

"Monitoring fidelity in itself promotes fidelity"



There's more than one way to look at fidelity!

"A dog teaches a boy fidelity, perseverance, and to turn around three times before lying down."

Robert Benchley

Why fidelity? For the best client outcomes!

The chart below says it all. Implementing EBPs like Assertive Community Treatment (ACT) with fidelity to the model really makes a difference for the clients involved. It's worth the effort to monitor and support fidelity so clients get maximum benefit from treatment. For more on ACT go to <http://www.oregon.gov/DHS/mentalhealth/ebp/practices/assertive-comm-treatment.pdf>.

	High ACT Fidelity	Low ACT Fidelity
Treatment Dropouts	15%	30%
Substance Use in Remission	58%	13%
Hospital Admissions	2.87	4.69

McHugo, G. J., Drake, R. E., Teague, G. B., *et al* (1999) Fidelity to assertive community treatment and client outcomes in the New Hampshire dual disorders study. *Psychiatric Services*, 50, 818-824

Making Adaptations

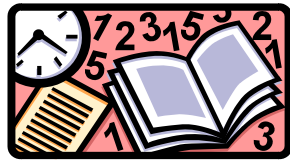
Want to make a few changes to the evidence-based practice you are implementing? Here are two tips to help ensure your adaptations don't compromise the program's fidelity and outcomes:

1. Make adaptations in consultation with the program developer

No one knows the program and its core components better than the person who developed it, so call them. Most researchers are more than happy to discuss adaptations. They may have tested some adaptations you are considering, or they may know of another program that has or is using an adaptation you are considering. Talking to the developer can really take the guesswork out of making adaptations. It also helps them learn what is and isn't working in the real world, and that information is crucial to the development of practical models....so when you consult with them you are helping to further educate and inform them as well.

2. Don't mess with the basic theory underlying the program

Just another reason to consult the developer—to be sure you aren't going to fiddle with something that's a key element of the program. Evidence-based practices have identified their underlying theory, so it's not something you need to guess at—it should be spelled out in the program materials and if it's unclear, the program developer can help you understand it.



Peer Poll

Q: Is LOW fidelity better than NO fidelity?

A: Dennis McCarty, PhD, OHSU Professor and Principal Investigator, NIDA Clinical Trials Network *“Implementation of EBPs should include strategies to monitor fidelity and to supervise clinicians to assure fidelity. Low fidelity is acceptable only if its an early step in implementation and practitioners and supervisors share a goal of improving fidelity and achieving high fidelity.”*

A: Jay Harris, RN, Quality Manager, ABHA *“By definition, a practice is evidence-based, in part, because there is some way to measure and adhere to the details of the practice. Some would argue that without fidelity there is no way to show adherence to an EBP. Implementing an EBP without attention to or assurance of the details of the practice would not really be an EBP.”*

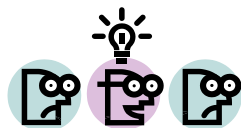
A: Janet Bardossi, LCSW, AMH Fidelity Reviewer *“Fidelity to a model is fundamental to its success. The counselors that most succeed with a model have an understanding of its intention and spirit. I encourage professionals to practice a pure model before trying variations. I have often made the analogy to jazz, where learning your scales is fundamental to a later ability to improvise. The best treatment utilizes creativity grounded in science.”*

A: Pauline Martel, BA, CPS, Director of Prevention & Training, ADAPT *“We can play that fiddle all day. Let’s face it, low fidelity is no fidelity!”*

Check out the chart on pg 1 for more on what happens to client outcomes with low versus high fidelity!



QUICK FIDELITY “TEST” Ask program staff to tell you what the core components are, or what the theory behind the practice is...if they can’t, chances are good that the program model isn’t being followed...of course, there can be other reasons, too, but it could be a red flag that more information, training, or other assistance is needed....and it’s definitely worth more exploration!



Recommended Resource

How does **successful implementation** differ from **implementation as usual?**

Check out the article below for “real world” ideas to help you succeed in implementing EBPs:

http://www.childtrends.org/Files/Child_Trends-2007_10_01_RB_6SuccessDrivers.pdf



If you have a question you’d like us to poll your colleagues on, email it to shawn.clark@state.or.us and we’ll try to feature it in an upcoming issue

EBP Calendar

Selecting & Implementing Evidence Based Practices

September 17,
2008
9am -4pm
Salem, Oregon
6 CEUs
Cost: \$50

For information:
503-378-8516
www.nfattc.org

"How do I stay on top of what's going on with EBPs in Oregon?"

Sign up to
receive EBP-
related emails
at:

https://service.govdelivery.com/service/subscribe.html?code=ORDHS_98



Tribal Best Practices

On May 14th the Oregon Tribes held their 2nd Gathering of Tribal Researchers and Evaluators meeting at the Grand Ronde Education Center. Tribal Representatives and AMH staff have agreed that the Tribes could develop their own process for approving native practices. The May 14th meeting included presentations by local and national tribes and featured practices that have shown positive outcomes. A criteria was reviewed by those in attendance and will be taken to a subcommittee which will include Elders meeting in Mid-June for approval. This proposed process represents a type of accountability or fidelity in that it helps ensure that a practice is being provided by trained persons and follows the practice's history and general guidelines for implementation, thus helping to ensure positive outcomes. After this process is approved by the Elders in the field, a Tribal panel will review written practices and submit their recommendations to AMH.



AMH Fidelity Reviews



Treatment: Again this year, AMH is conducting fidelity reviews for interested agencies. This year's emphasis is on "counselor proficiency" practices, such as MI and CBT, and on determining the system/organization structure that supports adherence to the models. Reviewers are currently out in the field, and results should be available in October; they'll be posted on the AMH website and announced in this newsletter. To see last year's fidelity reviews, visit: <http://egov.oregon.gov/DHS/mentalhealth/ebp/fidelity/fidelity-pilot-amh.pdf>.

Prevention : AMH has added prevention programs/practices to the fidelity assessment process. AMH prevention staff and selected providers are piloting a prevention programs fidelity tool and assessment process. This project should be completed by Spring 2009 and results will be shared at an AMH Prevention Summit, in this e-newsletter and will be placed on the AMH website.

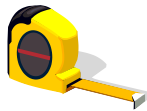


Newly Approved EBPs

ICCD Standards Supportive Employment: A mental health practice; ICCD clubhouses offer the same options of friendship, housing, education and employment as the rest of society enjoys. For more information: <http://www.iccd.org/ClubhouseStandards.asp>

Seven Challenges: Dual diagnosis treatment for adolescents with substance abuse/mental health/trauma issues. For more information: <http://www.sevenchallenges.com/>

Loving Touch Parent Infant Massage Program: A mental health and substance abuse prevention practice for infants/toddlers and their parent/caregiver. For more information: <http://www.lovingtouch.com/>



Fidelity Tools

How do you know if you're doing CBT most effectively? Where can you find a checklist for wraparound services? These and many other fidelity measurement and assessment tools are posted on the AMH website; more are added as they are found: <http://www.oregon.gov/DHS/mentalhealth/ebp/main.shtml#fidelity>



Lessons Learned

Wisdom from our Connecticut counterparts (DMHAS Info Brief 6.22.08 <http://www.ct.gov/dmhas/cwp/view.asp?a=2951&q=401552>)

Dissemination Model

- ✘ On-site training and booster training for all clinical staff
- ✘ Supervisor trainings
- ✘ Use of expert trainers
- ✘ Model adaptations to suit local needs
- ✘ Monthly ratings for fidelity
- ✘ Follow-up consultation
- ✘ Supervisors and consumers rate counselors

Connecticut's AMH tested Motivational Enhancement Therapy and Cognitive Behavioral Therapy (MET-CBT) and the box at left shows what they learned about what works as agencies adopt EBPs



Focus On: Supported Employment

Supported Employment is an evidence-based practice that helps those with mental illness gain and keep employment.

For more background info:

http://www.rr.i.pdx.edu/or_excellence_center.php

http://www.samhsa.gov/SAMHSA_news/VolumeXIV_3/index.htm

<http://www.nga.org/Files/pdf/0707MHWEBCASTBRIEF.PDF>

Contributed by Crystal McMahon, OR Supported Employment Ctr for Excellence



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Oregon Supported Employment Center for Excellence is proud to be part of a national movement to provide evidence-based services. Dartmouth College provides national leadership in supported employment, and our local partners include: Options for Southern Oregon, Lifeworks NW, Vocational Rehabilitation, Portland State University Regional Research Institute, Addiction and Mental Health Services, Medicaid Infrastructure Grant, community employers, people receiving services, and the 14 supported employment sites located in the counties shown on the map below.

The Center has been busy! Activities in the last quarter include conducting baseline fidelity reviews for new supported employment sites (our staff Peer Support Coordinator, Rollin Shelton, was trained at Dartmouth to do fidelity reviews), developing fidelity action plans with sites, conducting trainings, coordinating a statewide supported employment training in conjunction with Portland State University, presenting at a national conference, developing relationships with community partners, collecting data, and contributing to policy development.

All sites have shown excellent progress in implementing the model, as witnessed by last quarter's data:

- **646 people received supported employment**
- **254 (39%) worked in competitive employment**
- **197 new enrollees started supported employment**

Thanks to the efforts of all involved, jobs are making a positive difference in people's lives!



ADD TO YOUR BOOKMARKS:

AMH Evidence Based Practices (EBP) on the DHS website:

<http://www.oregon.gov/DHS/mentalhealth/ebp/main.shtml>

