



Predictors of Provider Self-Efficacy in Delivering Evidence-Based Programs to Children, Youth, and Families

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+ Implementing EBPs



- In recent decades : growing concern with understanding the process of transferring effective programs into real world settings
- Identifying factors affecting the implementation process : crucial to increasing the likelihood that EBPs will produce the desired positive outcomes
- Essential to promote better mental health outcomes for children and families



Factors Affecting Implementation of EBPs



- **Characteristics of the program :**
 - Compatibility, alignment with workplace goals, observability of the results, relative advantage
- **Characteristics of the practice context :**
 - Organizational culture and climate, level of support, collaborative relationships between researchers and communities
- **Characteristics of the providers :**
 - Attitudes toward the adoption of EBPs
 - Self-efficacy

+ Self-efficacy

Bandura (1986; 1977) refers to self-efficacy as “*the belief in one’s capability to perform a specified task successfully and impacts how people feel, think, behave, and motivate themselves.*”

- **Providers’ self-efficacy** : confidence in conducting interventions with children, youth or families.





Self-efficacy and Implementation of EBPs



- Higher self-efficacy = more likely to implement programs at higher level of dosage or fidelity (Cooke, 2000; Kallestad & Olweus, 2003; Ozer et al., 2010; Ringwalt et al., 2003; Sanders et al., 2003; Henderson et al., 2006)
- Low self-efficacy = greater difficulties in teaching, higher levels of job-related stress, and lower levels of job satisfaction (Betoret, 2006; Klassen et al., 2009)

But what predicts provider's self-efficacy?

+ Predictors of Self-efficacy



- **Training** (Beidas et al., 2010; Buckelew et al., 2008; Prinz & Sanders, 2007; Sanders et al., 2009; Sethi et al., 2014; Shapiro et al., 2012)
 - Self-efficacy increases after initial training, but tend to diminish after 6-8 months (Shapiro et al., 2008; Turner et al., 2011)
- **Level of education** (Shapiro et al., 2008)
- **Experience in the field ???**
 - Positive linear relationship (Wolters & Daugherty, 2007)
 - Non-linear relationship (Hoy & Spero, 2005; Klassen et al., 2010)

+ Predictors of Self-efficacy

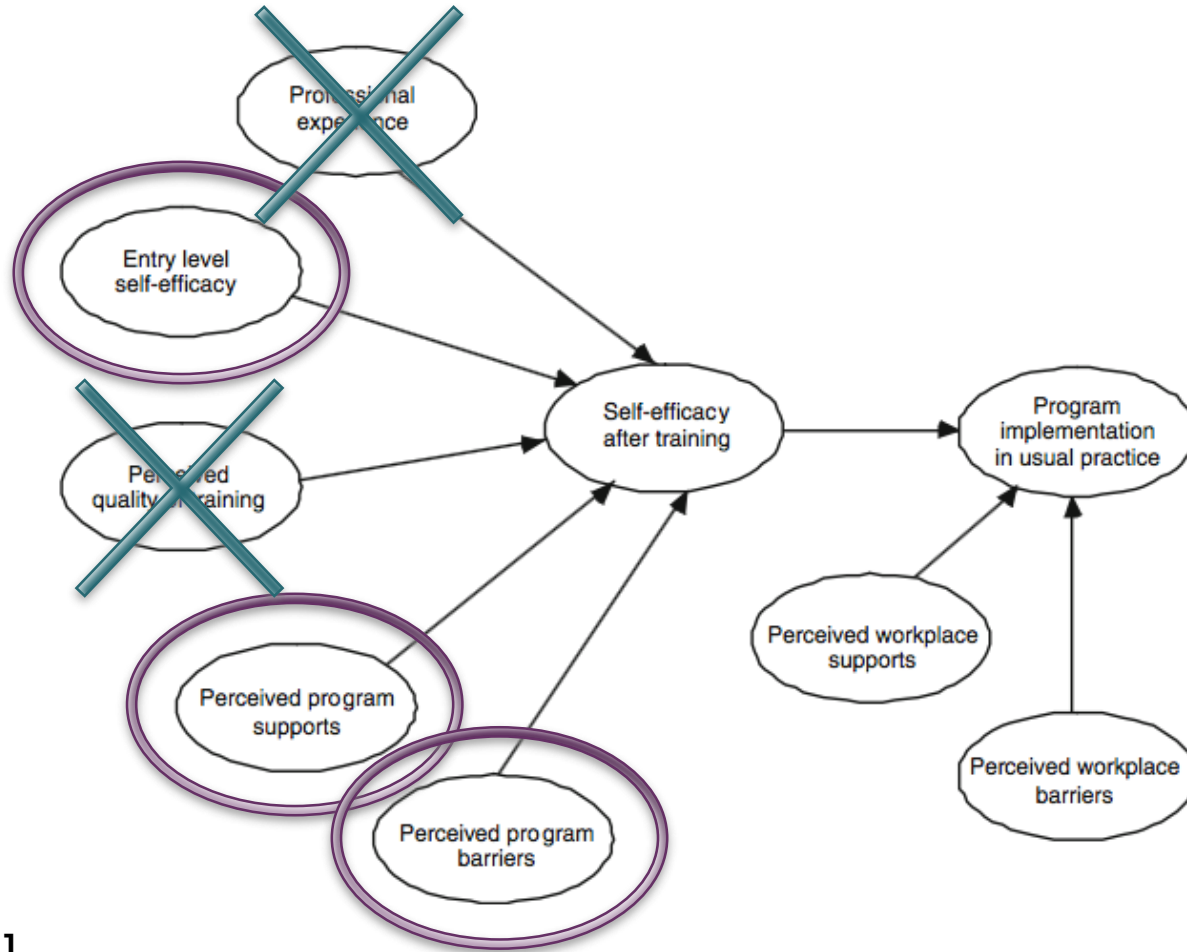


Figure 1
Conceptual model of factors influencing program implementation (Turner, Nicholson, & Sanders, 2011)

+ Current Study



- Conducted by the Center of Excellence in Evidence-Based Intervention (COE) of the University of South Carolina
- Aimed at examining a range of factors specifically and primarily associated with self-efficacy among behavioral health providers using evidence-based interventions in working with children, youth and families



+ Procedure



Spring 2017 :

- Online, anonymous landscape survey
- Distributed via email to organizational representatives in the mental health and substance use treatment systems (both public and private)
- Post cards about the survey were mailed to 8554 licensed independent behavioral health providers in the state, including social workers, psychologists, and licensed professional counselors

+ Participants



- A total of 239 behavioral health providers responded to the survey
- 150 (62.8%) reported currently providing or supervising behavioral health (mental health or substance use) services for children, youth, or families
 - Inclusion criteria for this study

Table 1 Demographic Characteristics of Sample

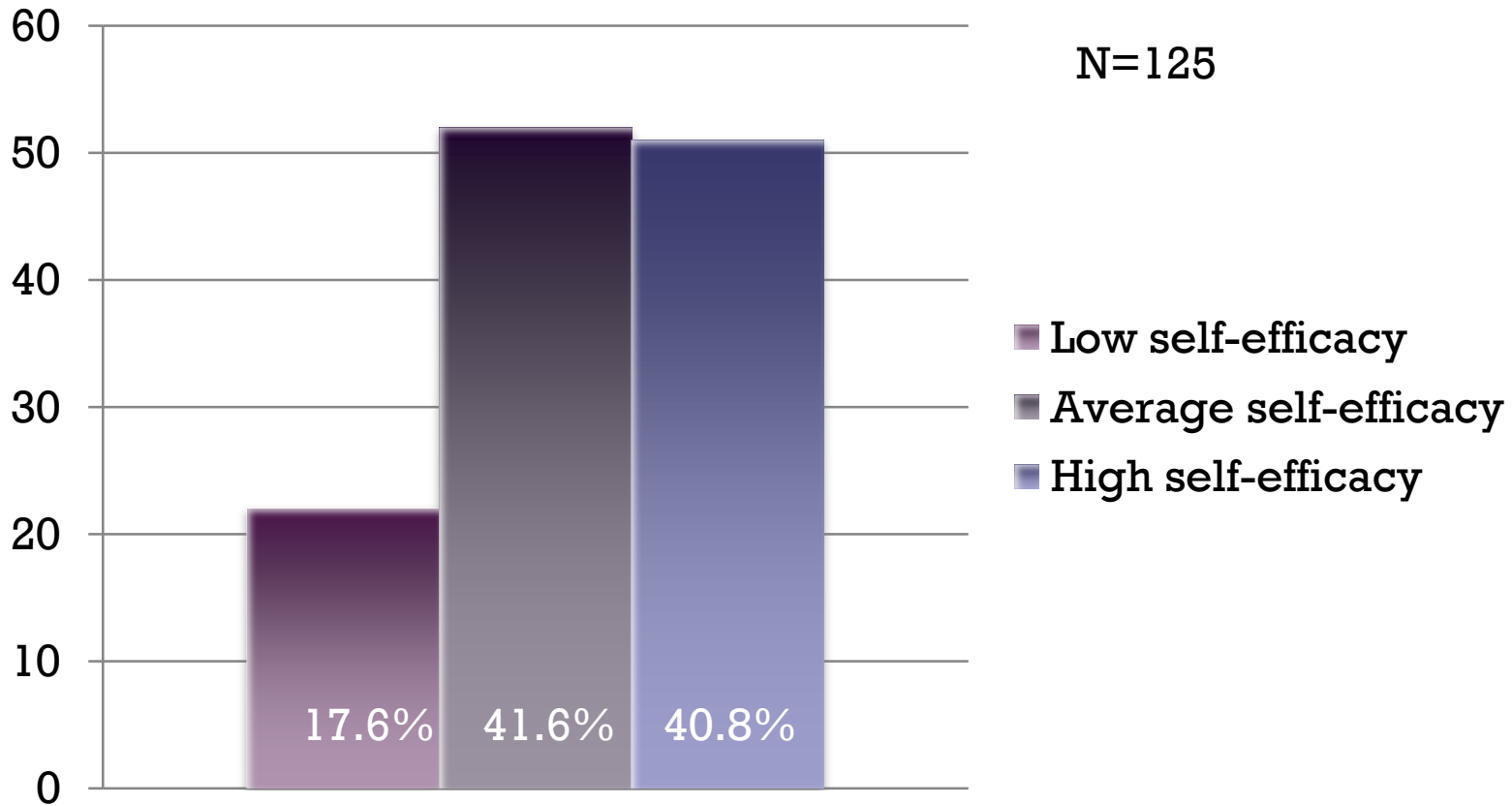
	Frequency % (N = 150)
Current profession	
Counselor	48 (32.0)
Social Worker	32 (21.3)
Psychologist	11 (7.3)
Administrator	11 (7.3)
Behavioral Health Provider	10 (6.7)
Marriage and Family Therapist	10 (6.7)
Substance Use Counselor	6 (4.0)
School-based Counselor	5 (3.3)
Other	17 (11.3)
Number of years of work in current position	
Less than one year	12 (8.0)
1-4 years	51 (34.0)
5-10 years	37 (24.7)
11-15 years	14 (9.3)
16 or more years	35 (23.3)
Missing	1 (.7)
Highest level of education achieved	
College Degree (4 years)	4 (2.7)
Some Graduate Classes	1 (.7)
Master Level Graduate Degree	124 (82.7)
Doctoral Level Graduate Degree	19 (12.7)
Missing	2 (1.3)
Primary Place of Employment	
Non-profit or not-for-profit organization	56 (37.3)
State agency	35 (23.3)
Private practice	26 (17.3)
County agency	10 (6.7)
School or university	6 (4.0)
For profit organization	8 (5.3)
Other	8 (5.3)
Missing	1 (.7)

+ Measures

- Descriptive background information : current profession, type of organization, county or counties in which they work, level of education achieved
- Professional and training experience : number of years of experience in their current position, total number of EBPs they were trained to use, total number of EBPs they were accredited to use, total number of EBPs they used in the last year
- Self-efficacy : “How confident are you in delivering EBPs to children, youth or families?” (1 = *not at all confident*; 4 = *very confident*)
- Perceived facilitators and barriers to implementation, support and supervision received, and frequency of data collection on client functioning



Results – Level of Self-efficacy



+ Results – Predictors of high self-efficacy

- Experience with EBPs
 - Number of years of experience in their current position
 - Highest level of education achieved
 - Total number of EBPs they were trained to use
 - **Total number of EBPs they were accredited to use* ($p < .05$)**
 - Total number of EBPs they used in the last year





Results – Predictors of low self-efficacy



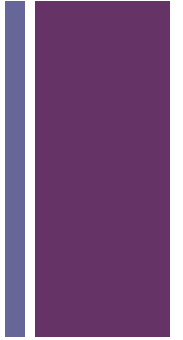
- Experience with EBPs
 - Number of years of experience in their current position
 - Highest level of education achieved
 - Total number of EBPs they were trained to use
 - **Total number of EBPs they were accredited to use* (-) ($p < .05$)**
 - Total number of EBPs they used in the last year

+ Results – Predictors of high self-efficacy

- Barriers and facilitators to implementation
 - **Supervision received to use EBPs* (-) ($p < .05$)**
 - Other provider-, organizational-, and family-level barriers and facilitators were not significant predictors
- **Reported adherence to EBPs* ($p < .05$)**
- **Data collection for EBPs* ($p < .05$)**



Results – Predictors of low self-efficacy



- Barriers and facilitators to implementation
 - Provider-, organizational-, and family-level barriers and facilitators were not significant predictors
- Reported adherence to EBPs and data collection for EBPs were not significant predictors

+ Conclusion



- The only significant predictor of low self-efficacy was the number of EBPs they are accredited or certified to use (-)
 - Suggests that the extent of training may be the basis for providers' reported self-efficacy
- Number of EBPs they are accredited or certified to use, supervision received to use EBPs (-), reported adherence to EBPs and data collection for EBPs were significantly related to a high level of provider self-efficacy
 - For providers with high self-efficacy, enhancing understanding of the quality of intervention provided is important, as they are likely to use more than one model

+ Conclusion



- **Strength** : examination of self-efficacy in a sample of real world behavioral health providers working in a range of practice settings.
- **Limitation** :
 - Sample size (N= 150)
 - Data obtained based on self-report
 - Self-efficacy was assessed using one item
 - Limited diversity in experience and level of education
 - Cross-sectional nature of data limit our ability to make causal attributions and conclusions about the direction of relationships between self-efficacy and the factors examined

+ Conclusion



- Further examination of the role of provider self-efficacy in delivery of evidence-based interventions for children, youth, and families is worthy of additional study
 - Examination of other potential predictors, including providers' attitudes toward the implementation
 - A better understanding of factors related to low-self efficacy is an important goal that has both practical and research implications
 - Impact of provider's self-efficacy on program use and adherence ?



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Thank you!
Questions?



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