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A process evaluation of the Friendships and Dating Program for adults with developmental disabilities: Measuring the fidelity of program delivery

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ABSTRACT

Adults with intellectual and developmental disabilities are frequently abused in dating and partnered relationships. The Friendships and Dating Program (FDP) was developed to prevent violence in dating and partnered relationships and to teach social skills needed to develop healthy, meaningful relationships among this population. A pilot study indicated the FDP resulted in a statistically significant increase in social network size and a significant decrease in instances of interpersonal violence. This study focused on utilizing a Process Evaluation Model (PEM) to document the level of treatment fidelity in the delivery of the 20 session FDP for adults with intellectual and developmental disabilities delivered by community agency personnel. The PEM also documented the amount of content delivered to the participants during each session. Results indicated that direct service personnel delivered the program with a high level of fidelity. Additionally, participants engaged at high rates over the course of the 10-week program. Further, the results indicated the FDP topics and methods of delivery were appropriate for adults with intellectual and developmental disabilities. Programs should use a Process Evaluation Model (PEM) and methods as a routine quality control mechanism to assess provision of salient participant procedures.

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1. Introduction

Adults with intellectual and developmental disabilities are frequently abused in dating and partnered relationships (Copel, 2006; Smith, 2008; Ward, Bosek, & Trimble, 2010). Research has repeatedly shown that interpersonal violence negatively impacts the abilities of persons with developmental disabilities to work, live independently, and maintain their health (Hughes, 2009). Many studies have focused on problems of sexual abuse, sexually transmitted diseases, and inappropriate sexual behaviors (Siebelink, de Jong, Taal, & Roelvink, 2006). Very few, however, have rigorously evaluated interventions to prevent partner violence (Barger, Wacker, Macy, & Parish, 2009). Further, most interventions reported in the literature have focused on women with physical disabilities only (Barger et al., 2009; Blanchett & Wolfe, 2002; Bruder & Kroese, 2005).

Barger et al. (2009) identified only four evaluations of sexual violence prevention programs focused on women with intellectual disabilities: all had major methodological problems. Doughty and Kane (2010) found just six empirical studies related to teaching sexual abuse protection skills to people with intellectual disabilities since 1997. Because of weak evaluation designs, poor validity and reliability of measurement, inadequate process evaluation, small sample size, and lack of statistical power these studies did not produce evidence supporting the internal validity of their intervention. Our review also confirmed the lack of Process Evaluation Models. Empirical evidence documenting the feasibility and fidelity of

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successful implementation for persons with intellectual disabilities that promote healthy relationships and/or prevent interpersonal violence have not been reported.

Producing evidence-based programs and practices is a challenge in the field of disability and rehabilitation research (Johnston et al., 2009). If effective intervention programs are to become practice, they must be “delivered completely, competently, and on the time schedule specified by the protocol in order to impact the outcomes as strongly as expected” (Dijkers, 2010, p. 11). Williams, Belle, Houston, Haire-Joshu, and Auslander (2001) suggested “one of the weaknesses of community-based health promotion programs is the lack of attention to evaluation the delivery of the program and its integrity” (p. 136). Confirmation of treatment integrity, or the acceptability by participants and fidelity of implementation, is needed to establish the feasibility and replicability of a program (Hart, 2009).

1.1. Friendships and Dating Program

The Friendships & Dating Program (FDP) was developed to prevent violence in dating and partnered relationships and to teach social skills needed to develop healthy, meaningful relationships. The FDP was designed at the University of Alaska Anchorage (UAA) Center for Human Development (CHD) by an experienced team of professionals who work with individuals with intellectual disabilities. Development of the FDP included three pilot tests to determine whether the intervention session topics and activities were acceptable, appropriate, and beneficial to participants. It was documented the FDP could be delivered by community based direct service personnel. Twenty-five facilitators and 65 participants were involved in the pilot tests. Qualitative feedback was collected from the facilitators and participants by in-depth interviews. These data and insight were used to refine the content of the program. The third pilot included quantitative outcome measures.

The FDP requires a modest level and intensity of training; 14 h. The program consists of 20 sessions delivered twice each week over a 10-week period in a small co-ed group format of 6–8 participants. Each session is approximately 1.5 h for a total of 30 h over the 20 sessions. Key concepts and skills are delivered and practiced in sequential order: feelings, different types of relationships, personal boundaries, meeting people and first impressions, planning dates, the dating process, personal safety, sexual health, and gender differences. Odd numbered sessions are delivered in a classroom setting and even numbered sessions are practiced *in situ* in the community. The FDP introduces information using a multi-modal approach including: discussion, role rehearsal, games, worksheets, handouts, videos, DVDs, slides, posters, drawings, guest speakers, and modeling.

1.2. Importance of process evaluation

Due to the large deficit in the literature regarding documentation of acceptability and routine delivery of programs for people with developmental disabilities it is critical to conduct a process evaluation in addition to an impact evaluation. Process evaluation data provides essential information and insight about what types of participant assessment and intervention methods can (and cannot) be routinely delivered for specific settings, behaviors, types of providers, and program participants. In the development of a new intervention program for any group of adults, especially for adults with intellectual and developmental disabilities, it is essential to tailor program content, methods, and structure to the capacity of its providers and participants. The importance of demonstrating that a target group of adults with intellectual disabilities will participate in any and all of the major intervention and assessment components of new program should be self-evident.

Process evaluation data documenting the level of participant exposure to each core program procedure are also critical to making a conclusion about the internal validity of results. Failure to implement a program as intended is referred to as Type III error (Basch, Sliepcevich, Gold, Duncan, & Kolbe, 1985; Dobson & Cook, 1980; Steckler, 1989). A Type III error occurs when researchers assume the intervention was delivered as intended when in reality it was not. This type of error is especially problematic for human services programs delivered in nonstandardized ways which vary with location, facilitators, and participants (Dobson & Cook, 1980). Process evaluation data provide information regarding the degree to which a program was implemented and if a Type III error has occurred.

While the literature has consistently indicated a need for evaluations of abuse-prevention programs for adults with intellectual disabilities and has stressed the importance of providing empirical evidence to confirm program exposure, no specific methodological guidance has been presented about how to conduct a “process evaluation” for this population (Doughty & Kane, 2010). A “Process Evaluation Model” and methods applied by Public Health Programs are presented as an excellent alternative to address the methodological deficiency noted in the disability literature (Windsor et al., 2000; Windsor, Boyd, Clark, & Goodman, 2004).

In this paper, we address the following research questions related to the FDP for adults with intellectual disabilities:

1. Can community agency personnel deliver the FDP in a variety of settings with minimal training and a high level of fidelity?
2. Will participants find the FDP acceptable and engage in the program?

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