Assuring Treatment Fidelity: Are you Getting the Program You Think You Are

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Outline

1. Importance of treatment fidelity in the translation of evidence-based programs
2. Strategies, tools, and issues relevant to maintaining treatment fidelity
3. Case exemplars applying fidelity to dissemination of programs
4. Practical considerations in fidelity monitoring
Importance of Fidelity in the Translation of Evidence-based Programs

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2007 ASA/NCOA Joint Conference, Chicago, IL
What is *fidelity*?

Being *faithful* to the elements of the program, in the way it was intended to be delivered...

...so that what we see happening in the participants can really be attributed to the program—and not something else!
Why is **fidelity** important?

- To know what is **really** producing the changes in your clients

- To be certain that you will have similar changes in participants over time--no matter how infrequently it is offered, by whom, and in which place
**Why is fidelity important?**

- If program is not being effective, it is easier to identify where changes must be made.

(CQI)
Fidelity monitoring

- What we do to implement evidence-based programs

- assessment of:
  - unique elements of the program that make it effective
  - nonspecific characteristics, important for its success, but not different from other programs
So… how do we assure fidelity (do fidelity monitoring)?

(Bellg, et al., 2004; Resnick, et al., 2005)
Program design

What is “the secret ingredient”?

Being true to underlying theory of original program

(Resnick, et al., 2005)
Training

Initial and ongoing assessment of accuracy of those delivering the program
Delivery

Delivered as intended in original project
Receipt

Participants have received the “message” and understood it

☐ Can perform/explain the things to be done to successfully achieve goals he/she identified for participating in the program
Enactment

Participants perform the skills developed in the program, when in real-life settings
Strategies and Tools Relevant to Maintaining Treatment Fidelity

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Fidelity in Program Design

- Strategies: written intervention guidelines; articulation of essential factors; consultations with designers of the original program for program changes; plan for implementation setbacks

- Tools: checklists, observation of new program with comparison to original program to determine concurrence
Fidelity in Provider Training

- **Strategies:** standardize training, ensuring instructor skill acquisition, minimizing drift in instructor skills, accommodating instructor differences

- **Tools:** ensure instructors meet performance criteria; teach-back; satisfaction with and feedback on instructor training; periodic program evaluation by consultants; instructor, participant, and master trainer manuals; track instructor attrition
Fidelity in Program Delivery

- Strategies: standardized delivery using standardized protocols; monitoring of instructors’ adherence to the protocol; periodic instructor booster sessions

- Tools: attendance records; use scripted protocol; monitor participant evaluation of program and instructor; observation of program delivery using standardized checklists; adaptations are discussed and documented
Fidelity in Receipt of the Program

- Strategies: assess participants understanding and ability to perform program-related activities

- Tools: self-report using standardized questionnaires like SF-12 or performance measures like Up and Go, Bicep Curl, and Chair Stand; structured interviews with participants; participant observation
Fidelity in Real Life Settings

- Strategies: assessment of participant outcomes such as health status, physical performance, and symptoms

- Tools: self-report using standardized questionnaires like SF-12 or performance measures like Up and Go, Bicep Curl, and Chair Stand; participant observation; follow-up discussions with participants
Questions and Answers
Healthy IDEAS
Identifying Depression
Empowering Activities for Seniors

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Healthy IDEAS (HI) is a depression intervention program for the detection and improvement of depressive symptoms in older adults receiving community-based case management.
Program Overview

- Embedded in case management at three community-based agencies in Houston, TX.
- Designed so that all components could be delivered by case managers.
- Ten steps over approximately 3-9 months (varied by client situations).
Intervention Components & Steps

Step 1: Screening/Assessment
Step 2: Education
Step 3: Referral & Linkage
Step 4-8: Behavioral Activation Therapy
Step 9: Reassessment (3 months)
Step 10: Follow-Ups (6, 9 months)
Fidelity to Design

Combines evidence-based components from depression interventions, including:

**IMPACT** (Unützer, et al., 2002).
- screening, education, problem-solving therapy for depression, delivered by trained professionals, in primary care setting

**PEARLS** (Ciechanowski, et al., 2004).
- trained social work case managers could use a similar treatment approach in the home environment
Fidelity to Design

Adaptations

- Case managers from different disciplines with varying levels of education trained to do the intervention.
- Case managers delivered intervention steps as part of their routine case management activities.
- Used a simplified intervention (behavioral activation therapy [BAT]) and used problem-solving skills to help clients.
  - BAT adapted from the evidence for cognitive/behavioral therapy & pleasant events work with older adults
Fidelity to Design

Strategies for Fidelity to Design

Consultation with:

- the designers of the original programs when modifications are considered.
- mental health experts in designing simplified intervention (BAT).
- the community agency providers in designing intervention steps embedded in their regular case management routine.
Fidelity to Training
Initial and ongoing assessment of accuracy of those delivering the program

- Development and use of training manual.
- Group training sessions (initial, updates/booster) using lectures, role plays, demonstrations
- Individual training for case managers who entered the project after the beginning of the project
- Individually assigned “coaches” (mental health professionals) provided ongoing training
Fidelity to Delivery
Delivered as intended in original project

- Ongoing observation and supervising by the coaches
- Use and periodical assessment of the tracking tool records by the project director and coaches.
Fidelity to Receipt
Participants have received the “message” and understood it

- Screening for cognitive ability
- Intervention given in a preferred language (English & Spanish)
- Recording of tracking tool by case managers
- Written materials on depression and tools to record and follow BAT activities given to all participants
Fidelity to Enactment
Participants perform the skills developed in the program in real-life settings

- Periodic follow-ups by phone and in-person carried through regular case management routine.
- Depression screening at each follow-up (3, 6, & 9 months) and intervention repeated when assessed necessary.
Keys to Effective Implementation

- Organizational & individual partners with mental health or other expertise
- Training & ongoing coaching & supervision
  - Training requires interactive approach for skill building
- Organizational & staff readiness
  - Internal advocate/cheerleader needed
  - Program supervisors are the key change agents
Program Tools and Other Resources available at:
http://www.healthyagingprograms.com/
Questions and Answers
Applying Fidelity Principles to Matter of Balance

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2007 ASA/NCOA Joint Conference, Chicago, IL
A Matter of Balance/ A Volunteer Lay Leader Model (MOB/VLL):

- Translation of A Matter of Balance into a Volunteer Lay Leader model
- Partners:
  - Maine Health’s Partnership for Health Aging
  - Southern Maine Agency on Aging
  - Maine Medical Division of Geriatrics
  - University of Southern Maine
- Supported by a grant from the Administration on Aging (# 90AM2780)
Efficacy of A Matter of Balance

- RCT conducted by the Roybal Center for the Enhancement of Late-Life Function at Boston University (Tennstedt, et al., 1998)
- Those who attended 5 or more sessions compared to control group:
  - Higher falls self-efficacy at 6 wks & 12 mos.
  - Higher falls management at 6wks, 6 & 12 mos.
MOB/VLL: Fidelity Monitoring re: Design

- Identification process of core elements
  - Clear theoretical foundation
  - Original manual

- Theoretical Foundation:
  - Cognitive restructuring
  - Self-efficacy
  - Exercise
Core Elements of the tested intervention:

During 8 two-hour classes, participants learn to:

- View falls and fear of falling as controllable
- Set realistic goals for increasing activity
- Change their environment to reduce fall risk factors
- Exercise to increase strength and balance
MOB/VLL
Fidelity Monitoring re: Design

- Process
  - Consultation with original program designers and researchers
  - Consultation with experts in the field

- Adaptations
  - Volunteer Lay Leaders
  - Exercises
  - Guest visit by health care professional
MOB/VLL
Fidelity Monitoring re: Training

- Training manuals adapted for use by volunteer lay leaders
  - Consultation with designers
  - Volunteer input
- Teach back in two-day training
- Post training evaluation
  - Satisfaction
  - Level of confidence
MOB/VLL
Fidelity Monitoring in Delivery

- Same as tested intervention
  - Videos
  - Activities

- Adaptations
  - Volunteer Lay Leaders - Coaches
  - Exercises
  - Guest therapist

- Participant satisfaction
MOB/VLL
Fidelity Monitoring re: Delivery

- Mentor System
- Observation
- Booster Sessions
- Follow-up evaluation of volunteer lay leader confidence
- Coach (volunteer) focus group
MOB/VLL
Fidelity Monitoring re: Receipt

- Participant Handbook developed
- Attendance
- Opportunity to practice in session through
  - Group *discussion*
  - *Problem-solving*
  - *Role play/ skill building activities*
  - *Assertiveness training*
  - *Exercise training*
  - *Videotapes*
  - *Sharing practical solutions*
MOB/VLL
Fidelity Monitoring re: Receipt

- Informal observation by two volunteer lay leaders during classes
  - Participation in problem solving
  - Participation in exercises

- Informal observation by guest therapist
  - Understanding of cognitive content
  - Participation in exercises
MOB/VLL
Fidelity Monitoring re: Enactment

- Repeated self-reported measures at baseline, 6 weeks, 6 months and 12 months – comparison to baseline
- Three measures used in the efficacy study were employed: falls self-efficacy, falls management, & falls control
- Additional measures: exercise level and social activity
MOB/VLL
Fidelity Monitoring re: Enactment

Improvement compared to baseline indicates:

- Use in real world situations of acquired cognitive and behavioral skills

- Comparable participant outcomes as those found in the RCT
A Matter of Balance
Volunteer Lay Leader Model

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Questions and Answers
Practical Considerations in Monitoring Fidelity

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Overview: Practical Issues to Enhance and Monitor Fidelity

- Design
- Training
- Delivery
- Receipt
- Enactment
Program Design Considerations

- Identify essential core elements of the original program
- Make informed adaptations
- Use same time periods for measurement
- Use same client-level outcomes
Training Considerations

- Involve potential trainers and program audience in design and development
- Identify skills required to deliver program for trainers
- Identify knowledge and skills required by participants
Training Considerations (2)

- Use active participatory teaching modalities
- Provide opportunities for teach-back and demonstration
- Document training processes and protocols and retain original and adapted training materials
Program Delivery and Receipt Considerations

- Distinguish research processes from program implementation processes
- Simplify data collection
- Solicit input on adaptations in data collection
- Involve agency leadership and data collection personnel in decisions
Program Delivery and Receipt Considerations (2)

- Include booster, follow up and feedback sessions as program components
  - to help instructors in consistent delivery
  - to help participants maintain behaviors

- Communicate regularly with trainers and participants
Participant Enactment Considerations

- Behavior change is a process
- Build practice and integration components into program
- Encourage participant activities outside program sessions
- Provide opportunities for graduates
Program Maintenance Considerations

- Integrate fidelity monitoring into regular agency practices and structure
- Show value to agency of *ALL* data collected
- Utilize partnerships to gain needed expertise
- Build expertise into agency personnel over time
Symposium Take Home Messages

☐ Use a systematic approach to monitoring fidelity in all phases of the program

☐ In adopting fidelity strategies and tools, consider agency goals, costs, and time

☐ Need for more research to understand the relationship between program fidelity and study outcomes