Welcome to the Webinar:

Applying Prevention Science to Practice

What Implementation Experts Need to Know About Program Fidelity
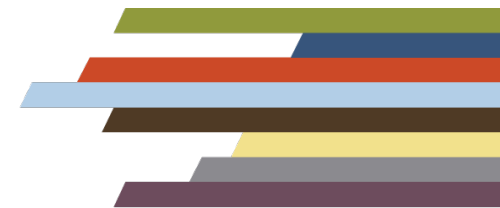
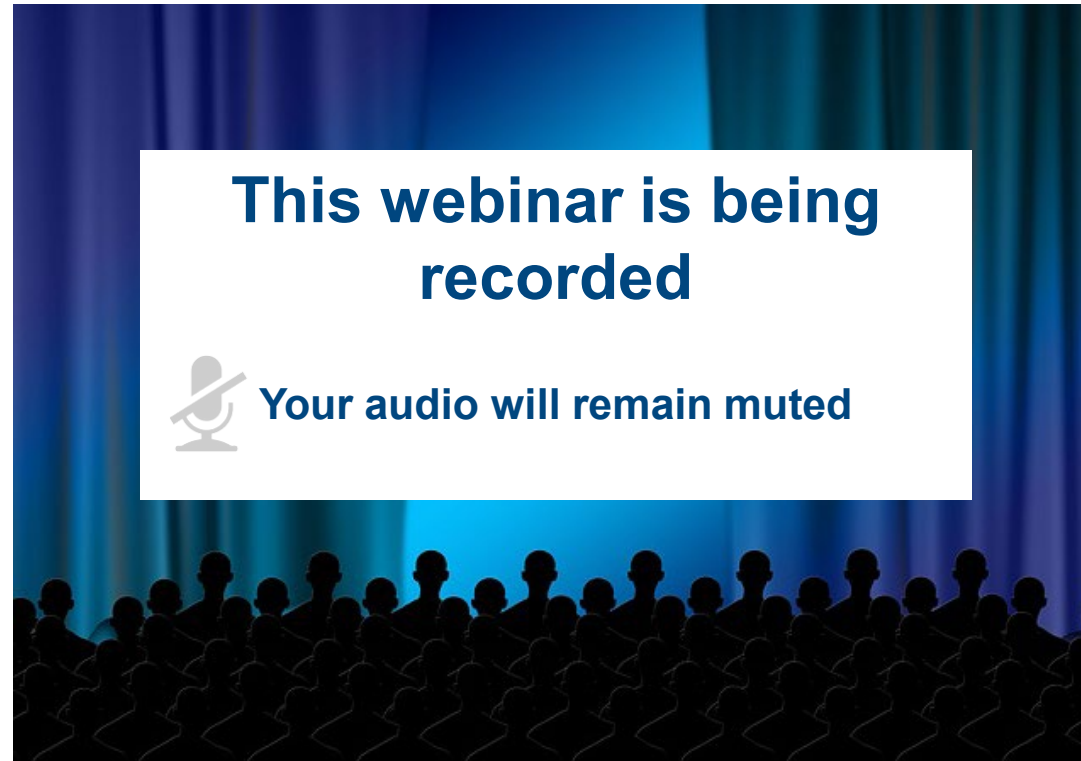# The Webinar Is Now Live

This webinar is being recorded

Your audio will remain muted

- This webinar is being recorded and will be available for future viewing along with a copy of today's slides.
- The slides are shared in the chat feature
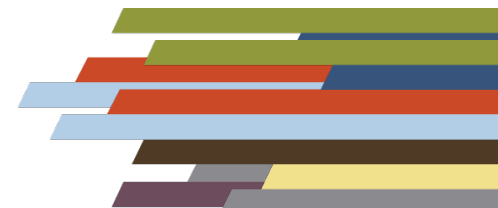
Technical Information

This webinar is being recorded and archived and will be available to all webinar participants.

This training was developed under the Substance Abuse and Mental Health Services Administration's Prevention Technology Transfer Center task order. Reference # 1H79SP081018.

For training use only.

The PTTC NCO would like to acknowledge the **Mountain Plains PTTC** in supporting this webinar.

Audio

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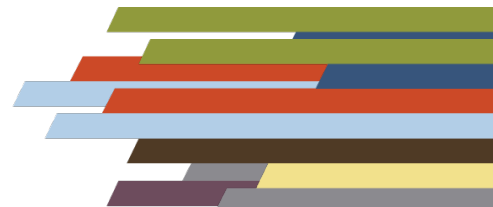
Chat and Q&A

- Please use the chat feature for comments or questions. We welcome your thoughts and hope for a rich conversation in the chat.

- You may also type questions for our presenters at any time during the presentation in the Q & A feature

- We will host a Q & A session after the slide presentation.

Chatting in Zoom Webinar

To ensure all attendees see your comment or question please do the following:

1. Go to "To:" at the bottom of the chat feature

2. Select the down arrow next to "All Panelists"

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4. The bottom should now read
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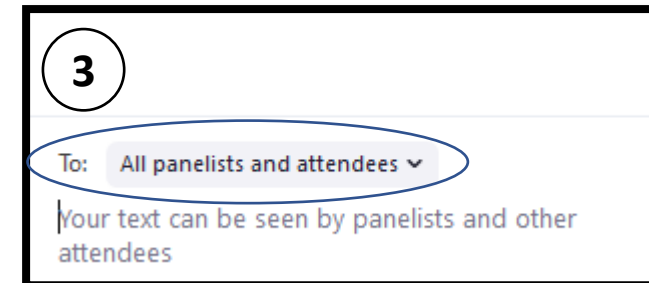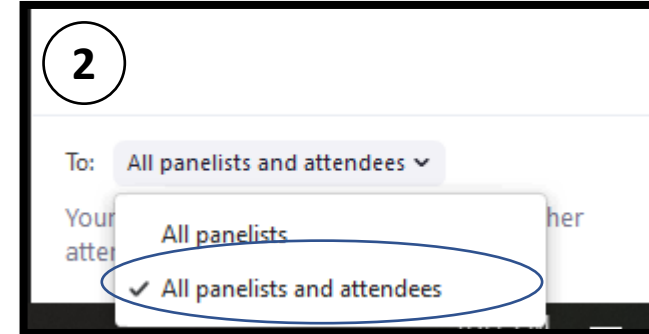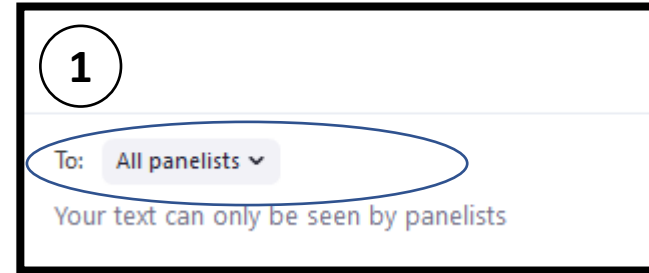
Language Matters

The use of affirming language inspires hope.

LANGUAGE MATTERS.

Words have power.

PEOPLE FIRST.

The PTTC Network uses affirming language to promote the application of evidence-based and culturally informed practices.
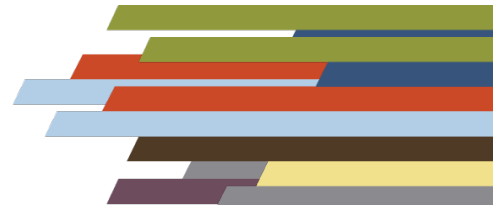
PTTC
Prevention Technology Transfer Center Network
Funded by Substance Abuse and Mental Health Services Administration

PTTC Network

REGION 10
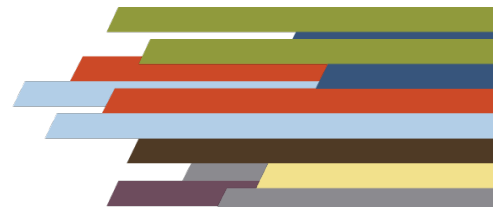Northwest PTTC
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University of Missouri - Kansas City

REGION 5
Great Lakes PTTC
University of Wisconsin-Madison

REGION 2
Northeast & Caribbean PTTC
Rutgers University

REGION 1
New England PTTC
AdCare Maine

REGION 9
Pacific Southwest PTTC
University of Nevada, Reno

REGION 3
Central East PTTC
Danya Institute

National Hispanic and Latino PTTC
National Latino Behavioral Health Association

National American Indian and Alaska Native PTTC
University of Iowa

American Samoa, Commw. of the Northern Mariana Islands, Federated States of Micronesia, Guam, Rep. of the Marshall Islands, Rep. of Palau

Hawaii

REGION 4
Southeast PTTC
Wake Forest School of Medicine

REGION 6
South Southwest PTTC
University of Oklahoma

REGION 7
Mid-America PTTC
ACT Missouri

U.S. Virgin Islands

Puerto Rico

Evidence-Based Intervention Work Group

Mission
Promote the effective selection and implementation of evidence-based interventions for prevention professionals and stakeholders in order to provide services with fidelity that are culturally intelligent and result in positive outcomes.

Today's Presenter

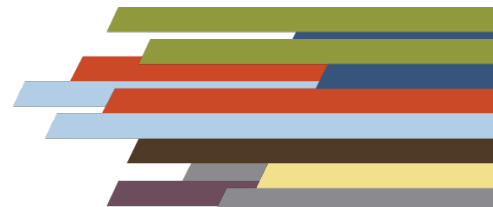**Dean Fixsen, Ph.D.** began his career in human services in 1963 as a psychiatric aide in a large state hospital for children with profound developmental delays.

Dean received his doctorate in experimental psychology from the University of Kansas in 1970. Dean has spent his career developing and implementing evidence-based programs, initiating and managing change processes in provider organizations and service delivery systems, and working with others to improve the lives of children, families, and adults.

Over the past five decades, Dean has co-authored over 150 publications with seminal contributions to the evidence-based movement and implementation science.

What do you think?

Please check the response that reflects what you know or believe about fidelity

A. Fidelity assessment is not necessary for any professional already accredited to practice in a given field of expertise

B. It is difficult to interpret intervention outcomes unless fidelity of the use of the intervention is known

C. Fidelity is necessary only in an experimental trial designed to test the efficacy of an intervention

D. Fidelity requirements interfere with clinical judgement and doing what is best for recipients (e.g., patients, clients, students)

Today

- The role of fidelity in producing/evaluating program outcomes
  - Innovation fidelity and outcomes
  - Implementation fidelity and outcomes

- EBP Registries
  - What they assess and rate
  - What you need to know

- What to do next
  - Operationalize the practice/program
  - Assess "Is it there?" and "Does it matter?"
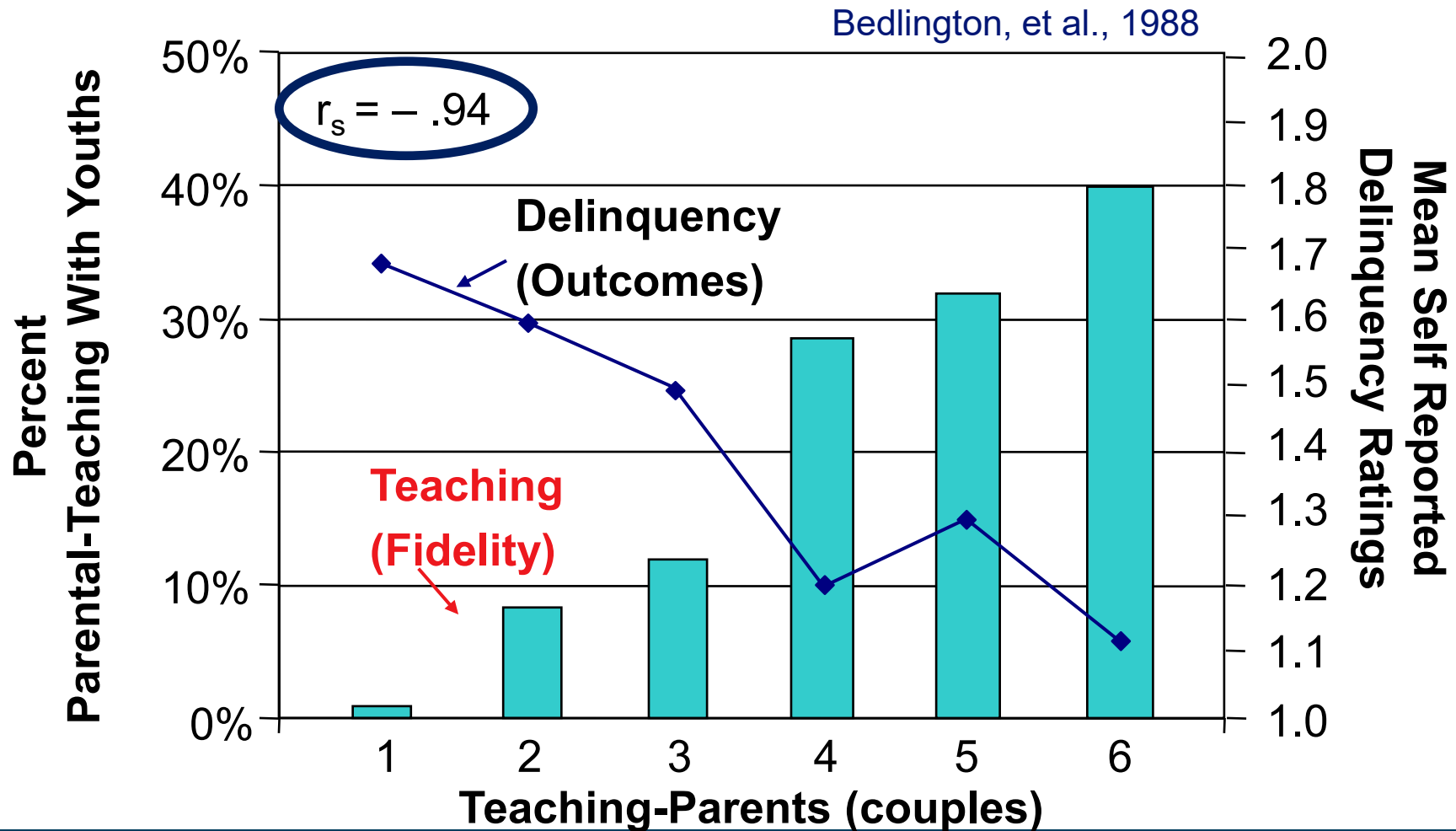
Fidelity

- Fidelity
  - Are you doing what you intend to do?
  - How do you know?
  - Does it make a difference?

- Fidelity sets a minimum standard for using an innovation

Innovation Fidelity: TFM

Essential Components and Outcomes

Bedlington, et al., 1988

Functional Family Therapists

(WSIPP, 2002: http://www.wsipp.wa.gov/pub.asp?docid=02-08-1201**)**
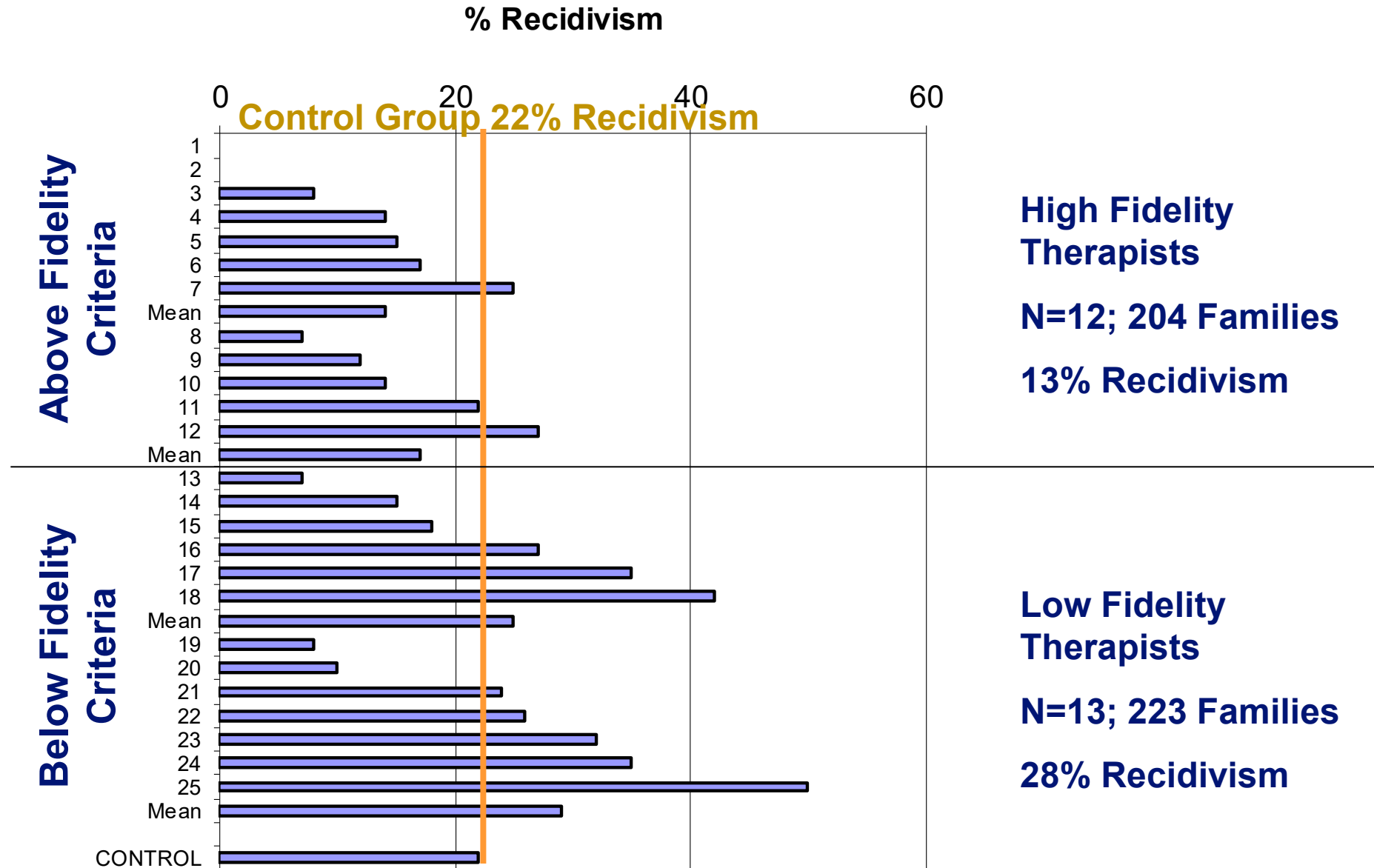
Quintile Analysis: FFT

Consequential Validity: Does it Matter?

Average Fidelity Score	Average Outcome Score
Top 20% (High Fidelity Use)	8% recidivism
Bottom 20% (Low Fidelity Use)	34% recidivism

4 X better outcomes for youth

Fidelity & Outcomes

Dialectical Behavior Therapy
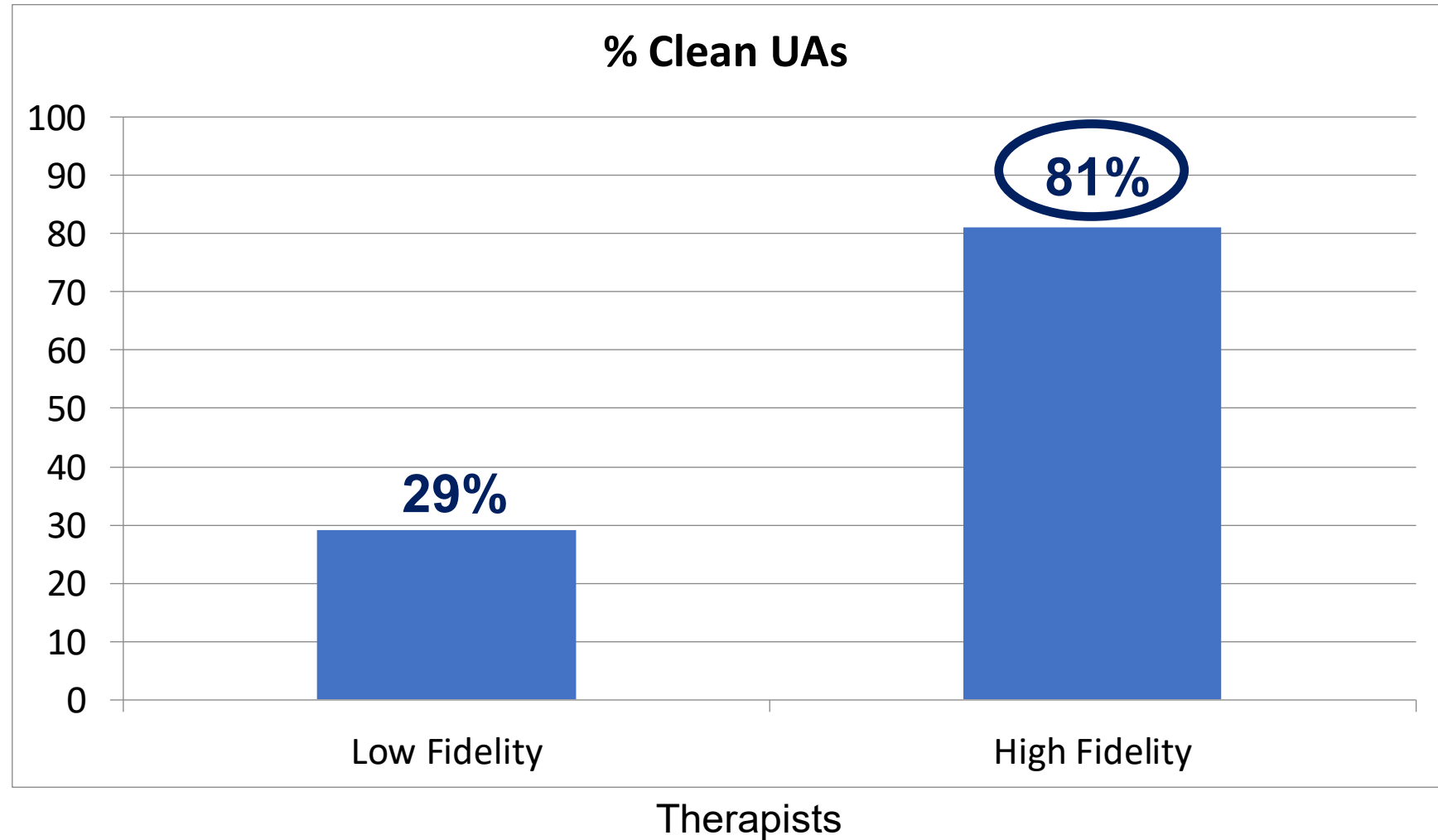
Heroin-dependent women with borderline personality disorder

Clean urinalysis (UA) indicates no drug use

% Clean UAs

What do you think?

Please check the response that reflects what you know or believe about fidelity

A. High fidelity use of an innovation produces better outcomes than lower fidelity use of the same innovation

B. Fidelity of use of innovations does not seem to matter much

C. Assessing fidelity of use of innovations seems to be more trouble than it's worth

# Fidelity Assessment Domains are Universal

Type of Fidelity Assessment	Measurement Methods – Data Sources		
	Direct Observation (face-to-face, audio, video)	**Record Reviews (electronic or paper documents)**	**Ask Others (opinions, experiences, observations)**
Context – Prerequisite conditions that need to be in place regarding setting, qualifications, preparation.			
Content – Extent to which the required core content is used, referenced, monitored, or accessed and/or documenting absence of activity or content that is proscribed or should be avoided.			
Competence – Extent to which the core content and competencies are skillfully used	TFM FFT DBT		

Fixsen, Blase, & Van Dyke (2019, Chapter 9)

Fidelity & Outcomes are Not Linear

At what point is a good enough Fidelity Score related to a good enough Outcome?

Based on Strain (2018)

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Fidelity Matters

Good Enough?
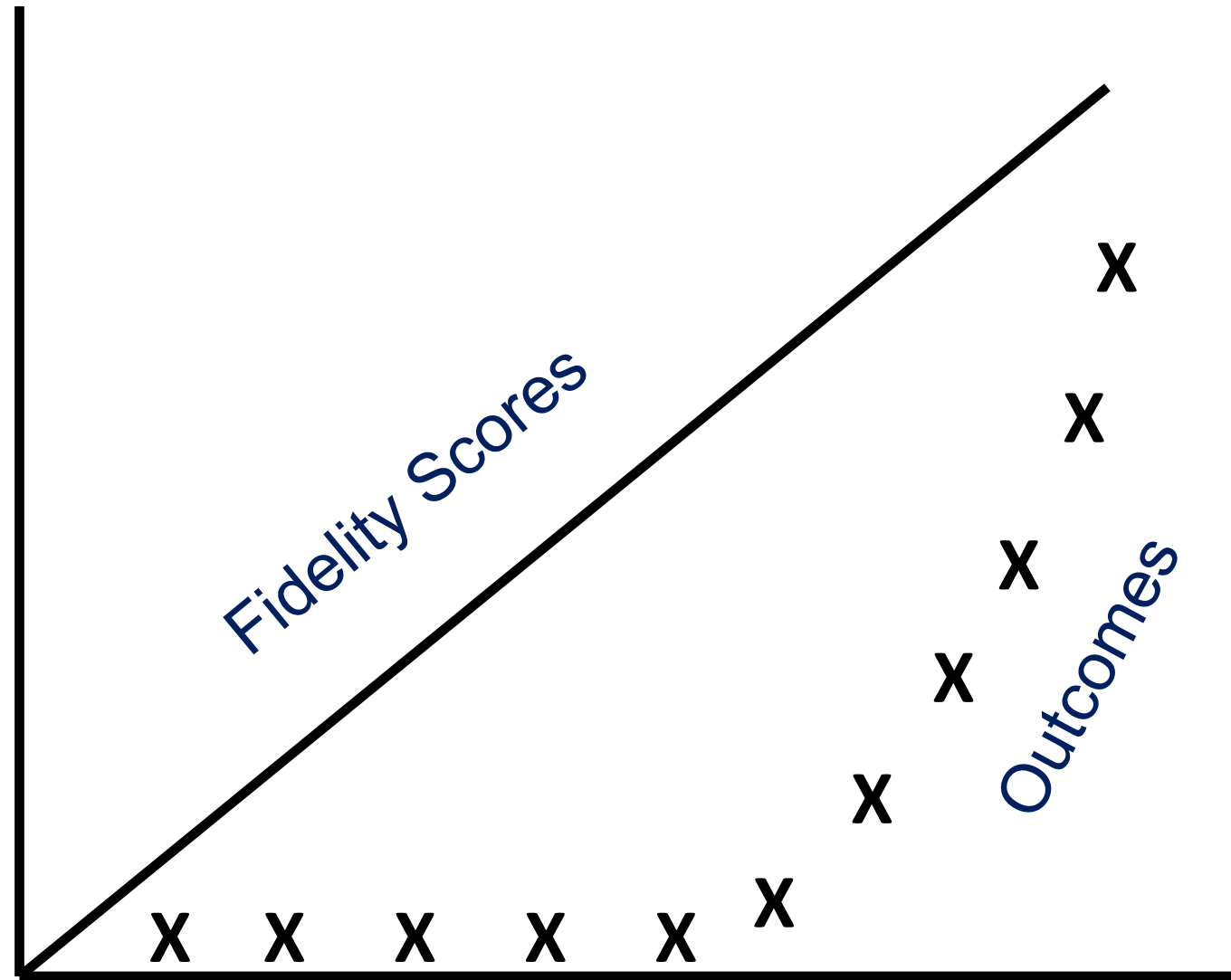
- With improved implementation supports for staff and clinic organizations, the Basic Emergency Obstetric and Neonatal Care (BEmONC) fidelity score (0 to 10 scale) increased from 4.3 at baseline to 6.7 at follow-up

- The 134 health centers' rates for safe delivery practices and dealing with complications during birth increased from 24% to 56%

- The essential components of BEmONC were not adapted to somehow fit better with each of the 134 health centers. Instead, staff practices and operations within each health center were changed to deliver the essential components of BEmONC as intended (with fidelity).

Tiruneh, Karim, Avan, Zemichael, Wereta, Wickremasinghe, . . . Betemariam, W. A. (2018)

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Adaptation

Evidence-based programs and other innovations are, by definition, new ways of work

- Therefore, in every case, there is a (more or less) poor fit between an innovation and an existing staff group, organization, and system
    - Adapt-first view: the innovation must change to fit the existing ways of work in the staff group, organization, and system
    - Fidelity-first view: the existing ways of work in the staff group, organization, and system must change to support the full and effective use of the innovation

If we continue to do what we have always done [even using new language] we will continue to get what we have always gotten (Jessie Potter, 1981)

- Use of innovations is synonymous with change in practices, organizations, and systems – plan on it!
- Fidelity first assures attention to relevant areas requiring change (Weick: "if there are no errors, there is nothing to learn")

Weick (1987); Nord & Tucker (1987); Blase & Fixsen (2013)

What do you think?

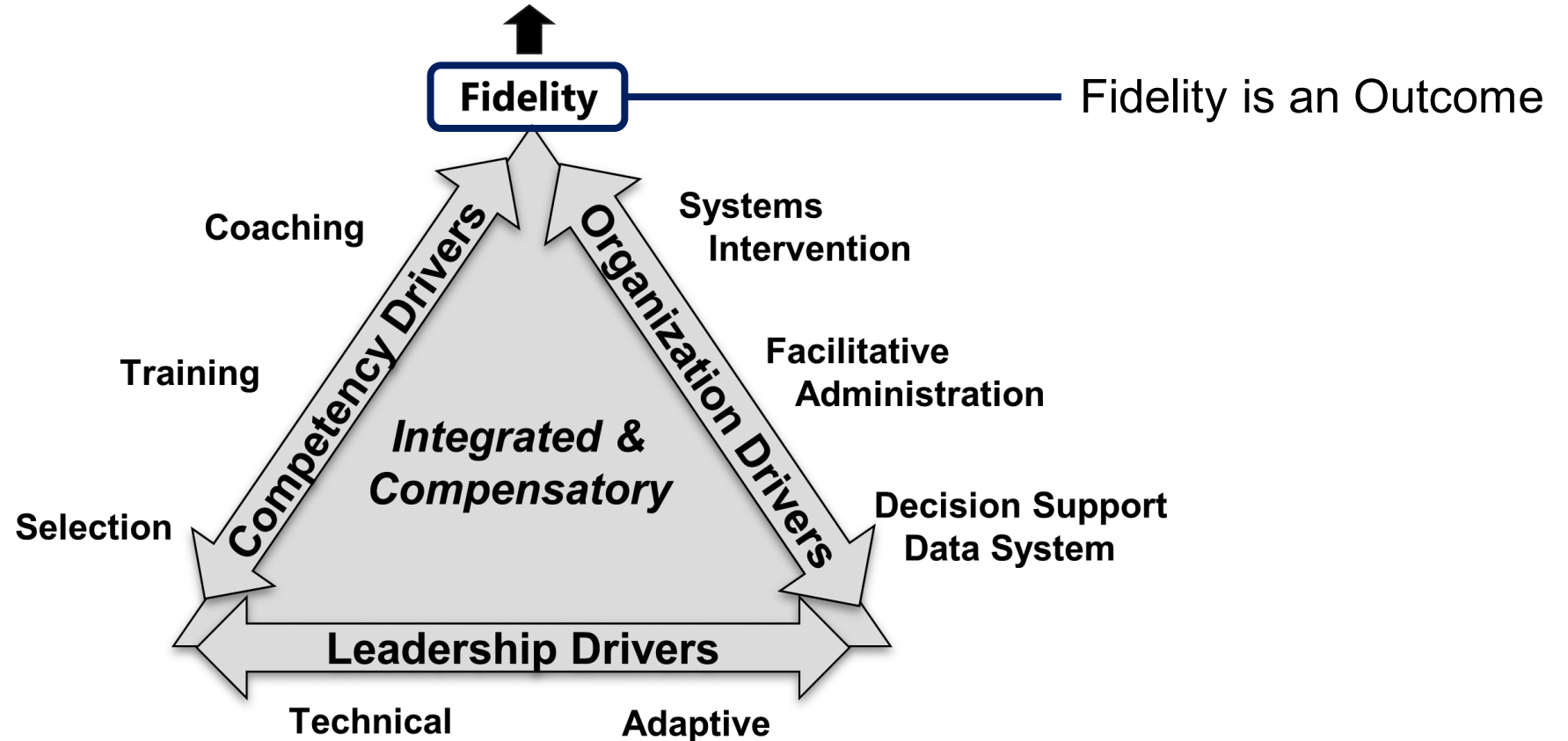Please check the response that reflects what you know or believe about fidelity

A. Tailoring and adapting evidence-based innovations should be done at the discretion of accredited professionals

B. Fidelity may be OK in many cases, but clinical judgement and doing what practitioners' think is best for recipients (e.g., patients, clients, students) takes precedence

C. Fidelity of the use of evidence-based innovations always is important for achieving intended outcomes

© Fixsen & Blase, 2008

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What do you think?

Please check the response that reflects what you know or believe about fidelity

A. Practitioners are responsible for assuring they make high fidelity use of an innovation

B. Implementation teams and organization staff are responsible for assuring support for practitioners so that they can high fidelity use of an innovation

C. High fidelity use of an innovation is the product of the attitude of the practitioners

Today

- The role of fidelity in producing/evaluating program outcomes
  - Innovation fidelity and outcomes
  - Implementation fidelity and outcomes
- **EBP Registries**
  - **What they assess and rate**
  - **What you need to know**
- What to do next
  - Operationalize the practice/program
  - Assess "Is it there?" and "Does it matter?"

EBP Registries

All – Focus on research methods and overall outcomes

Recent – include descriptions of the program (e.g., Blueprints)

Recent – include information on dissemination and replication (pioneer: Kevin Hennessey; SAMHSA Implementation Awards - 2008)

SAMHSA'S Pacific Southwest Prevention Technology Transfer Center

Table of Contents

DRAFT

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1,200+ Outcome Studies

What is the Independent Variable? Is the intervention there or not?

Essential Components Operationally Defined?
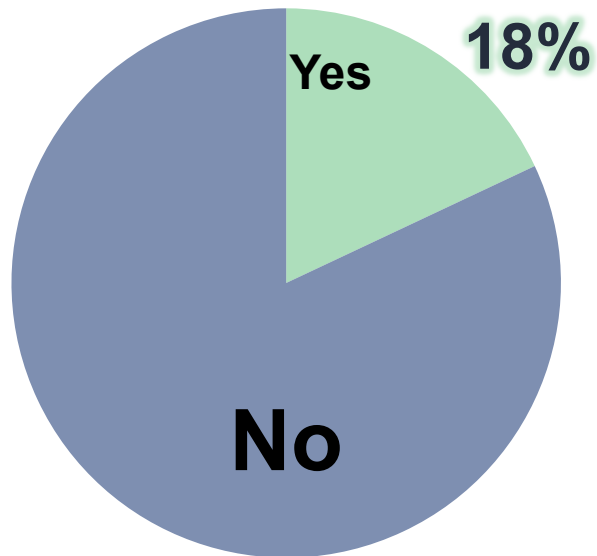
Fidelity Assessments Correlated with Outcomes?

18%

Yes

No

7%

Yes

No
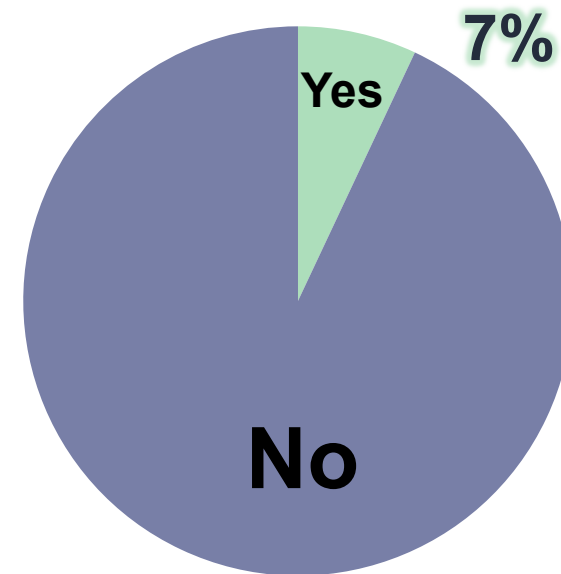
Moncher & Prinz (1991); Gresham, et al. (1993); Dane & Schneider (1998); Durlak & DuPre (2008); Naleppa & Cagle (2010)

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Usable Innovation Defined

Described clearly: what it is and who it is for

Essential components are identified

<u>Essential components are operationalized</u>

Practical measure of fidelity (use of essential components) is available and is highly correlated with intended outcomes

Blase & Fixsen (2013)

Usability Testing

Small Tests; Functional Relationships
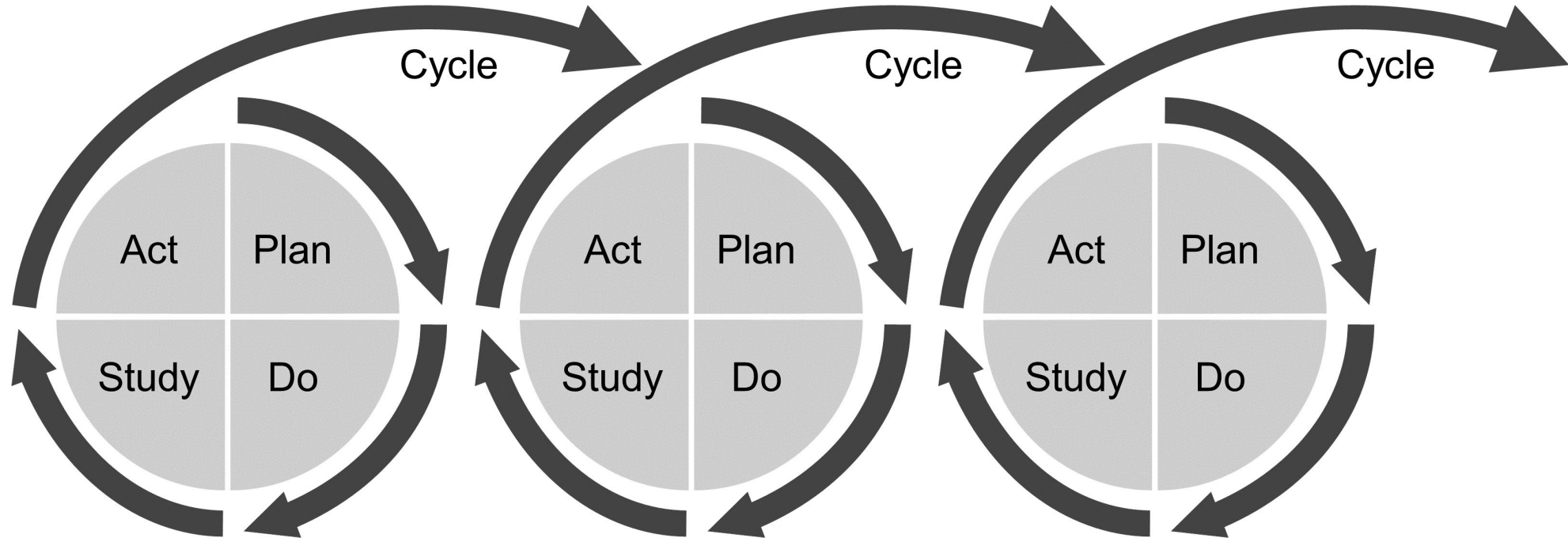
Trial and Learning

Fidelity of using Usability Testing

Component	N=73
Plan	100%
Do	???
Study	15%
Act	14%
Cycle	19%
PDSAC	3%

What do you intend to do?

Did it make a difference?

Change to Plan B?

Did you do what you planned?

Improve doing Plan A?

Taylor et al. (2014)

Based on "a belief that people would be motivated and willing to use PDSA, that PDSA was easy to understand, and that PDSA was easy to apply in practice" (McNicholas et al. 2019)

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Summary

- Fidelity
  - Are you doing what you intend to do?
  - How do you know?
  - Does it make a difference?

- Fidelity sets a minimum standard for using an innovation

What do you think?

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https://www.amazon.com/dp/1072365529

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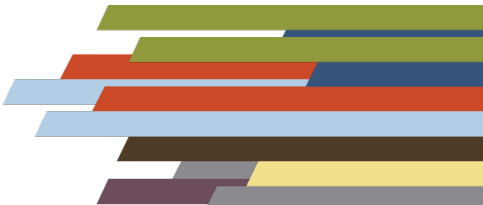# Questions?

Join Our Learning Lab

- If you enjoyed this webinar and would like to have a collaborative discussion with professionals in the field on this topic, join our corresponding Learning Lab on **May 18th** at 1pm Central Time (2pm Eastern)

- https://umsystem.zoom.us/meeting/register/tJUtdOqqqTguEtOPPPgl DIplcAEZnPcInedb
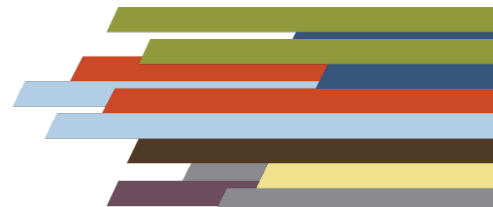
Webinar Information

- In approximately one week, you will receive an email that will contain instructions on how to download and print your **certificate of attendance**.

- The webinar recording and slides will be made available on the PTTC website: **PTTCnetwork.org**.

- Please click on the **evaluation link** in the chat feature, your response helps drive the work of the PTTC Network, we appreciate your time and value your opinion.

GPRA Survey

- Please complete our GPRA survey sent out in chat!

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