

Balancing Fidelity and Adaptation

**If We Want More Evidence-Based Practice,
We Need More Practice-Based Evidence**

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TIDIRH, Tuesday Morning**

What Needs to be Discussed

- **Why is fidelity an issue?**

- Practitioner resistance to evidence-based guidelines
 - Perception that it is an unrealistic burden on their practice
 - Perception that it is based on research too far removed from their realities
- Researchers' belief (hubris? Conflict of interest?) in the certainty and universality of their findings
- Experience in some sectors that what is passing as evidence-based practice is not what the evidence showed

- **What needs to be measured in arriving at conclusions concerning fidelity Vs. adaptation?**

- Differences between clinical/behavioral
- Community/population



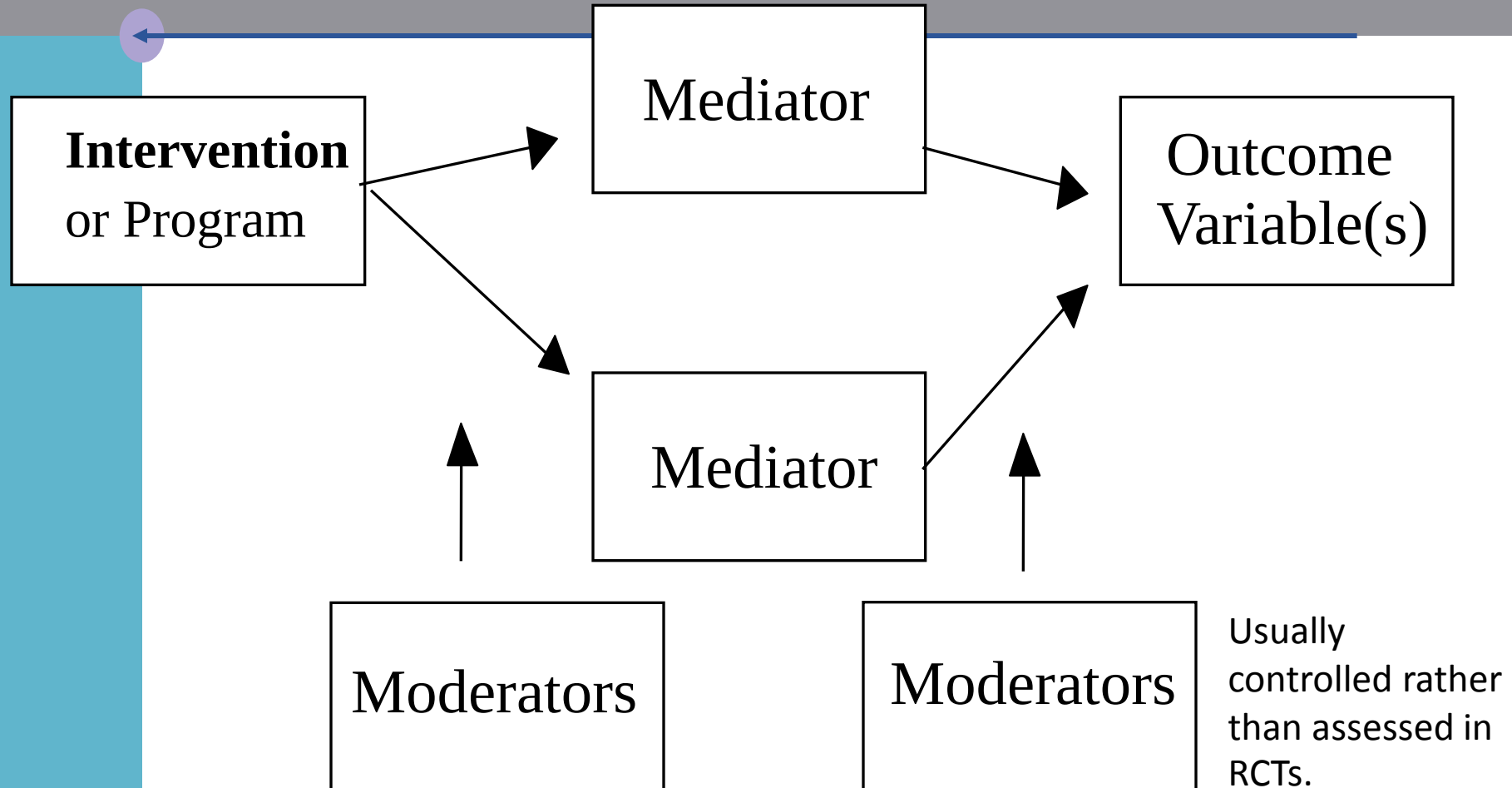
Why “Fidelity” has become an issue

- Researchers test an intervention for its efficacy
- Rigorous test (efficacy) qualifies it for official lists of “evidence-based practices” and guidelines
- Practitioners try to incorporate it into their programs in other populations, circumstances
- Poor fit produces failure of program
- Practitioners are blamed for not implementing with “fidelity”
- Now buy the producers’ training

* Green LW, Glasgow RE, ...external validity...*Evaluation & the Health Professions*, Mar. 2006.



Theory: Mechanisms as Mediator Variables, Context: Characteristics of Environments



Source: Green LW, Kreuter MW, *Health Program Planning: An Educational and Ecological Approach*. 4th ed. New York: McGraw-Hill, 2005, p. 204; Green LW, Glasgow RE, 2006.



Aligning Evidence* with (and deriving it from) Practice: Matching, Mapping, Pooling & Patching*

- *Matching* ecological levels of a system or community with RCT evidence of *efficacy* for interventions at those levels
- *Mapping* theory to the causal chain to fill gaps in the evidence for *effectiveness* of interventions
- *Pooling* experience to blend interventions to fill gaps in evidence for the effectiveness of programs in similar situations
- *Patching* pooled interventions with indigenous wisdom and professional judgment about plausible causes & interventions to fill gaps in the *program* for the specific population

*Green & Kreuter, *Health Program Planning: An Educational & Ecological Approach*. 4th ed. NY: McGraw-Hill, 2005, Chapter 5. Green & Glasgow, 2006.



Take home

- Be suspicious of demands for fidelity when the intervention is on behavior, complex organizations, or communities
- Draw evidence from the practitioners, patients, organizations or communities in which the intervention would be adopted or adapted
- Try to identify the core elements (functions) of the intervention(s) that must be implemented with fidelity, as distinct from the adaptable (forms) that could be matched and varied with the context and persons
- Measure forms (duration, strength, intensity, content) of the implementation as they emerge



Some references

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Other references

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