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SUpporting wellbeing through PEeR-Befriending (SUPERB) trial: An exploration of fidelity in peer-befriending for people with aphasia

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***Background**:*
Treatment fidelity refers to strategies used to enhance and monitor the reliability and validity of interventions (Bellg et al., 2004) including the later replication of studies. Fidelity is rarely reported in Speech-Language Therapy intervention studies (Ludemann, Power, & Hoffmann, 2017). In a review of 149 aphasia treatment studies over a 10-year period (2002-2011), only 21 studies (14%) reported on fidelity (Hinckley & Douglas, 2013). Peer-befriending is an intervention intended to improve psychosocial wellbeing for people with stroke and aphasia. It involves people with experience of the condition (i.e. peer-befrienders) providing social and emotional support to those who have more recently had a stroke and aphasia. This paper reports on the fidelity of peer-befriending for people with aphasia post-stroke as part of a feasibility trial (SUPERB) currently underway.

Aims:
1. To investigate the adherence to protocol of peer-befriending visits, and training and supervision of peer-befrienders.
2. To explore the inter-rater and intra-rater reliability of checklists designed to examine fidelity of peer befriending.

Methods & Procedures:
The current study is a feasibility single-blinded, mixed methods, parallel group phase II RCT comparing usual care+peer-befriending (n=30) vs. usual care (n=30) for people with aphasia post-stroke. Little is known about what usual care constitutes and this study will document the range of services participants receive in their area. Ten befrienders with mild-moderate aphasia at least one year post-stroke are recruited from the community. Befrienders will attend 5-6 hours of training (across 2-3 days) and monthly group supervision sessions with the other befrienders and a facilitator. Two facilitators with extensive experience in aphasia will provide befriender training and one of these two will conduct all group and where required, individual supervision. Each participant in the intervention arm will get 6 visits from a befriender (over 3-months) soon after discharge from hospital. Each befriender will befriend no more than two people at any one time. The role of the befriender is to offer emotional, social and informational support, and to help participants develop strategies for adjusting to life post-stroke. To measure adherence/fidelity, three checklists were

created by the research team for the intervention visits, training, and supervision, based on the Health Behaviour Change Competency Framework (HBCCF, Dixon & Johnston, 2010) and Kagan's supported conversation measures (Kagan et al., 2004). All training and supervision sessions and one (of six) visits for each befriender-befriendee pair are videotaped and will be rated for adherence to protocol using the fidelity checklists. By September 2018, the following sessions will have been rated: 2 training sessions, 10 group supervision sessions, and 8 visits. Adherence is evaluated by calculating a percent fidelity score. To explore inter-rater and intra-rater reliability Kappa statistics are calculated. Fidelity results are calculated at intervals on available data during data collection and fed back to the supervision facilitator to improve supervision and visits.

Outcomes & Results:

Preliminary results are positive with high treatment fidelity scores for the two training workshops (93.8%) and the first four group supervision sessions (93.1%). Inter-rater reliability for the training workshops was good (k=.65) and excellent for the supervision sessions (k=1.00). Intra-rater reliability was good for the training workshops (k=0.65) and fair through excellent for the supervision sessions (k=0.58–1.00). Further fidelity results on the remaining supervision sessions and the visits will be presented.

Conclusions:

Early fidelity results demonstrate that training and supervision of befrienders is being delivered as intended in the SUPERB trial. Variation in the reliability of the checklists to detect the presence (or absence) of behaviours suggests that further training and/or refinement of the checklists may be warranted. Calculating fidelity is an important element of intervention research to improve the validity of the study and future replication.

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