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Program fidelity of case management in child protection and youth parole services: Use of instruments, video feedback and role play

Chapter 7

Program fidelity is related to positive outcomes in child and family care. To stimulate high levels of program fidelity, professionals need ongoing supervision including program fidelity instruments, and active learning methods, such as video feedback and role play. In child protection and youth parole services, this type of supervision is still uncommon. This study examined how reflective practices are applied in establishing program fidelity in child protection and youth parole services, and what the facilitators and barriers are. Instruments were analysed on frequency of use, and level of program fidelity. Interviews (N =25) with professionals and supervisors were conducted about facilitators and barriers. Instruments were used, but not with the intended frequency. Results describe why and how supervisors use a program fidelity instrument as a tool for themselves to monitor professional's program fidelity, while another instrument is used together with the professional to reflect on the learning process. Active learning methods were not yet used regularly. This study provides examples of the use of reflective practices and informs how to stimulate implementation, in order to improve child and youth outcomes.

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7.1 Introduction

Measures of program fidelity are a key component for research on the dissemination and implementation of youth mental health services (McLeod et al., 2013). Program fidelity (also known as treatment integrity) refers to the degree to which an intervention is implemented as intended (Perpletchikova & Kazdin, 2005). Implementation is a process of carefully considered organizational adjustments that occur in a time period of some years (Bertram et al., 2011; Fixsen et al., 2005). Many theoretical frameworks for implementation exist (Nilsen, 2015), which all assume that implementation occurs through several stages (e.g., information, adaptation, training phase), and several implementation drivers: the infrastructural elements required for effective implementation that support high fidelity and effective, sustainable programs.

The well-known and widely-used implementation framework of Fixsen and colleagues (2009) differentiates between three classes of integrated and compensatory implementation drivers that are important for implementation: competency drivers, organization drivers, and leadership drivers (see Figure 3). Competency drivers promote competence and confidence of those engaged in implementing the model so that high fidelity and improved population outcomes are more likely to occur and to be sustained. This includes selection, training, and ongoing support or coaching. Organizational drivers include facilitative administration, systems-level interventions, and decision support data systems. Leadership drivers can be technical or adaptive strategies to challenge implementation. Appropriate leadership strategies must be selected to establish, repurpose, adjust, and monitor the competency drivers and organization drivers throughout the implementation stages.

Figure 3. Implementation drivers framework (Fixsen, Blase, Naoom, & Wallace, 2009).

Ongoing support to stimulate program fidelity

Program fidelity can be established and maintained by offering professionals both initial training and frequent ongoing support (Goense et al., 2016; Schoenwald et al., 2009). The implementation of an intensive support system is required for ongoing and high-quality application, especially in a community-based and routine care setting (Bond et al., 2014; Smith-Boydston et al., 2014). Important components of a support system seem to be the use of program fidelity instruments for monitoring, and active learning methods, such as video feedback and role play with feedback (Goense et al., 2016).

Little research has been carried out how to actually implement and use an intensive support system that contributes to high levels of fidelity in clinical practice, especially not in the establishment of program fidelity of case management in child protection and youth parole services. Previous research mainly focused on a) program fidelity measures for research purposes (Schoenwald & Garland, 2013) instead of implementation and use such instruments in routine care practice, and b) the use of program fidelity instruments as such, instead of these instruments being part of ongoing reflective practices, such as coaching and supervision (Goense et al., 2016). Only recently, the use of program fidelity instruments was studied in the practice settings of 12 evidence- based interventions (mainly therapies) for children and young people with externalizing behavioural problems (Goense et al., 2018). Here, therapists regarded the use of instruments valuable and worth the time of investment. At the same time, the instruments were mainly used for training and certification purposes. Only one third of the interventions used their program fidelity instruments for ongoing supervision purposes. Therefore, knowledge is needed on how to implement active learning methods to stimulate program fidelity in ongoing supervision. Details about (requirements for) the implementation of program fidelity instruments are often lacking (Schoenwald & Garland, 2013).

Support system of case management for high risk families

Intensive Family Case Management (IFCM) is a method for intensive casework with complex multi-problem families in the Netherlands (Busschers et al., 2016). It is an adaptation of the case management approach Functional Family Parole services (FFP; Alexander et al., 2013). The support system of IFCM includes 10 days of training, and weekly supervision to provide case managers with the knowledge and skills necessary to apply the program with high fidelity. Case managers discuss multiple cases per supervision session, based on information from storytelling and written case notes. The use of case notes and audio-visual material is encouraged for observation-based supervision. In FFP, supervisors use the instrument *Global Rating Measure* (FFP-GRM; Rowland, 2009) to monitor case managers' adherence to the FFP model on a quarterly basis, and the *Brief Implementation Checklist* (FFP-BIC) to monitor case managers' application of the model in a particular family meeting. Supervisors use the program fidelity ratings measured by the GRM and BIC to provide the case managers with feedback on the prescribed components and skills of the model (Rowland, 2009).

To monitor the application of IFCM, the program fidelity instruments needed adaptation to the IFCM context. They were adapted following the principles of evidence based practice (EBP), combining scientific knowledge, empirical evidence, and clinical expertise. The content was modified after a participatory and consensus-driven approach, based on two previous studies: one that operationalized and validated the core elements of IFCM (Busschers et al., 2016) and one that tested the factor structure of the FFP-GRM (Busschers et al., 2018). IFCM supervisors and program developers commented on the first draft. For the final draft a multi-disciplinary group of case managers, supervisors, psychologists, team managers, and policy advisors was consulted. After that, two supervisors evaluated the instruments in practice and provided feedback. This resulted in a IFCM-GRM and a IFCM-BIC. The purpose and use of the instruments (who uses the instrument, based on what information and when) remained the same as in FFP.

Study aim

In this study, we aimed to contribute to the knowledge on implementation of reflective practices in ongoing supervision to stimulate program fidelity. We focus on the implementation of a support system, including program fidelity instruments and active learning methods. Thereby, we address the distance between scientific knowledge and daily practice, often referred to as the *implementation gap* (Fixsen et al., 2005).

The research question is: *how are reflective practices of a support system (program fidelity instruments and active learning methods) applied in fidelity of case management in child protection and youth parole services, and what are the facilitators and barriers?* More specifically, we examine what it takes to implement program fidelity instruments and active learning methods, such as video feedback and role play, by using a mixed-methods design. The implementation model of Fixsen and colleagues (2009) is used as a framework for analysis. This study was conducted at the Child and Youth Protection Services in the Amsterdam area (CYPS Amsterdam) in the Netherlands, where case managers work with the Intensive Family Case Management approach. For social work practice, this study informs on important elements of the implementation of a support system to achieve program fidelity to improve child and youth outcomes: moving from knowing what works towards doing what works in practice.

7.2 Method

This research consisted of the collection of program fidelity instruments and two rounds of interviews. Data was collected between March 2016 and May 2016, approximately one year after the organization-wide implementation of the IFCM program fidelity instruments.

7.2.1 Participant characteristics

CYPS Amsterdam is one of the seventeen Dutch agencies for child protection and youth parole and operates in the Amsterdam area (population 1.5 million). CYPS Amsterdam serves approximately 3,200 families every year, with some 270 case managers and 30 supervisors in charge working in 35 teams.

The research consisted of three components of data collection with three groups of participants. In part 1, program fidelity instruments were collected that were filled out by all supervisors of IFCM (N=30) about all professionals (N=270) of CYPS Amsterdam.

In part 2, 7 of the 30 supervisors (23%) were interviewed to examine the use of the program fidelity instruments. All supervisors were female and completed higher vocational education. On average, supervisors had 3 years experiences as an IFCM supervisor (*SD* = 1.04, Min. 1, Max. 4). Supervisors all worked in different teams and all had been working with both the FFP-GRM and the IFCM-BIC.

In part 3, 18 professionals were interviewed to examine the use of active learning methods in supervision: 8 case managers, 5 supervisors, 2 psychologists, 2 team managers and 1 trainer. Most participants were female (*N* = 16, 89%). On average, these participants had 7 years work experience (*M* =7.3, *SD* = 1,9, Min. 3, Max. 15). All participants completed at least higher vocational education.

7.2.2 Data collection

7.2.2.1 Program fidelity instruments

Quantitative data were collected in May 2016 by gathering all IFCM-GRM and IFCM-BIC instruments that were filled out between June 1st 2015 and May 31st 2016. IFCM supervisors applied the IFCM-GRM and IFCM-BIC to rate the level of program fidelity of the case managers. Supervisors were trained in IFCM and completed supervisory training.

The IFCM-Global Rating Measure consists of 53 items scored on a four-point Likert scale for each item. Ratings of supervisors on the IFCM-GRM regarding overall application of the IFCM-model by case managers in 0-25%, 26-50%, 51-75%, or 76-100% of their cases. A score of 1 on the GRM means that the case manager applied the element in 0-25% of the cases. The sections invite the assessor to rate the adherence to the goals and skills during each of the three phases of the model on the way they work in their team, and their overall skills.

The IFCM-Brief Implementation Checklist contains 13 dichotomous items; answers can be either 'applied (score = 1) or 'not applied (score = 0)' and should be scored after case consultation in the team meeting. Ratings of supervisors on the IFCM-BIC address the application of IFCM by case managers in a particular family meeting. The total score of the IFCM-BIC varies between 0 and 13.

7.2.2.2 Interviews

Qualitative data were collected through 45- to 60-minute semi-structured interviews held in April and May 2016.

7.2.2.2.1 Interviews program fidelity instruments

Interview topics included the use and feasibility of instrument (goal of use, frequency, the time needed, the input used and needed for assessing program fidelity), the use of the instruments for case manager's reflection on program fidelity (feedback for professionals, the monitoring growth in level of program fidelity), and the facilitators and barriers of supervisors to use the instruments.

7.2.2.2.2 Interviews active learning methods

Interview topics were the experience with the use of video feedback and role play at CYPS Amsterdam in training, and in team supervision, experience with video feedback and role play in previous jobs. The interviews also addressed the facilitators and barriers to use video feedback and role play, and what implementation activities would be needed according to the participant. For supervisors, extra questions were added to address their role as supervisor, such as 'what do you need to support your team in using video feedback and role play in supervision?' and 'how can video feedback and role play give you input to monitor and support case manager's program fidelity?'.

7.2.3 Participant recruitment

Participants for the interviews were recruited by email. In the first round of interviews, supervisors were randomly selected. One supervisor could not participate due to holiday and one supervisor due to maternity leave. Two other supervisors were randomly selected. Participants who did not respond to the e-mail were contacted by telephone. The participants for interviews about active learning methods were selected by a call on the internal web page of the organization. Interviews were conducted by two trained research assistants, and based on an interview protocol. Interview protocols are available upon request. Interviews were conducted in the CYPS Amsterdam office. Afterwards, respondents received a summary of the interview to review their answers and to confirm their consent.

7.2.4 Analysis

7.2.4.1 Use of instruments and fidelity scores

Scores on the program fidelity instruments were transported into the quantitative data analysis software program SPSS22 to perform statistical analyses. Descriptive statistics (frequencies, means, and percentages) were used to describe the application of the IFCM program fidelity elements. Units of analysis for the quality assurance data were case managers (GRM data) and family meetings discussed in case consultation (BIC). In total, the IFMC-GRM data contained 158 missing values (2%). Maximum of missing values for one item was 5 out of 138 (4%). The IFCM-BIC data did not contain any missing values.

7.2.4.2 Interviews

All interviews were transcribed verbatim to allow for in-depth, structured analysis.
Transcripts were coded by the first author in the qualitative data analysis software program MaxQDA. The conceptual framework of Fixsen and colleagues (2009) was used to deduce the components of implementation drivers from the respondents' answers. Coding of interviews was done by the first author through content analysis. The used codes included the implementation drivers, their sub-categories, and 'facilitator' and 'barrier'.

7.2.5 Ethical considerations

During the formal introduction of the interview, participants were further informed about the content of the study and the procedure. Participants were notified that participation

was voluntary and they could leave at any moment without giving reason and without consequences. Verbal permission to audiotape, transcribe and analyse the interviews was granted by all participants. Anonymity was guaranteed. Taking into consideration the non-medical and non-invasive nature of this study, formal approval of a medical ethical committee was not required according to the Dutch law. No client-specific details were asked for by the researchers, nor shared by the participants.

7.3 Results

7.3.1 Use of program fidelity instruments

7.3.1.1 Numbers and scores

The IFCM-GRM was used 138 times for 113 individual professionals. This is 17% of the expected number (based on 3 IFCM-GRMs per professional per year), covering 42% of all professionals, from 27 teams (77%), with on average 5 IFCM-GRMs filled out per team (min. 1, max. 16).

Scores on the IFCM-GRM items were between 2.11 (min.1, max. 4, *SD* = 0.89: item 52 "*Case manager uses tools to make their work visible, such as case note, video and audio tapes, one-way screen, bring supervisor to family meeting*") and 3.49 (min. 1, max. 4, *SD* = 0.78; item 48 "F*amily supervision plan is determined in the weekly team meeting*"), see Table 20. The overall program fidelity question had a mean score of 2.84 (min. 1, max. 4, *SD* = 0.70). This shows that on average, supervisors rated that the professionals applied the model in 26-50% to 51-75% of the families. Although item 52 had the lowest average score, there were no items with scores much higher or lower than others.

The program fidelity instrument IFCM-BIC was filled out by the supervisor after supervision in the weekly team meeting. In total, 385 IFCM-BICs were filled out. In 30 out of 35 teams (86%) the BIC was used, in these 30 teams on average 12.67 times during the year instead of at least one a week. BICs were filled out for 142 professionals (53%), on average 2.66 (min. 1, max. 8).

Scores on the IFCM-BIC showed that mean scores on BIC items were between .57 (min. 0, max. 1, SD= 0.50, item 1 "*Case manager meets with children, family(system) and other key figures who have impact on the safety of the children*") and .86 (min. 0, max. 1, SD= .34, item 3 "*Contact frequency is based on risk level and phase*" and item 13 "*Case manager gives insight in progress on safety and goals with up to date registry, and assesses safety and progress after every face-to-face contact*"), see Table 21. The sum of the BIC questions was on average 9.44 (min. 0, max. 13, SD = 2.96). The Adherence score was on average 1.32 (min. 0, max. 3, *SD* = .93). This shows that supervisors rated that the professionals applied the model between at least 26-50% and 51-75% in the cases that were discussed in the weekly supervision sessions.

The interviewed supervisors tell a rather different story. Most of them state that they used the instruments for all professionals, but based on this, the numbers of IFCM-GRM and IFCM- BIC should have been higher. Four out of seven supervisors (57%) did not use the IFCM-GRM with the intended frequency of 3 times a year, but only once or twice a year for each professional. About the IFCM-BIC, most supervisors (6 out of 7) stated that they use it

after every case consultation in the weekly supervision. Two of them only used the IFCM-BIC when a case was discussed based on a written case note and not solely on storytelling. One supervisor did not use the IFCM-BIC at all.

Table 20

Scores on IFCM-GRM (N= 138).

	N	Min.	Max.	*M*	*SD*
Engagement and motivation phase (item 01 - item 22)	135	1.00	4.00	2.82	.67
Support and monitor phase (item 23 – item 27)	135	1.00	4.00	2.91	.81
Generalization phase (item 28 – item 33)	135	1.00	4.00	2.52	1.08
Competencies (item 34 – item 38)	135	1.00	4.00	3.11	.67
Attitude (item 39 – item 45)	135	1.00	4.00	3.02	.78
Work as a team (item 46 – item 52)	135	1.00	4.00	2.85	.74
Overall rating (item 53)	135	1.00	4.00	2.78	.81

Table 21

Scores on IFCM-BIC (N=385) after case consultation in supervision.

Item	N	Min.	Max.	*M*	*SD*	Applied N (%)
Case manager meets with children, family(system) and other key figures who have impact on the safety of the children.	385	0	1	.57	.50	221 (57%)
Case manager works on phase-specific goals.	385	0	1	.80	.40	309 (80%)
Contact frequency is based on risk level and phase.	385	0	1	.86	.34	333 (86%)
Case manager discusses child safety with children, family(system) and other key figures.	385	0	1	.69	.46	265 (69%)
Case manager provides the family insight in the behaviour patterns that influence child safety.	385	0	1	.50	.50	193 (50%)
Case manager maintains a balanced alliance with the family.	385	0	1	.65	.48	252 (65%)
Case manager maintains a match with the children, family(system) and key figures.	385	0	1	.76	.43	291 (26%)
Case manager approaches family problems from a relational perspective.	385	0	1	.71	.46	272 (70%)
Case manager talks about / to the family from the family strengths.	385	0	1	.72	.45	277 (72%)
Case managers maintains regulation during the meeting.	385	0	1	.75	.43	290 (75%)
Case manager reflects on actual behaviour in family meetings, based on phase specific goals and competencies.	385	0	1	.76	.43	294 (76%)
Case managers uses the tools to give insight in his or her application of FFP.	385	0	1	.85	.36	328 (85%)
Case manager gives insight in progress on safety and goals with up to date registry, and assesses safety and progress after every face-to-face contact.	385	0	1	.86	.35	326 (86%
Total score	385	0	13	9.44	2.96	
Adherence score (0 – 3)	385	0	3	1.32	0.93	

7.3.1.2 Use and feasibility

All interviewed supervisors acknowledged that the purpose of the program fidelity instruments is to monitor and stimulate the learning process of professionals. As supervisor_07 explained, the instruments are used "*so that they [the professionals] get insight in how they perform and that they can make goals for themselves…so that they can grow, that is the goal of the GRM and BIC of course. To make them aware of what they do and so that they can reflect on their practice*".

The input for supervisors to fill out the IFCM-GRM is what they hear during the weekly supervision (100%), joint family home-visits with professionals (71%), ("*I think that a home-visit gives the most realistic view of how someone applies the model*"), the IFCM-BIC scores of the last months (71%), and some supervisors also use what they observed outside the supervision and case consultation meetings (29%). Two supervisors explicitly stated that they needed at least 6 direct observations or case consultations to be able to assess program fidelity with the IFCM-GRM, which is a policy at CYPS Amsterdam. To fill out the IFCM-BIC, supervisors used what they read in case notes as input (57%), see or hear via audio and video material, and what is clarified and told during supervision (71%). Three supervisors stated that they ask specific questions to get the information needed to fill out the IFCM-BIC (43%).

Supervisors always discuss the IFCM-GRM scores with the professional (100%). This creates a moment of reflection, something not always possible during the daily workdays. The supervisor and professional reflect on the current level of IFCM program fidelity and possibilities for growth. Professionals are provided with explicit feedback and topics for their program fidelity learning plan. Supervisors commented that the discussing of the IFCM-GRM is a meaningful moment for both the professional as well as for them as supervisors. It provides the supervisor with topics to address in supervision. On the contrary, supervisors never (0%) discussed the scores on IFCM-BIC with professionals after supervision. Two supervisors explained that for them it is more important what they discuss during supervision and that the professional's questions are answered than discussing the IFCM-BIC scores. However, they use these scores as input when they fill out the IFCM-GRM.

7.3.1.3 Facilitators and barriers for using program fidelity measures

There are several facilitators and barriers for supervisors to use the program fidelity instruments in practice (see Table 3), which can be classified as competency, organization, and leadership drivers for implementation of the support system of IFCM. Competency drivers were mentioned addressing both supervisor level and case manager level. The most mentioned *facilitating factor* was that the instruments provide supervisors with input for coaching of case managers, and the most mentioned *barrier* was that case managers do not take the initiative to ask supervisors to fill out the IFCM-GRM for them, or join them on a home-visit (4 out of 7). Supervisors think this is due to resistance and case managers might find it difficult to be transparent (especially very experienced professionals). Furthermore, the interpretation of scores on the instruments is difficult for supervisors (2 out of 7), and the scoring scale is difficult to use (2 out of 7).

At the organization level, most supervisors mentioned the administration system. It would be a *facilitator* if the scores on the IFCM-BIC would be easy to access in the registry system with a clear overview per professional for supervisor (2 out of 7). Now, it is mainly a *barrier* as it does not easily provide an overview of all program fidelity scores. Consequently, the IFMC-BIC scores are of no use or have no meaning for professionals. This demotivates the supervisor to spend time on filling them out. The administration system can be helpful in providing an overview of all scores and to use it for reflection.

Leadership drivers that would be *facilitative* were a clear policy that makes it compulsory to use the instruments frequently (5 out of 7), also described in the supervisor function description, and support from team managers and the managing director. At the same time, *barriers* that were mentioned mostly addressed that compliance with the policy on the instruments is lacking (3 out of 7), and that team managers do not use or do not use enough the program fidelity scores in their management of case managers (3 out of 7 supervisors), which decreased motivation of supervisors to use the instruments.

7.3.2 Active learning methods in ongoing supervision

7.3.2.1 Experience

All participants (*N* = 18, 100%) agreed that active learning methods were not used on a regular base in weekly supervision. Some had achieved experience with video feedback (30%) and role play (60%) in the initial IFCM training, but they did not apply this themselves during supervision. As a major benefit of using video feedback and role play, participants mentioned the *learning effect*, by which they mean that it is an efficient way of learning to apply (new) behaviour, with the greatest impact for role play. The trainer stated it is more beneficial than video feedback: "*In all training there should be a role play exercise, as you really learn most when you do that role play yourself. Of course, you learn by watching [yourself or others], but you learn more of active practicing by yourself*". Case manager_05 with role play experience confirmed this: "*With role play, yeah, by actually practicing you incorporate it more. You can hear it or read theory, but if you actually play it with each other you notice the effect immediately*". And case manager_06 explains: "*Normally, what happens in a room can be different from what you remember. You miss a lot and with a video or audio tape you don't miss anything. And then the next time you can be more focused on different signals. So, I think it can be really a huge advantage, also when you want to try an intervention that you hear how you applied that intervention and what the effect was so that it provides better insight than when you write it down on paper*". Video tapes provide more reliable information, as there is less room for interpretation and selection of interactions (67% of the respondents). Also, non-verbal communication can be reflected on when video tapes or role play are used (22%).

7.3.2.2 Facilitators and barriers

To implement active learning methods, such as video feedback and role play in the ongoing supervision of case managers, a number of facilitators and barriers were brought up (see Table 4) that can be categorized on all three implementation drivers (competency, organization and leadership).

Facilitators and barriers on the competency driver were mentioned most. Facilitators concerned the learning effect for both the case manager and for the colleagues in the team, it is a way of providing direct feedback, feedback on what goes well (instead of focussing mainly on points of improvement). At the same time, the feedback manner is mentioned as a potential barrier. The supervisor needs to be competent to provide positive feedback and to guide role play. Therefore, training and coaching are often mentioned as needed for implementation. As the trainer stated: "s*omeone who guides the role play must [..] keep it simple, clearly outline the exercise, be competent in providing feedback. That are essential conditions, otherwise, based on my experience, it becomes a torture to use role play.*" The case managers also need to be competent to introduce the videotaping in the family, as their approval is needed.

Facilitators and barriers at the organizational level were less mentioned. The most important barrier for video feedback and role play was the expected time needed to prepare for supervision and the time needed during supervision to discuss a case. Participants feared time pressure (13 respondents), and were therefore not able to discuss multiple cases during a supervision session. On the other hand, two respondents stated that especially role play does not need much time and is easy to use in supervision. Next to that, technical barriers were mentioned, such as difficult or failing video options on the laptops and smartphones of professionals (5 respondents). They stated that a video camera could be too present during a family meeting, but a smart phone is not easily to use for videotaping a meeting with multiple people.

At the leadership level, also less implementation drivers were mentioned than at the competency level. The most mentioned facilitator (28% of respondents) was the need for a clear policy on the use of video feedback and role play. At the same time, however, a few respondents remarked that the use of these active learning methods should not be obligatory. The benefits and learning effects of using the active learning methods need to be clear and recognizable for everyone. Technical and adaptive leadership from team managers and the board members needs to accomplish this.

Table 22. Facilitators and barriers for using program fidelity instruments (N=7 respondents).

Competency diver	Selection	Facilitators: none
		Barriers: none
	Training	Facilitators: none
		Barriers: - need more understanding of interpretation and scores on instruments (4 respondents) - unable to score IFCM-BIC when supervisor is not present at supervision - some items of instrument hard to assess as supervisor
	Coaching	Facilitators: - instruments provide structure for supervision / questions to ask during supervision (2 respondents) - input for supervision of professionals based on video or audio material makes it easier to fill out the instruments - discuss IFCM-GRM with case manager and formulate learning objectives for and with them - when transferred to new team, supervisor can make a fresh start with using instruments
		Barriers: - not sufficient input of professionals during supervision to score IFCM-GRM and to monitor growth - resistance of professionals to be transparent and invite supervisor for joint home-visits - professionals do not initiate the moment to fill out and discuss IFCM-GRM - supervisors feel they are judging case managers instead of coaching
Organization diver	Systems level	Facilitators: - IFCM-GRM is adjusted to fit the IFCM model
		Barriers: - not enough time for supervisors to fill out and discuss instruments with professionals
	Facilitative administration	Facilitators: - administration system with clear overview of scores is needed to have clear overview of professional's scores (2 respondents); make this technical available and useable for supervisors and professionals
		Barriers: - lack of an administration system with clear overview, now supervisor does this by hand which takes too much time - when the new IFCM-GRM was introduced, the scores on the former instrument were no longer available in the registry system, this decreased motivation.

	Decision support data system	Facilitators: none Barriers: none
Leadership driver	Technical	Facilitators: none - clear and compulsory policy about frequency of input of professionals (5 respondents) - team manager who controls for sufficient input of professionals in supervision to fill out instruments - include ‘use of program fidelity instruments’ in job description of supervisors
		Barriers: - no clear policy and no control of team managers (3 respondents)
	Adaptive	Facilitators: - the team manager needs to facilitate supervisor (2 respondents) - integrate use of instrument in daily practice, make it ‘normal’ - team manager and managing director need to support the use of instruments more
		Barriers: - team manager does not use program fidelity info, which decreases motivation to use instruments (3 respondents) - more frequent use in team is needed to benefit from using the instruments

Table 23. Facilitators and barriers for using active learning methods in supervision (N=18 respondents).

Competency driver		
	Selection	Facilitators: none
		Barriers: none
	Training	Facilitators: - (extra) training for supervisors (6 respondents), about how to benefit most from role play and video feedback, about how to engage the whole team, and about how to provide feedback in an appropriate way - training for case managers in the use of video recorder
		Barriers: none
	Coaching	Facilitators: - efficient way of learning to apply (new) behaviour (13 respondents) - role play makes it possible to practice, so that it is less exciting to apply a technique in a family, and therefore techniques will be applied more quickly in practice (6 respondents) - direct feedback can be obtained and self-reflection can take place at once (6 respondents) - the use of role play is more active than just discussing written case notes (6 respondents) - a team in which you feel safe to practice and make mistakes (6 respondents) - for the successful application of role plays, it is important to keep it small and simple (5 respondents), not too long and only focussing on a specific element. - by role play you experience what it is like to be a client (2 respondents) - to promote the use of role-playing games the term role play should not be used any better, it could be better said: 'Will we practice?', 'Will we play it off?' or 'I am a mother now, are you the case manager?' (2 respondents) - role play is easy to use in supervision - makes you aware of your own actions, it is a good method to examine your actions in more detail
		Barriers: - resistance in the team, using is an extra threshold, as active learning methods are regarded as extra work and transparency about one's work is needed (9 respondents) - professionals find it scary or unpleasant to do (8 respondents) for example: when playing a role play everything has to be done at the moment and one only thinks of performance, thereby the learning effect disappears - difficult to seriously play out a role play because one does not find it "real" because of this there would be acted differently than one would do in reality (6 respondents) - lack of a safe team (6 respondents) - the family members and the case managers are aware that the camera is running and can therefore influence the conversation (3 respondents) - the success of role plays would depend on the feedback given (2 respondents), otherwise it can give a negative experience and too much feedback will be given

		- a role play cannot be played out correctly by everyone because people are often too stubborn in the designated role
Organization driver	Systems level	Facilitators: - a standard letter that can be sent to (new) families, indicating that the organization is a learning organization and that professionals can make video material (5 respondents) - use of role play in supervision does not need much time (2 respondents)
		Barriers: - it takes too much time and increases workload of professionals (13 respondents) - the limit of introducing new things is reached in the organization (6 respondents) - it costs too much time during supervision (4 respondents)
	Facilitative administration	Facilitators: none
		Barriers: - the technique for videotaping is not easy to use (5 respondents) - device for videotaping (laptop or smartphone) can fail (5 respondents)
	Decision support data system	Facilitators: none
		Barriers: none
Leadership driver	Technical leadership	Facilitators: - clear policy on the organization wide use of videotaping and role play (5 respondents) - instruction that only the professional is on the video tape instead of all people in the room, to increase the likelihood that families agree on videotaping (4 respondents)
		Barriers: - the learning effect of using video feedback will disappear if it is mandatory to deploy (3 respondents)
	Adaptive leadership	Facilitators: - ensure that every employee is aware of the added value of using the resources, so that they will make voluntary use of this more quickly (3 respondents)
		Barriers: none

7.4 Discussion

7.4.1 Conclusions

This study examined how the reflective practices of a support system (program fidelity instruments and active learning methods) were applied in establishing program fidelity of case management in child protection and youth parole services, and what the facilitators and barriers for implementation were. Results show that the fidelity instruments were moderately implemented. Although most interviewed supervisors stated that they used both instruments (IFCM-GRM and IFCM-BIC) frequently, the organizational level data showed differently. The instruments were used for most teams, but not covering all professionals, and the instruments were not used with the intended frequency. For half of the professionals, program fidelity monitoring was lacking.

These findings are in line with the recent study of Dorsey and colleagues (2018), who found that in approximately two third of supervision sessions program fidelity assessment occurred. Our findings are also in line with the study of Goense and colleagues (2018), who showed that only one out of twelve studied interventions used a direct assessment instrument (for videotape ratings) in every supervision session, although the supervision manuals of more interventions prescribe the use of it. Our current findings confirm that it is not yet common to assess program fidelity on a frequent base. This is striking, as research repeatedly showed that ongoing feedback on performance is needed to improve professional's practice (Schoenwald et al., 2009), and high program fidelity is related to better client outcomes (Goense et al., 2016).

At the same time, supervisors and professionals clearly recognize the learning effect of measuring, monitoring, and discussing program fidelity by using instruments. Both professionals and supervisors benefit from this, and they regard this moment of discussing program fidelity important, because they step out of daily activities and take a moment for reflection.

Regarding the active learning methods, the results show that the implementation was lacking. Video feedback and role play were used in training, but were barely part of weekly supervision. Supervisors and professionals recognize the potential learning effect of these methods. However, most supervision sessions were based on information in case notes and by storytelling, not on information derived from video or audio tapes. Professionals feared that it takes too much time.

The lack of use of active learning methods in combination with the barrier of expected time pressure, was also found in a study of Dorsey and colleagues (2018). In supervision in routine care, in only 5% of the 434 coded sessions actual practice was reviewed by means of audio of videotaping. They pointed at the other clinical (e.g., crisis) and non-clinical tasks (e.g., administrative) of professionals, and that they can have high caseloads (Bickman, 2009; Dorsey et al., 2017). These circumstances may present challenges, such as limited available time, for the use of supervision techniques, such as videotaping and role play.

Thus, this study shows that the implementation of the program fidelity instruments and active learning methods in routine care is not easy. To further support the implementation

of program fidelity instruments, video feedback and role play, it is needed to provide a clear policy on the use of these methods and to comply with this policy. Supervisors agreed that the organizational policy on use of instruments needs to be clear and compulsory, which is a technical leadership approach. Furthermore, for full embedding and utilization of the program fidelity instruments, support is needed at all organizational levels. Professionals, supervisors, team managers, and the board members need to encourage and facilitate the use of it. In particular, supervisors stipulate the importance of a supporting team manager, who acknowledges the use of program fidelity learning goals in the supervision of case managers.

Although participants mentioned implementation facilitators and barriers at all three levels, a clear distinction can be noticed. The facilitators and barriers for using the instruments were mainly components of organization and technical leadership drivers, such as a clear policy and a facilitative administration system. Implementation facilitators and barriers for the use of reflective practices, such as video feedback and role play, addressed mainly competency elements regarding the supervisors, such as supervisors need to know exactly how to give instructions for role play, and how to give appropriate feedback on performance and effect.

The distinction in mentioned implementation drivers might be related to professionals' and supervisors' level of experience. Supervisors with experience using the instruments already felt competent in using the instrument, and therefore mainly mentioned implementation drivers at the technical leadership level. This is in line with implementation theory, which assumes that resolving procedural problems usually call for technical forms of leadership, and adaptive leadership is required when there is less certainty and a more complex condition to address the challenge (Bertram et al., 2015). Similarly, the lack of experience with video feedback and role play can explain why many competency components were mentioned to stimulate the implementation of these active learning methods.

7.4.2 Limitations

The current study needs to be considered in the context of some limitations. First, we were not able to randomly select participants, which is necessary for higher degrees of external validity. This may have caused bias, as possibly mainly participants with a positive attitude may have responded. At the same time, a strength of this study is its ecological validity, because program fidelity data were derived from a real-world setting. Another limitation is that the facilitators and barriers to use video feedback and role play in supervision were partly based on *expected* facilitators and barriers, because not all respondents had experience in using the active learning methods in practice.

7.4.3 Implications

This study informs social work organizations to implement reflective practices of a support system to improve outcomes for children and families, and brings us one step closer to achieve positive outcomes for children and families. For social work practice, this study gives the notion that it is important that the implementation drivers are purposefully

integrated to promote high fidelity and improved outcomes for children and families. It is the organization's responsibility to create competent professionals, who show sufficient levels of program fidelity when doing their work, and a second type of fidelity that needs to be reached is related to organizational performance, such as providing training and supervision as planned and intended, and facilitating the professionals and organization with the program fidelity data (Bertram et al., 2015).

Practical implications concern further implementation of the use of a program fidelity instrument and active learning methods. Four actions need to be undertaken. First, a clear and organization-wide acknowledged policy is needed. Second, supervisors need ongoing support for why and how to use the program fidelity instruments, and their team managers' support to use these measures. Third, both supervisors and professionals need training in the use of video feedback and role play for reflection. In this training, the barriers identified in this study need attention. In the weekly supervision, ongoing attention for implementation of the active learning methods is required. Experience is needed to encourage colleagues to start using video feedback and role play as well. Fourth, the organization needs to improve the data registry system in which program fidelity scores are registered. This system should easily provide insight in the learning process of professionals, and visually support the learning processes.

Research implications are to take the next step and focus on the effects of using reflective practices on program fidelity. Currently, a project has started at CYPS Amsterdam and two other youth care organizations to use video feedback and role play in every supervision meeting (Boendermaker & Kemper, 2018). Findings show that the use of video feedback and role play improves program fidelity, but that even with weekly attention the implementation is not easy. In a large-scale FFT observation based supervision versus supervision as usual trial (Robbins et al, 2018), audio tapes were used instead of video tapes. Here, using audio tapes had larger effect on youth outcomes than supervision as usual. This may indicate that audio tapes can be used instead of videotapes, which may make implementation easier. However, more research is needed to affirm or challenge this.