

Perspective from the field

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Our experience in assessment
of fidelity

Reflections on a new measure
of fidelity

Current efforts to assess fidelity in Wake County, NC

- ▶ Assessing *adherence* to the protocol - content
- ▶ Using session checklists; % steps completed

 **Group Lifestyle Triple P**
Session 1 Checklist



Use this as a guide and as a record of what you covered in the session. Indicate with a tick if the item was covered. Leave blank if the item was omitted.

Date: Number of participants:

Start time: Finish time:

Content checklist

01. Introduction

- Welcome parents and introduce yourself
- Collect completed *Questionnaire Booklet One*
- Provide an overview of Group Lifestyle Triple P

02. Agenda

- Provide an overview of the session

03. Working as a group

- Exercise 1: Setting basic ground rules for the group

Current efforts to assess fidelity in Wake County, NC

- ▶ Providers ($n=300+$) complete checklists after each delivery
- ▶ Agency contact ($n=37$) completes quarterly report
- ▶ Program evaluator combines reports & prepares summary project report
- ▶ Project report is reviewed in quarterly coalition meeting
- ▶ To be used for quality improvement

Benefits to this approach



- ▶ Session checklists are a readily available tool
- ▶ Easily incorporated into training courses
- ▶ Checklists inserted in each *Provider Guide*
- ▶ Face validity (acceptable)
- ▶ Useful as step-by-step guide in early cases (buy in)
- ▶ No additional resources needed (cheap)
- ▶ Easy to summarize for feedback
- ▶ Potentially contribute to coaching efforts

Over 4 years of delivery

- ▶ Adherence data on $N = 1,703$ cases
- ▶ $M = 81.64\%$ ($SD = 24.5\%$); range = 5%-100%

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But...

- ▶ Participation is not 100% (“*I don’t have time*”)
 - ▶ 1,703 cases out of 5,263 total deliveries of Triple P
 - ▶ 34% of all cases
- ▶ Session checklists sometimes aren’t readily available
- ▶ Confusing if practitioners shift levels
- ▶ For group Triple P, very time-consuming because must complete for each caregiver
- ▶ Also, limitations
 - ▶ Only one component of fidelity
 - ▶ Reliance on self-report: Observations planned but not possible given 5% FTE

Attempted solutions

- ▶ Organization of materials
 - ▶ Peer support sessions
 - ▶ Coaching
 - ▶ Newsletter article
- ▶ Consultation regarding shifting levels
- ▶ Dropped the requirement for practitioners delivering at high volume daily
 - ▶ Mental health counselors embedded in pediatric practice
 - ▶ Pediatrician and nurse in health clinic

Providers' report on completion

| | | |
|---|-------------|--------------|
| Completed Satisfactorily | 4434 | 84.2% |
| Family left area | 15 | 0.2% |
| Family terminated services from the agency | 147 | 2.8% |
| Family terminated Triple P, but continued other services at agency | 80 | 1.5% |
| Other reason | 98 | 1.9% |
| No outcome reported | 371 | 7.0% |

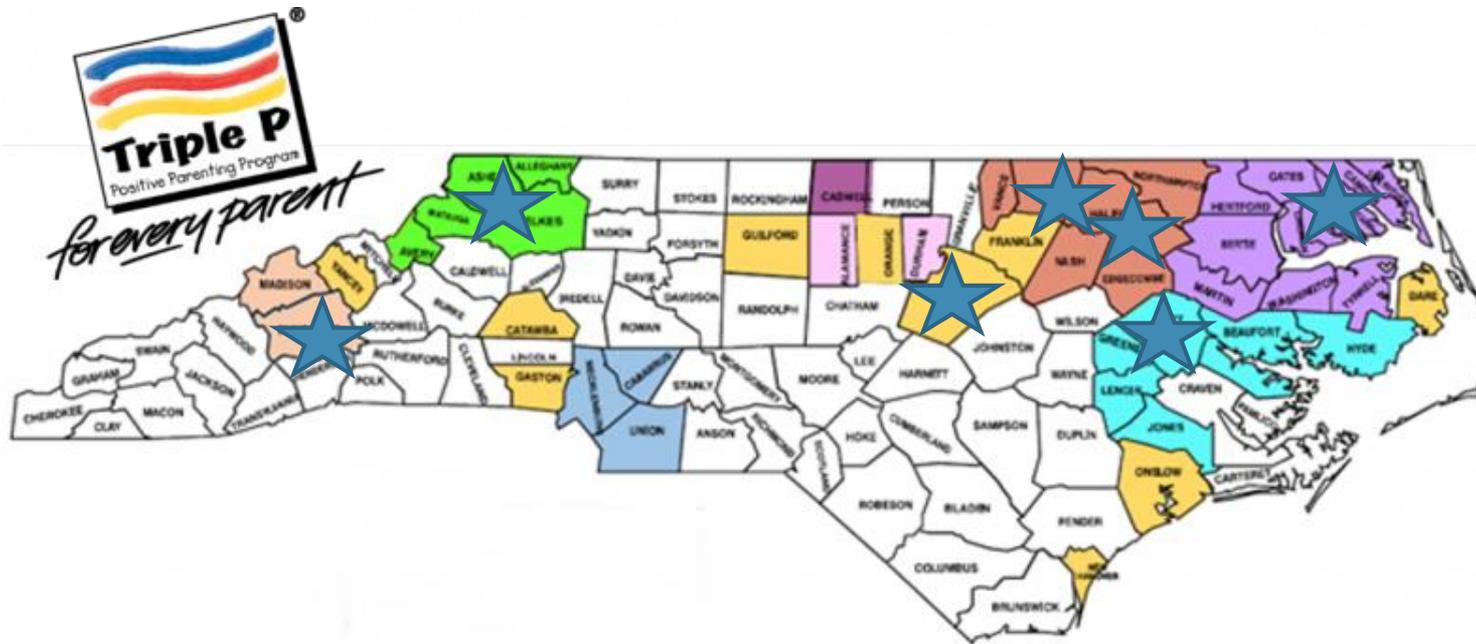
Our next steps

- ▶ Pilot a tool in development - “Session checklists PLUS” with additional components of fidelity added
- ▶ *Hope* to use in several volunteer agencies
 - ▶ Who?
 - ▶ How?
 - ▶ Incentives?
- ▶ Collect process data on challenges and successes - Who?

“Without an infusion of energy to contain it, entropy or disorder will increase in a system.”

Where will that **ENERGY** come from??

Cautions based on focus groups & online survey data from providers across NC



Preface...

Direct quotes from practitioners in focus groups are shared with the upmost respect for these incredibly dedicated, hard-working professionals who gave their time to inform us about their experience with Triple P.

Challenge: time to even *deliver*

- ▶ ...and I do a safe sleep class for kids programs...and it's kind of- you've got to do what you've got to do in that certain amount of time in order to bill for child birth class. I just don't have time to put it [Triple P] in there. We're just trying to keep the kid alive past a certain age.
- ▶ It would be nice to have some kind of supplement for the providers like if a provider...saw 10 parents and turned in the evaluation, like some kind of pay supplement as an incentive. ...that could be a motivator. A lot of them are making minimum wage and working long hours, and then you've got to do a parenting supplement on top of it. It's just a lot to ask.

Challenge: time, time, time

- People just feel kind of full of programs and information so you can see a little look of “Okay, like, it’s something else...” And because there is a lot of stuff that’s state mandated, ...or stuff that we have to do. Sometimes people.. they’re like, “Maybe if I don’t do it, she’ll just go away and won’t ask me about it.”
- And then of course you know for me, within the agency, it is almost like implementing the program for me is something extra that you are not really getting credit for, in a sense.

Challenge: added data collection?

P: Part of the training should be for us to be able to maneuver through the website because through training you only get the basic training and how to implement it. ...My first time I struggled trying to put the information in there and you know I was like “you gotta be kidding me”.

P: I don't even do that, so I don't know.

P: See, I never put anything in the system.

P: Me either.

P: It is a task trying to get that in there ... Anyway, I just ended up saying “Ok”. I put the basics in there and that is what you can get from me.

P... they really need to sit back and revise those forms. Thank you so much for mentioning that because that is really overwhelming.

P: Yeah, it is a lot.

P: All of it. Just starting it. It just sucks, I am telling you. It is just “oh my god”...I think it should be revised... because the paperwork is really intense, or to me it is. And like she was saying, how is she gonna input that when she got her own business to do and now she has to input this extracurricular stuff and not get paid for it? Like she said, she is not getting credit for it, and it is not fair.

How easy is the process of data reporting?

| | Number of providers | % |
|---|---------------------|-------|
| Data reporting is confusing and/or difficult | 34 | 11.4% |
| Data reporting is straightforward; I have no concerns | 165 | 55.6% |
| I have no idea what data should be reported | 50 | 16.8% |

Challenge: Fidelity with flexibility -*how much flexibility??*

- ▶ I mean, I would help families the best way I could but I don't know that I would absolutely follow 100% of Triple P.
- ▶ Hesitancy to begin to use Triple P seems to come, at least in part, from providers' very strong feeling that they can't implement Triple P at all unless the circumstances are perfect and they can use it with 100% fidelity. This feeling can be paralyzing.
- ▶ It feels very scripted and rigid in the way I provide it.

Who would provide feedback, and when? In supervision? In peer support?



If your agency has regular supervision or staff meetings, is Triple P discussed?

| | Number of providers | % |
|---|---------------------|-------|
| My agency does not have regular supervision or staff meetings | 44 | 15% |
| Yes we have meetings; Triple P is never discussed | 43 | 14.6% |
| Yes, we have meetings; Triple P is sometimes discussed | 118 | 40% |
| Yes, we have meetings; Triple P is often discussed | 36 | 12.2% |
| Yes, we have meetings; Triple P is always discussed | 18 | 6.1% |

But, no doubt, attention to fidelity is needed!

I do the standard level 4. I've done it with quite a few parents but I have never actually completed all the sessions.

Yea so I don't use it in a manualized way like I was trained to do, but I do use what I can in the primary care setting.

Well "going through it" was that one session, you know, which Level 3, that is one session. You can do one session and say they've completed Level 3. But the parent doesn't have the kid, so it don't work. It's awful.

So a lot of times I just give them a tip sheet and ask them to think about it, then I can follow up with a phone call. A lot of times they'll read it, look it over, and find something they want to work on.

New tools should...

- ▶ ...be easy to collect in variety of settings
- ▶ ...generate data that are easy to summarize and meaningful for practitioners
- ▶ ...relate to real-world coaching
- ▶ ...lead to improved delivery of Triple P (utility)
- ▶ ...be connected to training courses
- ▶ ...support fidelity with flexibility
- ▶ ...take into account learning curve
- ▶ ...generate data that predict relevant outcomes (validity)

Potential points for Discussion:

- How many folks in the room are currently attempting to collect data on fidelity to Triple P?
 - What successes are you having?
 - What challenges are you having?
- What would be helpful to you in monitor fidelity?
- For those that aren't actively tracking fidelity, what are some of the barriers?
- Potential solutions to those barriers?