Understanding and improving practitioner use of evidence-based parenting programs

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Background

Implementation Science

- Well accepted evidence-based programs that enhance a professional's confidence and proficiency are not always disseminated or implemented post-training.
- Factors influencing implementation operate at multiple levels, e.g. the community, the workplace and provider levels.
- The key factors that impact implementation are yet to be established, and less is known about how these factors interact or develop over time.

This series of studies:

- Quantitative and qualitative data from four separate studies with varying service provider populations are presented that highlight a variety of key factors contributing to Triple P uptake and use over time.

Study 1: Practitioner perspectives of evidence-based interventions

Shapiro, C., Prinz, R., & Sanders, M.

Study Aim: To better understand how implementation processes unfold over time in real-world service settings, with a multidisciplinary group of providers, from the time providers learn about the program through use of the program years later.

Method: Qualitative face-to-face surveys were conducted with 69 providers in the U.S mostly women (97%) from a range of professional backgrounds, majority in education profession.

Research Questions:

1. What was the natural history of implementation of Triple P among a multidisciplinary group of providers who reported sustained program use after training?
2. How did providers use the program?
3. What factors influenced or appeared to be related to their use of the program over time?

Conclusion: Descriptions of variations in implementation suggest implementation support is needed to maintain provider fidelity to program models. Early experiences of successful implementation may play a particular role in the experiences of providers who sustain program use over a long period of time. Provider self-efficacy is an important component of sustained implementation, consistent with prior research. Future research should systematically vary the level and type of post-training intervention support available to providers and simultaneously assess impact on client experiences and outcomes.

Study 2: Implementation factors related to initial use of Triple P

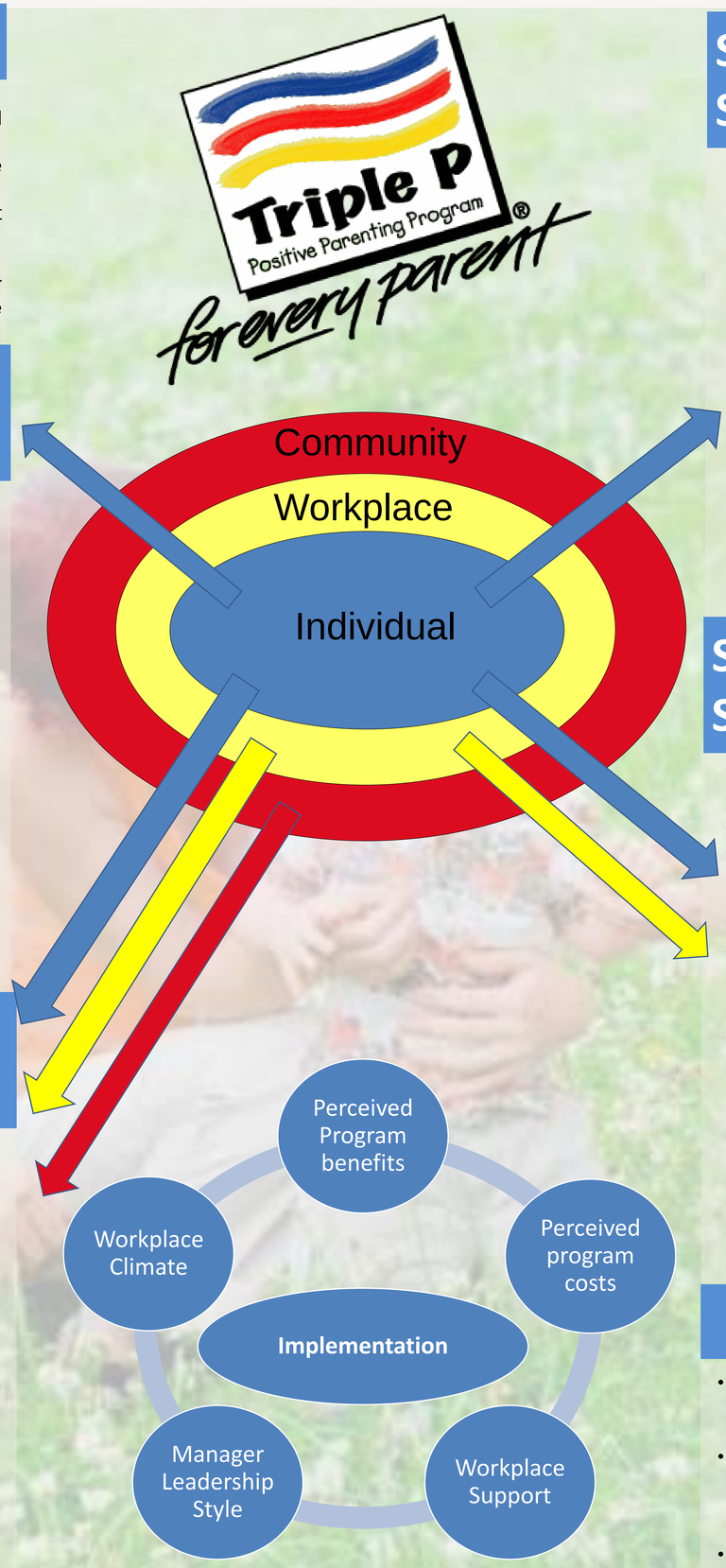
Kerns, S., McCormick, E., Negrete, A., & Walker, S.

Study Aim: To identify system-contextual factors associated with initial implementation of Triple P.

Method: Participants included 43 practitioners trained in Level 3 and 4 Triple P. Practitioners provided services in one of three rural communities in Washington State. Measures were administered pre-and 6-months post-training. Data was collected on individual (e.g. attitudes towards evidence-based practice), community factors (e.g. communication and collaboration) and self-reported use of Triple P.

Results: The only individual construct meeting the established cut-off for significance in predicting use of Triple P was practitioner attitudes towards EBP, with the coefficient on the attitudes scale having a Wald statistic equal to 3.518, which was significant at the p=.06 level. More favorable attitudes towards evidence-based practices in general were associated with an increased likelihood of implementing the model. Higher ratings of provider self-efficacy is a trend that emerged, as was strength of the implementation supports.

Conclusions: Approximately half of the trained providers initiated Triple P implementation 6-months post training. Important pre-training contextual factors influencing implementation include favorable attitudes towards evidence-based practices in general, higher ratings of practitioner self-reported self-efficacy immediately post-training, higher ratings of the behavioral health referral process, and the relative strength of the implementation coordinator. Limitations include: reliance on self-report, and inability to account for community level differences due to power-related statistical limitations.



Study 4: Implementation and Sustainability Scale Factors

Study 3: Practitioner Self-Regulation Scale

Sethi, S., Mazzucchelli, T., & Sanders, M.

Study Aim: To develop a scale that assesses changes in practitioner self-regulatory processes, including changes in self-sufficiency, self-efficacy, self-management, personal agency, and problem-solving.

Method: Several sources were used to generate a pool of 67 items considered to be relevant to the five constructs of self-regulation. Feedback on each item was initially sought from 10 Triple P trainers, and the final 47 item questionnaire was administered online via the Triple P Practitioner Network. 527 practitioners with varying years of experience responded to the questionnaire.

Development of the Practitioner Consultation Process Scale: Exploratory factor analyses supports a three-factor scale, with the final questionnaire including 27 items supporting self-efficacy, self-management, and personal agency as the key constructs in relation to practitioner self-efficacy. The scale is currently being examined for psychometric properties.

Conclusion: Practitioners' continued delivery of Triple P, or other evidence-based programs, may be influenced by many factors, including their own beliefs in their practice, and their own self-regulatory behaviours. Practitioners need to be aware of such influences and foster their own self-regulation skills to manage their emotions and behaviour. The use of this scale may help practitioners assess changes in their self-regulatory processes.

Study 4: Implementation and Sustainability Scale (ISS)

Hodge, L., Filus, A., Sanders, M. & Turner, K.

Study Aim: In order to identify and document the key factors that influence evidence-based program implementation, a measure needs to be established that can assess the extent to which the various factors exist for professionals trained in EBPs The present study sought to develop and validate a new practitioner report measure, the Implementation and Sustainability Scale (ISS).

Method: Quantitative online self assessment measure completed by 592 Triple P providers from 15 countries who were trained between 1996-2012 in at least 20 different variants of the program.

Development of the Implementation and Sustainment Scale (ISS):
The development of the ISS coincides with a combination of diffusion of innovation and implementation science conceptual frameworks, theories and models. The measure was developed to assess 5 domains of workplace and practitioner functioning that are known barriers and inhibiters to implementation and long-term program sustainability. Exploratory and confirmatory factor analysis explored the factor structure and determined whether the items load on the identified scales as expected.

Conclusion: The scale endured rigorous psychometric evaluation and 28 items were supported providing a five factor structure with good internal consistency. (scored on a 4-point Likert scale)

Conclusions

- These four studies demonstrate different aspects of the system contextual approach to program uptake and sustainability of implementation over time.
- There are many different factors that influence program uptake, including practitioner self-efficacy, favourable attitudes towards evidence-based programs, workplace support and self-regulation.
- Inclusion of the measures developed and frameworks established across these four studies could advance the state of the science related to Triple P implementation, thus increasing the likelihood that population reach and effectiveness can be tracked and achieved.