

BETTER TOGETHER

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Program Integrity in Youth Programs

Best Practices Is Just the Beginning: The Real Story Is the Integrity of the Journey

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Accountability and effectiveness are the big buzz words in the treatment field. Funders and evaluators have focused on treatment outcomes come up with a list of “model” or best-practices programs and program modules that have produced favorable treatment effects during research trials.

Adopting a best practices model or component does not guarantee effectiveness. Following treatment standards and guidelines does not guarantee effectiveness. This is only the start of your journey in the treatment persons who commit sexual offenses. It continues with the application and implementation of those models/components/standards/guidelines to actually deliver treatment services as prescribed. This journey is the life story of the program.

This life story describes how faithfully the models/components/standards/guidelines are implemented in the real world. A lot of things happen in the life of treatment programs. Contexts differ and change, funding rises and falls, the organization grows and shrinks, referral sources change, the nature of the clients referred change, administrators and staff vary in their levels of expertise, administrators and staff come and go, some client complete but others don't – and so on and so on. These all affect the degree to which the models/standards/guidelines can actually be implemented as they are intended. And they affect the outcomes produced by the program.

The extent to which programs actually implement their models/standards/guidelines is called program integrity or fidelity. Even if we had highly effective program models and they were put into practice nationwide, the incidence of offending and recidivism would not be affected unless those programs were implemented with a high quality of integrity/fidelity.

This brief presentation will discuss life story of treatment program by reviewing the importance and meaning of program integrity/fidelity, its key dimensions and measurement, and some barriers to high quality implementation.

Learning Goals:

- Participants will understand the importance of program integrity
- Participants will identify the dimensions of program integrity
- Participants will identify barriers to high program integrity

Alan Listiak is currently the Administrator of Sex Offender Program Certification at the Minnesota Department of Corrections. He promulgated and now enforces the administrative laws in Minnesota that regulate the residential treatment of juvenile and adult sex offenders. Dr. Listiak also maintains a practice through Alpha Service Industries, Inc. where he provides psychophysiological and psychosexual assessments of persons who have been sexually abusive and limited outpatient services. His current research interests include continuing quality improvement and integrity in sex offender treatment, the role of sexual motivation in sexual offending, and the development of measures of treatment progress.

A Road Map to Treatment Fidelity: The Development and Validation of a Treatment Fidelity Checklist for Working with Adolescents

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Last year, the Association for the Treatment of Sexual Abusers put forth *Practice Guidelines for Assessment, Treatment, and Intervention with Adolescents Who Have Engaged in Sexually Abusive Behavior* with the explicit intent to support and guide those working with this population (ATSA, 2017). In essence, this document establishes the foundation for a standard of care for treatment. In this paper, we present a treatment fidelity checklist we developed, based on the core recommendations of the ATSA practice guidelines and we describe how this checklist could be used to enhance treatment effectiveness and fidelity.

The fidelity checklist was developed based on recommendations by the NIH's Behavioral Change Consortium (BCC) and includes five domains of treatment fidelity to be considered: design, training, delivery, receipt, and enactment (Gearing et al., 2011; Schoenwald et al., 2011). The NIH's BCC fidelity framework was used to guide the development of a road map to treatment compliance which providers and program developers alike can use to evaluate and evolve treatment services based on the 2017 ATSA Practice Guidelines.

In the design domain, practitioners are encouraged to consider and rate the extent to which the services provided are multisystemic and socio-ecological, multimodal, and

multifaceted, as well as other important factors in the ATSA Practice Guidelines. In the provider training domain, practitioners are asked to rate the extent to which their programs intentionally train and certify, or require prior certification of, providers and what options for skills maintenance and continued education are offered to staff. The delivery, receipt, and enactment domains form an information feedback loop in which providers are asked to rate the extent to which their programs are data driven and addressing the identified treatment targets laid out in the ATSA Practice Guidelines.

Recognizing that program implementation alone, not accounting for program fidelity, is a difficult task in most applied clinical settings, the researchers developed the fidelity checklist with flexibility and utility in mind. Total and domain scores are designed to help inform program development and guide program evolution over time. In practice, the feedback loop in the delivery, receipt, and enactment domains can help focus the client and practitioner to meet the needs of the client and improve treatment effects in a timely manner. Developers and practitioners can and should identify areas for improvement and develop a plan to address each with the help of the fidelity checklist.

The Accountability Based Sex Offense Prevention (ABSOP) Program has been a thriving public-public partnership between the Alabama Department of Youth Services and Auburn University for nearly two decades and could be viewed as a model program based on the 2017 ATSA guidelines. Thus, the program provided a context in which the Best Practices Checklist could be evaluated for its usefulness. To this end, we conducted an evaluation of the utility and value of the checklist to understanding our program's strengths and weaknesses. Providers were asked to rate the extent to which their programs are assessment driven with data driven decision-making processes in place to inform the context, duration, intensity, and frequency of the intervention. Practitioners were encouraged to develop set time points at which to assess therapeutic alliance, treatment engagement, and treatment effects using scientifically valid assessment measures before, during, and after treatment services have been provided. Psychometric properties and results from an initial pilot study implementing the use of the treatment fidelity checklist in residential practice will be discussed. Data collection is still ongoing for this project. Similar studies have found that adherence to treatment fidelity improves treatment retention, reduces attrition, has stronger treatment effects and better outcomes (Durlak & DuPre, 2008; Noel, 2006; Resnick et al., 2005). In fact, having a strong theory alone has been found insufficient to monitor fidelity as programs with strong theoretical guidance lacking fidelity measures were found to have weaker treatment effects (Zakarian et al., 2004).

Treatment fidelity increases scientific confidence and fidelity checklists have been shown to effectively and efficiently facilitate compliance with scientifically informed best practices (Aarons, Hurlburt, & Horwitz, 2010). This is an important step in any field of scientific study, but especially important for a field of study with such far reaching public health and public policy consequences as those who work with adolescents who have engaged in sexually abusive behavior. This is just one of many ways that we, as researchers and practitioners, can work **Better Together** to address the forever changing and growing needs of this unique population in an empirically-informed manner.

Learning Goals:

- To introduce practitioners to a newly developed treatment fidelity checklist based on the recommendations set forth in the 2017 *ATSA Practice Guidelines for Assessment, Treatment, and Intervention with Adolescents Who Have Engaged in Sexually Abusive Behavior* and the psychometric properties of the measure piloted at a treatment facility specializing in working with this population
- To encourage practitioners and program developers to consider the level of empirical intention and design built in to their programs and the degree to which programs are in compliance with the 2017 ATSA Practice Guidelines
- To facilitate continued program evaluation by providing effective and efficient tools for measuring fidelity as well as a road map for improving adherence to ATSA guidelines

Kelli R. Thompson, PhD is a postdoctoral research fellow at Auburn University working with the Juvenile Delinquency Lab and serving as research coordinator for the ABSOP Program. Dr. Thompson holds degrees from Auburn University, Fuller Theological Seminary, and the University of New Orleans where she received a doctorate in Applied Developmental Psychology. Her broad research interests pertain to the assessment and measurement of psychopathology in adolescents adjudicated for illegal sexual behavior.

Barry R. Burkhart, PhD is Professor and Former Chair of the Department of Psychology, where he has been on faculty since 1974. He has broad recent interests in assessment and treatment of problems resulting from violence and victimization. Currently, he is director of a treatment program for juvenile sex offenders incarcerated in a state training school. He is a Fellow of Divisions 12 and 29 of the American Psychological Association and is a Fellow of the Academy of Clinical Psychology of the American Board of Professional Psychology. He is a founding partner of a large psychology practice and has been a practicing clinician since 1975.