



HETEROGENEITY IN PRACTITIONERS' DISCOURSE ON THE IMPLEMENTATION OF THE TRIPLE P - POSITIVE PARENTING PROGRAM

CÔTÉ, M.-K., & GAGNÉ, M.-H.

CONTEXT

When implemented in natural settings, parenting program based on the best research evidence can only achieve their expected outcomes if adequate attention is given to the **quality of the implementation process** (Mildon & Shlonsky, 2011). A number of factors can have an impact, such as practitioners attitudes towards the program as well as their level of self-efficacy to deliver it (Aarons, 2004; Turner, Nicholson & Sanders, 2011). While the **crucial role played by practitioners** in the implementation process is well recognized, few studies have investigated the differences in their perspectives and their evolution over time.

Under a community-university partnership, Triple P program has been implemented in two communities in the province of Quebec, Canada.

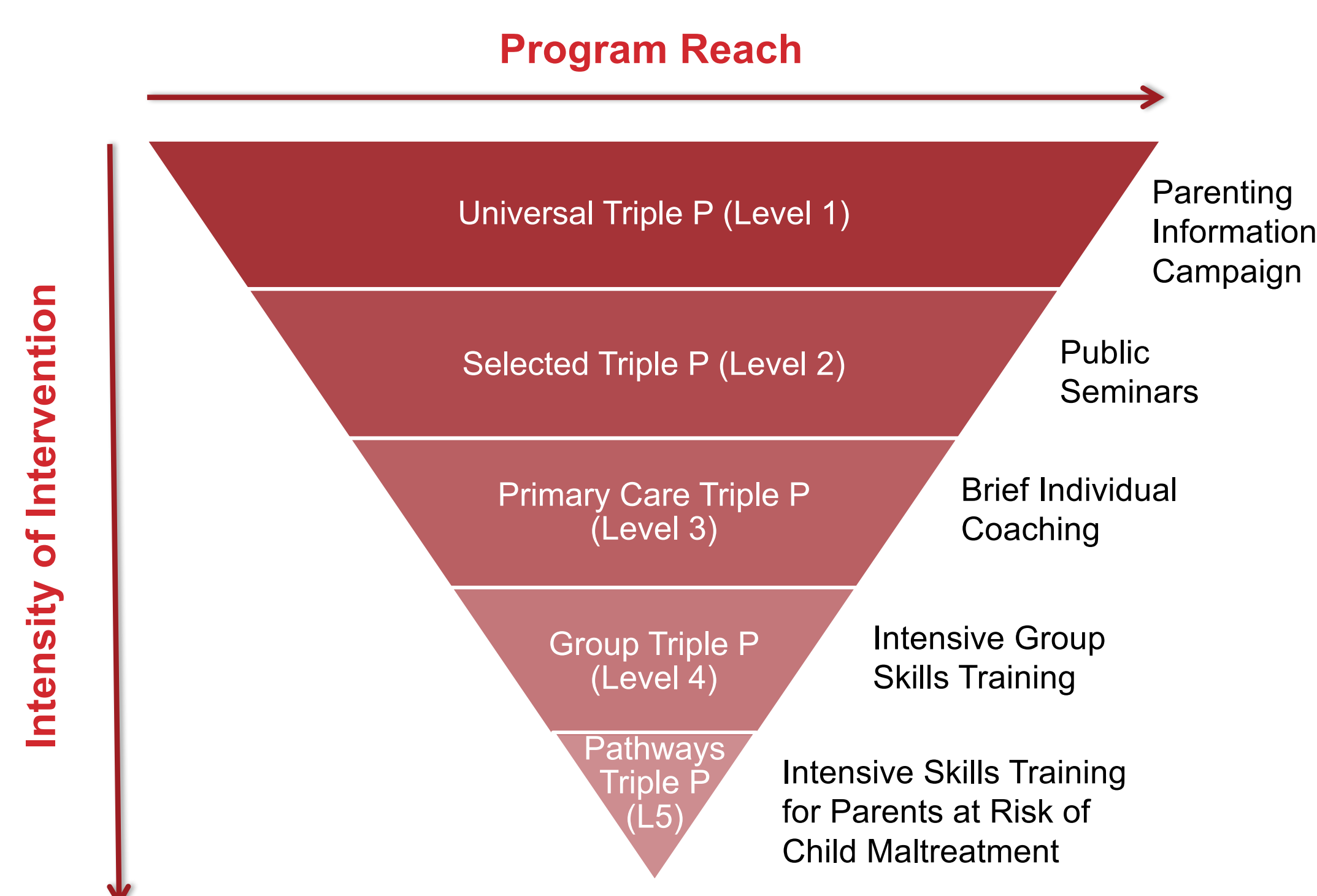


Fig 1. Triple P is a program structured in five levels of intervention aimed at ensuring the diversity of the needs of parents having 0-12 years old children (Sanders, 2012).

METHODS

In fall 2014, around one hundred practitioners representing a variety of disciplines and organisations had received training to offer Triple P Seminars, Primary Care, Group, and/or Pathways. One year later, 38 of them participated in six focus groups (see Table 1). Interviews were conducted using a semi-structured guide covering four themes : (1) reaching the parent clientele, (2) perceived outcomes for families, their organisation, their community and themselves as practitioners, (3) the Triple P program's integration into current practice, and (4) the availability, use and relevance of the support provided.

An in-depth qualitative analysis was performed on verbatim transcripts to describe and compare practitioners' experience with the implementation of Triple P in their workplace. The unit of analysis was the group as a whole.

METHODS

Table 1. Sociodemographic Characteristics of Participants

Criteria for group formation	Focus groups						Total
	No. 1 C1	No. 2 C1	No. 3 C1	No. 4 C2	No. 5 C2	No. 6 C2	
Triple P level trained in Community (C1 or C2)	2	3-4	4-5	2	3-4	4-5	
Number of participants	4	7	9	5	5	8	38
Academic background							Total (%)
Education	3	--	--	2	--	--	5 (13.2)
Nursing	--	2	--	--	1	--	3 (7.9)
Intervention (social work...)	--	5	8	2	3	7	25 (65.8)
Other (administration...)	1	--	1	1	1	1	5 (13.2)
Type of organisation							Total (%)
Child Care services	2	--	--	2	--	--	4 (10.5)
School	--	--	--	2	--	--	2 (5.2)
Non-gov't organisation	2	1	--	--	2	--	5 (13.2)
Gov. primary care agency	--	6	5	1	3	7	22 (57.9)
Child welfare services	--	--	4	--	--	1	5 (13.2)
Average years of experience working with families	15,5 (5.2)	18,4 (12.4)	20,9 (7.9)	17,4 (10.8)	11,0 (7.5)	12,9 (9.5)	M (SD) 16,4 (9.3)

RESULTS

Qualitative analysis revealed heterogeneity in participants' perceptions as illustrated in Figure 2. Three distinct types of discourse were identified from practitioners' comments, labelled "**conviction**", "**mastering**" and "**estrangement**" discourse.

Conviction discourse was expressed by participants who reported that they had voluntarily decided to take part in this project due to their conviction that Triple P could have positive impacts on their community. The initial implementation's phase was harder than expected (.e.g. they experienced difficulties with the coordination of public seminars). However, at the time of the interview, they expressed confidence and a sense of pride towards their abilities to deliver the program. Benefits reported by parents strengthened their initial conviction regarding Triple P. Their discourse was focused on the future of the initiative, sharing their ideas to ensure the sustainability of the program and its deployment to other communities.

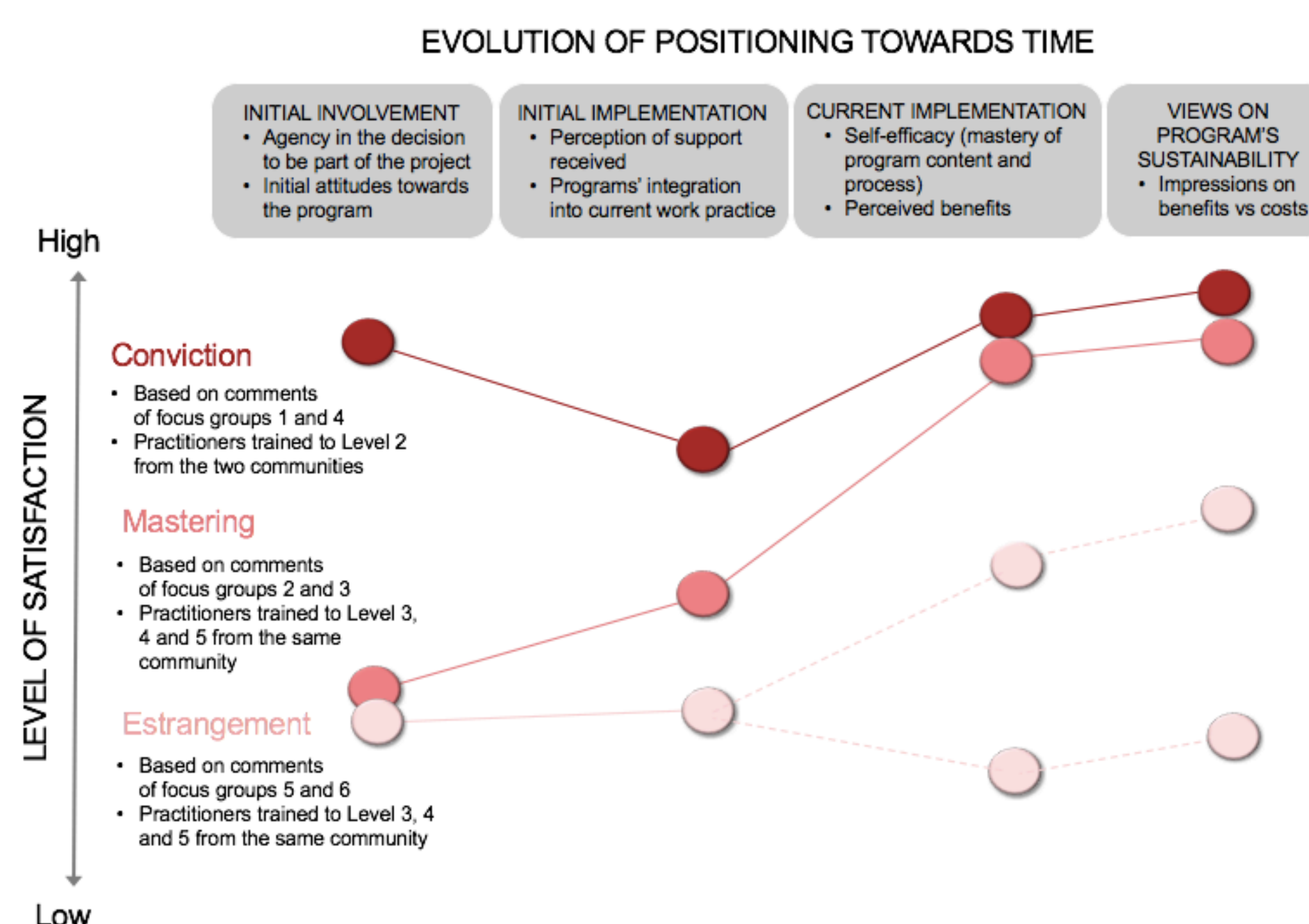


Fig 2. Illustration of Distinct Evolving Perspectives in each Type of Discourse

RESULTS

Mastering discourse was expressed by participants who had undertaken the Triple P training following a request from their organization. While some had adopted a neutral stance toward the program, others reported initial feelings of resistance and skepticism. Even if they mentioned difficulties implementing the program in the early stage, they seemed to receive substantial help from their supervisors, colleagues and local coordinators to overcome these barriers. With repeated use of the program that apparently led to a higher level of self-efficacy, these practitioners appeared to have successfully adapted the program to their own practices and to the specific needs of their clients. After experiencing several positive outcomes (e.g. increased work efficiency, common language enhancing communication with colleagues), these practitioners' initial stance towards the program evolved in a more positive, even enthusiastic way over time.

Estrangement discourse was expressed by practitioners who faced the same initial resistance and difficulties, but in opposition to the second discourse, they felt a lack of support from their organization to help them integrate the program into their work practices. Consequently, they reported that they either stopped using Triple P, or continued to try using it to meet their organization's expectations, but adapted it in a way that could threaten the integrity of the program and thus its efficacy. At the time of the interview, some of these participants were starting to feel more secure in their use of the program and to see benefits for parents. Others expressed a feeling of estrangement between the program and their practice (viewing the program as rigid and in contradiction with their intervention values). All of them were left with the impression that the investment was not really worth it.

CONCLUSIONS

Findings demonstrate that practitioner's experience varied in terms of initial receptivity about Triple P; perceived support to its integration; perceived compatibility of Triple P with their current practice; level of Triple P's use and; perceived outcomes of Triple P.

Such findings allow implementation teams to develop an awareness of the heterogeneity in practitioners' experience, thus fostering a better answer to their distinctive needs. A satisfying implementation experience could enhance their use of the program and adherence to it, ultimately increasing program efficacy to improve the well-being of children and their parents.

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