Measures of Treatment Fidelity and Social Validity within a Parent–Mediated Behavior Intervention
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BACKGROUND
- Despite the fact that individuals with ASD manifest higher levels of challenging behaviors and that parents are the first-line interventionists (Matson, Wilkins, & Macken, 2009), little parent training group-design research is available targeting problem behaviors or treatment fidelity (the accuracy and consistency of implementation of an intervention) and social validity (participants’ impressions of the importance and acceptability of the intervention, including satisfaction and therapeutic alliance, cf. Ardito & Rabelino, 2011).
- A ample literature documents the impact of common factors on treatment outcomes, such as the therapist, the client, and the relationship (McGrew, Ruble, & Smith, 2006).

METHOD
- The study employed a randomized design with a waitlist control in a sample (N = 33) of parents of children with ASD (Mean = 8.1, SD = 2.5).
- C-HOPE is a manualized program that includes four, 1-hr, individual sessions and four, 2-hr, group sessions.
- Participants received C-HOPE delivered via TH (N = 20) or FF (N = 13).

MEASURES
- Treatment fidelity: The researchers developed parent-rated fidelity checklists, which include all key components of each individual and group session (Figure 1).
- Social validity: The researchers developed parent-rated social validity questionnaires, which include Likert scale questions, as well as space to provide qualitative input for recommendations, supports parents might need for implementing ideas (shared, etc. (n = 0.94; Figure 2).
- Therapeutic alliance: The Session Rating Scale (Version 3, Johnson, Miller, & Duncan, 2000) and Group Session Rating Scale (GSRS; Duncan & Miller, 2007) are short measures of alliance which encourage regular engagement between therapist and client regarding their relationship. Similar to the ORS, the SRS and GSRS are each comprised of four subscales, which are each rated by the client using a 10-cm line analog visual scale.

RESULTS
- Therapist treatment adherence (fidelity) ranged from 76.2% to 100.0% (M = 94.2, SD = 7.1; Figure 5).
- Parent-reported satisfaction with sessions was high (M = 3.7, SD = 0.3; Figure 6).
- Parent well-being scores improved significantly from the first session (M = 24.8, SD = 8.8) to the eighth session (M = 30.8, SD = 8.5), t(17) = -3.71, p = 0.002 (Figure 7).
- Alliance was fair according to the SRS and GSRS (M = 37.2, SD = 2.8, range = 27.2–40.0; Figure 8).
- One-way analysis of variance revealed no differences between FF and TH modalities were measured:
  - Fidelity: F(1, 29) = 1.16, p = 0.29.
  - Satisfaction: F(1, 29) = 0.24, p = 0.63.
  - Well-being: F(1, 25) = 0.63, p = 0.44.
  - Alliance: F(1, 29) = 0.07, p = 0.79.

CONCLUSIONS
- Social validity for C-HOPE is acceptable, and the program can be implemented with fidelity and reliability across cohorts and modalities.
- C-HOPE favorably impacted parents, who were both satisfied and self-reportedly demonstrated improvements in well-being.
- The findings of this study are consistent with research showing similar outcomes between FF and TH participants (Bark, Hen, Bonniel-Nissim, & Shapiro, 2008).
- Future research is needed to assess the degree of the factors of treatment fidelity, parent satisfaction, parent well-being, and therapeutic alliance impact final outcomes of child behavior problem, parent stress, and parent competency.

Note: Sessions are listed in chronological order. IS = Individual Session; GS = Group Session.