



# Challenges to Measuring Provider Fidelity in a Statewide Dissemination/Implementation Project

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# Introduction

- ▶ Exposure to violence/abuse = significant risk factor for myriad psychological, social, and physical health consequences
- ▶ # of efficacious and effective treatments identified, with Trauma-focused Cognitive Behavioral Therapy (TF-CBT) currently evidencing most empirical support
- ▶ Not all children/families have ready access to these trauma-informed, evidence-based services
- ▶ They are not well-integrated into many communities
- ▶ Trauma-focused EBTs aren't the standard practice of care throughout our mental health and child welfare service systems.

**Challenge: How do we do a better job of getting these EBTs into communities??**



# Project BEST

(funded by Duke Endowment)

Grant No. 1582-SP and 1790-SP from The Duke Endowment

Mission: to ensure that all abused children and their families in every community in South Carolina receive appropriate, evidence supported mental health assessment and psychosocial treatment services.

Spreading and building the capacity  
of every community to deliver  
Evidence Supported Treatments  
(ESTs)



[www.musc.edu/projecbest](http://www.musc.edu/projecbest)



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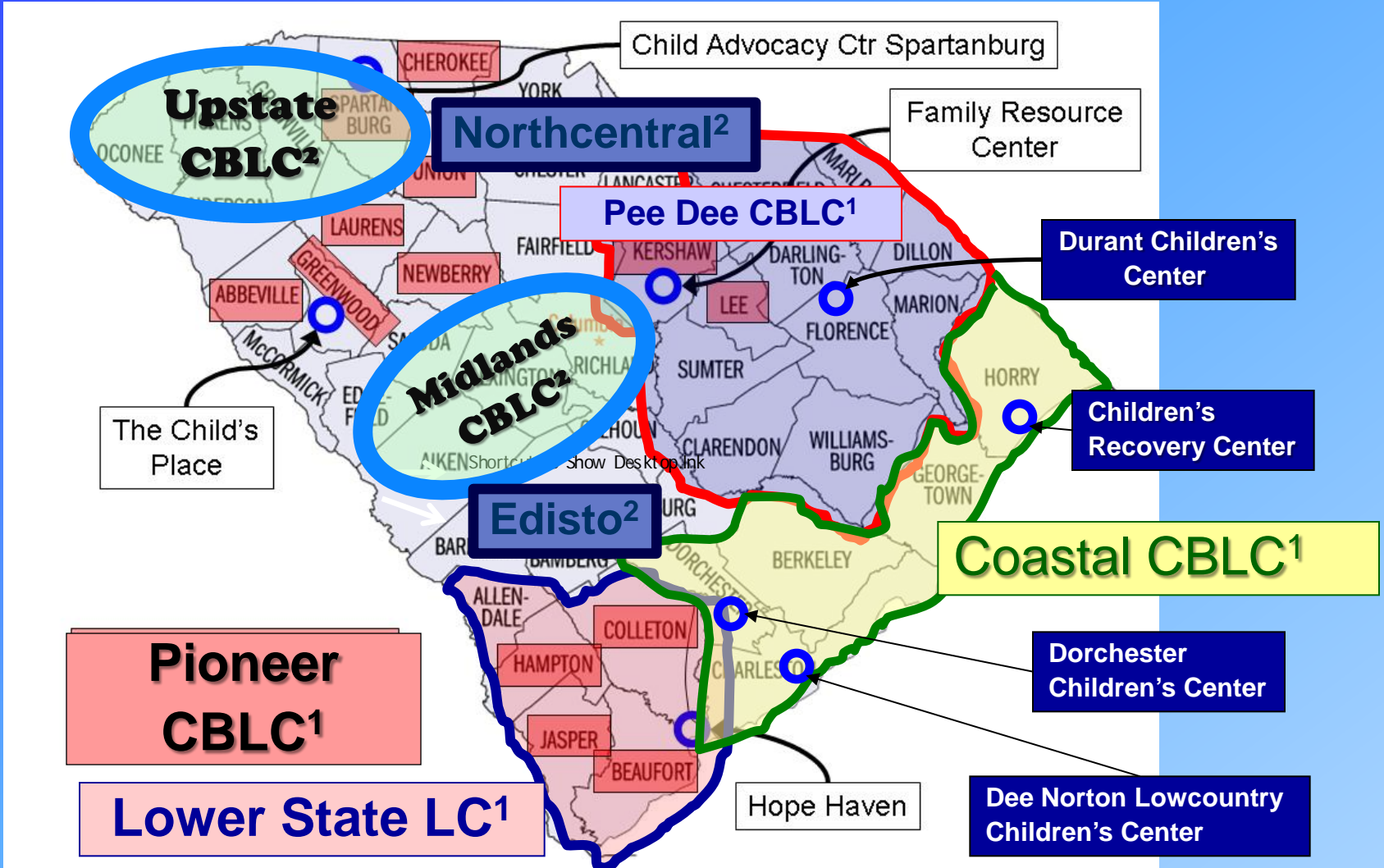




# Project BEST Coverage:

Phase 1: Start date: July 2007

Phase 2: Start date: Jan 2011



# Balancing the Scale

**Build Supply**

**Clinical  
Providers**

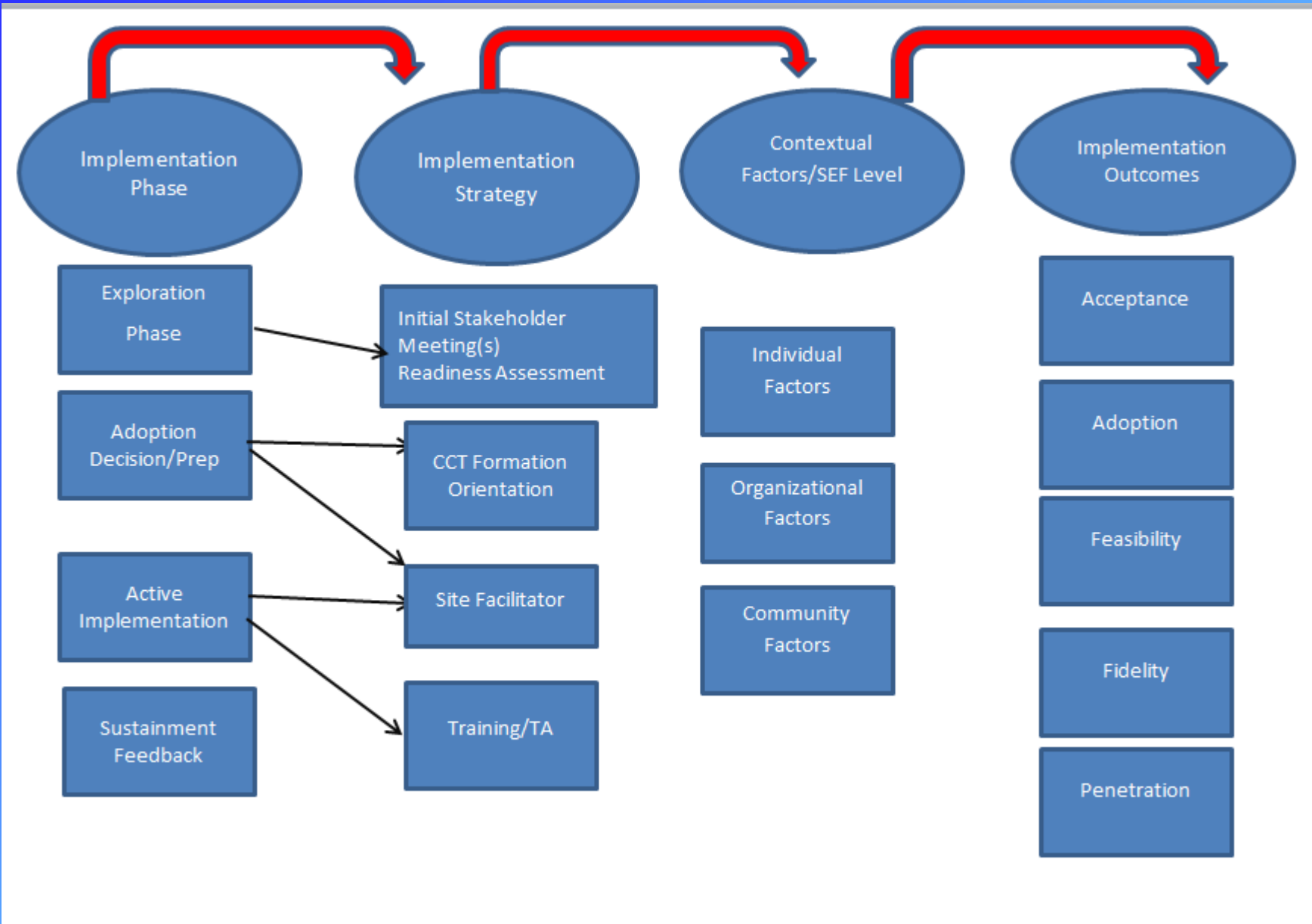


**Build Demand**

**Brokers  
Consumers**

# Community-Based Learning Collaborative (CBLC) Implementation Model

- ▶ Multistage - Exploration, Adoption Decision/Preparation, Active implementation, Sustainment/Feedback (Aarons et al., 2011; Green & Aarons, 2011)
- ▶ Multilevel
  - (Targets: clinicians, brokers, supervisors, senior leaders across multiple agencies nested within communities)
- ▶ Goal: to create supply and demand for TF-CBT; build community capacity for delivery of trauma-informed EBPs
- ▶ Differs from traditional LC:
  - Community focus
  - Train broker + clinical professionals

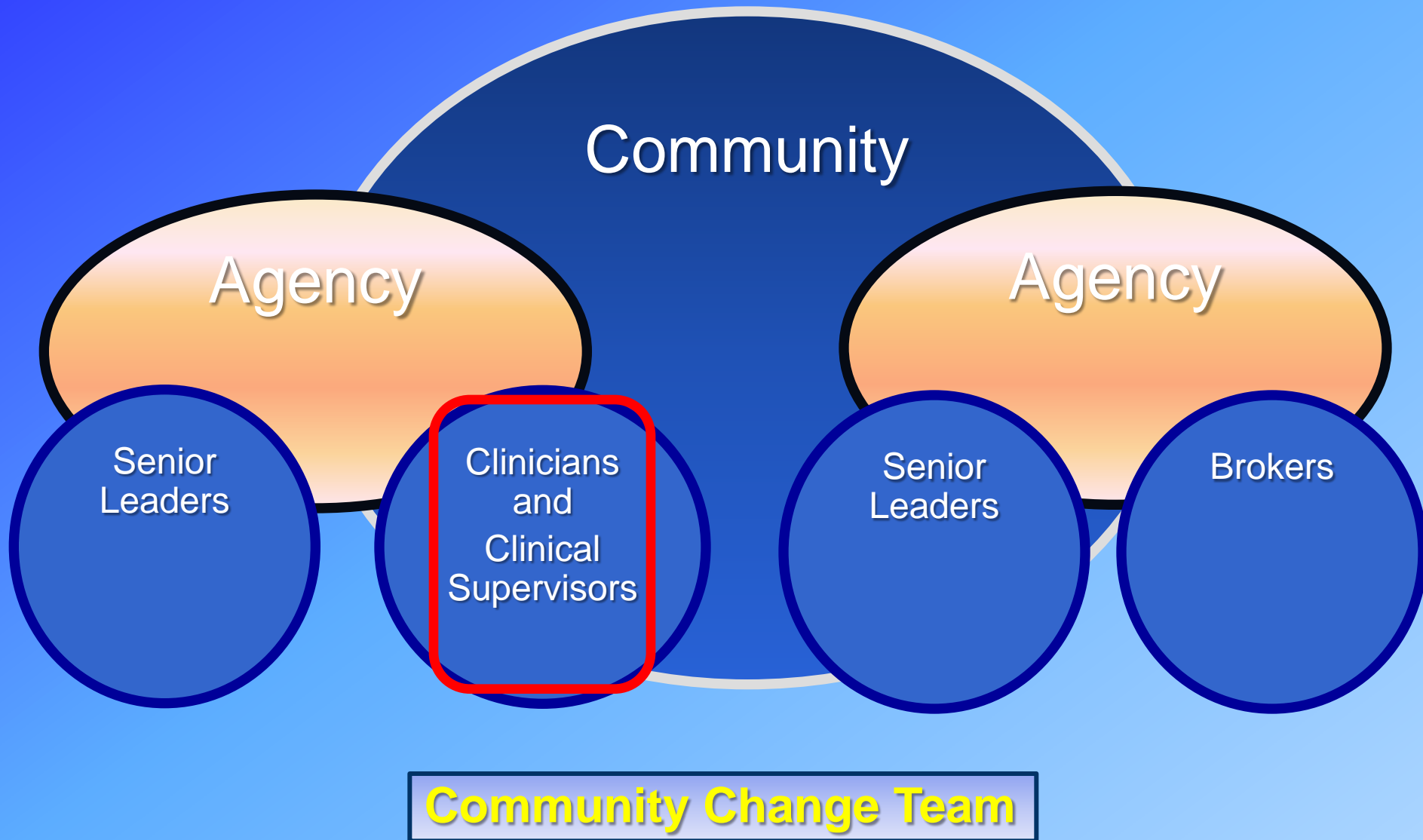


Socio-ecological framework;  
Tabak et al., 2012

**Aarons, Hurlburt & Horwitz, 2011;  
Proctor et al., 2010**



# Community-based Learning Collaborative (CBLC)



# Focus on Fidelity: Challenges to Measuring Fidelity

- ▶ Conceptualization of the construct: *What is fidelity?*
  - Model adherence – (did therapy occur as intended?)
  - Competence
  - Treatment differentiation

- ▶ Lack of reliable/valid measures



**Gold Standard**: Expert real time observation of treatment sessions and rating of fidelity.

- In-person
  - Electronic observation (video, telephone)
- ▶ Feasibility for use in routine care (i.e., low burden, inexpensive)

## Phase 2 Completion Rates

CBLC	Learning Session 1	# Completed	% Complete
<b>PHASE 2 (Jan 2011)</b>			
Brokers	43	32	74.4%
Senior Leaders	20	19	95%
Clinicians	95	82	84.6%
Clinical Supervisors	17	16	94.1%
<b>Total</b>	<b>175</b>	<b>148</b>	<b>84.6%</b>

**Total Clinicians = 98 rostered**  
(n=75 with pre/post & weekly metrics)

**Total of 312 training cases**  
**n = 312 pre UCLA**  
**n = 136 (43.6%) with pre/post UCLA**  
**24 weeks of metrics**

# Clinical Metrics

## Weekly brief online survey

- Training case seen
- For each training case
  - Caregiver involvement (at least 15 minutes)
  - Component used
  - Perceived clinical competence for the component
  - Barriers to adherence

## Weekly Clinical Metrics

- Supervision minutes
  - Registered cases seen
- ## Each Case
- Parental involvement



### Midlands CBLC: Therapist Weekly Metrics (1/9/12- 1/13/12)

**3. Remembering your session with this client THIS PAST WEEK, indicate which of the TF-CBT PRACTICE components you focused on? For each of the components you did not focus on in this session, please check the "Not a focus" circle. For each component that you did focus on, please check the circle that best indicates your own personal assessment of your skill and competence in implementing that component with this client IN THIS PAST WEEK'S SESSION.**

**Please check a circle for each of the TF-CBT components listed below.**

	Not a focus	Less than adequate skill	Adequate skill	Very good skill	Advanced skill	Expert skill
P: Psychoeducation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
P: Parenting Skills	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
R: Relaxation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
A: Affective Modulation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
C: Cognitive Coping and Processing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
T: Developing the Trauma Narrative (TN)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
T: Cognitive Processing of the Trauma Narrative	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
T: Sharing the Trauma Narrative with the caregiver	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I: In-Vivo Exposure	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
C: Conjoint Child-Parent Sessions (other than TN)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
E: Enhancing Safety and Development	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**4. Please check any of the following barriers or problems that made adhering to the TF-CBT treatment model difficult with this client in this week's session.**

**Leave all blank if no problems occurred.**

- Difficulty engaging the child in the treatment process
- Difficulty engaging the caregiver in the treatment process
- Need to catch up due to poor past attendance by child or caregiver
- New events, developments or incidents that had to be discussed
- Need to deal with issues related to other systems (e.g., foster care, court, investigation, school, etc.)
- Other problem (please describe below)



# Total # of TF-CBT components completed

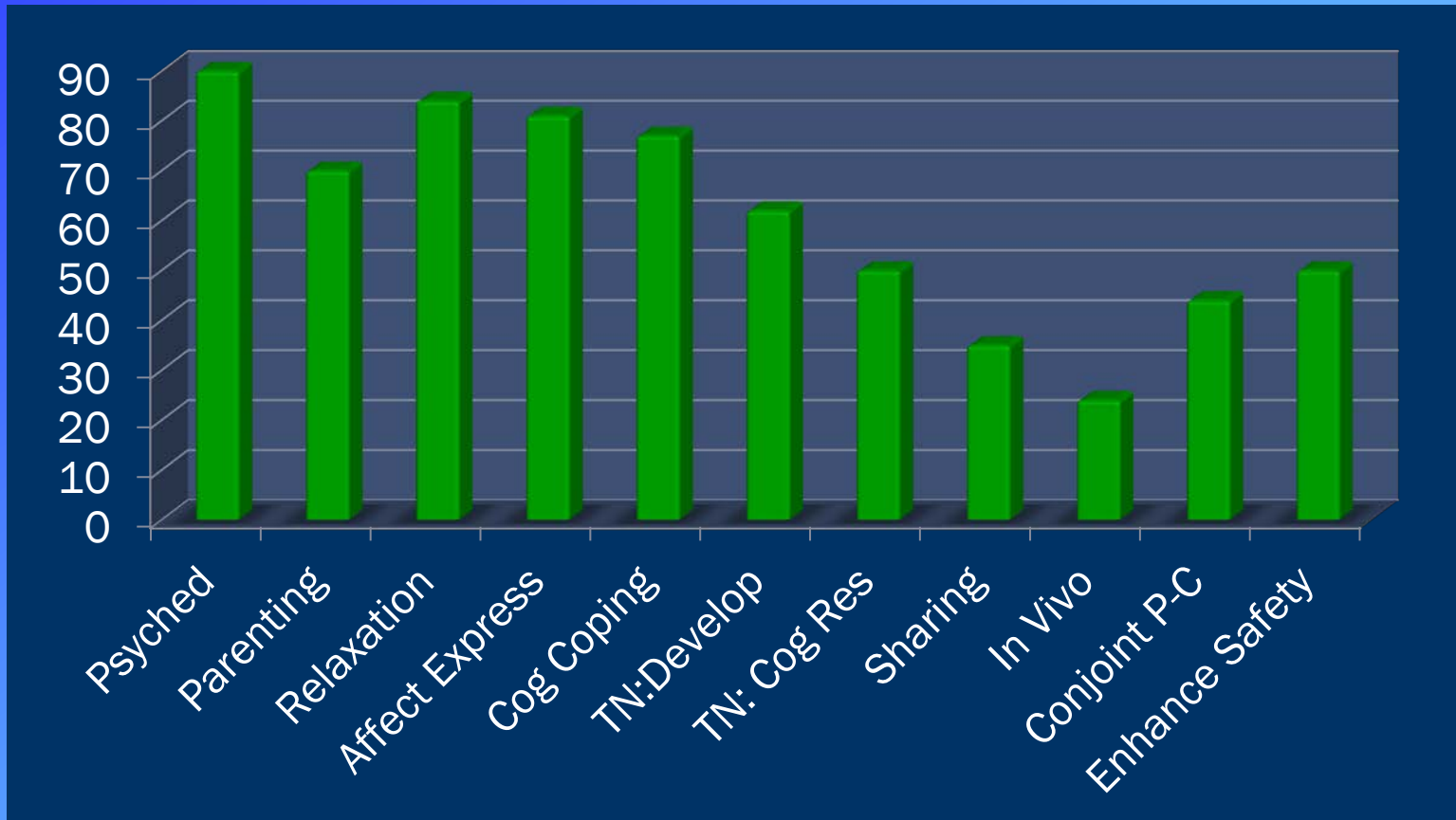
(N = 312 training cases)

	N	%
Did not complete any components	21	7%
Completed 1-3 components	39	13%
Completed 4-6 components	76	24%
Completed 7-9 components	92	29%
Completed 10 or all 11 components	84	27%



## Project BEST Phase 2 Training Cases

# Percent of Cases Each Component was Conducted



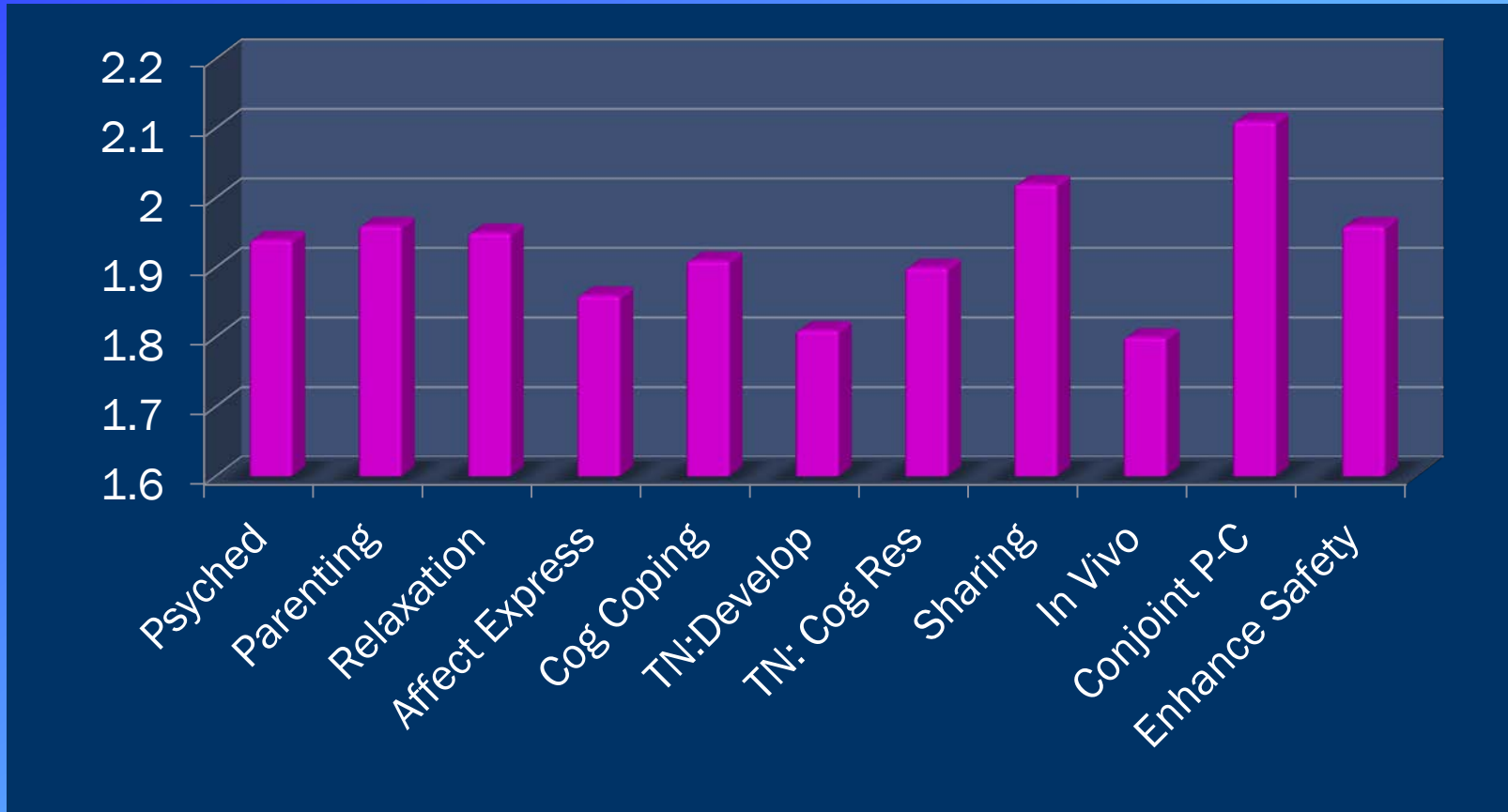
Completed each component of PRACTICE = 13%

Completed all of PRAC = 61%

Completed all of TICE = 14%

## Project BEST Phase 2 Training Cases

# Self-reported Competence in the Model Components



**Overall Competence in the Model = 1.88**



# Issues that Keep Me Up At Night



- ▶ Finding valid and reliable low burden/low cost measures of fidelity
- ▶ Best ways to determine what constitutes model adherence
- ▶ What % of model components should be present to be considered 'good' fidelity?
- ▶ What are the key/essential model components?
- ▶ How do measure/define '*competence*'?

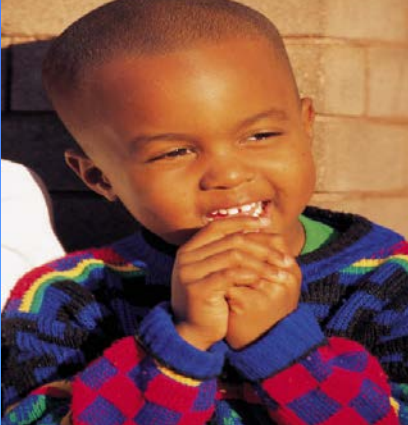
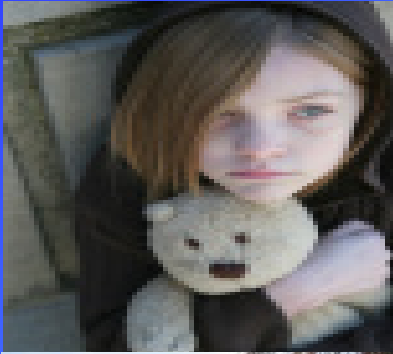
## Up at Night (cont'd)

- ▶ Client-completed fidelity measures for complex, multi-component treatment models?
- ▶ What is the tipping point?





# Child Outcomes Matter



# Project BEST Phase 2 Training Cases

## Children Completing Treatment

Gender	
Male	67.9%
Female	32.1%
Age	
Mean	12.9
SD	3.3
Tx Days	
Mean	136
SD	89

**136 Training Cases**

**75 Therapists**





# Project BEST Phase 2 Training Cases

## Child UCLA PTSD Reaction Index

	<u>Reexperiencing</u>		<u>Avoidance</u>		<u>Hyperarousal</u>		<u>Total Score</u>	
	<u>Pre</u>	<u>Post</u>	<u>Pre</u>	<u>Post</u>	<u>Pre</u>	<u>Post</u>	<u>Pre</u>	<u>Post</u>
<b>Mean</b>	10.6	5.5*	12.7	7.3*	11.6	7.4*	34.4	20.2*
<b>SD</b>	6.4	4.3	6.6	5.5	4.7	4.2	14.7	12.2
<b>Δ</b>		-5.1		-5.4		-4.2		-14.2

All cases (N=136) -- Total Score pre-post child UCLA:

$d = 1.02$

Pre  $\geq$  12 (N=92) -- Total Score pre-post child UCLA:

$d = 1.29$

**Cohen et al. (2011) pre-post child UCLA:**

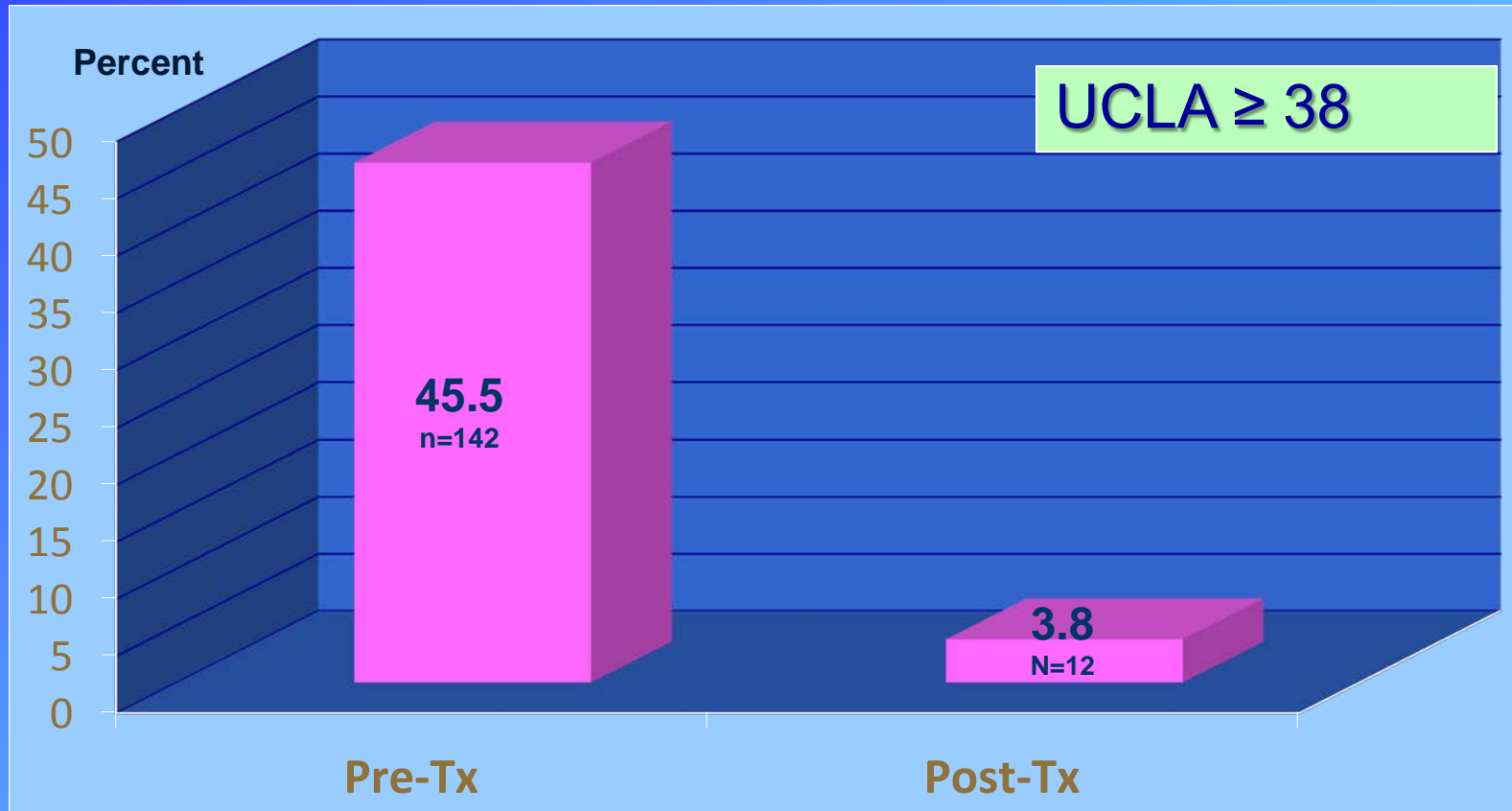
$d = 0.64$

**Deblinger et al. (2011) mean pre-post for child outcomes:**

$d = 0.94$

\*pre-post comparisons,  $p < .001$

# Project BEST Phase 2 Training Cases Scoring Above UCLA Clinical Cut Score



# Research Questions Being Addressed

- ▶ What individual (e.g., clinical experience; attitudes towards EBPs; theoretical orientation) and organizational (e.g., availability of supervision; leader support for EBP) level factors are related to therapist fidelity to TF-CBT?
- ▶ What role do broker professionals play in therapists' use/fidelity to TF-CBT?
- ▶ What are the relationships between therapist self-report of fidelity to TF-CBT and child outcomes?





Any questions??



# Contact Information

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