



Examining the equivalence of fidelity over two generations of KEEP implementation: A preliminary analysis[☆]

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ABSTRACT

Problem: In order to obtain and maintain positive outcomes garnered from evidence-based practice (EBP) models, it is necessary to implement them effectively in “real world” settings, to continually monitor intervention fidelity to prevent drift, and to train new staff due to turnover. The fidelity monitoring processes that are commonly employed in research settings are labor intensive and probably unrealistic to employ in community agencies given the additional burden and cost that they represent over and above the cost of implementing the EBP. Efficient strategies for implementing fidelity monitoring and staff training procedures within the inner context of agency settings are needed to promote agency self-sufficiency and program sustainability.

Method: A cascading implementation model was used whereby agencies who achieved proficiency in KEEP, an EBP designed to prevent placement disruptions in foster and kinship child welfare homes, were trained to take on fidelity management roles to improve the likelihood of program sustainability. Agency staff were trained to self-monitor fidelity and to train internal staff to achieve model fidelity. A web-based system for conducting fidelity assessments and for onsite/internal and remote program quality monitoring was utilized.

Results: Scores on fidelity ratings from streamed observations of intervention sessions showed no differences for foster parents treated by first generation interventionists trained by model developers compared to a second generation of interventionists trained by the first generation.

Conclusion and relevance to child welfare: Development of the local intra-agency capacity to manage quality intervention delivery is an important feature of successful EBP implementation. Use of the cascading implementation model appears to support the development of methods for effective monitoring of fidelity of the KEEP intervention, for training new staff, and ultimately for the development of internal methods for maintaining program sustainability and effectiveness.

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1. Introduction

The implementation of evidence-based treatments in child mental health systems has become a national priority (Hoagwood, Burns, Kiser, Ringeisen, & Schoenwald, 2001). Hyde, Falls, Morris, and Schoenwald (2010) highlighted two important issues that need to be addressed in the process of implementing evidence-based interventions: (1) whether the intervention works when it is implemented in

usual care settings, and (2) ongoing monitoring of how well the intervention is being implemented. The second of these issues is the focus of this paper. We build on previous research that showed that second generation interventionists (trained in a “cascaded” train the trainer condition) achieved comparable child-level outcomes to those obtained by first generation interventionists who were trained by the evidence-based practice (EBP) developers in the context of a randomized clinical trial (Chamberlain, Price, Reid, & Landsverk, 2008). In this paper, a method for monitoring fidelity is described and preliminary findings on fidelity levels achieved by first and second generation interventionists implementing KEEP in real world (non-research) settings are examined. KEEP is a group-based 16 session intervention aimed at strengthening skills of foster and kinship parents serving children ages 4–16 in regular child welfare systems and has been shown to reduce child behavior problems and placement disruptions (Price et al., 2008).

Fidelity has been referred to as, “the demonstration that an experimental manipulation is conducted as planned” (Dumas, Lynch,

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Laughlin, Smith, & Prinz, 2001), and as incorporating the concepts of *adherence* to the intervention's core content components and *competent* execution using proven clinical teaching practices (Forgatch, Patterson, & DeGarmo, 2005). Provision of in-depth training in the intervention model and goals, curriculum content, and training procedures is necessary for intervention fidelity, as is a properly supervised staff. However, neither training nor supervision alone is sufficient in ensuring that the intervention is conducted as planned (Dumas et al., 2001). In the current study, we include a dual focus on facilitator adherence to the KEEP core content components and to the competent process oriented delivery of the intervention. Videotaped recordings of the KEEP group sessions were rated for both coverage of key session components, and effective communication processes. Specifically, potential differences in levels of fidelity are examined between Generation 1 (G1) facilitators who were trained and supervised by KEEP developers, and Generation 2 (G2) facilitators who were trained and supervised by certified KEEP G1 facilitators. To examine potential differences in levels of fidelity by generation we used an equivalence testing design strategy.

1.1. Equivalence designs

Equivalence designs in medical and mental health have been gaining popularity in recent years as researchers seek to implement research-based interventions into real world practice settings and to examine less costly versions or means of conducting interventions that are practical to administer and that meet the same standards as existing treatments (see Eranti et al., 2007; Greene et al., 2010; Hermens et al., 2007; Lovell et al., 2006; Morland et al., 2010; O'Reilly et al., 2007). Equivalence designs have been used when the researchers seek to demonstrate that two interventions are equivalent on an outcome of interest (D'Agostino, Massaro, & Sullivan, 2003; Greene, Morland, Durkalski, & Frueh, 2008). Given equivalence, one intervention might be more appealing than another if it is more efficient.

1.2. The KEEP intervention

KEEP is a group-based parent management training (PMT) intervention for foster or kinship families. Parents receive 16 weeks of foster/kinship family support and training and supervision in behavior management methods. Intervention groups consist of 3 to 10 foster parents and are conducted by a trained facilitator and co-facilitator team. The 90-minute sessions are structured so that the curriculum content is integrated into group discussions. The overall objective is to give parents effective tools for dealing with child externalizing and other behavioral and emotional problems and to support them in implementing those tools. Curriculum topics included framing the foster/kin parents' role as being key agents of change with opportunities to alter the life course trajectories of the children placed with them, and methods for encouraging child cooperation, for using behavioral contingencies, for using effective limit setting, and for balancing encouragement and limits. Sessions focus on dealing with difficult problem behaviors (including covert behaviors), promoting school success, encouraging positive peer relationships, and strategies for managing stress brought on by providing foster care. There is an emphasis on active learning methods; illustrations of primary concepts are presented via role-plays and videotapes. At the end of each meeting, a home practice assignment is given that relates to the topics covered during the session. The purpose of these assignments is to assist parents in specific ways to implement the behavioral procedures reviewed at the group meetings. The facilitator or co-facilitator telephone foster parents each week to trouble shoot any problems they have in implementing the assignment and to collect data on the child's problem behaviors during the past day. If foster parents miss a parent-training session, material from the missed session is

delivered during a home visit at a time convenient for the foster/kinship parents.

1.3. Prior studies

The KEEP intervention is an outgrowth of the social learning-based parent management training (PMT) approach that has been shown to produce positive outcomes for the treatment and prevention of child and adolescent behavior problems in numerous randomized controlled trials conducted in Oregon and elsewhere (e.g., Chamberlain, Price, Leve, et al., 2008; Chamberlain, Price, Reid, & Landsverk, 2008; Kazdin, 1997; Kazdin & Weisz, 1998; Leve & Chamberlain, 2007; Leve, Chamberlain, & Reid, 2005). In addition, prior studies have demonstrated that fidelity of PMT interventions can be sustained at a high rate following scale-up (Forgatch & DeGarmo, 2007). In an initial efficacy trial conducted in Oregon foster families were randomly assigned to one of three groups: (a) enhanced services plus a monthly stipend, (b) a monthly stipend only, and (c) a foster-care-as-usual control group. Treatment for the enhanced groups was conducted by an experienced foster parent who was well versed in the OSLC PMT model and supervised by the KEEP developer (Chamberlain). Results showed decreased child behavior problems and increased placement stability in intervention homes (Chamberlain, Moreland, & Reid, 1992). Next, a second larger effectiveness study was conducted in the San Diego child welfare system in partnership with researchers at OSLC and the Child and Adolescent Services Research Center (CASRC, PI: Price). Seven hundred foster and kin parents caring for a 5- to 12-year-old child were randomly assigned to intervention (KEEP) or control (case work services as usual) conditions. In that study in addition to examining outcomes, a cascading dissemination model was tested. In that model, paraprofessional facilitators hired by CASRC were trained by OSLC developers, supervised weekly by the on-site supervisor and during weekly telephone calls by OSLC. These facilitators and the facilitators of the initial study in Oregon are considered generation 1 facilitators, or G1 (they were trained and supervised by developers). Next, the G1 San Diego facilitators trained and supervised a second cohort; facilitators trained by the G1s are considered generation 2, or G2. An OSLC clinical consultant supervised the G1's supervision of G2 interventionists, but had no direct contact with G2. The G1 and G2 group sessions were videotaped and the tapes were reviewed during supervision sessions. The results showed superior outcomes for children and parents in the KEEP condition and of relevance here, there were no differences in treatment effectiveness for participants receiving the intervention from G1 and G2 (Chamberlain, Price, Leve, et al., 2008; Chamberlain, Price, Reid, & Landsverk, 2008).

1.4. The current study

The purpose of the current report is to examine whether the fidelity observed in the context of the research trials could be generalized to new samples through the implementation of KEEP in community agency settings where the G1 and G2 group facilitators were not part of research teams, but rather conducting the KEEP intervention as part of routine agency care delivered to foster and kin parents. The appealing characteristics of the KEEP G2 condition include the potential for the agency to increase local capacity to train and supervise their own facilitators. This has obvious cost implications and potentially translates into the delivery of more services to children and foster/kin families. Training agency staff to self-monitor intervention fidelity is also appealing and might relate to program sustainment over time (Ory, Jordan, & Bazzairre, 2002). We view the results from the current study as preliminary because the analysis is a post hoc examination of real-world implementations of KEEP and therefore is subject to a number of limitations discussed later.

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