

Alert Program® Fidelity Measures

Introduction

Fidelity measures are important for both the clinical practitioner aspiring for best practice interventions, as well as researchers in evaluating effectiveness of those interventions. Since its inception, the use of the Alert Program® has expanded widely, both nationally and internationally, and continues to support practitioners in addressing the critical development of self-regulation competence. The effectiveness of the Alert Program® relies heavily on the fidelity of the implementation.

What is “fidelity”? Quite simply, “fidelity” means faithfulness or loyalty. When applied to therapeutic interventions, it refers to the degree to which an intervention or program is delivered as intended (i.e. in a faithful or loyal manner) based on the treatment philosophy and related therapeutic principles. The integrity of a program relates directly to how well the program was implemented in the manner intended.

Development of the fidelity instrument to guide practitioners in the use of the Alert Program® has been a multi-step process:

Step 1: Extrapolating principles, related elements, and pragmatic guidelines currently documented in the “*How Does Your Engine Run?®*” *A Leader’s Guide to the Alert Program® for Self-Regulation* Book and in the Alert Program® Online Course.

Step 2: Convening a group of experts in use of the Alert Program to validate identified principles, elements, and strategies.

Step 3: Creating a fidelity instrument and measuring its reliability and validity.

This document will outline only *Step 1* with the intention of providing practitioners and researchers with a beginning framework and guideline to support optimal therapeutic outcomes.

Why is a fidelity measure important for researchers?

Given the widespread use of the Alert Program®, there has been an increase in effectiveness research with varied populations. Fidelity measures would improve consistency of program implementation thus supporting greater interpretation and application of results to best practice. The lack of a fidelity instrument affects research validity due to disparities in the intervention delivery approaches. In other words, did the researcher administer the intervention in a manner that adhered to the program’s philosophy and therapeutic principles? Was the

intervention carried out by the researcher as intended by the program? Hence, research outcomes can be greatly influenced by the intervention delivery methods. One research study may administer the program in a vastly different way from another research study, thus compromising the replicability and validity of the research. An informal review of existing effectiveness research related to the Alert Program® suggests that fidelity levels vary considerably from one study to another.

Lack of implementing fidelity compromises research outcomes and may easily lead to inappropriate conclusions. Potentially useful interventions may be interpreted as ineffective. The establishment of a fidelity measure can provide a standard for the researcher to assure that implementation represents the Alert Program® principles and components optimally and consistently.

Why is a fidelity measure important for clinical practitioners?

In a time of so many resources, clinical practitioners are being required to be more vigilant in choosing effective and efficient intervention strategies. The practitioner should be aware of whether studies were conducted with respect to fidelity measures in order to help determine whether the Alert Program® is an appropriate practice intervention for a given population and environment.

In addition to analyzing research data, the practitioner is also prompted to consistently measure effectiveness outcomes on site in day-to-day practice. Program evaluation models, often created by the intervention team, provide tools for measuring short-term and long-term outcomes. With such a variety of intervention programs available to address self-regulation, practitioners must be able to differentiate one intervention from another in order to ensure their intervention choice matches the goals they are trying to achieve. This requires attention to optimal levels of fidelity in implementation regardless of which program is being used.

Adhering to fidelity measures provides a valuable guide for the practitioner to ensure that the most effective and efficient application of the Alert Program® is being applied. Fidelity in implementation may also support the development of systematic and ongoing documentation regarding the delivery and outcome measurements of the program. It is a key ingredient for 1:1 or systemwide implementation of best practice and evidence-based interventions.

How to improve fidelity of implementation

Quality training and an instructional intervention/program manual are two common strategies that increase implementation fidelity. These two sources provide essential elements that guide an optimal standard of treatment against which fidelity can be measured. Sherry Shellenberger and MarySue Williams, originators of the Alert Program[®], describe core principles, related elements, and pragmatic guidelines in both the *"How Does Your Engine Run?"[®] A Leader's Guide to the Alert Program[®] for Self-Regulation* Book and in the Alert Program[®] Online Course. These criteria were extrapolated and organized into the two categories as described below: Structural Elements and Process Elements.

A. Structural Elements

Structural elements reflect commonly documented features, such as therapist credentials (including post-professional training and mentorship), physical space and equipment, and evidence of parent-caregiver-therapist collaboration on goal setting. Structural Elements expected in the implementation of the Alert Program[®] include:

1. Therapist/Team Leader Qualifications

Ideally, the Leader will:

- a. Be a registered occupational therapist with:
 - A background in sensory integration theory and practice as a foundation for applying the Alert Program[®]; and
 - Have a working knowledge of central nervous system modulation/self-regulation and its importance to occupational competence.
- b. Have completed the Alert Program[®] Online Course and understand:
 - Arousal theory;
 - Arousal states or "Engine Levels";
 - Protective responses of the autonomic nervous system;
 - Inhibition and its relationship to proprioceptive input;
 - Sensorimotor preferences; and
 - "Detective Work".
- c. Agree upon basic assumptions underlying the Alert Program[®] approach to self-regulation, including:
 - We are all self-regulators;
 - All behavior is an attempt at communication;
 - It is the responsibility of team members to be detectives and interpreters of a client's attempt at communication; and

- Learning and function are supported by the client being in an optimal state of alertness (arousal) for performing the particular task.

2. Team Concept/Communications

To include:

- Engagement/collaboration of team members in identifying goals and objectives (related to daily performance demands);
- Engagement of team members in determining level of anticipated self-regulation independence;
- Engagement of client (if developmentally appropriate) in setting realistic outcomes;
- Communication with team members (including appropriate family, teacher, caregiver, staff, friends) to avoid misunderstandings of any vocabulary and/or strategies that the client may be utilizing while learning about self-regulation and the Alert Program®;
- Encouragement of team members to articulate self-knowledge related to their own self-regulatory strategies and model their understanding for client's benefit; and
- Discussion amongst team members of observed ability of the client to self-regulate in relation to occupational performance in multiple environments (e.g. home, work/school).

3. Environmental Context/Application

The Leader will provide:

- A variety of sensory-motor strategies available for client use;
- Strategies that are socially and culturally appropriate for contextual use;
- Monitoring of accessible strategies for safety and appropriate use;
- A physical environment reflective of self-regulatory needs and social-cultural expectations; and
- An environment supportive of a variety of flexible or structured routines as needed.

B. Process Elements

Process elements include the key therapeutic strategies involved in the delivery of intervention. Process elements are complicated because intervention involves customization to meet the unique needs of the client. In the Alert Program®, this not only involves the therapeutic use of "self" by the practitioner, but also requires the Leader to have an in-depth knowledge of their own nervous system preferences while

professionally respecting the preferences of the client. It is *not* a rule-bound process.

The Team Leader is responsible for ensuring that the implementation process involves:

1. A collaborative approach where team members are knowledgeable regarding the Alert Program® concepts.
2. The Leader/Team members modeling their own knowledge of self-regulation, using more extreme examples first and progressing to more discernment of subtle levels of self-regulation.
3. The Leader/Team Members using “Detective Work” to observe and to positively reinforce individual’s chosen strategies.
4. The use of respectful non-jargon vocabulary in providing feedback (no blame, no shame).
5. A developmental approach to learning the Alert Program® concepts, to include:
 - a. Identifying one’s own Engine Speeds - A client will:
 - Understand the Engine analogy or another analogy that is meaningful to one’s self and that reflects the principles and concepts of the Alert Program®.
 - Learn Engine (or another analogy) words and use the vocabulary accurately and consistently.
 - Label own Engine levels.
 - Develop an awareness of the feel of one’s own Engine Speeds, using team member feedback and labels as a guide.
 - Identify and label levels for one’s self.
 - Use these labels outside of the therapy session in the context of one’s own life routines.
 - b. Experimenting with Methods to Change Engine Speeds – A client will:
 - Have access to and be exposed to sensory-motor methods to change alert (arousal) levels.
 - Receive feedback from support individuals to help verify own preferences and hyper-sensitivities.
 - Begin to experiment with choosing strategies.

- c. Regulating Engine Speeds – A client will:
 - Develop habits of self-monitoring and of consistent language use that support self-regulation and age-appropriate autonomy.
 - Choose strategies independently.
 - Use strategies independently throughout daily life.
 - Learn how to change Engine levels when options are limited.
 - Identify and access support resources for ongoing competency.

- 6. Empowering the individual to select successful developmentally and culturally appropriate strategies within five categories.
 - Mouth
 - Move
 - Touch
 - Look
 - Listen

- 7. Providing sufficient time for the individual to reflect upon and integrate the Alert Program® concepts through daily practice and to learn through the developmental steps, moving on only when the existing step is established sufficiently to support the next step.