

Handout: Client Fidelity Index Summary - First Author: Catania, Joseph, Ph.D.

Abstract 265906: "Funding reductions in HIV behavioral intervention impact program fidelity"

Session.4403.0, "HIV/AIDS Policy"

Background. RESPECT is a CDC-DEBI. (effectiveinterventions.org). The degree to which delivery persons provide the program as designed is referred to as program fidelity of which there are two dimensions. Compliance fidelity concerns performance of the core program components. Competence fidelity concerns the degree of skill with which program components are performed, and is not addressed here.

Client Survey: Overview. Client surveys assessed compliance fidelity from the client's perspective. We focus on the first session since it is fundamental to the counseling process, and by focusing on the first session we standardize the fidelity assessment across counselors and agencies. The client survey also assessed behavior and background characteristics. Individual level compliance scores were computed, and from these an overall agency fidelity index was derived (see below). Client fidelity indices have been found to be reliable reports of what transpires in related settings (Ozer et al., 2001; Ozer et al., 2005; Haddock et al., 2006; Iverson, 2008).

Fidelity Index: Individual Level Scoring. We scored data from individual clients for each agency (range = 0-6) with scores of 6 indicating that the client reported receiving all the assessed elements of three core program components based on the three primary objectives of the RESPECT program in Kamb et al., (1996) (Items & scoring described in Table 1): (a) Establishing rapport and conducting a risk assessment, (b) Risk prevention analysis (identification of participant's behavior or conditions that facilitate/inhibit healthy actions), and (c) Negotiating a risk reduction plan (negotiate and agree on a risk reduction plan). Scoring was adjusted so that client's did not get additional points for discussing more than one risk factor; that is, they received one point for discussing either sex or drug risk behaviors. As an index, the total score is a simple summation and there is no assumption that items are correlated (see Streiner & Norman, 2008). Scoring at the individual level indicates if elements of each program component occurred in broad stroke. This was done in order to compensate for the fact that clients will have limitations in recalling details or they may misreport their risk behavior in the interview. Individual level scores indicate if the program components are performed, they do not address the quality of the work, nor if the program is presented to eligible clients (see below).

Fidelity Index: Agency Level Scoring. The individual scores do not take into account the policy directive that RESPECT should be delivered primarily to clients with some type of risk factor nor do they reflect agency specific compliance with that policy. Consequently, our agency level measure was designed to index (a) overall compliance fidelity across program delivery staff at a given agency, (b) if personnel are applying the program efficiently by targeting at-risk persons over low/no risk persons, and (c) if personnel are keeping the program logic in mind in working with low/no risk clients (i.e., only the risk assessment component is reasonable to provide). Based on client reports, we categorized clients as low/no vs. at-risk, with risk defined broadly by answers to 10 items assessing sex and drug related risk behaviors. At-risk was defined as a "yes" response to any one of the sex or drug risk items. This definition is appropriate to the counseling context wherein the role of the counselor is to make a broad categorization of clients by risk when deciding who should receive the program. Agency level scores were, therefore, constructed to reflect the percentage of clients who received appropriate core components of the program (Risk Assessment, Risk Prevention Analysis, Negotiated Risk Plan). Thus, at-risk clients who scored 6 on their individual fidelity index, indicating they received all three components, and low risk clients who reported only receiving the Risk Assessment component, were categorized as high fidelity. We then computed the percentage of high fidelity clients for each agency, and these percentages represent the agency scores (ranging from 0-100; 100 = consistent reports of high fidelity across clients). We anticipated that counselors would be able to deliver the intervention with a high degree of accuracy because (a) the RESPECT program is a relatively straightforward behavioral intervention, and (b) the CDC/Prevention Training Centers have made a substantial effort to train agency personnel.

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Table 1

Fidelity Index: Survey Items

Component	Items	Points
Rapport Building & Risk Assessment^{1,2}	<i>Did you feel that the counselor listened to you?</i> <i>Did the counselor give you a chance to talk as much as you needed about your concerns and questions?</i> <i>Did the counselor understand what you had to say?</i>	3
	<i>Did you talk about your health goals? For example, health goals might include eating better, drink less alcohol, or not catching diseases in the next month?</i> <i>In your session today, did you discuss your sexual behavior?</i> <i>Did you discuss the sexual things you have done recently that may have put you at risk for getting the AIDS virus or other sexual diseases?</i> <i>Did you discuss your drug use?</i> <i>Did you discuss how your drug use might put you at risk for getting the AIDS virus?</i>	
Risk Prevention Analysis³	<i>Did you discuss the reasons why you sometimes have sex without a condom?</i> <i>Did you discuss how bigger things in life might influence your sexual behavior?⁴</i> <i>Did you discuss how bigger things in life might influence your drug use?⁴</i>	2
	<i>Did you talk about how to change things that might make it difficult for you to reach your health goals?</i>	
Negotiated Risk Reduction³	<i>Did you agree on something about your sexual behavior that you can do in the next few weeks that would help lower your risk for getting the AIDS virus or other sexual diseases?</i> <i>Did you and the counselor agree on something that you can do in the next few weeks that would help lower your risk for getting the AIDS virus from drugs?</i>	1

Note. We took as positive evidence any discussions of sex or drugs in the context of the various components.

¹ Scoring: To reflect a high standard for counselor skills, a "yes" response to all three items was required to receive 1 point.

² Scoring: One point for discussing either sex or drug risk behaviors.

³ Scoring: Risk Prevention – 1 point if any one of first 3 items received a "Yes" response and 1 point if "Yes" to health goals item; Negotiated Risk – 1 point if either item received a "Yes" response.

⁴ Definition Provided: "Bigger things might include losing a job, family problems, your friends, your lifestyle, or what you do for fun."

References

Kamb, M., Dillon, B, Fishbein, M., Willis, K., and Project RESPECT Study Group. (1996). Quality assurance of HIV prevention counseling in a multi-center randomized controlled trial. Public Health Reports. 111(supplement 1), 99-107.

Streiner, D.L. & Norman, G.R. (2008) *Health measurement scales: a practical guide to their development and use* (4th ed). New York: Oxford University Press.