Instructions for Adherence or Fidelity Monitoring

There are several possible methods for ensuring fidelity to the CBITS intervention over time. They require differing resources and investments, and provide differing levels of certainty that the model is being followed. These methods can be used for different purposes (making sure a newly trained therapist is delivering CBITS properly, ongoing quality assurance to monitor "drift" after training, use in a research study). The methods can also be combined. For instance, ratings of fidelity can be used in supervision or to obtain expert consultation.

Process	Rigor / Certainty	Resources Required	Tools available
Live observation of sessions	High	High	CBITS Adherence / Fidelity Measure
Audio or videotapes of sessions	High	High	CBITS Adherence / Fidelity Measure
Therapist self-rating of fidelity	Medium	Low	CBITS Self-Evaluation of Fidelity
Regular supervision only	Low	Medium	--
Supervision plus expert consultation	Low	Medium	--
Combination of methods	High	Medium	Both measures

1. Review of actual sessions via audiotape, videotape, or live observation.

These methods are commonly used in research studies and can provide a clear view of the actual adherence to the model if done appropriately. They can also be used for ongoing fidelity monitoring if resources permit.
Live observation and rating using the CBITS Adherence / Fidelity measure is the ideal for quality assurance for ongoing implementation. It includes:
- Obtaining permission ahead of time to allow a supervisor or observer to drop into groups
- Training a supervisor or consultant to use the rating form
- Attending groups on short notice or without notice, so implementers do not plan ahead to be observed
- Providing feedback to the implementer after the group or soon thereafter so the implementer can use the feedback right away

Audio- and videotaping of sessions is also possible, with review of tapes as they accumulate, either on a rolling basis, or at the end of the project (as is often the case in a

research project). For this, resources including reliable recording devices and microphones that can pick up voices from the entire group are required. The method includes:

- Obtaining written permission to audio- or videotape the groups
- Taping ALL sessions
- Randomly picking a subset of sessions to rate for fidelity
- Training a rater who is familiar with CBITS to reliably do the ratings
- Obtaining ratings on a rolling basis (if possible) so as to provide feedback to the CBITS therapists

2. Self-Evaluation of fidelity

Therapists can also use a form to assess their own fidelity to the model, using a form developed for use within one of the CBITS Learning Collaboratives. This form can help identify therapist discomfort with certain techniques. Thus, additional training or consultation needs can be identified. However, the validity of the therapist ratings are questionable, and thus this method is not seen as a particularly rigorous way to monitor fidelity.

3. Supervision and consultation

Regular supervision of therapists, even when focused on CBITS, are not normally very effective at monitoring fidelity to the model. Expert consultation can help to focus in on core aspects of the CBITS model, but are still poor at monitoring fidelity to the model. Actual assessment of the elements contained in particular sessions are needed for valid fidelity monitoring.

4. Combination of methods

A combination of methods can be useful and relatively cost-efficient. For instance, occasional live observation of sessions by a supervisor and routine self-monitoring of fidelity by therapists can be integrated into the supervision process at a more modest cost than full fidelity monitoring.

Scoring of the CBITS Adherence / Fidelity Measure

The fidelity measure provided in this section is used qualitatively – that is, there is no set cut point on the measures that indicates non-adherence. Even therapists who routinely follow the model will run into special circumstances that make it difficult to perform well in a particular session. However, a therapist who is faithful to the model will normally earn scores of 2 or 3 on session content, and scores of 2 or 3 on the quality ratings.