

Centerstone Research Institute



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THE BRIDGE CAN BE MORE LIKE THIS



Solving Research Dilemmas Related to Implementation Fidelity

A Focus on a Teen Pregnancy
Prevention Program in
Middle Tennessee

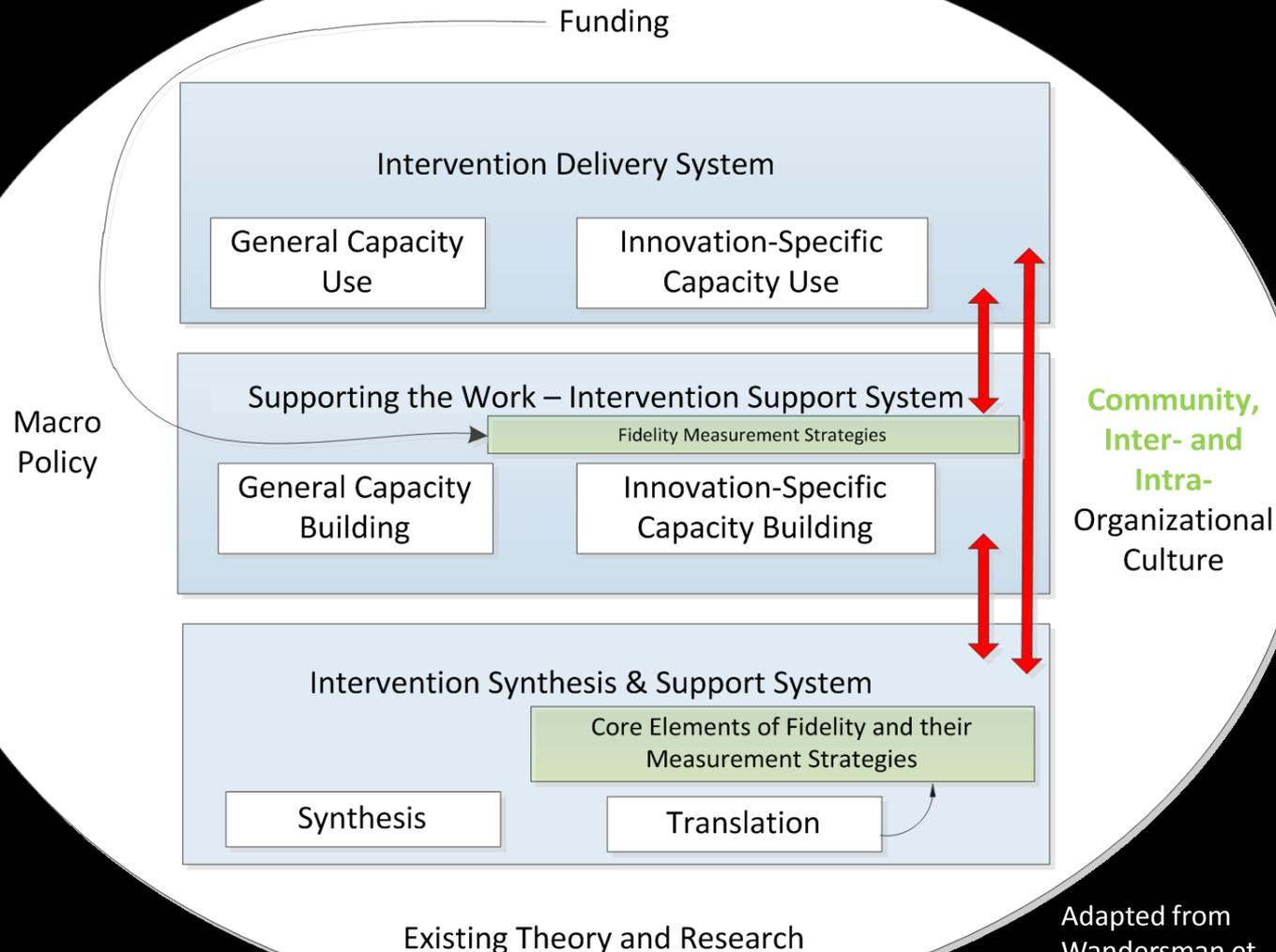
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Background

- Be In Charge - a 5 year program funded by the Office of Adolescent Health includes:
 - community outreach
 - media campaigns
 - a school-based curriculum
- Prevention Specialists were trained in implementation and fidelity monitoring of the *Making a Difference! (MAD!)* curriculum in 2011 by the program developers.



Research Dilemmas Related to Implementation Fidelity
Identified Within the Interactive Systems Framework

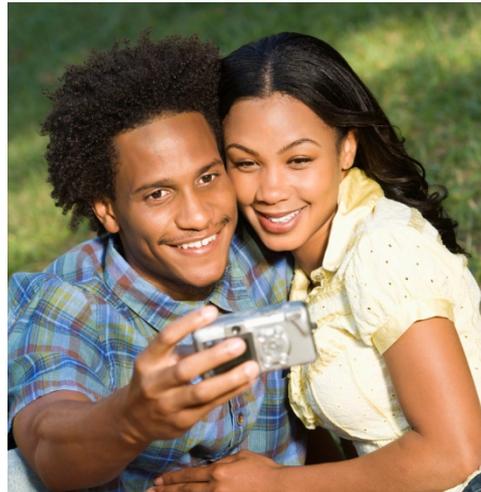


Adapted from
Wandersman et
al., 2008

Fidelity of Implementation

Critical Components

- **Structural Components**
 - Developers' intentions and theories underlying design and organization of the intervention
 - Background requirements and prerequisites of the program staff
- **Instructional Components**
 - What the program staff are instructed to do, and how they are to interact with the recipients of the program
 - What the recipients of the program are expected to do



(Century et al., 2010)

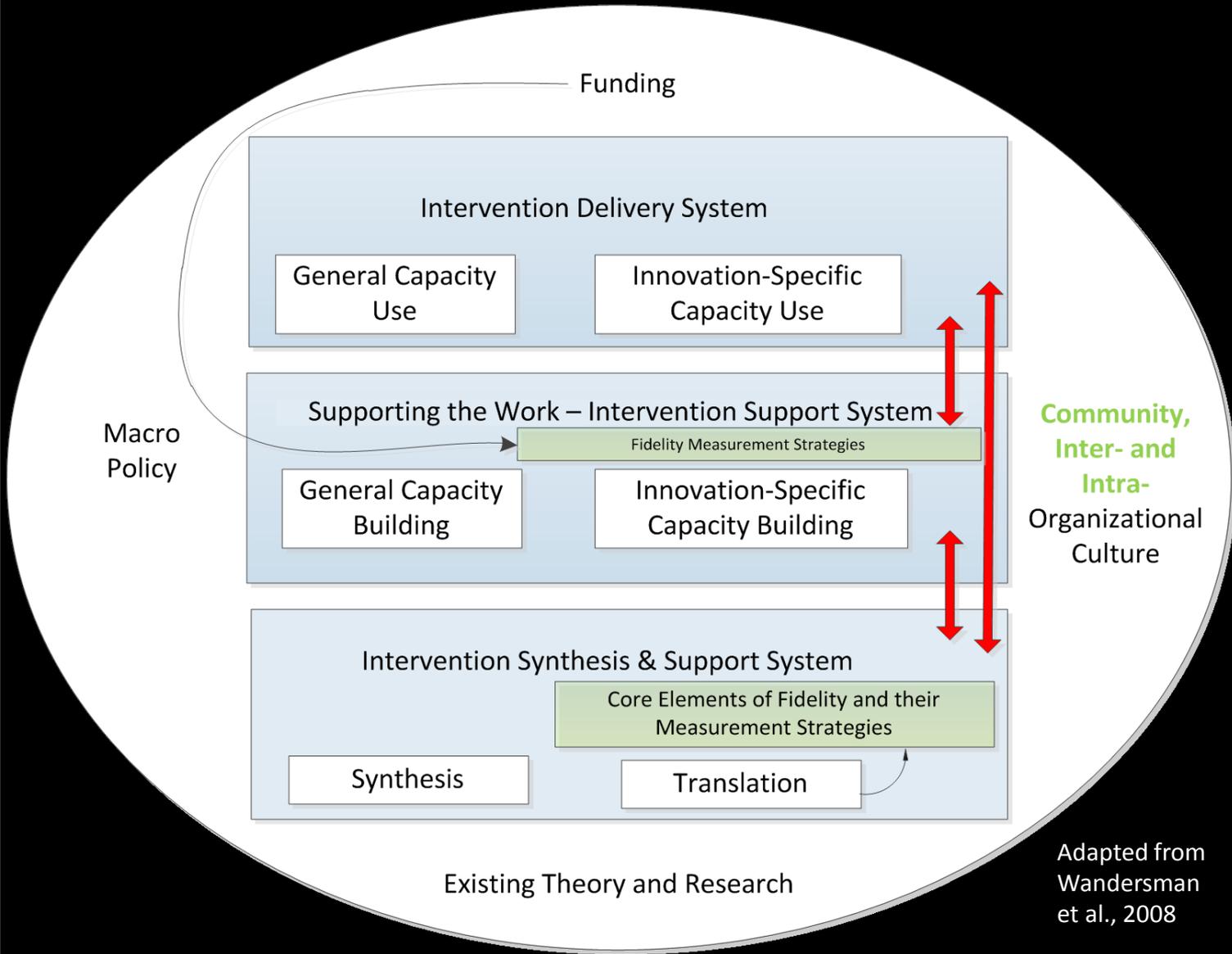
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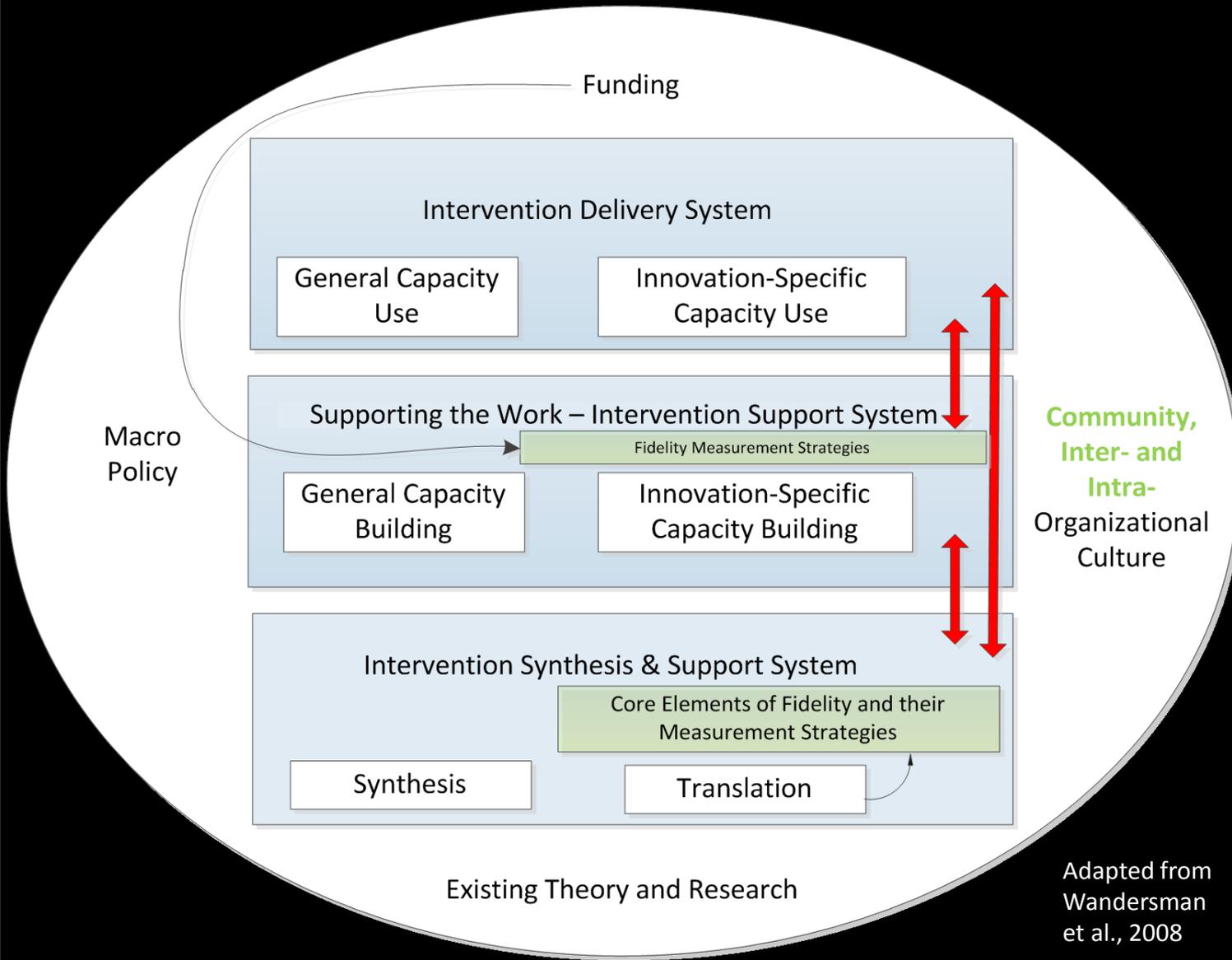
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Intervention Delivery System

- What kind of training does this team prefer?
- What guidance is useful for helping them adapt the curriculum to their contexts?
- How do we design a simple and efficient system for them to record their levels of fidelity and modifications they make?
- How is the program congruent, and how is it dissonant with staff beliefs about how best to achieve program goals?

Intervention Support System

- What are useful and concise ways the Support System staff can describe fidelity for all of the content and activities in the program?
- How will the Support System staff build a mutually respectful and trusting relationship with program staff?
- How do we motivate and support staff in noting when they make changes to the curriculum?
- What system is in place for program staff to deliver timely information to the Support System staff about situations in which they modified the curriculum?

Synthesis and Translation System

- What information is most useful to Support and Delivery staff regarding the design and organization of the program?
- What practical guidance is offered regarding adaptation?
- What mechanisms are in place for program developers to receive feedback from the field, and how is that feedback used to improve the program?

Contextual Questions/Challenges

- What are the funder's requirements for fidelity monitoring and reporting?
- What are the community and intra-organizational facilitators and barriers to training and implementing with fidelity?

Challenges to Researchers

- What assumptions do we hold and share with others about the benefits of fidelity and the parameters for adaptation?
- How can we increase the capacity at each level of the ISF for articulating what is meant by fidelity?
- How can we facilitate bidirectional communication among the three levels of the ISF regarding fidelity?
- How do we sustain communication , learning, and improving EBPs over time?

Mini-study Purposes

- Provide fidelity training for Prevention Specialists to reduce anxiety about fidelity monitoring, and increase similarities in fidelity scoring.
- Learn more about reasons the Prevention Specialists have for modifying the curriculum.
- Communicate respect for and value of the experience and perspective of the PSs.

Mini-study questions

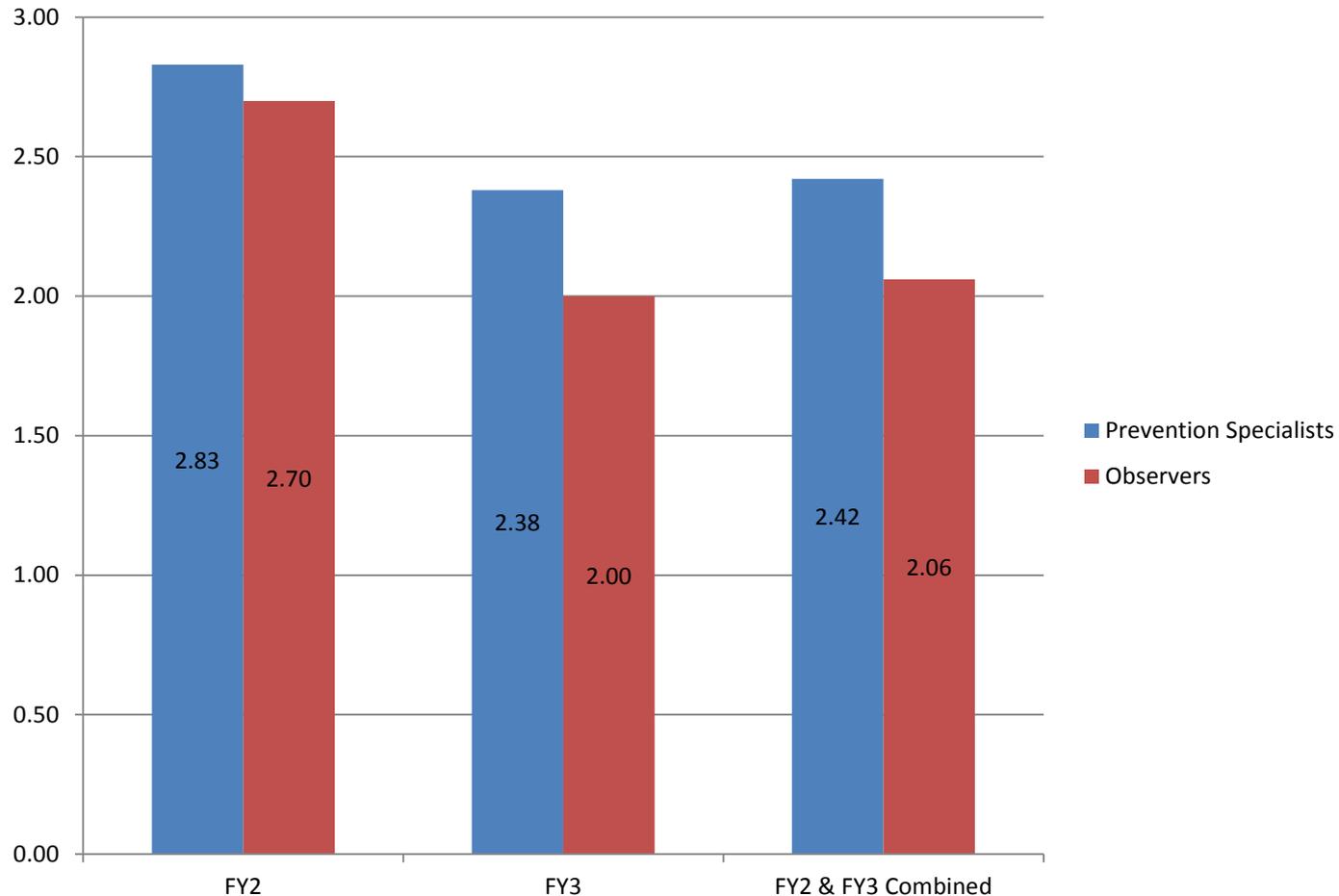
- What are the PSs' understanding of fidelity?
- What are their attitudes and beliefs about fidelity monitoring and about being observed?
- What are contextual facilitators & barriers to implementation with fidelity?
- What are contextual facilitators & barriers to recording level of fidelity and reasons for adaptations?

Mini-study Methods

- Present summary of fidelity monitoring log (FML) data that had been collected to date from PSs and evaluation staff observers.
- Provide a brief overview of the ISF and ways fidelity is described in the research literature.
- Use participant observation methodology during PSs discussion of fidelity ratings for scenarios reflecting the entire curriculum

Implementing *Making a Difference!* Teen Pregnancy Prevention Curriculum

Comparison of Average Fidelity Scores



Qualitative analysis

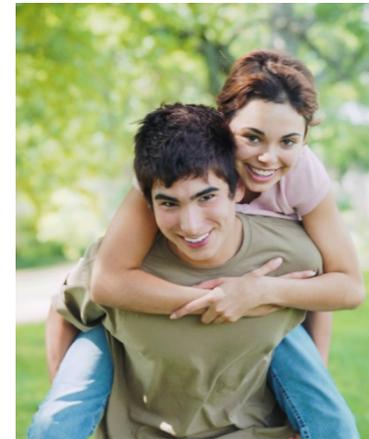
- How do the PSs determine the rating number for an activity?
- Why do the PSs change activities (add or leave something out, change the presentation strategy, or substitute a different activity)?
- How do they feel/what are their beliefs about fidelity monitoring and fidelity training?

How do PSs determine fidelity ratings?

- If activity objectives are met, core content is delivered, gist of it is covered, it is rated 3.
- Eliminating repetitious materials does not affect fidelity scores.
- There is ambiguity about how much of an activity has to be delivered for a 3 rating – is 3 of four role plays enough? What about 2 of 4 role plays?

Why do PSs change activities?

- The primary reason is time limitation.
- They want to make the material more relevant, engaging, and effective in reducing teen risky behaviors.
- They think the students are too young, too old, or culturally unsuited for the material or way it is presented.
- They think the content is not logically ordered.



More reasons for changing the curriculum

- Situational factors:
 - They need to condense the program to fit into allotted time.
 - There aren't enough students for a particular activity, or there are too many.
 - There isn't enough wall space to hang posters.
 - Information has been covered by the regular classroom teachers; administrators tell them to leave something out, or an observing adult might be uncomfortable.

How do staff feel/what are their beliefs about fidelity training and fidelity monitoring?

- They are uncomfortable with the divergence of their fidelity ratings.
- They are comfortable with the average rating of 74%
- They see fidelity monitoring as “new and a little difficult.”
- They would like to have clearer guidelines so that fidelity rating could be an easier task.

So What?

- The Interactive Systems Framework helps us focus our attention on multiple aspects of the implementation process and its context.
- The Fidelity of Implementation model provides a framework that can be applied across program types.
- Seeking to understand the perspectives of program staff with regard to fidelity is crucial for developing programs that will be implemented with fidelity.

Challenges to Synthesis and Translation Researchers

- Variations in settings where programs will be implemented
- Communication of basic principles for those who will train program staff
- Efficacy research that enhances relevance to diverse settings
- Guidelines for adaptation that are clear and flexible for those who are in the field

Changing Our Approach

- Systems perspective
- Robust, practical goals
- Research methods to enhance relevance
- Flexibility and respect for diverse perspectives on the problems

Glasgow & Chambers (2012)

Call to Action!

Increase bidirectional communication and collaboration among individuals at the three levels represented by the Interactive Systems Framework.



Solving Research Dilemmas Related to Implementation Fidelity



A Focus on Building Strong Families in
8 Rural Tennessee Counties

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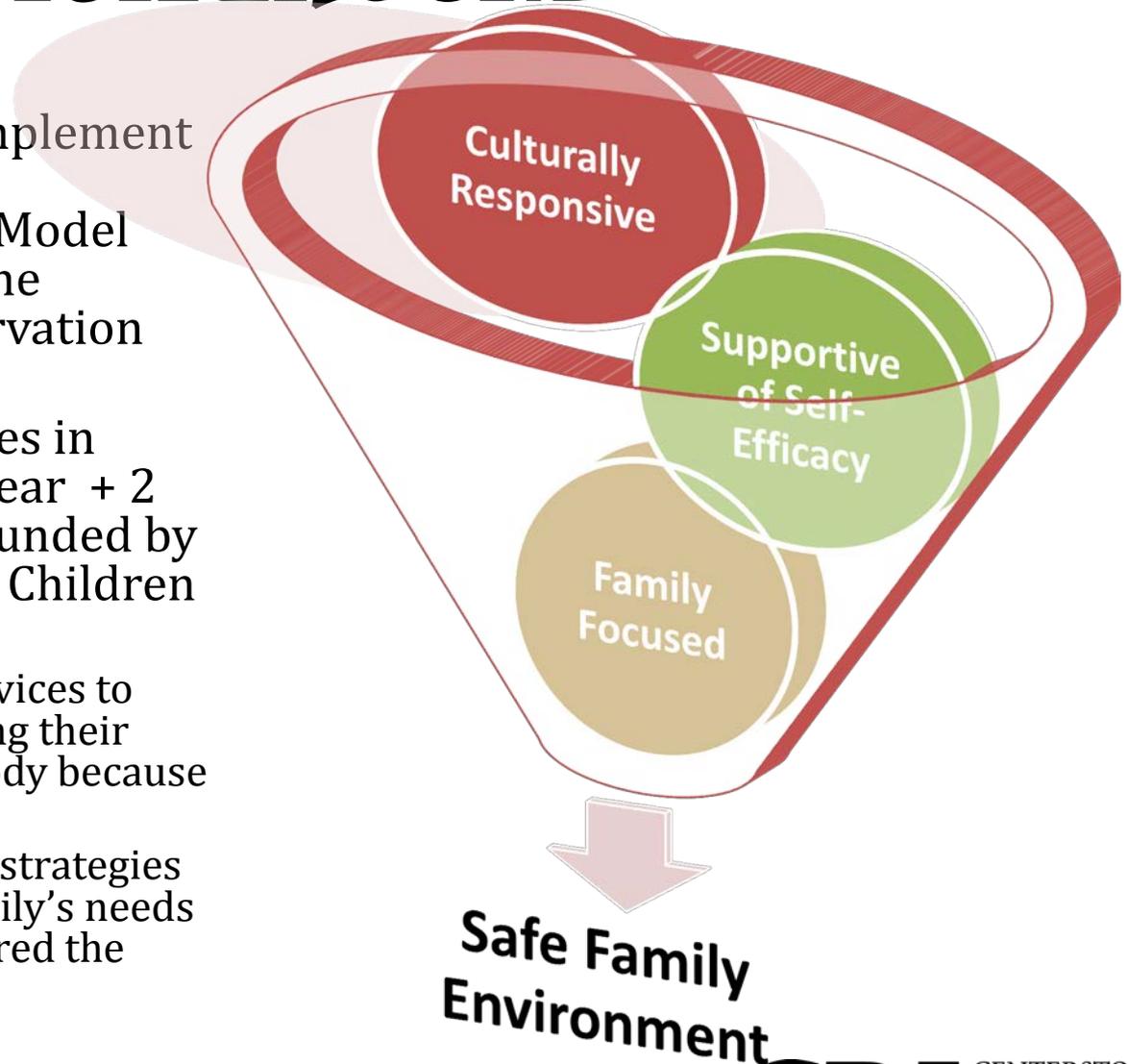
GRANT CYCLE

OCTOBER 1, 2007- SEPTEMBER 30, 2014



BACKGROUND

- In-Home Specialists implement the Intensive Family Preservation Services Model (IFPS), developed by the National Family Preservation Network.
- Building Strong Families in Rural Tennessee- a 5 year + 2 year expansion grant funded by the Administration for Children and Families (ACF).
 - Intensive in-home services to families at risk of losing their children to State custody because of substance use.
 - Services and teaching strategies are tailored to the family's needs & parents are considered the experts.



Safe Family
Environment

BACKGROUND

- **Approach**

- The Intensive Family Preservation Services Model is based on a clearly articulated set of values and beliefs, which guides program design and staff behavior.

- **Overarching Philosophy**

- It is best for children to be raised by their own families whenever possible.
- Parents/Caregivers are the experts on what their family and children need.

VALUES & BELIEFS

- Safety is highest priority: Throughout the intervention, the in-home therapist assesses child, family, therapist and community safety and develops safety plans, structures the environment and uses clinical strategies to promote safety.
- Program staff cannot predict which situations are most amenable to change.
- A crisis is an opportunity to change.
- Motivating parents/caregivers and instilling hope is a primary IFPS in-home specialist task.
- Family members are partners.

VALUES & BELIEFS (*continued*)

- Program staff can make life worse for families.
- Children can be brought up in different kinds of families.
- Parent/Caregivers are doing the best they can.
- It is program staff basic job to empower family members.
- It is important to minimize barriers to service.

Intervention Delivery System

- What is the impact of a program staff with expertise and a successful implementation history?
- What is the benefit of creating a tool aligned with the values, beliefs, and philosophies of program staff defined in the staff's language?
- How do we design a simple and efficient system for them to record their levels of fidelity and modifications they make?
- How do we ensure that new staff have the same definitions, values, and beliefs?

Intervention Support System

- What is the best way to support a cohesive and consistent understanding of the EBP by new staff?
- How will the Support System staff build a mutually respectful and trusting relationship with program staff?
- What system is in place for program staff to deliver timely information to the Evaluation staff about situations in which they modified the EBP?

FIDELITY OF IMPLEMENTATION

CRITICAL COMPONENTS OF IFPS MODEL

Structural Components

- Values-Based Orientation
- Single Therapist Operating within a Team
- Immediate Availability and Response to Referrals
- Twenty-Four Hour Availability
- Services Provided in the Family's Natural Environment
- Service Intensity and Caseload
 - 3–5 times per week, and provide 40 or more hours of face-to-face service.
 - 95% of families meet with their therapist at least 3 times per week
 - 85% of families receive at least 40 hours of face-to-face service per intervention.
- Transition and Service Closure

Process Components

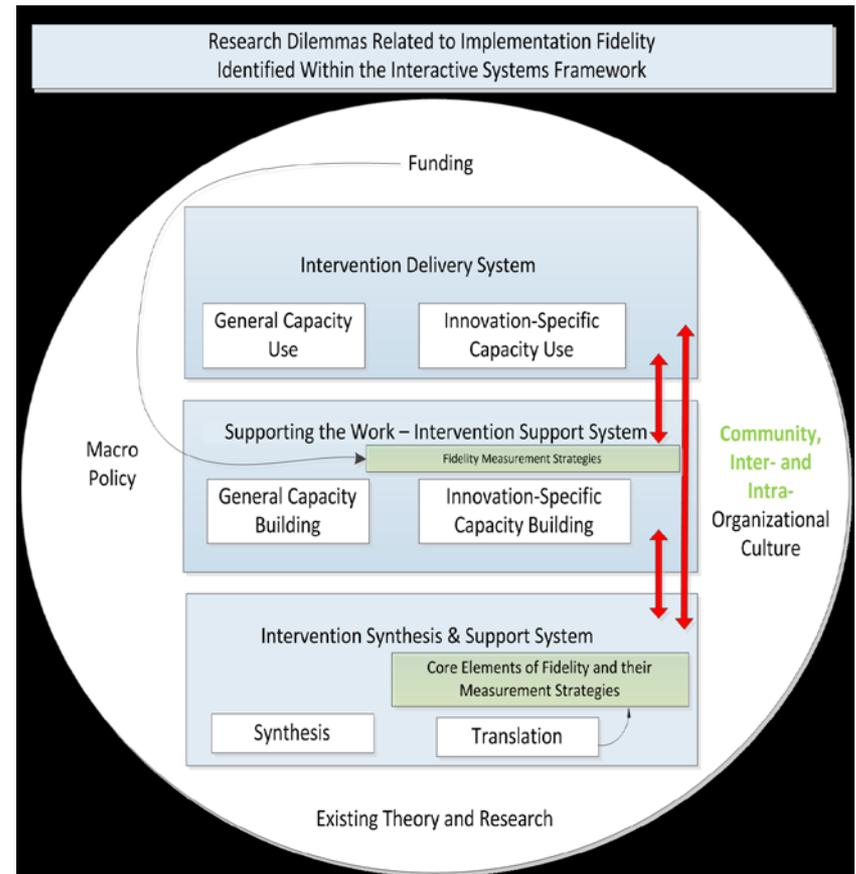
- Promoting Safety
- Individually Tailored Services
- Comprehensive Assessment
- Goal Setting and Service Planning
- Engagement and Motivation Enhancement
- Cognitive and Behavioral Approach
- Teaching and Skill Development
- Collaboration and Advocacy
- Provision of Concrete Services

BARRIERS TO IMPLEMENTATION WITH FIDELITY

- Fidelity monitoring was limited to timing and dosage primarily.
- No manualized curriculum to guide implementation.
- The program is based upon values & beliefs that while there is strong agreement across staff, values & beliefs are always nuanced.
- Intervention is tailored to meet the needs of the family with no two interventions exactly implemented in the same way.
- Reliance on self-report of program staff to describe their level of fidelity.
- More emphasis is placed upon innovation-specific capacity building rather than general capacity building.

Facilitators of Implementation Fidelity

- Strong Synthesis & Translation System
 - Historical knowledge of effectiveness in the state of Tennessee.
- An Intervention Support System with an enhanced ability to provide ongoing innovation-specific capacity building.



Adapted from Wandersman et al., 2008

Methodology For Applying ISF to Fidelity Monitoring

Respective Review

- Program Documents (What was written in staffing minutes that provided information synthesis & translation?)
- Institutional Knowledge/ Information that expanded synthesis and translational information

Support System: Assessment of Support, Tools & Training (innovation specific capacity-building emphasis)

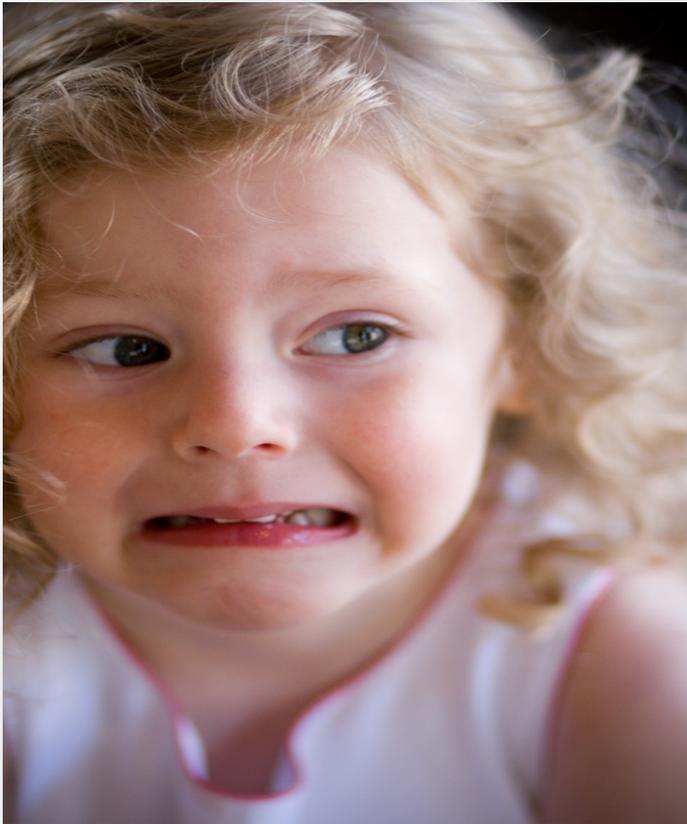
- IFPS Training Materials
- Internal and External Trainers
- Materials from IFPS Model Developers
 - ToolKit
 - Website
 - Resources

Collaboratively Developing a Tool to Facilitate Synthesis & Translation as well as Build Innovation Specific Capacity

- Targeted focus groups with program staff
- Inter-rater reliability assessments across in-home specialists and program manager
- Development of a survey monkey tool that can be completed at the close of each case & reviewed daily
- Review, discussion and reflection on the fidelity audit during staffing weekly
- Quarterly reporting to the evaluation team about all monitoring, rating, discussion & reflection

A New Attitude

Fidelity Monitoring

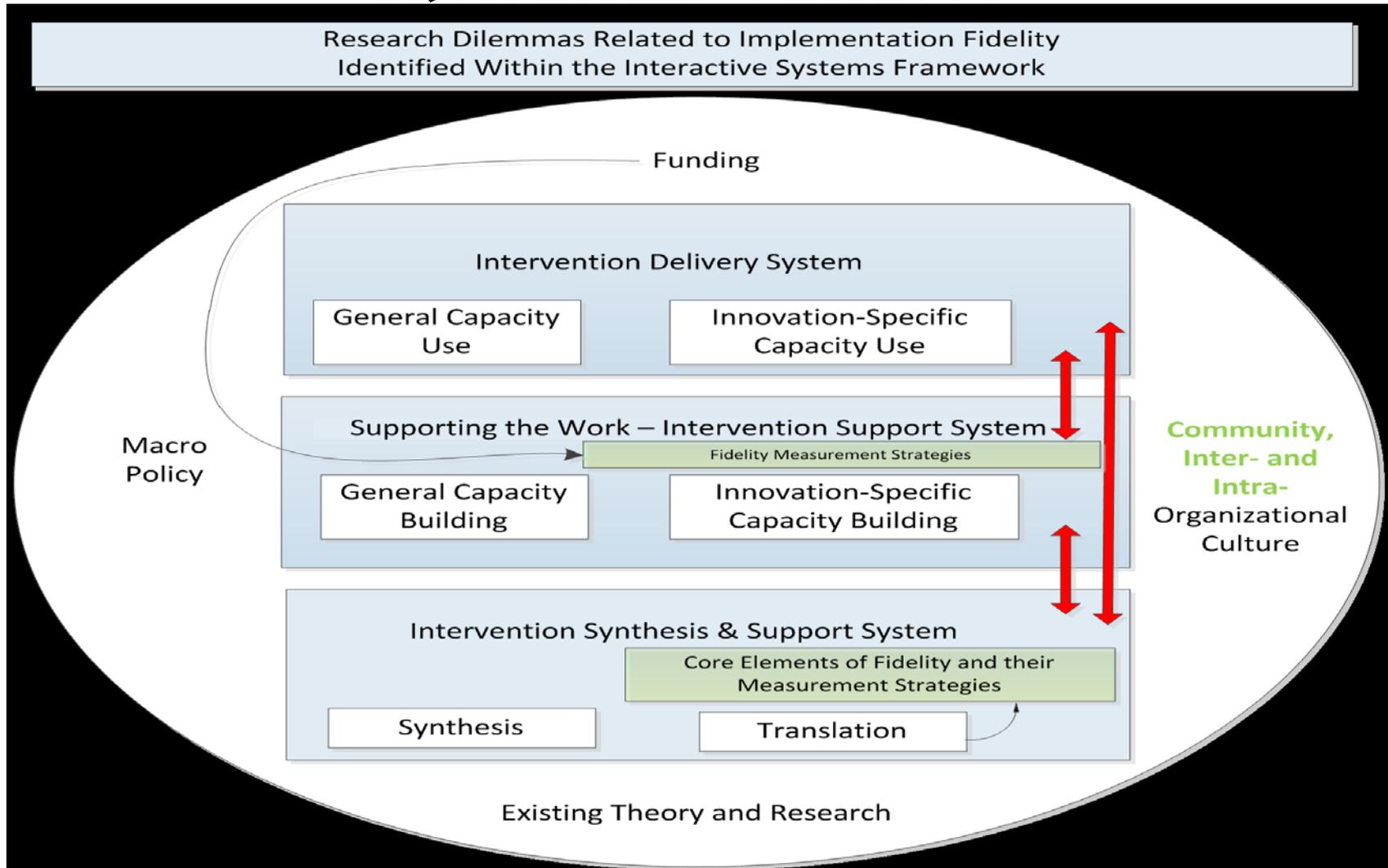


Capacity Building Tool!



Building Capacity-						
BSF FIDELITY AUDIT Scoring	1 Almost Never (0-24%)	2 Rarely (25-44%)	3 Sometimes (45-60%)	4 Frequently (70-80%)	5 Almost Always (90% or more)	JUSTIFICATION
Safety Assessment (Child, Youth, Parent, Caregiver, etc.) Safety and risk assessment conducted to determine how safe children are in their environments and to determine the level of risk for future harm. Assessments also include identification of families’ strengths and their own perceptions of their problems and strengths.						
Family Driven Service Plan (Permanency, Needs, Goals, Services, Resources, etc..). Families have a primary decision making role in the care of their own children and they are considered the experts, this includes choosing culturally and linguistically competent supports services and providers setting goals, and monitoring outcomes						
Stages of Change (Where are families in change cycle, e.g., self-commitment/ competence-rating, matching needs and treatment methods, etc.)						
Develop Personal Meaning (core values, vision, goals, steps with family member/ caregiver, etc.)						
Skill Development (skills needed to reach goals, e.g., parenting, interpersonal, time, money, interviewing, education, employment, etc.)						
Advocacy (parent, caregiver, children, youth) Providing advocacy for parent, caregiver, children, and/or youth. To assist, encourage, or educate family/members in understanding the ramifications of their decisions.						
Address Substance Abuse (implement: situational confidence questionnaire, pick a part of your day, behavior-to-change exercise, identifying triggers, refer for treatment, etc.)						
Aftercare and Recovery (formal and informal supports and opportunities)						
Strength-Based Focus (clinician maintains unconditional positive regard, respect, and assumption that families will be successful and outcomes will be positive)						
3-Month Post Discharge Follow-up Call: Inquire about formal and informal community supports, adherence to treatment plan, aftercare and recovery services accessed/maintained.						
TOTAL						

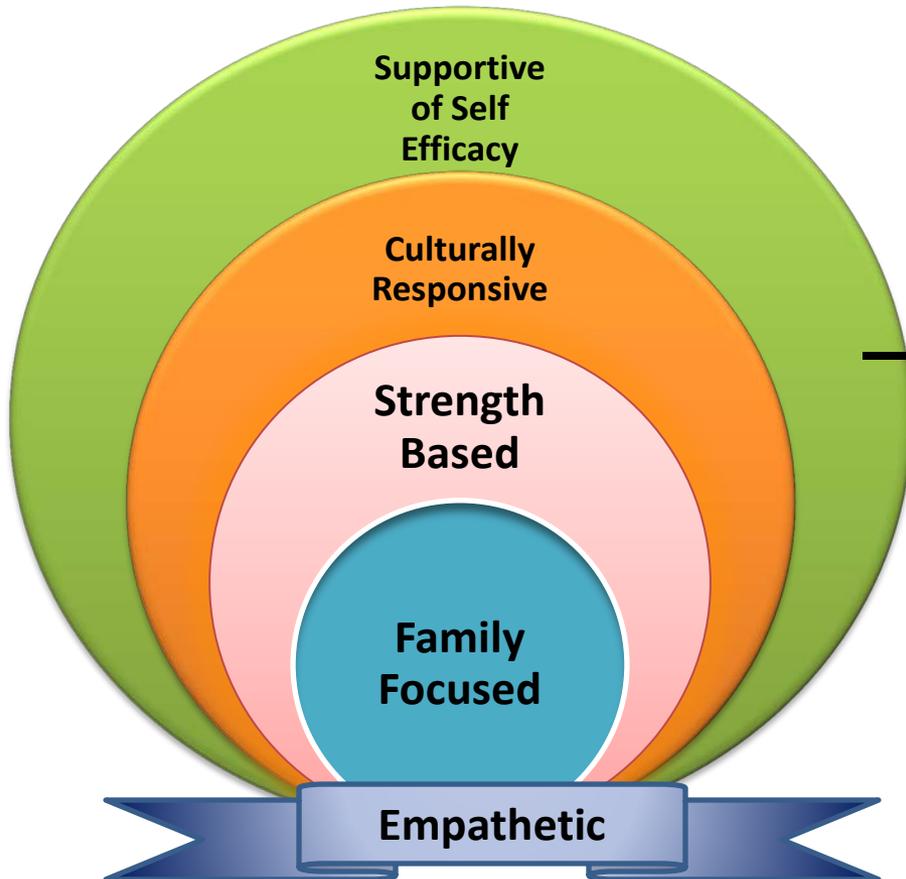
IMPLICATIONS FOR IMPLEMENTATION PLANNING: INNOVATION-SPECIFIC CAPACITY BUILDING ... FROM WITHIN & WITHOUT



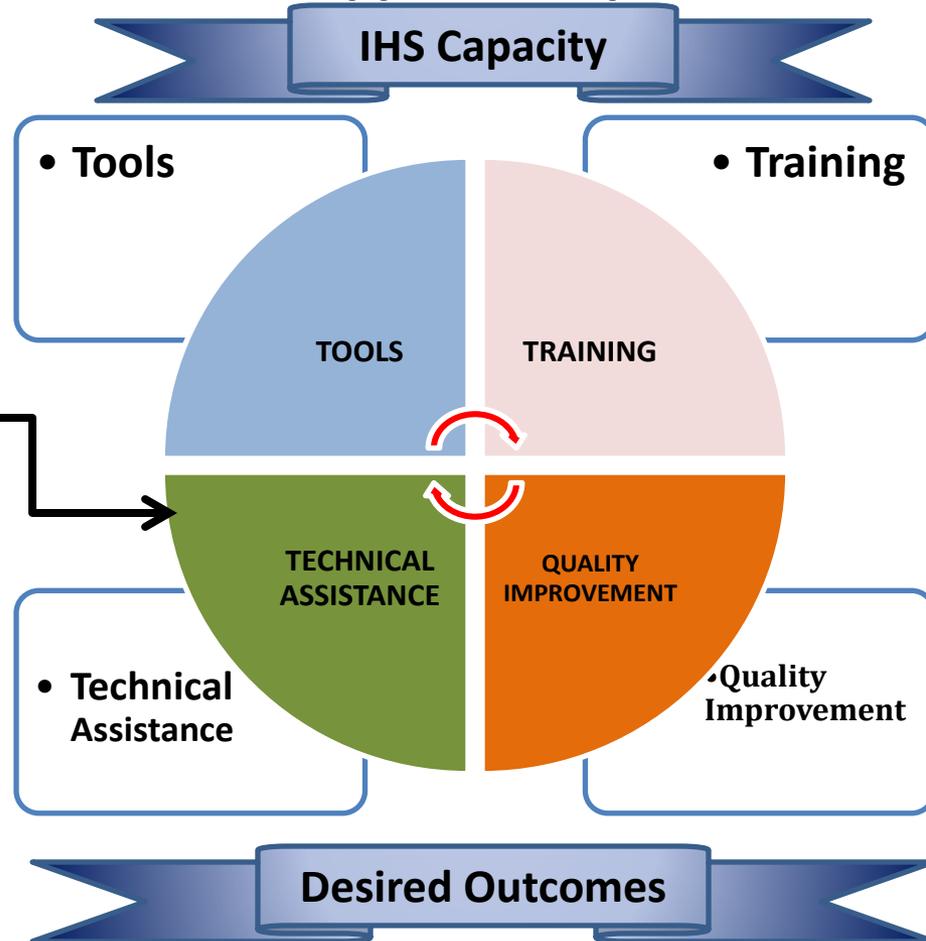
Adapted from Wandersman et al., 2008

Evidence-Based System for Innovation Support and Building Strong Families

Selecting Receptive Staff with Individual Capacity



Tools, Training, Technical Assistance Support Components



Adapted from Flaspholer, 2003

SO WHAT?

**CAPACITY SUSTAINING &
BUILDING ARE CRITICAL**



**ONGOING; TARGETED TOOLS,
TRAINING, TA , & QI IS CRITICAL**



CALL TO ACTION!

- Meaningful involvement of program staff in defining the innovation in context
- Connecting with the core principles of the innovation early in the implementation process
- Space to reinforce and inform each other's implementation of the Model and historical knowledge of effectiveness



Grazie



Gracias

Obrigado!



Thank You



Merci

תודה



Bedankt



Huala



ขอบคุณ



Díky