

Chaire de partenariat
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Service providers' initial positioning towards the implementation of Triple P

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SERVICE PROVIDERS' INITIAL POSITIONING TOWARD THE IMPLEMENTATION OF AN EBP

- Main role of **service providers** in the implementation process
 - Several factors related to the initial positioning of service providers that influence the uptake of innovative programs
 - Characteristics of the program, the adopters, and the practice context
- Importance of **assessing these factors** for a better understanding of the implementation context, and therefore the effectiveness of the dissemination
 - Yet, only a few studies have done so...

QUESTIONS

In the present initiative...

- 1. What is the initial positioning of the service providers involved in the implementation of Triple P?**
- 2. What is the impact of service providers' initial positioning on reported extent of program use?**

TRIPLE P IN QUEBEC: GENERAL RESEARCH DESIGN

*2 experimental
Triple P
territories:*

Mercier-est /
Anjou

Orléans

*4 matched
comparison
territories:*

• Rosemont
• Trois-Rivières

• Jacques-Cartier
• Saguenay

**Two « trios » of
matched territories
according to:**

1. Size of 0-17 year-old population
2. Rate of CPS reports
3. Proportion of children under low-income threshold

METHOD – MEASURES AND PROCEDURES

Fall 2014 – Pre-implementation survey :

- Service providers' attitudes toward adoption of EBPs : Evidence-Based Practice Attitude Scale (EBPAS; Aaron, 2004)
- Service providers' perception of their organization's readiness to implement Triple P : 3 subscales of the Organizational Readiness for Change Measure (ORC; Lehman & al., 2002)
- Service providers' perception towards barriers and assets to the implementation of Triple P : 3 subscales of the Factors Related to Program Implementation (FRPI; Mihalic & Irwin, 2003)

Fall 2014 – Survey administered by TPI :

- Service providers' self-efficacy or confidence in conducting family interventions with parents : Parent Consultation Skills Checklist (PCSC)

METHOD – PARTICIPANTS

N = 96

- **Trainings**
 - Level 2 - Selected (17 service providers)
 - Level 3 - Primary Care (60 service providers)
 - Level 4 – Group (56 service providers)
 - Level 5 – Pathways (33 service providers)
- **93 (96,9%) completed the pre-implementation survey**
- **96 (100,0%) completed the PCSC**

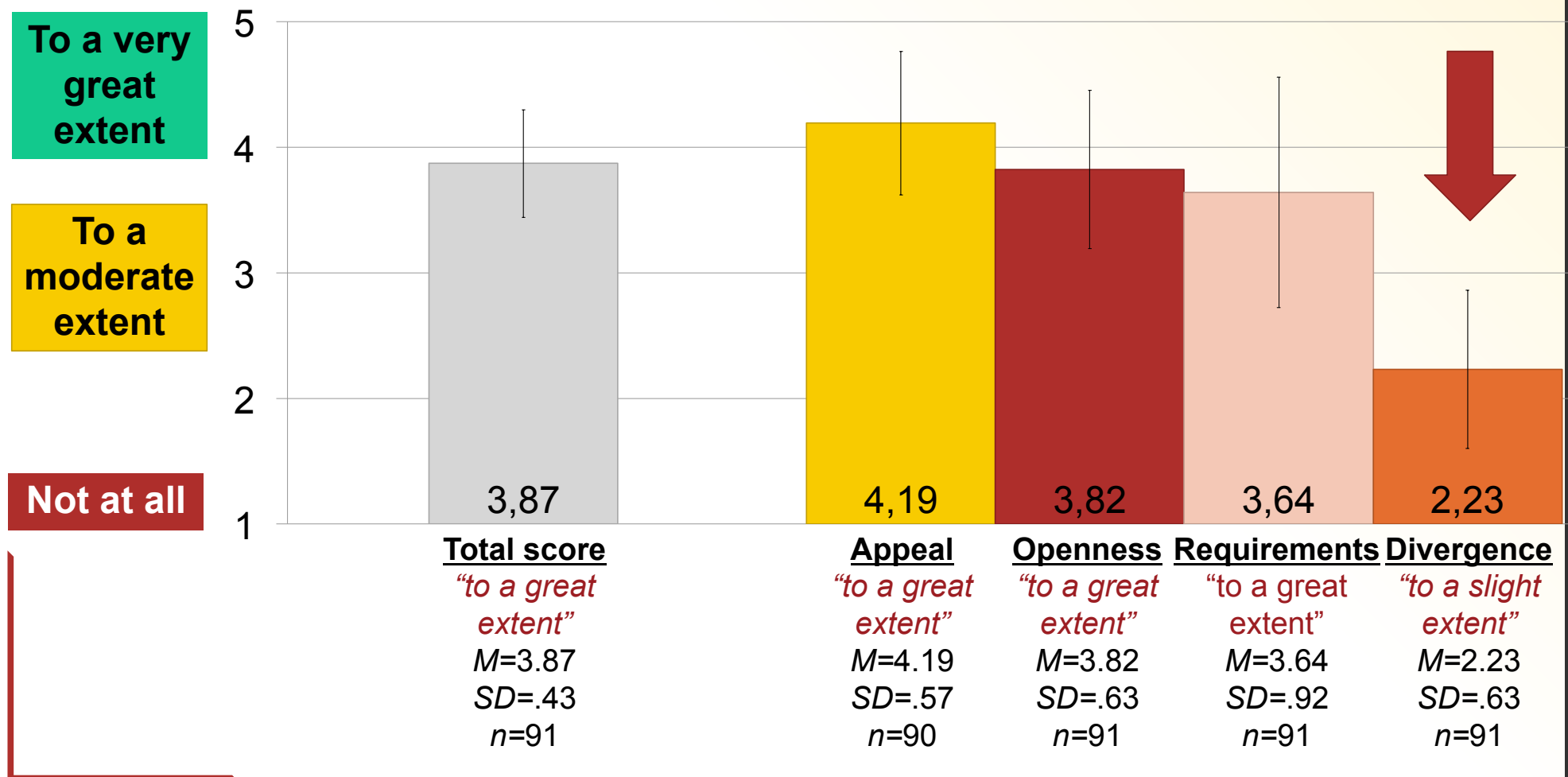
METHOD – PARTICIPANTS

Sociodemographic Data		Services providers N = 96
		<i>n</i> (%)
Region	Montreal	58 (60,4)
	Quebec City	38 (39,6)
Gender	Female	89 (92,7)
	Male	7 (7,3)
Highest level of education completed	DEP	5 (5,2)
	Cegep	27 (28,1)
	Undergraduate	45 (46,9)
	Graduate	13 (13,5)
Discipline	Social work	32 (33,3)
	Psychoeducation	10 (10,4)
	Special education	13 (13,5)
	Early childhood education	10 (10,4)
	Nursing	8 (8,3)
	Autre	17 (19,1)
Type of organization	Health and Social Services Centres	62 (64,6)
	Community organization	22 (22,9)
	Daycare centres	3 (3,1)
	Primary school	4 (4,2)
		<i>M</i> (<i>SD</i>)
Years of experience in this organization		10,4 (8,6)
Years of experience in the family-child care field		13,3 (9,6)

SERVICE PROVIDERS' INITIAL POSITIONING

Attitudes toward adoption of EBPs :

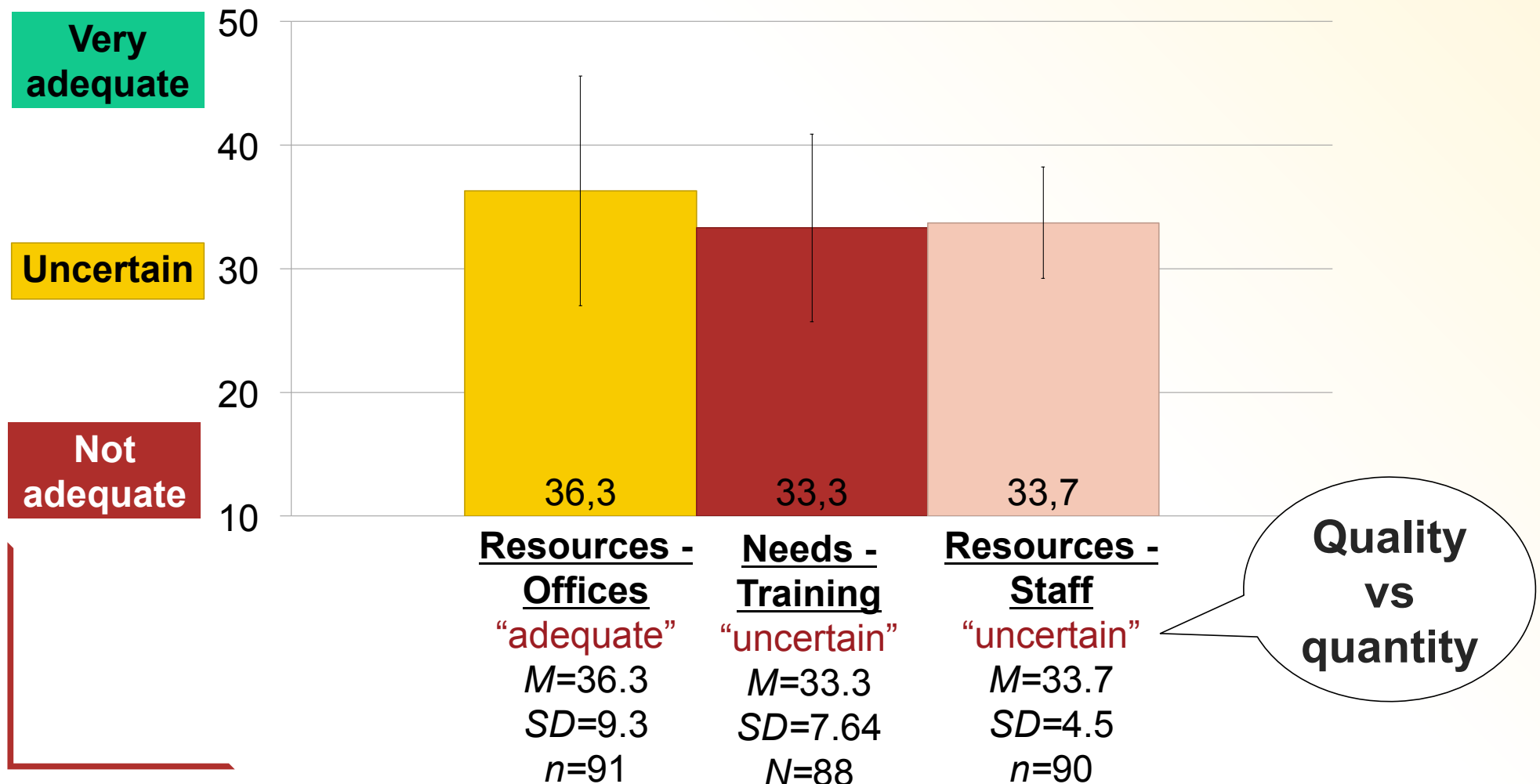
- The service providers had **positive attitudes** toward adoption of EBPs : $M=3.87$; $SD=.43$; $n=91$



SERVICE PROVIDERS' INITIAL POSITIONING

Organizational Readiness for Change

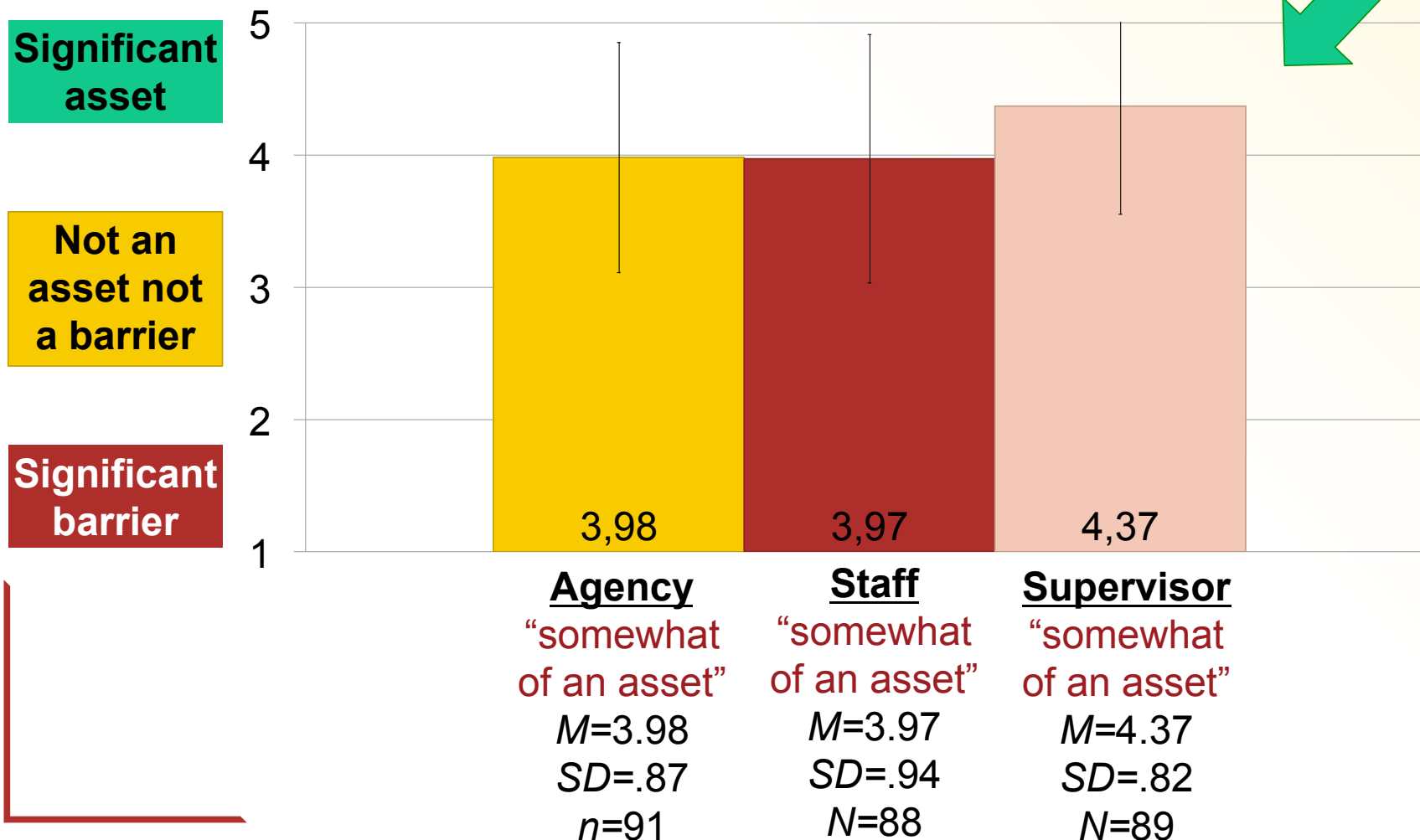
- The service providers had **doubts** regarding their organization's readiness to implement Triple P...



SERVICE PROVIDERS' INITIAL POSITIONING

Barriers and assets to the implementation of Triple P

- The service providers were **optimistic** toward the implementation of Triple P



IMPLEMENTATION FORECAST OF TRIPLE P : WHAT WILL BE AN ASSET?

According to **more than 60%** of the service providers, the following factors were going to be **significant assets** in the process of implementing Triple P :

- Clarity of Triple P **goals and procedures**
- Program **supervisor** or “champion” for Triple P
- Service providers’ **motivation** for Triple P
- Service providers’ **skill and knowledge** (quality of delivery) of Triple P
- Supervisor’s **buy-in/support** for Triple P
- Supervisor’s **motivation** for Triple P
- Quality of Triple P **training**

IMPLEMENTATION FORECAST OF TRIPLE P : WHAT WILL BE A BARRIER?

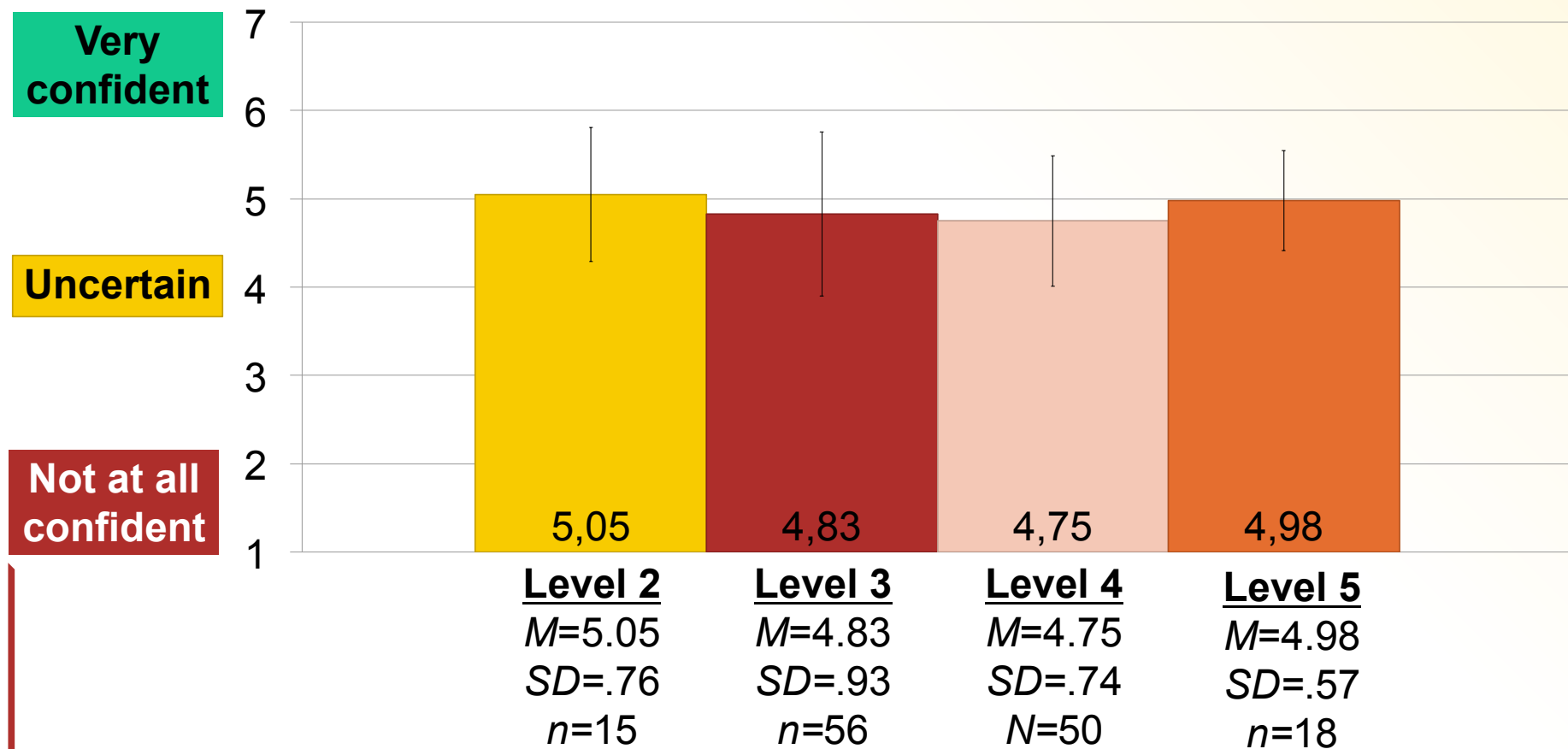
According to **more than 25%** of the service providers, the following factors were going to be **barriers** in the process of implementing Triple P :

- Service providers don't **prioritize** the Triple P program
- Lack of structural stability (Triple P **staff turnover**)
- Organization **facilities** for delivering Triple P
- Insufficient **resources** allocated for Triple P
- Service providers don't have enough **time** to implement Triple P

SERVICE PROVIDERS' INITIAL POSITIONING

Service providers' self efficacy :

- Even before the trainings, the service providers were **confident** in conducting family interventions with parents



SERVICE PROVIDERS' MAIN STRENGTHS

Parent consultation skills that were **very** or **completely mastered** by **more than half** of the respondents :

- Establishing a **conductive environment** for seminars/parent consultation/parent groups (L2, L3, L4, L5)
- Presenting a **clear agenda** to parents and negotiating/confirming it with them (L2, L4, L5)
- Asking **questions** to parents (L3)
- **Referring** families to appropriate agencies for further help if required (L3)
- Helping parents set specifics, actionable, age-appropriate behaviour **change goals** for their children (L5)

SERVICE PROVIDERS' MAIN WEAKNESSES

Parent consultation skills that were **not very** or **not at all mastered** by **more than 25%** of the respondents :

- Using **audiovisual equipment** for seminars/parent consultation (L2, L3)
- Dealing with **resistance** from parents (L3)
- Giving parents **homework assignments** (e.g., reading tasks) to encourage self-directed learning (L3)
- Selecting reliable and valid baseline assessment **procedures** (L4)
- Drawing from **theory and empirical evidence** in providing rationales (L4)
- Managing **group process issues** (e.g., disengagement, overtalking) (L4)

CONCLUSION

- The service providers had a **positive attitude** and were **optimistic** towards the adoption of an EBP!
- Even if they mentioned some weaknesses, they felt **confident** in conducting family interventions with parents
- However, some of them had **doubts regarding their organization's readiness** to implement Triple P...
 - Enlightens the importance of convincing and reassuring service providers about their organization's **capacity** to implement the program
 - Barriers must be addressed, and providers need to feel **supported** by their organization

CONCLUSION

- Interestingly, there was no significant difference between the types of organization
- There were some minor differences between the two territories...
 - This suggests that the implementation process has some **context-specific features**
 - → Requires a more **specific qualitative knowledge** for a better understanding of those processes