Children and Youth Services Review 39 (2014) 153–159

Contents lists available at ScienceDirect

Children and Youth Services Review

journal homepage: www.elsevier.com/locate/childyouth

From practice to evidence in child welfare: Model specification and fidelity measurement of Team Decisionmaking ☆

Sarah Kate Bearman [a,*], Ann F. Garland [b], Sonja K. Schoenwald [c]

[a] Ferkauf Graduate School of Psychology, Yeshiva University, United States
[b] University of San Diego, Department of School, Family, & Mental Health, United States
[c] Medical University of South Carolina, Department of Psychiatry and Behavioral Sciences, United States

ARTICLE INFO

Available online 8 October 2013

Keywords:
Fidelity measurement
Team Decisionmaking
Child welfare

ABSTRACT

Fidelity measurement methods have traditionally been used to develop and evaluate the effects of psychosocial treatments and, more recently, their implementation in practice. The fidelity measurement process can also be used to operationally define and specify components of emerging but untested practices outside the realm of conventional treatment. Achieving optimal fidelity measurement effectiveness (scientific validity and reliability) and efficiency (feasibility and relevance in routine care contexts) is challenging. The purpose of this paper is to identify strategies to address these challenges in child welfare system practices. To illustrate the challenges, and operational steps to address them, we present a case example using the "Team Decisionmaking" (TDM; Annie E. Casey Foundation) intervention. This intervention has potential utility for decreasing initial entry into and time spent in foster care and increasing rates of reunification and relative care. While promising, the model requires rigorous research to refine knowledge regarding the relationship between intervention components and outcomes—research that requires fidelity measurement. The intent of this paper is to illustrate how potentially generalizable steps for developing effective and efficient fidelity measurement methods can be used to more clearly define and test the effects of child welfare system practices.

1. Introduction

The quest to ensure that an individual with a particular health problem received effective treatment for the problem—regardless of the individual's demographic characteristics, geographic location, payer plans, and the practice preferences of local physicians—catalyzed research on the nature and implementation of "evidence-based medicine" (see, e.g., Grimshaw et al., 2001; Grol & Grimshaw, 1999). That quest extended relatively quickly to the realm of mental health care, and, more recently, to the range of human services provided by child welfare service systems.

Research on the implementation and outcomes of evidence-based psychosocial interventions and other practice innovations by child welfare systems has been relatively sparse (Aarons, Hurlburt, & Horwitz, 2011). This may be due in part to features unique to the child welfare sector. For example, child welfare, but not mental health, agencies are mandated to execute several of the following distinct objectives: investigation of abuse or neglect for the purposes of legal prosecution; child protection from abuse or neglect; provision of health and education for children removed into protective custody; termination of parental rights; facilitation of adoption; family reunification; and, in some systems, provision of treatment to parents in the service of safe reunification. There is inherent indeterminacy and variability in human services designed to address such objectives, and the services are often loosely specified (Glisson, 1992). In efforts to bring clarity to areas in which services are loosely specified, child welfare organizations may emphasize rules, conformity, and adherence to organizational procedures and authority. Such attempts may be "a misguided effort to inject certainty into what is an inherently uncertain technology" (Glisson, 2002, p. 237).

More promising approaches are guided by program theories or conceptual models which posit that a particular objective can be met by taking specific actions; however, the extent to which the actions are implemented, and objectives are met, is often unknown, or is evaluated via uncontrolled or qualitative evaluations. Efforts are underway to more clearly and systematically define the unique objectives of child welfare systems (e.g., to decrease out-of-home placement without increasing the incidence of abuse and neglect), specify strategies to meet these specific objectives, and evaluate the implementation and effects of these strategies (see, e.g., Kaye & Osteen, 2011; Stuczynski & Kimmich, 2010). The challenges that characterize such efforts closely mirror those confronted in research on the development, effectiveness, and

☆ Completion of this research was supported in part by a Career Award (R00 MH083887) and an Advanced Center award (P30 MH074778, J. Landsverk, PI) from the National Institute of Mental Health, and a grant from the Annie E. Casey Foundation awarded to Sarah Kate Bearman. We thank them for their support and acknowledge that the findings and conclusions presented in this article are those of the authors alone, and do not necessarily reflect the opinions of the Annie E. Casey Foundation.

* Corresponding author at: Ferkauf Graduate School of Psychology, 1165 Morris Park Avenue, Bronx, NY 10461, United States.
E-mail address: sarahkate.bearman@einstein.yu.edu (S.K. Bearman).

0190-7409/$ – see front matter © 2013 Elsevier Ltd. All rights reserved.
http://dx.doi.org/10.1016/j.childyouth.2013.10.001

implementation of any effective health and mental health care intervention: to define the intervention (or "program" model), develop adequate (reliable, valid, and feasible) indicators of intervention fidelity, and measure the implementation and effects of the intervention on desired outcomes.

To the extent that the goals of the child welfare and other health sectors differ, the strategies used in each sector to meet those goals could logically be expected to differ (Chen, 1990); to the extent that the goals of each sector are similar, one might logically expect similar strategies to be implemented, and with similar effects. To improve the quality and effectiveness of services provided by and through child welfare systems, discernment is needed regarding the objectives and functions unique to that system, as well as those also executed by other service sectors. Evidence is needed regarding the extent to which strategies found effective for meeting a goal in one service sector can be effective—and effectively implemented—in another. For objectives unique to the child welfare sector, unique strategies may need to be developed and tested; or, previously tested strategies may need to be adapted for use by child welfare systems and their effects evaluated.

In this paper we focus on the benefits and challenges of developing adequate indicators of intervention fidelity; that is, the extent to which the intervention is delivered as intended (i.e., specified procedures are implemented, proscribed procedures are not). The development of intervention fidelity indicators drives the need for clarity in specification and operational definition of essential practice components. Thus, fidelity measurement methods are not just tools to assess the implementation and effects of a treatment or practice that is already evidence-based, but also can be used to build an evidence base for a newly emerging practice, or for a practice that is already in use, but untested.

This paper illustrates, using a case example, how the process of developing fidelity measurement methods that are both effective (characterized by evidence of valid and reliable use of scores) and efficient (feasible and relevant in routine care) (Schoenwald et al., 2011) can be used to more clearly define practices developed by child welfare systems and assess their implementation and effects. The "Team Decisionmaking" (TDM; Annie E. Casey Foundation) intervention is an example of such a practice, currently underway. We briefly describe the TDM model, rationale related to its potential utility for decreasing foster care utilization and increasing rates of reunification and relative care, and the need to measure fidelity to the model. Then, we recap a framework to guide development of effective and efficient fidelity measurement methods (Schoenwald et al., 2011) and consider the operational steps in the development of TDM fidelity measurement methods in light of this framework. We also briefly describe the empirical test of the TDM fidelity measurement procedures that is currently underway.

2. Family engagement in placement decision-making

2.1. Background and impetus for implementation research

In recent years, particular attention has been focused on the need for increased family engagement in what has historically been the adversarial process of decision-making regarding child removal and out-of-home placement in response to safety concerns (Berzin, Cohen, Thomas, & Dawson, 2008). In theory, collaborative efforts among agencies tasked with child protection and the families, community support members, and youth most impacted by agency involvement should yield more creative and acceptable solutions to case challenges, and contribute to reductions in the use of residential foster-care, as well as increased permanency outcomes. A number of family engagement models for child removal and placement have been promoted in recent years (American Humane Organization), including Family Group Decision making (FGDM), Family Group Conferencing (FGC), Family Unity Meetings (FUM) and Team Decisionmaking (TDM). All of these approaches are characterized by at least one formally scheduled meeting, facilitated by a trained professional, and attended by family, friends, service providers and advocates (Stuczynski & Kimmich, 2010).

Research examining these family engagement models has provided some information about how families referred for services are selected for meetings (Crampton, 2007), scope of site implementation following agency initiation of family team meetings (Crea, Crampton, Abramson-Madden, & Usher, 2008), and participant perceptions of meetings (Rauktis, Huefner, & Cahalane, 2011). Although it is widely believed that these practices show "promising outcomes" (Pennell & Anderson, 2005, p. 4), a randomized clinical trial of one variant, FGDM, did not show statistically significant positive outcomes—placement changes, family stabilization, or length of time to reunification—for youth receiving the intervention compared to those receiving traditional services (Berzin et al., 2008). Unfortunately, consistent with much of the research in this area, there was no measure of intervention adherence or differentiation across conditions in this trial, thus prohibiting conclusions regarding the effectiveness of the FGDM model. For example, the researchers noted that in each agency where the experimental intervention was implemented, caseworkers were exposed to the philosophies and principles of FGDM, which may have led to contamination of the comparison group—thereby decreasing the noticeable differences between the two groups. In this instance, systematic measurement of the extent to which both groups used the prescribed elements of FGDM—i.e., FGDM fidelity—would have clarified whether the two interventions were indeed different. Likewise, the researchers posited that there may have been site (agency) differences in FGDM implementation that attenuated its effects. Here, too, fidelity measures assessing the integrity of the intervention to the theoretical model at each site would have produced data to discern the potential efficacy of the FGDM model from problems with its implementation (Berzin et al., 2008).

In general, studies assessing the impact of family engagement practices on outcomes of interest within the child welfare sector have not adequately addressed practice fidelity, obscuring our understanding of the results (see, e.g., Gunderson, Cahn, & Wirth, 2003; Litchfield, Gatowski, & Dobbin, 2003; Pennell & Burford, 2000). Without measurement of implementation fidelity, it is impossible to know the extent to which an intervention is delivered as intended. When fidelity to the intervention is documented, the association between the intervention and the outcome of interest can be interpreted with greater confidence. Moreover, without fidelity measurement, it is challenging for agencies to pinpoint areas where practice needs refinement or improvement, and it is impossible for policymakers to differentiate between potentially effective programs that were implemented poorly and those that are not efficacious (Bellg et al., 2004; Calsyn, 2000). Finally, evaluation of associations between fidelity to the components of a theoretical model of the intervention in question, and outcomes of interest, is needed to infer that observed outcomes are attributable to intervention effects. Such evaluation facilitates discernment of the essential, non-essential, and innocuous—or, worse—detrimental, components of the theoretical model of the intervention. To identify and differentiate components that are essential and non-essential, and positively or negatively related to the desired outcome, we need accurate and acceptable measurement strategies. Thus, while family engagement strategies are popular and have been applied widely, assessing the fidelity of their implementation is a necessary step towards establishing the effectiveness and public health utility of these strategies.

3. The Team Decisionmaking (TDM) model

3.1. Background

Team Decisionmaking is among the most evaluated of family engagement strategies, and is a core component of Family to Family (F2F), a national child welfare reform initiative sponsored by the Annie E. Casey Foundation. TDM meetings invite key agency personnel, birth family, community support people and extended family to convene for any