

## Think Tank Summary: Toward Effective and Efficient Fidelity Measurement in Practice

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### **Key Challenges Addressed in Think Tank:**

- 1) How can we measure fidelity in community practice settings in ways that are effective (e.g., valid and reliable) and efficient (e.g., feasible, meaningful and useful for policy makers, administrators, providers, and consumers)?
- 2) What are the trade-offs between effective and efficient fidelity measurement and what do they imply for strategies to advance our field?

### **Knowledge Needed to Address Challenges**

- 1) The required precision of fidelity measurement and the associated balancing of effectiveness and efficiency priorities should be driven by the intended purpose of the fidelity measurement (i.e., the decisions to be made based on the data). Think tank participants (panel members and audience) discussed the fact that different stakeholders will likely have different priorities regarding the purposes of fidelity measurement. The importance of explicit identification of the purposes and intended uses of fidelity measurement according to different stakeholder groups was emphasized. Think tank participants debated whether it is possible for one measure to effectively address multiple purposes as well as the risk of fidelity measurement tools being used to address an unintended purpose. The importance of learning more about how and why fidelity assessment is important to community-based providers and other stakeholders was discussed (e.g., ensuring that the payors get what they paid for and identifying practice components that are associated with desired outcomes). In addition, participants discussed emerging fidelity assessment methods that can be integrated into ongoing practice and the importance of learning more about the clinical utility and sustainability of such measurement approaches.
- 2) There is limited consensus in our field regarding the optimal level of analyses at which to assess intervention fidelity and consequently, there is tremendous variation in approaches to assessing fidelity. These range from broad, molar approaches assessing adherence to general principles across an intervention, to molecular level approaches assessing adherence to specific behaviors within intervention sessions. Some treatment models are amendable to molecular level, task-specific measurement, while others preclude such measurement and would require molar, principle-based approaches. Variability in measurement approaches presents challenges to standardizing approaches to fidelity assessment, but this variability also reflects potential flexibility in meeting the needs of different purposes which require different levels of precision in measurement approaches.

Additional complexities associated with multiple aspects of fidelity assessment, such as potential blending of the constructs of competence and adherence, complicate moving toward shared definitions of fidelity and established norms for measurement.

- 3) More efficient fidelity measurement tools have been developed recently, such as client self-report and interventionist self-report, but data on the validity of these types of measurement tools is limited. In particular, more information is needed regarding the relationship between these types of measures and client outcomes.

Few studies have examined concordance across measurement methods, but limited available data suggests there may be weak concordance between observers' ratings of intervention content and the interventionist's self-report. Potential explanations for this discrepancy were discussed, including inability for observers to rate interventionists' intent, potential social desirability effects and other demand characteristics, such as evaluation consequences.

- 4) Quality improvement initiatives which have included clinician training combined with treatment process and outcome measurement feedback, have been associated with improvements in clinical outcomes (e.g., State of Hawaii; Chorpita et al). These types of efforts rely on efficient measures of practice elements.

#### **Questions for Future Research**

- 1) What are the relative strengths and weaknesses of different informants' (e.g., consumer/client, individual clinician/interventionist, supervisor/manager) perspectives on reports of intervention implementation? We currently have limited data on the validity of different informants' reports and the extent to which these are related to other data sources.
- 2) How can technological advances in hardware, software, and social networking be used effectively and efficiently for intervention fidelity measurement?
- 3) Can we achieve any consensus about optimal levels of analysis for defining intervention components and measuring fidelity? What levels of analysis may be appropriate for what types of fidelity measurement for what purposes?
- 4) Can fidelity measurement methods be integrated effectively and efficiently and sustained in routine care practice contexts?
  - a. What impact do such measurement methods have on practice and outcomes of care?