Developing an Empirically Based Model of Service

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Measurement for Accountability

- “Best practices” -- guidelines or practices driven more by clinical wisdom, experts’ opinions, or other consensus approaches that may not include systematic use of available research evidence.

- “Evidence-based practices” -- clinical or administrative interventions or practices for which there is consistent scientific evidence showing that they improve client outcomes

The literature on measuring model fidelity: Now growing

What is model fidelity?


Why measure fidelity?

- Program development
- Black box outcome studies no longer acceptable
- Enhancing statistical power for outcome studies
- Quality assurance/monitoring program performance
- Emphasis on using evidence-based practices


How to measure fidelity?

- Identify critical model components and possible indicators (structure and process)
- Expert opinion, Documented program model, Qualitative research, Literature reviews
- Collect data to measure indicators
- Ratings by experts of documentation, site observations, audio/video, interviews; Surveys/interviews of practitioners or consumers
- Examine data on indicators
- Reliability and validity

Concerns in trying to measure Re-EDness

- A philosophy, not a treatment intervention
  - Structure (staffing levels, caseload size, frequency contact, etc.) vs. Process (program style, staff/client interactions)
  - Reliability vs. importance
- Programs widely variable
- Few “experts”
- Everything rated as highly important
- Emphasis on “becoming”; i.e., always adapting
Q#1: Specification of the model

**Initial Set of Essential Ingredients**
- Interviews/focus groups of Re-ED experts and practitioners
- Literature review
- 100 Re-ED Essentials items
- Organized according to program structure components (e.g., values, service delivery, supervision)

Q#2: Empirical Determination of Re-ED Distinctive Elements

Compared Re-ED group ratings on survey with non-Re-ED group ratings
Results: 39 discriminating items
Compiled into 6 dimensions to provide essential Re-ED areas

Results: 6 dimensions of Re-ED essentials
- Teaching and learning
- Working in child's ecology
- Front-line "staff" as primary agents of change
- Creating and enhancing relationships
- Emphasizing wellness, strength and joy
- Questioning culture to assure innovation

Q#3: Development of a Re-ED treatment fidelity measure

- Re-ED Essentials Framework ("best practices")
  - Covers the 39 discriminating essentials and 6 Re-ED dimensions with indicators for each along a continuum of Re-EDness
  - Baseline from 8 sites: how the site currently operates
    - Taped interviews
    - Child/family record
  - Site self-assessments using the Re-ED Essentials Framework

Re-ED Essentials Framework

- 64 indicators covering the 39 Re-ED essentials
- Likert-like scale of four levels of each Re-ED essential along continuum of Re-EDness
- Reliability of the four-point continuum for each of the 64 Re-ED essentials
- Test rank-order of items at the Re-ED Conference
- Test rank-order of failed items using panel of experts
- Result: 50 indicators on a 4-point scale from least Re-ED to ideal Re-ED in a Re-ED Framework of Essentials
### A Framework for Assessing an Agency's Level of Re-EDness

<table>
<thead>
<tr>
<th>Dimension</th>
<th>Core Approaches</th>
<th>Re-ED Emerging</th>
<th>Re-ED Committed</th>
<th>Re-ED Leading</th>
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<tr>
<td>Essential principles</td>
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<td>1.1a Staff focus a lot of their attention on kids' problems and deficits or diagnoses.</td>
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<td>1.2a Treatment focus is on diagnosis and problems in areas of functioning without strong emphasis on diagnostic categorization.</td>
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<td>1.3a Staff believe that some aspects of behavior are fixed and cannot or should not be changed beyond their capacity.</td>
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<td>1.4a Treatment is viewed as a medical and/or clinical process, focused on reducing the underlying causes of the child's current troubles.</td>
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### Future uses of the Re-ED Framework

- Self-identifying programs with high/low Re-ED scores for program development, training, technical assistance
- Validating Re-ED Framework by comparing Re-ED and non-Re-ED program scores
- Validating the Re-ED Framework by comparing it with on-site assessments that use standardized case vignettes
- And then, use for outcome studies (relationship between level of fidelity and outcomes)