

# Predictors of Informant Discrepancies on Observer, Therapist, Youth, and Caregiver Ratings of Treatment Adherence

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Evidence-based practices (EBPs) are not consistently used in usual care (UC), and practical treatment adherence monitoring tools may improve EBP implementation in UC. While informant-rated adherence measures may be a feasible approach to measuring adherence in UC, youths, caregivers, and therapists tend to report higher adherence than do trained coders. To better understand the promise of informant-rated adherence measures, we need research on the factors that impact informant discrepancies.

We examined agreement between youth, caregiver, therapist, and observer ratings of therapist adherence to cognitive-behavioral therapy (CBT) and examined predictors of informant discrepancies. We hypothesized that (1) observer-therapist correspondence would be moderate; (2) correspondence between all other informant pairs would be low; and that older youth age, youth previous therapy experience, more caregiver in-session involvement, and therapist CBT training would predict lower discrepancies.

Participants were 48 youths and caregivers who received CBT from 28 therapists. Three observers coded all treatment sessions. After every session, all informants rated how much therapists did 17 CBT components on the Cognitive-Behavioral Therapy Adherence Measure (CBTAM; Hawley, 2013), a measure of the core components of EBPs for the youth anxiety, depression, and disruptive behavior. Observers also rated the amount of caregiver in-session involvement using the Therapy Process Observational Coding System (Southam-Gerow & Weisz, 2010). We calculated standardized difference scores (De Los Reyes & Kazdin, 2004) to measure informant discrepancies on CBTAM ratings.

Agreement was as follows: observer-therapist  $M ICC=.51$ , therapist-youth  $M ICC=.34$ , observer-caregiver  $M ICC=.27$ , therapist-youth  $M ICC=.27$ , observer-youth  $M ICC=.26$ , and caregiver-youth  $M ICC=.22$ . Older youth age predicted lower therapist-youth discrepancies ( $\beta=-.21, p=.004$ ). More caregiver involvement in therapy sessions predicted higher caregiver-youth discrepancies ( $\beta=.29, p=.001$ ). Findings show the promise of therapist-report as a practical method to measuring adherence in UC. Improving youths' and caregivers' understanding of treatment content and rating adherence may improve agreement.

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