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)

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/projectbest
Colleagues

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Anna Shaw, DNLCC
Sarah Sweeney & Kate Measom, Program Assistants and Data Coordinators
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
Socio-ecological framework; Tabak et al., 2012

Aarons, Hurlburt & Horwitz, 2011; Proctor et al., 2010
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
Community-based Learning Collaborative (CBLC)

Community Change Team

- Clinicians and Clinical Supervisors
- Senior Leaders
- Brokers
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)
Research Questions

- 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?
## Phase 2 Completion Rates (to date)

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

Total Clinicians = 98

Total of 307 training cases
N=122 with pre/post data
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
  - Sense of clinical competence for the component
  - Barriers to adherence
### 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.

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

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)
## Percent of Therapists Using TF-CBT Components by Session

<table>
<thead>
<tr>
<th>TF-CBT Treatment Component</th>
<th>Session #:</th>
<th></th>
<th></th>
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<tr>
<td>Assessment</td>
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<td>51</td>
<td>15</td>
<td>12</td>
<td>9</td>
<td>7</td>
<td>6</td>
<td>3</td>
<td>9</td>
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<td>31</td>
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<tr>
<td>Parenting Skills</td>
<td>23</td>
<td>32</td>
<td>29</td>
<td>31</td>
<td>27</td>
<td>34</td>
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<td>18</td>
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<tr>
<td>Relaxation</td>
<td>16</td>
<td>41</td>
<td>43</td>
<td>43</td>
<td>36</td>
<td>24</td>
<td>24</td>
<td>42</td>
<td>37</td>
<td>32</td>
<td>15</td>
<td>10</td>
<td>23</td>
<td>38</td>
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<tr>
<td>Affective Emotions</td>
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<td>43</td>
<td>68</td>
<td>59</td>
<td>39</td>
<td>58</td>
<td>47</td>
<td>38</td>
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<td>57</td>
<td>48</td>
<td>26</td>
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<td>39</td>
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<tr>
<td>Cognitive Triangle</td>
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<td>8</td>
<td>10</td>
<td>27</td>
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<td>36</td>
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<td>15</td>
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<td>Trauma Narrative</td>
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<td>Effective prob-solv/social skills</td>
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<td>Caregiver Participation</td>
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<td>64</td>
<td>52</td>
<td>40</td>
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<td><strong>N:</strong></td>
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<td>22</td>
<td>17</td>
<td>16</td>
<td>14</td>
<td>13</td>
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</tbody>
</table>

N: number of therapists.
Questions/Collaborations

- Ideas for 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?
- How to determine a fidelity score for each case?:
  - 0 or 1 for each component
  - Max total = 11
- Score for perceived competence (1-5 for less than adequate to expert)
- Aside from fidelity issue – others who are interested in discussing ways to develop/sustain collaborative relationships across community providers for ESI implementation?
Contact Information

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