

Fidelity and Other Thoughts

Sylvie Naar-King

Wayne State University

Jason Chapman

Medical University of South Carolina

Why Care about Fidelity

- * Originally developed to differentiate experimental condition from control
- * All the methods in the world will not tell us about an intervention if it was not delivered as intended
- * Fidelity is a measure of feasibility
- * Fidelity may be related to outcome and demonstrate key intervention components
- * Not only critical for intervention development and initial testing, but critical for implementation science (fidelity may be an outcome!)
- * Attending to provider adherence not just patient adherence!

Three Components

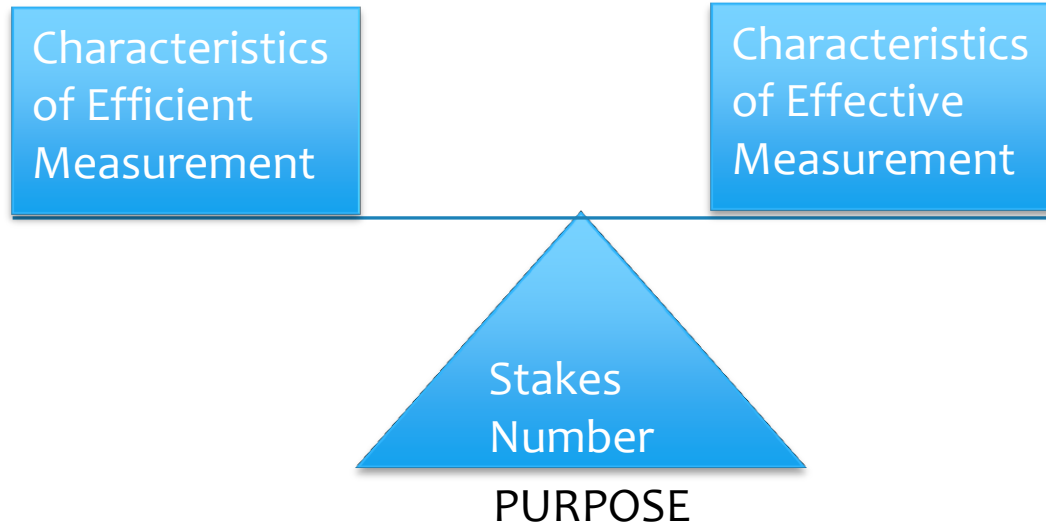
- * Therapist adherence (Was it done)
- * Therapist competence (How well was it done)
- * Treatment differentiation (Was it done differently than other treatments)

Concerns

- * Effective measures are reliable, valid, and address all three areas
- * Efficient methods are cost-effective and feasible for wide-scale dissemination and implementation
- * Fidelity measurement development is often an afterthought

Conclusions

- * Consider new methods for fidelity assessment and measurement development (e.g., Many-Facet Rasch Model)
- * BALANCE



Themes/Comments

- * Efficient and effective
- * Rigor and relevance
- * Fail early and often (implications for mentoring and institutional support?)
- * Trans-diagnostic Approaches
- * Hybrid trials (e.g., developmental-efficacy; effectiveness-implementation)
- * Team science – workshop great example
- * Audience as experts