, providers, agencies, communities, etc.
 - What can vary



Why discuss fidelity vs. flexibility?

- Fidelity is necessary to increase chances for achieving the same results found in the research trials.
- Individual families do not fit into a particular box (or scripted manual).
- Parents cannot benefit from interventions they do not experience. (Fixen and Blasé, 2010).
- Rigid adherence to a manualized treatment program may not be necessary and may not lead to optimal delivery (e.g., not achieving therapeutic change). (Mazuchelli & Sanders, 2010; Kendall et al., 1998; Weisz et al., 1995)

Another consideration ...

- This question of fidelity and flexibility spans multiple layers of effective dissemination of evidence-based practice, including:
 - Program delivery (provider to client)
 - Provider training
 - Dissemination targets



What is Triple P?



- Multi-level parenting and family support strategy
- Prevention / early intervention / population health approach
- Evidence based
- Use of self-regulation framework
- Multidisciplinary focus and delivered within a public health framework



Five Levels of Triple P Intervention



- Enhanced/Pathways Triple P Behavioral family intervention
- 4. Standard/Group/Self-Directed Triple P Broad focus parenting skills training
- Primary Care Triple P
 Narrow focus parenting skills training
- Selected Triple P
 General information/advice about parenting
- Universal Triple P
 Media-based parenting information campaign



Intensity of

Parental Self regulation

Selfmanagement

Self-efficacy

Personal agency

Selfsufficiency

Minimally Sufficient Intervention



Guidelines for Fidelity vs. Flexibility

- Program fidelity (what not to vary)
 - Content and order (e.g. No adaptations, picking out strategies, adding new strategies etc).
- Program flexibility (what can vary)
 - Process (e.g. length of program, duration of sessions, mode of delivery etc).



Process variations

Low Risk	High Risk
More sessions	Advice to use or not to use specific strategies
Session length	No agenda or session structuring
Session location	No review of homework
School contact	Repeated abandoning of agenda
Switch to briefer version	Always providing answers
Individual prep before group	Giving feedback without graded prompts
More emphasis on practice and DVD	

Mazzucchelli & Sanders (2010)



Content variations

Low Risk	High Risk
Modify examples to make more relevant	Withholding information about certain strategies
Modify steps from a tip sheet in a parenting plan	Suggest parent stray from principles underlying recommended parenting strategy
Changing focus of session to partner support	Combining a selection of Triple P strategies with other programs

Mazzucchelli & Sanders (2010)



Fidelity and Flexibility in Training and Dissemination

- Provider Training
 - Who is eligible for training?
 - Fidelity vs. flexibility in the training process?
- Dissemination Targets
 - What organizations/agencies are targeted?
 - What do communities need in place to be effectiveness with evidence-based practice?



Implications: Implementation Support

- Use of a multiple level model of implementation support, much like the multi-level model of interventions for families
- Current implementation support offered by Triple P America:
 - Pre-planning
 - Telephone consultations
 - Site visits
 - Management Briefings
 - Pre-accreditation day for practitioners
 - Clinical implementation and support days for practitioners approximately 6 months post-training
 - Consultation calls with cohorts of 5 practitioners

Current Research and Future Directions

- System trials of Triple P demonstrate positive population outcomes in community settings without strict fidelity monitoring. (Prinz et al., 2009; Sanders et al., 2005)
- However, experience tells us that there is more to learn about how to best support an appropriate balance of flexibility vs. fidelity.
 - Implementation support for providers and/or organizations (pre and post training)
 - Training process
- One trial currently in development to examine a peer-assisted, self-regulation model of supervision

References

- Fixen, D. & Blasé, K. (2010) as cited in Van Dyke, M.K. & Naoom, F. Setting the stage: Active Implementation Framework to Integrate the Science and Practice of Implementation. Global Implementation Pre-Conference (August 14, 2011).
- Kendall, P. C., Chu, B., Gifford, A., Hayes, C., & Nauta, M. (1998). Breathing life into a manual: Flexibility and creativity with manual-based treatments. Cognitive and Behavioral Practice, 5, 177–198.
- Mazuchelli, T.G., & Sanders, M.R. (2010). Facilitating Practitioner Flexibility
 Within an Empirically Supported Intervention: Lessons From a System of
 Parenting Support. Clinical Psychology: Science and Practice, 17, 238–252.
- Prinz, R.J., Sanders, M. R., Shapiro, C. J., Whitaker, D. J., and Lutzker, J. R. (2009). Population-based prevention of child maltreatment: The US Triple P system population trial. *Prevention Science*, 10, 1-12.
- Sanders, M. R., Ralph, A., Thompson, R., Sofronoff, K., Gardiner, P. Bidwell, K. et al. (2005). *Every family: A public health approach to promoting children's well-being.* The University of Queensland: Brisbane, Australia.
- Weisz, J. R., Donenberg, G. R., Han, S. S., & Weiss, B. (1995).
 Bridging the gap between lab and clinic in child and adolescent psychotherapy. Journal of Consulting and Clinical Psychology, 63, 688–701.



Rita Bostick, MA, LPC
Director of Program Dissemination, Triple P America
rita@triplep.net | (803) 719-0055

Sara van Driel, PhD US Program Dissemination Specialist, Triple P America sara@triplep.net | (803) 719-1110

Head Office Address: 1201 Lincoln Street, Suite 201, Columbia, South Carolina 29201

Postal Address: PO Box 12755, Columbia, SC 29211

Phone: (803) 451.2278 | Fax: (803) 451.2277 | www.triplep.net