Ensuring Program Excellence: Strategies for Fidelity in RSAT Programs

Bureau of Justice Assistance (BJA)

Residential Substance Abuse Treatment (RSAT)
Program for State Prisoners

Training and Technical Assistance Resource

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Today's Speakers

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Learning Objectives

Upon completion of this presentation, participants will be able to:

- Explain the concept of fidelity in the context of RSAT programs and its importance in maintaining outcomes.

- Identify three common challenges to maintaining fidelity and proactive approaches to overcome them.

- Understand how to utilize the Promising Practices Guidelines as a tool for maintaining fidelity.

What is fidelity and why is it important?

Fidelity of implementation is "**the degree to which program providers implement programs as intended by the program developers**." (Dunsenbery, 2004)

High Fidelity = Improved Outcomes

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Why is fidelity important for RSAT programs?

*"Implementation science suggests that **to be successful, interventions must be evidence based and delivered in a way that mirrors the original design or maintains fidelity** to the intervention in complex settings. The research also shows that implementing an intervention with fidelity to the original model **increases the likelihood of achieving positive outcomes**, while not doing so can **undermine the effectiveness of the intervention and may even produce harmful effects**."*

Promising Practices Guidelines for Residential Substance Use Disorder Treatment, 2023

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Components of Measuring Implementation Fidelity

1. Adherence

2. Dosage

3. Quality of delivery

4. Participant responsiveness

5. Program differentiation

Fidelity in RSAT Programs

1. Fidelity targeting
2. Dosage
3. Standardized training
4. Monitoring delivery
5. RSAT-TTA fidelity assessment

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1. Fidelity targeting

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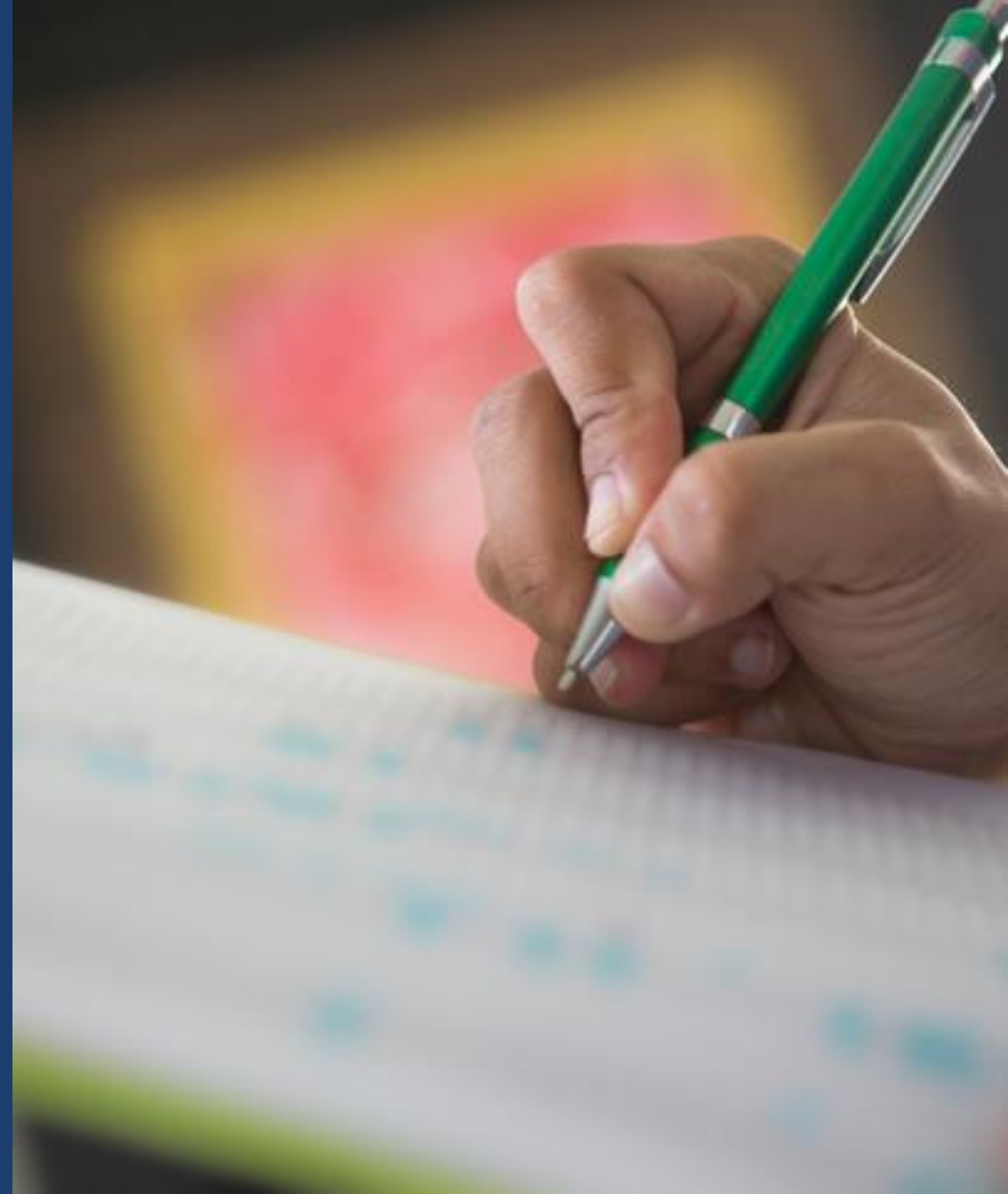
Fidelity Targeting

Cognitive behavioral therapy/ techniques

Motivational interviewing

Curriculum

Assessment & screening tools

Therapeutic community standards

Other interventions & treatment modalities

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2. Dosage

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Dosage

The 'amount' of something to be administered and the intervals at which it should be administered
- Also referred to as the treatment duration or frequency
- Measured on the individual level

Dosage will often be pre-defined for evidence-based practices

Know the correct treatment dosage, and measure the amount given

What does 'amount' mean? How do we measure (or operationalize) dosage?

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Dosage

Possible Units of Measurement:

- Length of time
  - Minutes, hours, days, etc.
  - Actual vs. intended duration
- Number of sessions
- Frequency of sessions
  - Within a period of time
  - Time between sessions

Cognitive behavioral therapy/ techniques	Motivational interviewing
Curriculum	Assessment & screening tools
Therapeutic community standards	Other interventions & treatment modalities

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Discussion Question

While "under-dosage" of treatment can be a common issue, is "over-dosage" of treatment possible?

What would that look like?

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3. Standardized training

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Standardized Training

Questions to Consider

What training, knowledge, and skills are necessary to deliver the intervention correctly?

Do certain skills or interventions require certification or training on a regular basis?

How do we keep track of training, measure training effectiveness, and determine topics for future training?

How does our organization support staff training? What barriers to adequate training exist?

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Standardized Training

RSAT Specific Training Needs

CBT

Training should be for anyone implementing CBT interventions such as thinking reports

Regular training – at least once every three years

Motivational Interviewing

Annual training or regular "community of practice"

Curricula & Assessment/ Screening

Training should adhere to publisher's standards

When specific training is not required, internal training should still be provided – a facilitator's handbook is not enough!

Therapeutic Communities

All staff need training on the model of therapeutic communities, as well as site-specific training

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4. Monitoring delivery

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Establishing a fidelity monitoring process
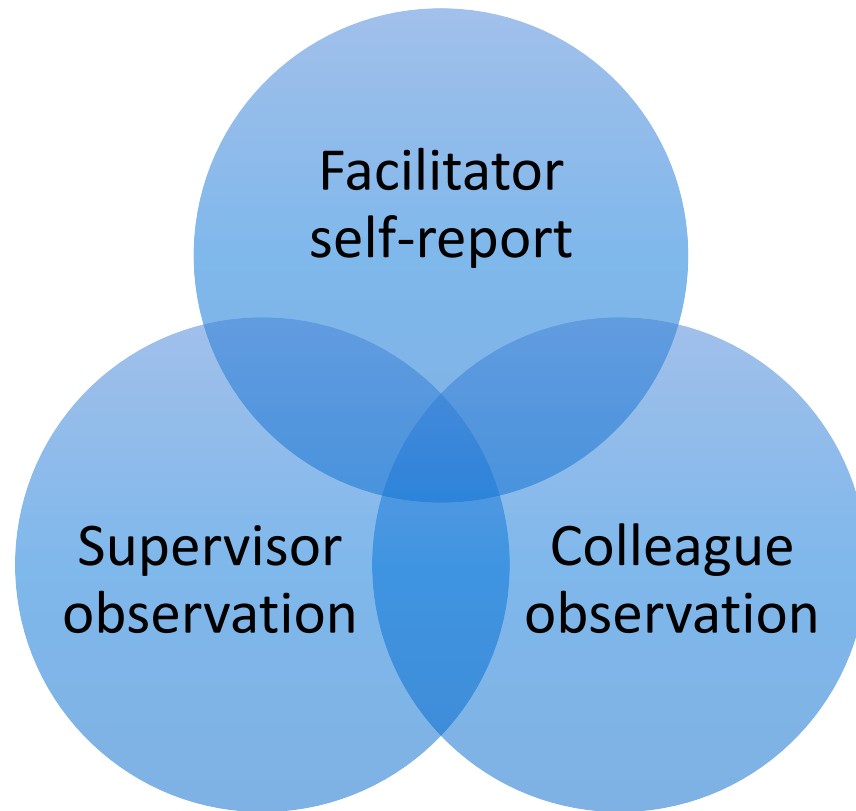
Monitoring Delivery

Facilitator self-report

Indirect assessment

Reminder of the elements of fidelity

Report issues with implementation and consider changes

Colleague observation

Direct assessment

Peer-to-peer learning

Problem solving between colleagues

Supervisor observation

Direct assessment

Reinforce success and identify areas for support

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Monitoring Delivery

Self-report

- Was the lesson implemented in the intended order/sequence?
- For each activity in the lesson, was the activity fully completed, partially completed, or not done?
- Did you use all the prescribed methods (role-play, games, etc.) for this lesson? If not, please explain why (for instance, technology was not working properly or there were classroom management issues).
- Did you add anything that was not part of this lesson as written in the facilitator's instructions (such as content, activities, etc.)?
- Did you make any other changes to the lesson from what is in the facilitator's instructions?
- How prepared did you feel to deliver this lesson?
- What (if anything) would you do differently next time?

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Monitoring Delivery

Colleague observation

- What material or topics were covered?
- What methods were used (for instance, lectures, teach-backs, role-plays, small group discussions)?
- In general, how clear were the program implementer's explanations of activities?
- To what extent did the implementer keep track of time during the lesson and activities?
- To what extent did the presentation of materials seem rushed or hurried?
- To what extent did the participants appear to understand the material?
- How actively did the group members participate in discussions and activities?

Supervisor observation

- How much time was spent on each activity?
- Was each activity fully completed, partially completed, or not done?
- Did the facilitator add any content or activities that were not part of the written instructions?
- Did the facilitator make any other changes from the written instructions?

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5. RSAT-TTA Fidelity Assessment

RSAT-TTA Fidelity Assessment

The outcome of the FAI process is a report that scores how closely the RSAT program aligns with the PPGs, identifies areas of strengths and weaknesses, and provides individualized recommendations for training and technical assistance.

79 Fidelity Assessments in

32 States including

18 Prison Systems

21 County Jails

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Tools and Measuring Implementation Fidelity

|	Adherence	Dosage	Quality	Responsiveness	Differentiation
Fidelity Assessment	X	X	X		X
Attendance Data/Reporting		X			
Observation and Self-Report Data	X		X	X	X
Standardized Training	X		X		

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Common Challenges in Maintaining Fidelity

1. Program drift
2. Adaptions
3. "Forest for the Trees"
4. This is not a test!
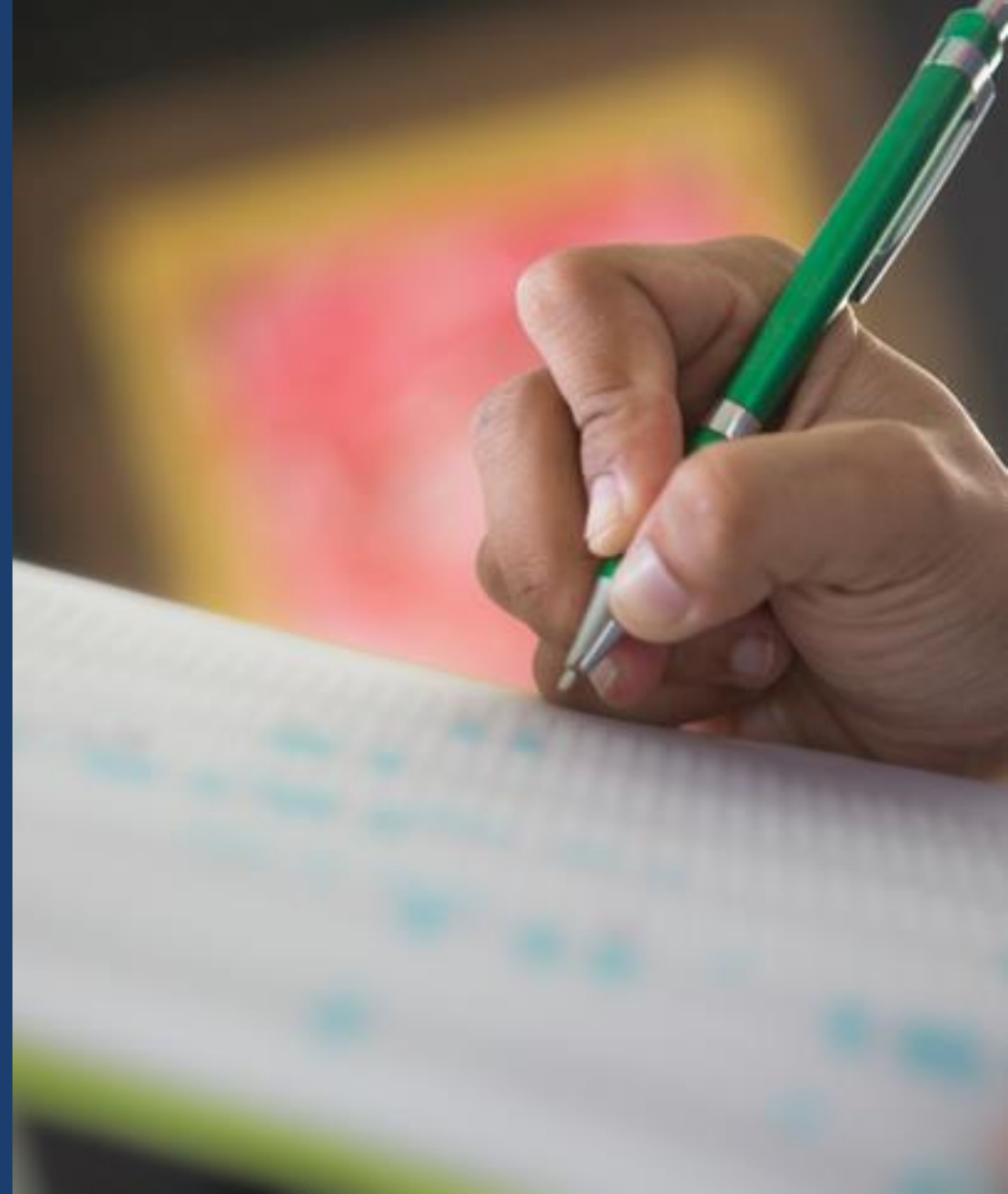
Program Drift

A gradual change in how the intervention is implemented over time, deviating from the originally high level of implementation accuracy that occurs at onset
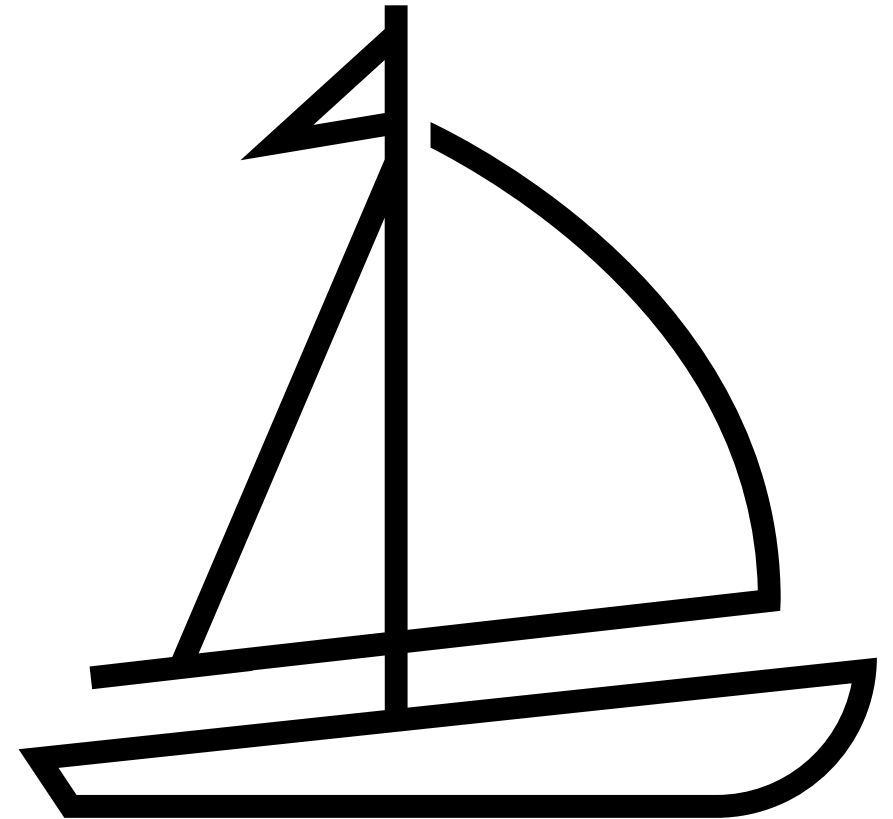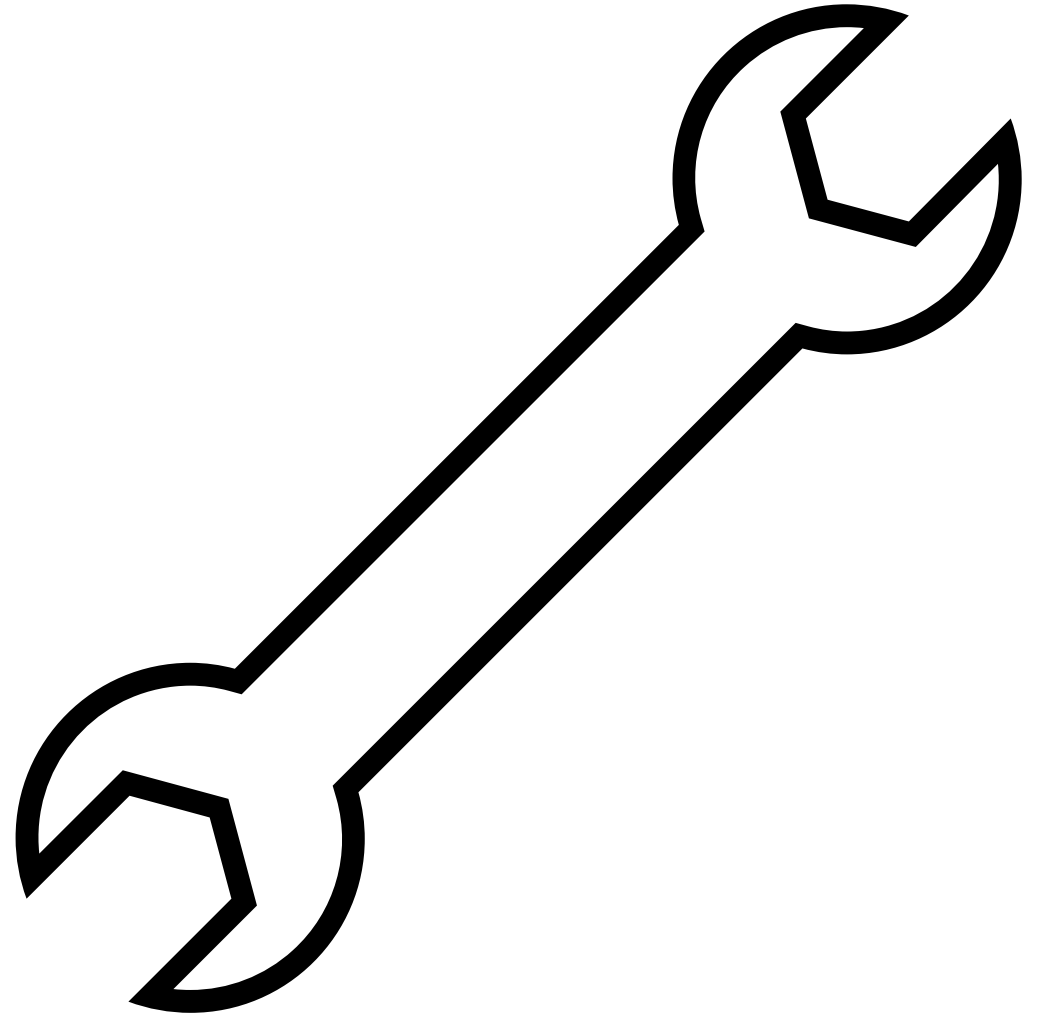
Adaptations

The deliberate or unintentional modification of a program through:

Deletions or additions to program components

Modifications to the nature of the components

Changes in the manner of administration or intensity (amount or duration) of program components

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Discussion Question

What are some examples of appropriate adaptations that your RSAT program has made?

What made them appropriate and not an example of program drift?

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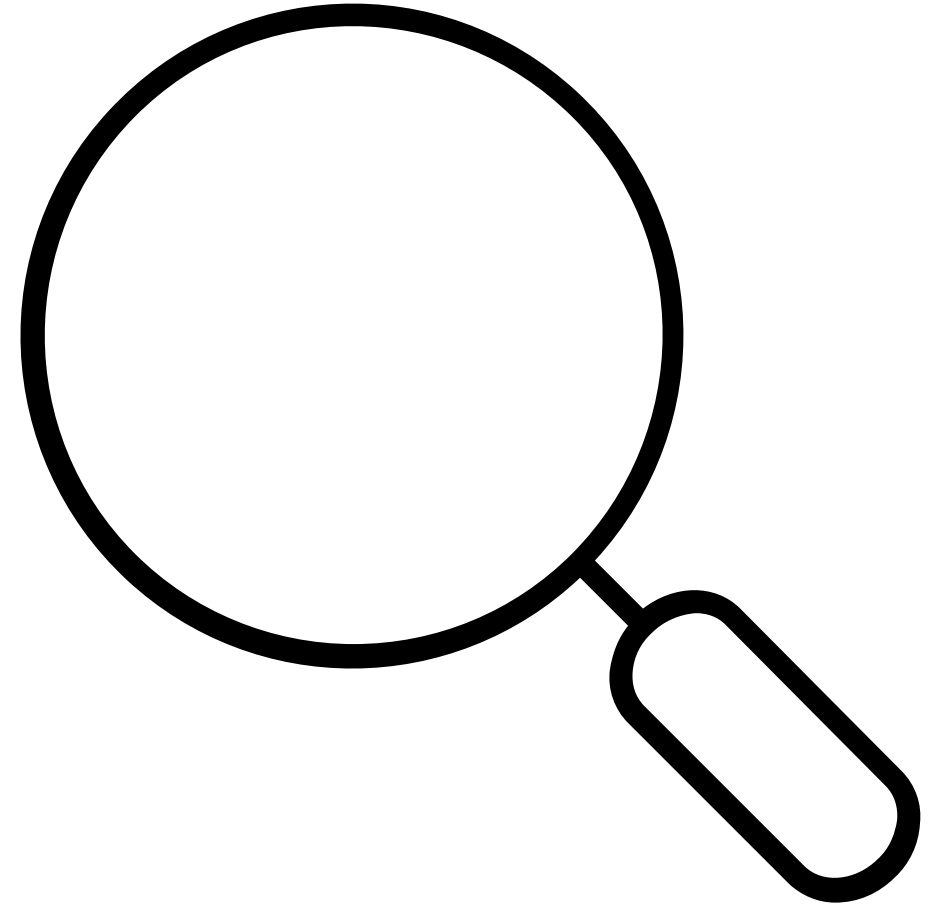**RSAT** PROGRAM

"Forest for the Trees"

Making time for looking at your program as a whole is important.

It is easy to get caught in the day-to-day "firefighting" of working in an RSAT program
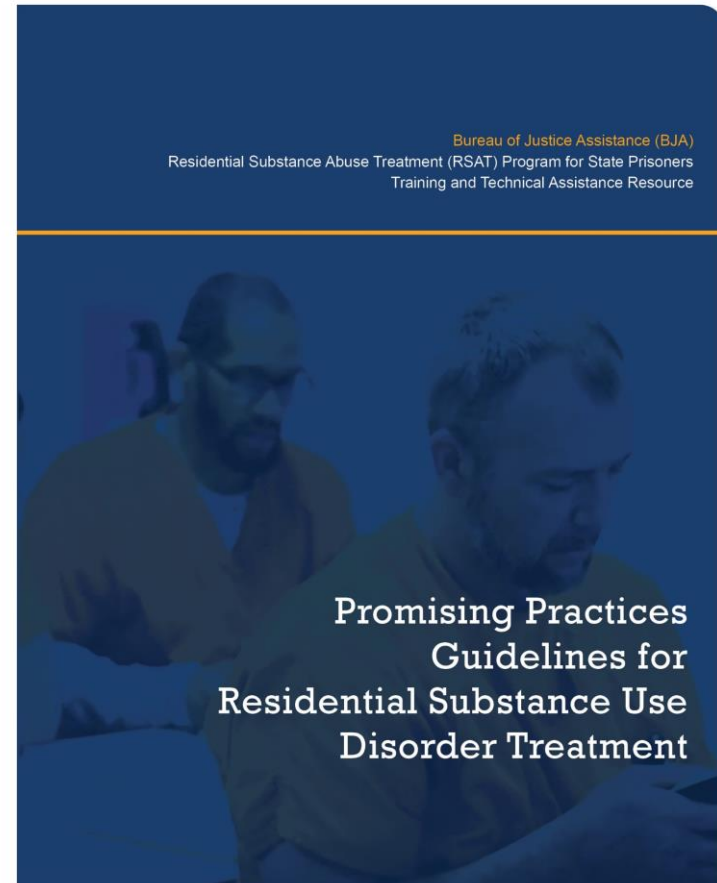
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This is not a test!

Assessing fidelity is not a test or a "gotcha" moment - it is a learning opportunity and helps ensure that services are delivered in the most effective way.

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Promising Practices Guidelines for Residential Substance Use Treatment Programs

Available online at www.RSAT-TTA.com

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QUESTIONS

▶ Type your questions in the Q&A box on your screen.

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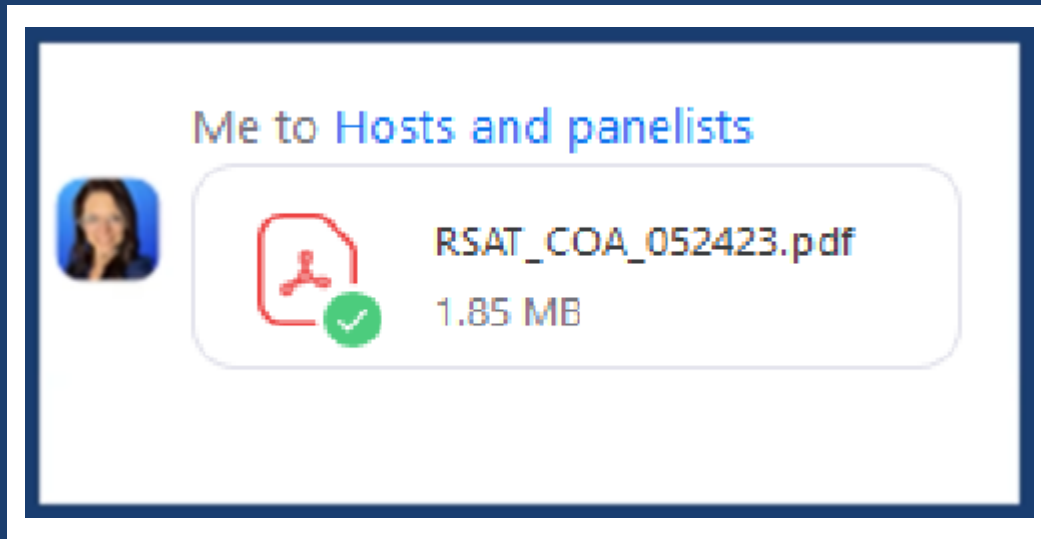
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June 28, 2023 RSAT webinar CEH quiz link:

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