Practitioners' reports of barriers and facilitators to use of Triple P in a state-wide adoption

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Challenge of large-scale adoptions:

- Training practitioners who subsequently do not use the intervention:
  - A waste of funds
  - Saturation might not be achieved
- Understanding factors associated with use could be valuable:
  - Select which practitioners receive accreditation
  - Support practitioners following training

Predictors of use of Triple P

- Facilitators:
  - peer consultation & supervision following training
  - positive parent feedback
  - fit of Triple P with family needs
- Barriers:
  - low confidence in delivering Triple P
  - difficulty incorporating the program into daily work
  - mismatch with theoretical orientation
  - low workplace support
  - lack of integration into typical services

(Sanders, Prinz,& Shapiro, 2009; Shapiro, Prinz, & Sanders, 2015; 2012)

Other findings…

- Supervision and fidelity monitoring associated with successful dissemination (Novins et al., 2013)
- Supervision moderated the association between perceived program burden and sustained use (Hodge, Turner, Sanders, Filus, 2016)

The real world

- Prior investigations have been conducted in context of research trials with extensive financial support and coordination assistance from grant funds.
- Organizations that have independently adopted evidence-based programs outside of the parameters of funded research may encounter distinct challenges (e.g., Furlong & McGilloway, 2015).
- How do these factors operate in new adoptions, without research support?

Our Purpose & Questions

- Purpose – Identify factors that facilitate and hinder use of Triple P among providers in wide range of settings and disciplines
- In a relatively new adoption of Triple P
- Factors:
  - Perceived fit with typical services
  - Attendance at peer support
  - Agency support
  - Parents' response to Triple P
  - PASS model

Method

Extant data from statewide adoption of Triple P at population level

Method

- Same overall goal: Prevention of child maltreatment
- Variation in child age and partner agencies
- All levels of Triple P
- Across sectors (e.g., education, mental health, medicine) and disciplines (e.g., teachers, social workers, home visitors)
- Organizational structure:
  - Coordinator in each county or county cluster
  - NC Triple P Learning Collaborative: Workgroup on Knowledge Management

Procedures

- Workgroup collected survey data from providers across 7 counties/county clusters
  - Email addresses were provided
  - Online survey links (Qualtrics)
  - Incentives in several counties
  - Focus group data also collected *(not presented today)*
  - IRB approval for extant data

County	Surveyed (n)	Responded (n)	Response rate (%)
1	93	38	41 %
2	96	70	73 %
3	94	17	18 %
4	105	22	21 %
5	100	79	79 %
6	98	61	62 %
7	89	38	43%
Total	**675**	**325**	**48%**

Setting:	
Education	28%
Mental Health	14%
Health	18%
Childcare	8%
Social services/government	6%
Not for profit organization	15%
Other	11%
Primary discipline:	
Counseling professionals	54%
Parent educators	10%
Education professionals	10%
Child care professionals	3%
Health care	5%
Administrators	9%
Other	9%
Level of Triple Accredited in:	
Level 2	50%
Level 3	67%
Level 4	27%
Level 5	3%

Study 1

- What percent of accredited providers have been “active” by serving at least one family?
- Prediction of use of Triple P:
  - (a) parent responses to Triple P
  - (b) fit with typical services
  - (c) agency support

Number of caregivers served: Study 1

How many caregivers have you served, to date (N=308)?

None	66 (21%)
1-5	107 (35%)
6-20	93 (30%)
>20	42 (14%)

Parent Response to Triple P:

In general, how do your parents respond to Triple P?

They don't enjoy or benefit from Triple P/ They refuse to participate.
They respond fairly well and see potential benefit from Triple P.
They enjoy Triple P and find it beneficial to their parenting.

Fit with services:

How well does Triple P fit with your typical services to parents and families?

Not at all; there is no way I'll be able to use Triple P
It fits a little; I am beginning to see how it might fit with typical services
It fits reasonably well; I am able to incorporate Triple P into my typical services
It fits very well; I am likely to use Triple P with many families
It is essential; I will definitely use Triple P with most families

Agency Support:

What level of support does your agency provide for using Triple P with your families?

There is *no* support for using Triple P with my families.
I feel *a little* support from the agency for using Triple P.
There is a *moderate* level of support from my agency for using Triple P.
My agency *fully embraces* Triple P and I receive a great deal of support for using it.

Survey Responses

Perceived parent response (*n*=264)	
Don't enjoy/no benefit	10%
Respond fairly well/potential benefit	67%
Enjoy Triple P/ benefit	23%
Fit (*n*=289)	
Not at all or A little	35%
Reasonably well	36%
Very well or It is essential	29%
Agency support (*n*=286)	
None/little	36%
Moderate/full	64%

Ordinal logistic regression model

	OR	[95% CI]
Accreditation length*	1.06	[1.02, 1.11]
County	0.36	[0.12, 1.06]
Parent response*		
Don't enjoy/no benefit	Referent	
Respond fairly well/potential benefit	0.91	[0.33, 2.47]
Enjoy Triple P/ benefit	3.41	[1.08, 10.78]
Fit*		
Not at all or A little	Referent	
Reasonably well	1.61	[0.84, 3.09]
Very well or It is essential	2.31	[1.14, 4.68]
Agency support	0.73	[0.42, 1.26]

Implications: Parent response

- Perceived parent response to Triple P was positively associated with the number of families served.
  - Observing families benefit from Triple P is an important program implementation factor.
  - This positive reinforcement loop could potentially be leveraged (celebrate and share successes!).

Implications: Perceived fit

- Practitioners who reported that Triple P fit very well or was essential were likely to serve more families with Triple P.
  - Findings suggest that identifying level of fit *prior* to training a practitioner is be an important consideration – not easy
  - Points to importance of peer support and supervision regarding fit

Implications: Agency support

- Perceived agency support was *not* an important indicator of program use.
- Single survey question, likely too broad and did not capture variables that are most influential
- Better measures are available in implementation science literature (but more time-consuming to administer)

Study 2:
Focus on peer support

- Association between attendance at peer supervision and caregivers served
- Replicated across the state?
- Is fidelity to PASS model a moderator?
- Included practitioners trained at least 6 months

- Controlling for
  - lowest level of Triple P accreditation
  - geographic location
  - work setting

"If you participate in a peer support group, do the meetings include…?" (process, content, context; 7 elements)

Case reviews where you can discuss actual cases using video/audio recordings or written case notes to review a Triple P session.

A discussion of Triple P implementation issues that may be either helping or hindering your use of Triple P.

A professional development activity to promote your skill as a practitioner.

Meeting in small groups to review your experiences.

Opportunities to receive feedback from your peers where problems are identified and a plan is developed to resolve them.

A peer facilitator, peer mentor, and practitioner roles.

Using the self-regulatory framework to provide feedback.

Results

- **Adherence to PASS model:**

  Mean elements = 3.43 (*SD* = 1.73)

- **Attendance at peer support sessions:**

  Mean = 3.59 (*SD* = 4.44)

- **Association between attendance at peer support sessions and number of families served**

  $r = .25$ ($p < .01$)

- **Association between adherence to PASS and number of peer support sessions attended.**

  $r = .23$ ($p < .01$)

- **Adherence to PASS model did not moderate link between attendance and use of Triple P.**

Limitations & Future Directions

- Response rate acceptable, but …
- Cross sectional nature of our data
- Results might differ *over the course* of adoption
- All measures were self-report and single item
- Adherence to PASS model did not seem to matter in terms of number of families served, but adherence was very low – why? How can we improve?
- Adherence might matter in terms of quality of Triple P delivery and/or family outcomes


THANK
YOU
GRACIAS
ARIGATO
SHUKURIA
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BÏYAN
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TINGKI
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TASHAKKUR ATU
SUKSAMA
EKHMET
MEHRBANI
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