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Agenda

• What is Fidelity
• What does Flexibility look like?
• Evaluation and Dissemination
Fidelity
Delivering a Manualized Program

- Methods and strategies are provided (tested and assessed)
- Training to introduce the content and competencies required to deliver
- **AND** professional assessment and discretion required to meet client needs
Delivering a Manualized Program

• Training in the program provides information and skill development to assist practitioners to deliver the program

• Program materials provide tools to assist in assessment of parent skills and concerns at a level appropriate for the planned intervention
Fidelity

- Delivering the program in a manner consistent with the evidence base
- Using the materials and methods included in the program
Triple P with Fidelity

- Intake process assists in identifying the parent/caregiver(s) need and goals
- Caregivers are matched with an appropriate intervention (intensity, variant)
- Delivery setting and timing are negotiated or identified to the family
- Caregivers are provided with rationale and explanations for all elements of the intervention
Triple P with Fidelity

• Caregivers are provided with a variety of parenting strategies to select from

• Caregivers are active participants in assessment and learning, developing parenting plans and monitoring behaviour

• Caregivers are expected to complete practice and planning within and outside of time with the practitioner (homework)
Triple P with Fidelity

• Results are assessed and used to guide continued intervention with the Caregiver and implementation of the program

• Deliver the minimally sufficient intervention to obtain desired results

• Delivered by an accredited provider
Flexibility in the delivery of Triple P QFMP Part 2

Flexibility
Flexibility

• Planned adjustments to program delivery to respond to and support the client context and needs

What already exists to support flexible delivery?

• Suite of available services to meet client needs at the time (intensity, age of child, developmental challenges, preferences)

• “Buffet” of proven strategies from which parents select what they will try

• Self-regulatory framework

Delivery of Triple P with fidelity requires flexibility
Question for the group…
Examples of Triple P with Flexibility?

- Intake process
- Intervention (intensity, variant)
- Delivery setting and timing
- Parenting strategies
- Parenting plans and monitoring behaviour
- Homework
- Evaluation
- Training
Questions we’ve heard

• How do I know if my ideas for being flexible (adaptation) is “okay”?

• Is there a list of all the ways it can/has been adapted for me to choose from?

• How will I know if it makes a difference?
Fidelity and Flexibility

- Content Variations
  - Necessary
  - High Risk

- Process Variations
  - Necessary
  - High Risk
What might help?

- Prompts to identify core domains of the program that need to be present to maintain fidelity

- Language to support communication about adaptations, their purpose and outcomes

Quality Fidelity Measurement Process
QFMP

- 3 factors – content, competency and context
  - for each of 7 domains

Parent assessment

Parent-practitioner alliance

Teaching parenting strategies

Self-regulatory framework

Homework

Local program outcomes

Training protocol
Example of Flexible Delivery

Group delivered across a single day

• Identified need to reduce travelling for caregivers to attend all sessions

• Desire to maintain Group format
Assessing for threats to fidelity

• Asking key questions in each domain to determine potential challenges and ways to mitigate them, if possible.
  - If the threat is minimal or manageable, the adaptation could be delivered in a way that will maintain fidelity
  - If the threat is substantial or unmanageable, it is probably not going to maintain fidelity of the program
Flexible Delivery – Group Triple P

Parent Assessment

• Have assessment forms completed ahead of the day to reduce time needed for that activity in the session

Alliance

• Maintain group format

• Maintain brief individual sessions for 3 weeks after delivery
Flexible Delivery – Group Triple P

Teaching parent strategies

• Maintain session format without review segments of presentation

Homework

• Remove expectation for homework between sessions 1-4

• Provide instructions about development of Planned Activities Routines for practice and monitoring at home
Flexible Delivery – Group Triple P

Self regulation

- Maintain methods of Group

Local Outcomes

- Monitor implementation

Training protocol

- Led by trained facilitator
Quality of Fidelity Measurement Part 2

Evaluation and Dissemination
Evaluation and Dissemination

• Did the adaptation work as intended?
  - Cycles of assessment will continue to support use of a given adaptation or promote adjustments.
  - It’s very tempting to make the change and just carry on because it “seems okay”

Does this mean all groups should be offered this way?
Evaluation and Dissemination

- Sharing the results of evaluation of your adaptation
  - Related to core concepts
  - Rationale and details
  - Outcomes
  - Replicability
Who needs to know?

- Me
- Peer Group
- Coordinator
- Networks
- TPI/UQ
Dissemination

Local sharing may result in greater uptake among populations that benefit from the adaptation

• What intervention, for whom and in what context?
Dissemination

- Sharing with Networks (state/province-wide) may result in better communication about adaptations overall
- Sharing with TPI/UQ may result in future research and changes to the program
Past examples of feedback loops

• It is possible for physicians to offer Triple P in their practice?
  - Development of Primary Care Triple P

• Can I offer Primary Care Triple P to a small group?
  - Development of Discussion Group Triple P
Question for the presenters?
Thank you