Intervention Fidelity in Research with Homeless Youths

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BACKGROUND

- Homelessness is a complex social & global challenge [1].
- Those who receive support & resources have greater life satisfaction [2].
- Interventions based on strengths (e.g., hope optimism) are needed and must be delivered with close attention to intervention fidelity [3].

PROBLEM STATEMENT

Intervention facilitator training must be consistent and ongoing through a longitudinal study to ensure that the intervention is delivered in the same way by multiple individuals in multiple sites [4].

PURPOSE

The purpose of this study was to describe the perceptions of intervention fidelity among intervention facilitators from a variety of interdisciplinary backgrounds who provided a brief intervention simultaneously to homeless youth in an ongoing longitudinal study in Austin, TX and Columbus, OH.

METHOD

- IRB approval at The University of Texas at Austin and The Ohio State University
- Informed consent from participants (intervention facilitators)
- Facilitators completed an online demographic form and answered open-ended questions about factors that facilitated or hindered their perceptions of intervention fidelity.

SAMPLE

N = 8 Graduate Research Assistants (GRA) 3 females, 5 males
7 white, 1 Hispanic
6 single, 2 married
Mean age = 33.5 years

THE INTERVENTION STUDY

A Possible Selves Intervention to Promote Healthy Behaviors in Homeless Youths

Specific Aims:
1. Determine the effectiveness of a self-reflective preventive intervention to promote substance use and safe sex behaviors (prevent HIV/AIDS) in homeless youths, ages 18-23 years;
2. Determine whether psychological capital factors mediate the relationship between background risk factors (sexual orientation, duration of homelessness, sex abuse history, history of substance use, past sexual risk behaviors, and service utilization) and improved proximal outcomes (self-efficacy and intentions) and distal outcomes (responsibility substance use, safer sex, life satisfaction);
3. Determine the effect of pre-testing on intervention proximal outcomes (immediately following intervention) and distal outcomes (at an interval of 3 and 6 months following intervention); and
4. To explore general and specific differences in proximal and distal outcomes of the intervention between participants in two geographically different sites (Austin, TX and Columbus, OH).

Design: Solomon Four-group Design with repeated measures [5]

Data Collection and Study Procedures

Pre-test: Control
- Post-test: Intervention A
- 3-month post-test: Control
- 6-month post-test: Control

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FINDINGS

- GRAs found it relatively easy to maintain intervention fidelity.
- Structural factors that facilitated adherence to protocol:
  - Providing intervention in place where homeless youth felt safe
  - Following fidelity checklists
  - Talking with peer GRAs/intervention facilitators
  - Listening to tapes of previous sessions

- Structural factors that hindered adherence to protocol:
  - Length of full intervention [6 modules@35 minutes]
  - Participants’ failure to show up for session
  - Participants being in jail or hospital
  - Power point slides out of order
  - Lack of management at the drop-in location

Personal factors that facilitated adherence to protocol:
- Following a self-prepared script
- Developing and maintaining relationships with drop-in staff
- Educational background and experience
- Understanding purpose of intervention fidelity
- Ethics of justice and caring
- Having a child same age as intervention participant (homeless)
- Seeing content from client’s perspective
- Sitting in another GRA’s session
- Reviewing the materials

Personal factors that hindered adherence to protocol:
- Being unable to develop rapport with the client
- Allowing too much ‘off script’ to develop rapport
- Needing more time to practice/role-play the intervention

DISCUSSION

These are new findings about intervention fidelity and point to the importance of following National Institutes of Behavioral Change Consortium guidelines [6] for intervention fidelity:

1. Study design:
2. Provider training:
3. Intervention delivery:
4. Intervention receipt:
5. Enactment of intervention skills [4]

CONCLUSION

Findings can be used continuously to improve the delivery of the intervention throughout the remainder of a longitudinal study and as lessons learned when proposing a new intervention.