

SYMPOSIUM

32nd Annual San Diego
International Conference on
Child and Family Maltreatment

January 28 – February 2, 2018

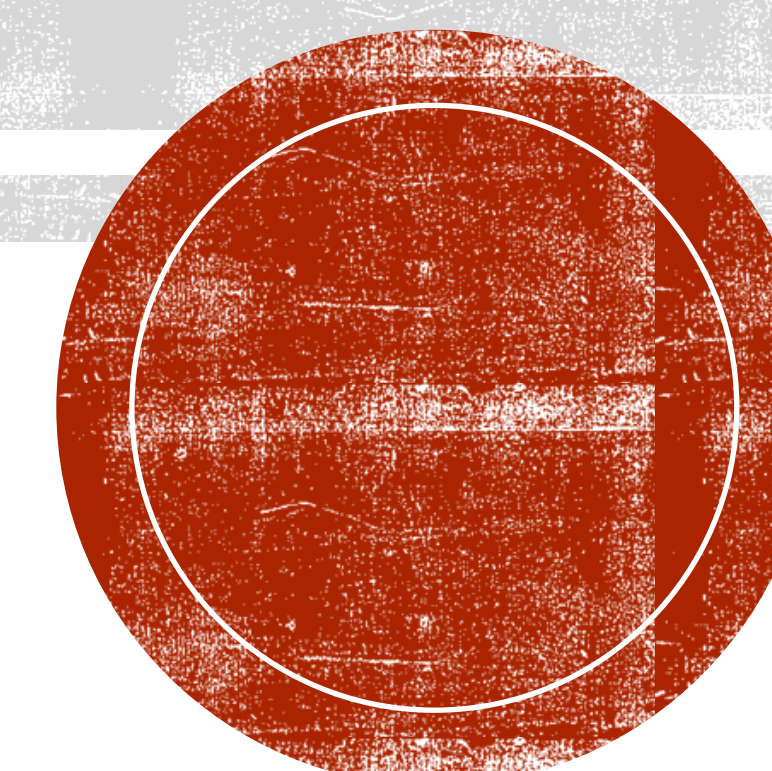
WORKING WITH PARENTS: THE CRUCIAL ROLE OF PRACTITIONERS TO ENHANCE INTERVENTION OUTCOMES

Speakers:

Côté, Marie-Kim

Charest, Émilie

Charest-Belzile, Dorothée



Chaire de partenariat
en prévention de la
maltraitance

SERVICE PROVIDERS EXPERIENCE WITH THE TRIPLE P PROGRAM

EMILIE CHAREST, PhD CANDIDATE

MARIE-KIM CÔTÉ, PhD CANDIDATE

Marie-Hélène Gagné, PhD
Laval University

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CONTEXT

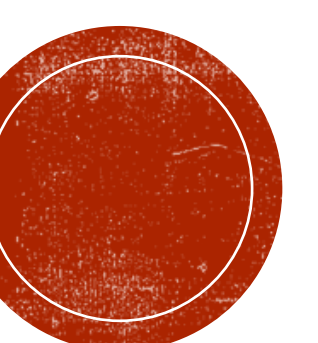
Triple P – Positive Parenting Program

- Multilevel parenting program
 - Level 1 : Parenting information campaign
 - Level 2 : Brief parenting advice/public seminars
 - Level 3 : Narrow focus parent skills training
 - Level 4 : Broad focus parent skills training
 - Level 5 : Intensive cognitive-behavioral skills training

- Efficacy

- Prevent child maltreatment
- ↑ positive parenting practices
- ↓ emotional and behavioral child problems

} Evidence-based
program
(EBP)

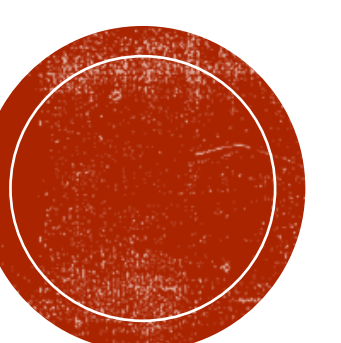


IMPLEMENTATION MATTERS

The quality of a program's implementation is as important as the quality of the program itself when it comes to achieving the desired outcomes

Implementation of EBP:

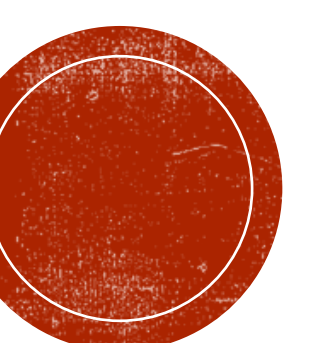
- “Specified set of activities designed to put into practice an activity or program of known dimensions”
 - e.g. host setting capacity assessment, adaptations planning, ongoing monitoring
- Involves multiple actors :
 - e.g. community leaders, agency directors, supervisors, policy makers, **practitioners (service providers)**



FACTORS RELATED TO PRACTITIONERS

Literature overview

- Barriers and facilitators to the implementation of an EBP
 - Individual-level factors (e.g. attitudes, self-efficacy, perceptions of program benefits)
 - Organizational-level factors (e.g. availability of clinical supervision, availability of funding, organizational culture and climate, adequacy of offices, coordination and communication between the staff, sufficient time to implement the program)



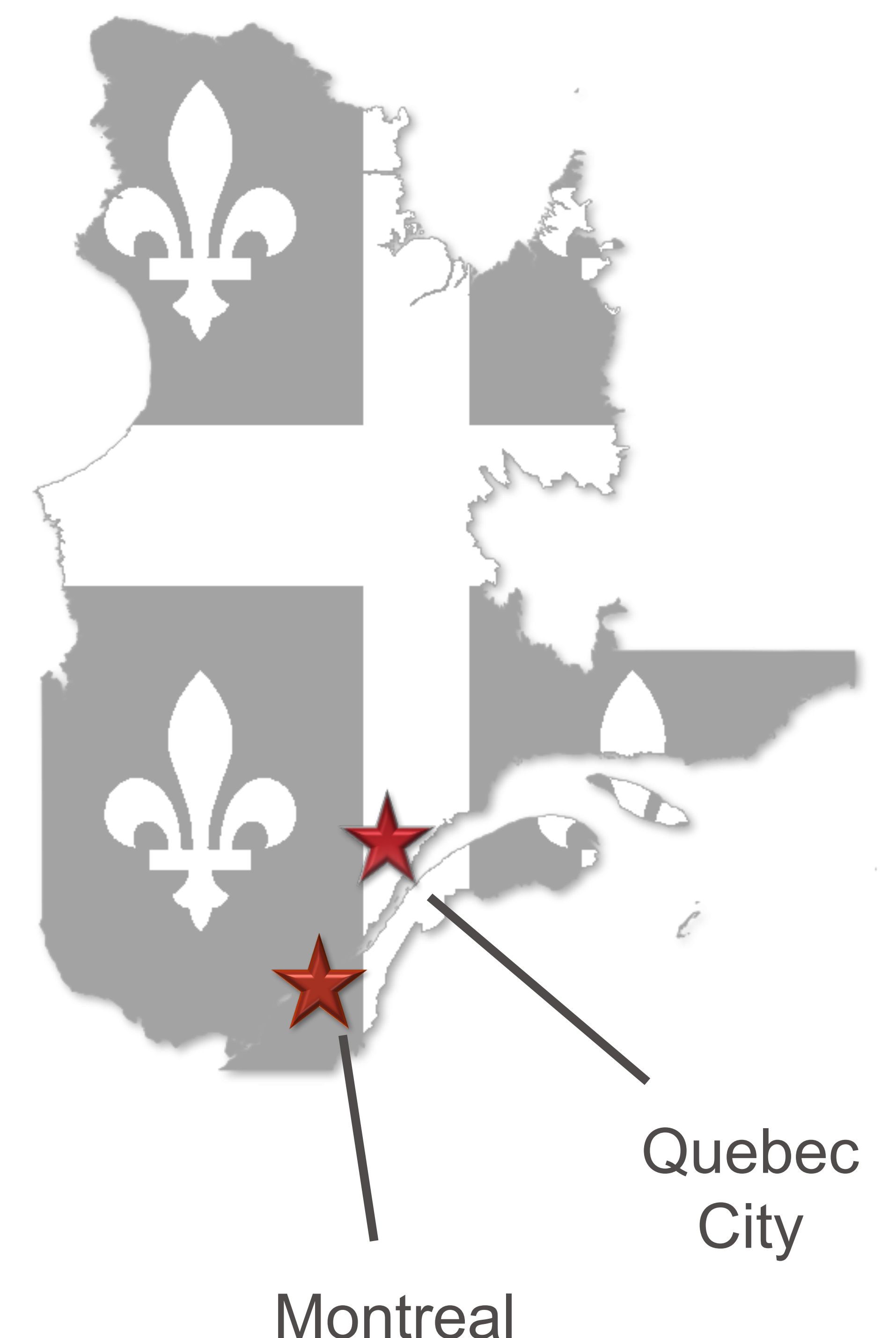
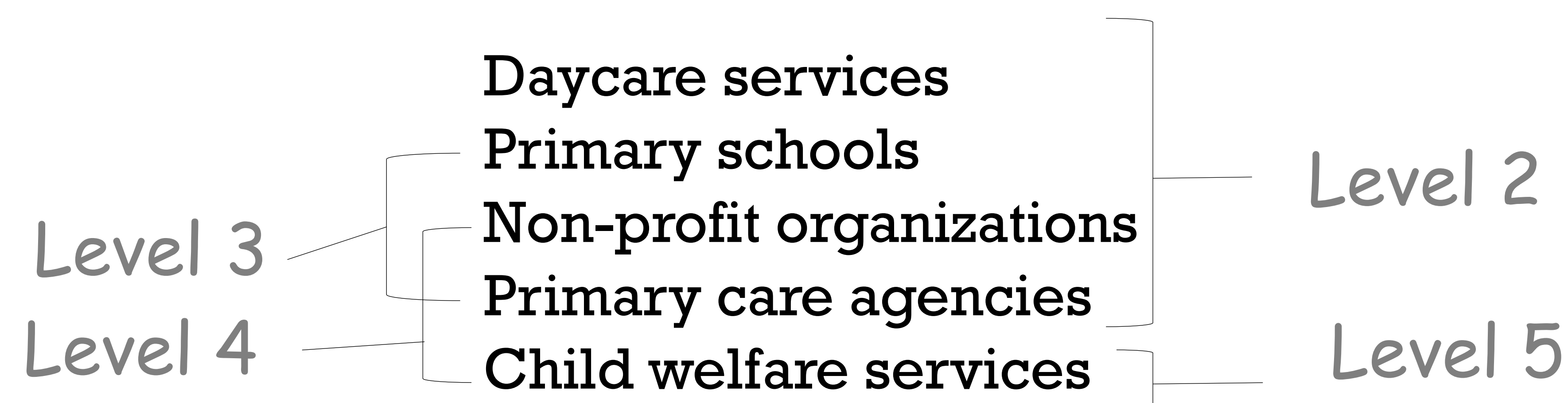
CONTEXT: TRIPLE P IN QUEBEC

Implementation of an EBP in Quebec, Canada

- All five levels of Triple P were implemented in two communities chosen because :
 1. Large population of children and families on the territory
 2. Vulnerability of this population:
 - high proportion of the 0 to 17 year-old living under the low-income threshold, AND / OR
 - high rate of child maltreatment cases reported to CPS

Practitioners received training in Triple P

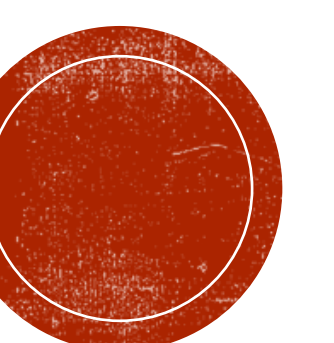
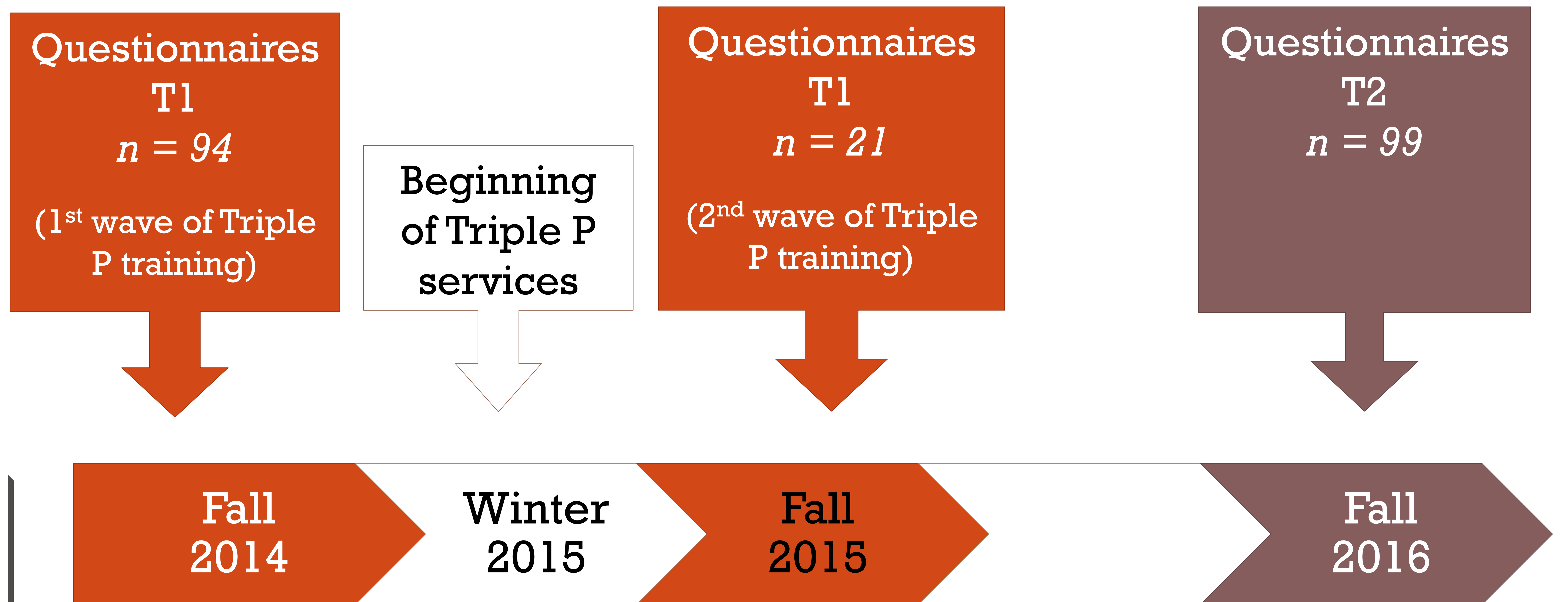
- Type of work organizations:



METHOD

Participants and procedure

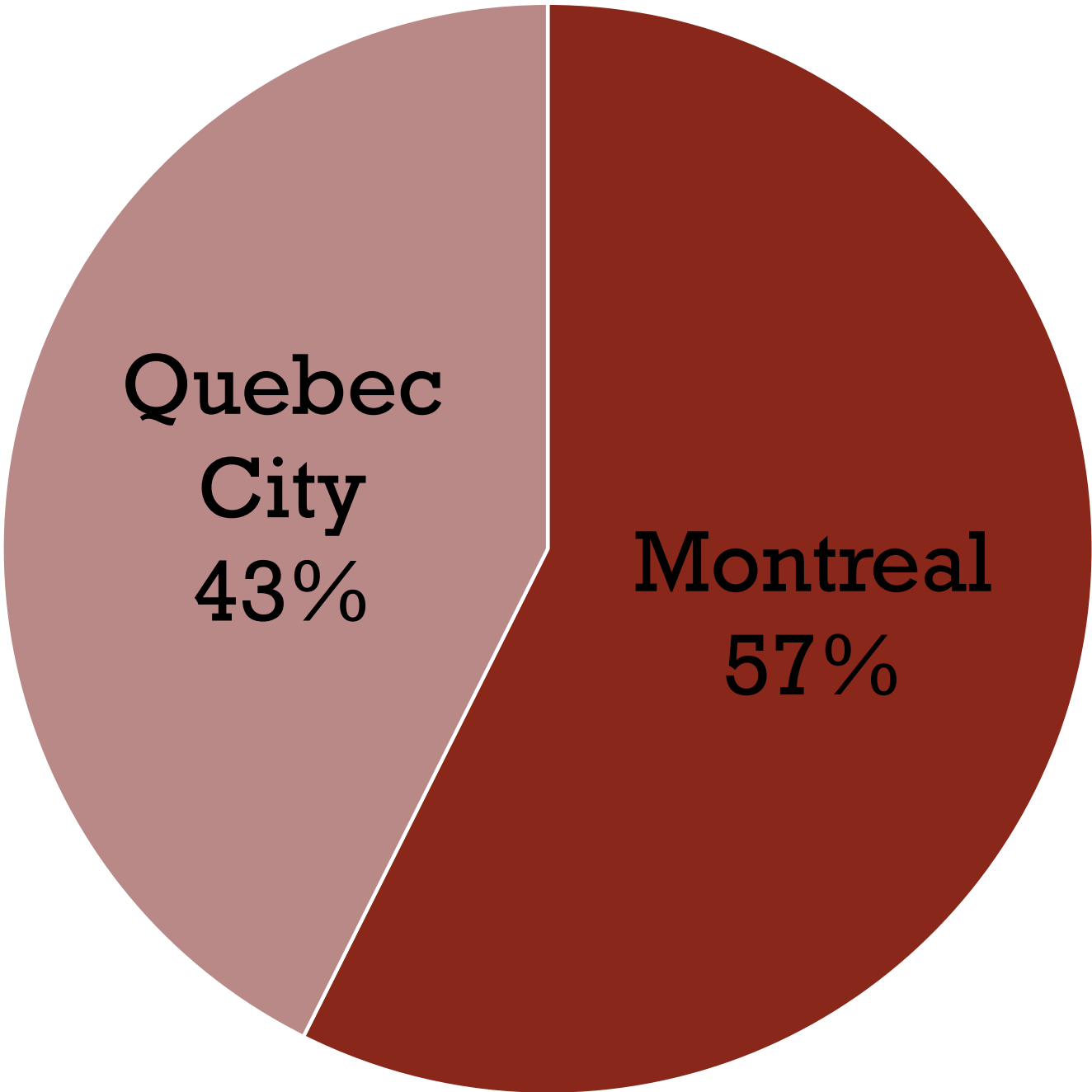
- T1 : N = 115
- T2 : N = 99



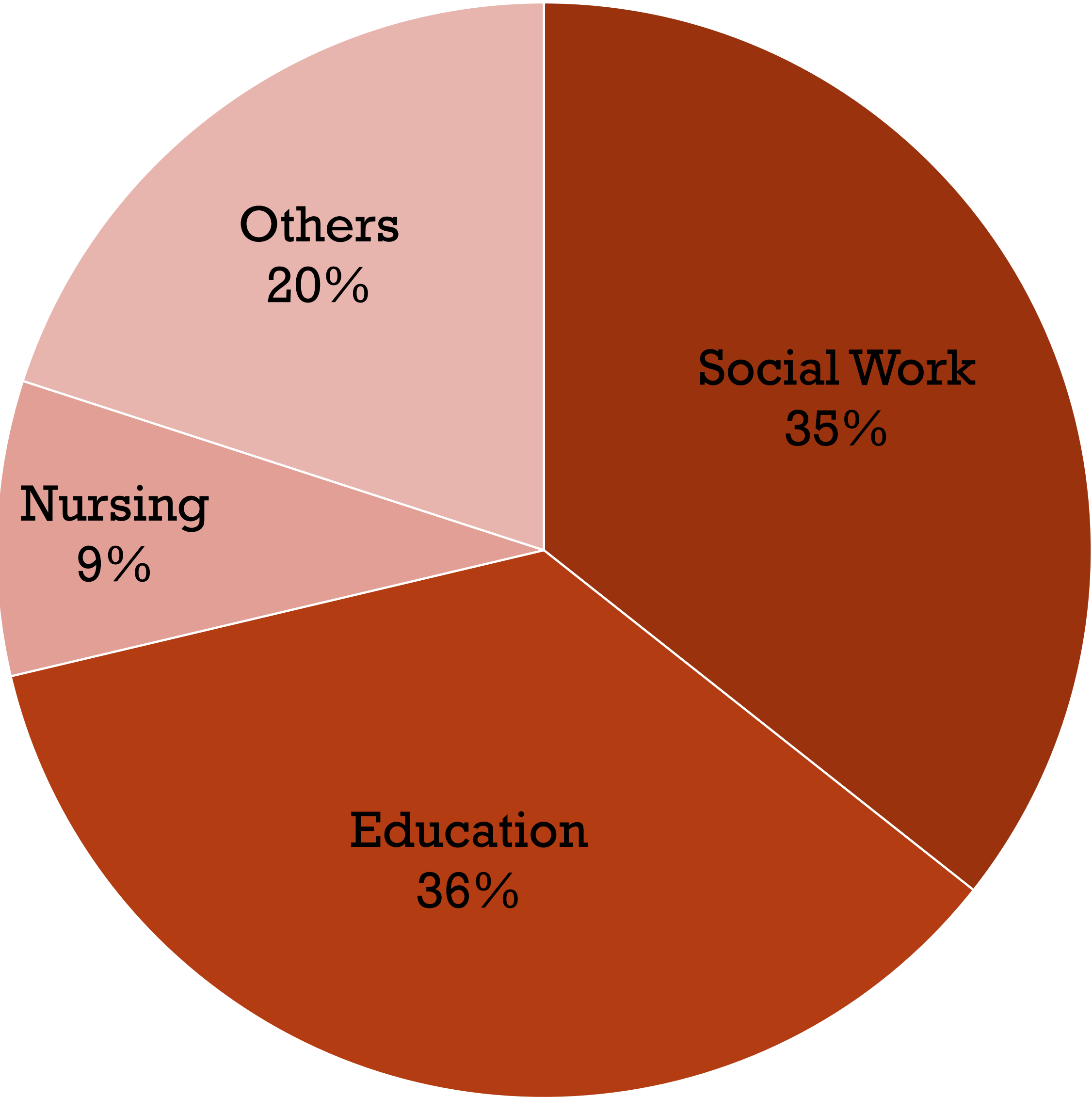
PARTICIPANTS

(AT T1)

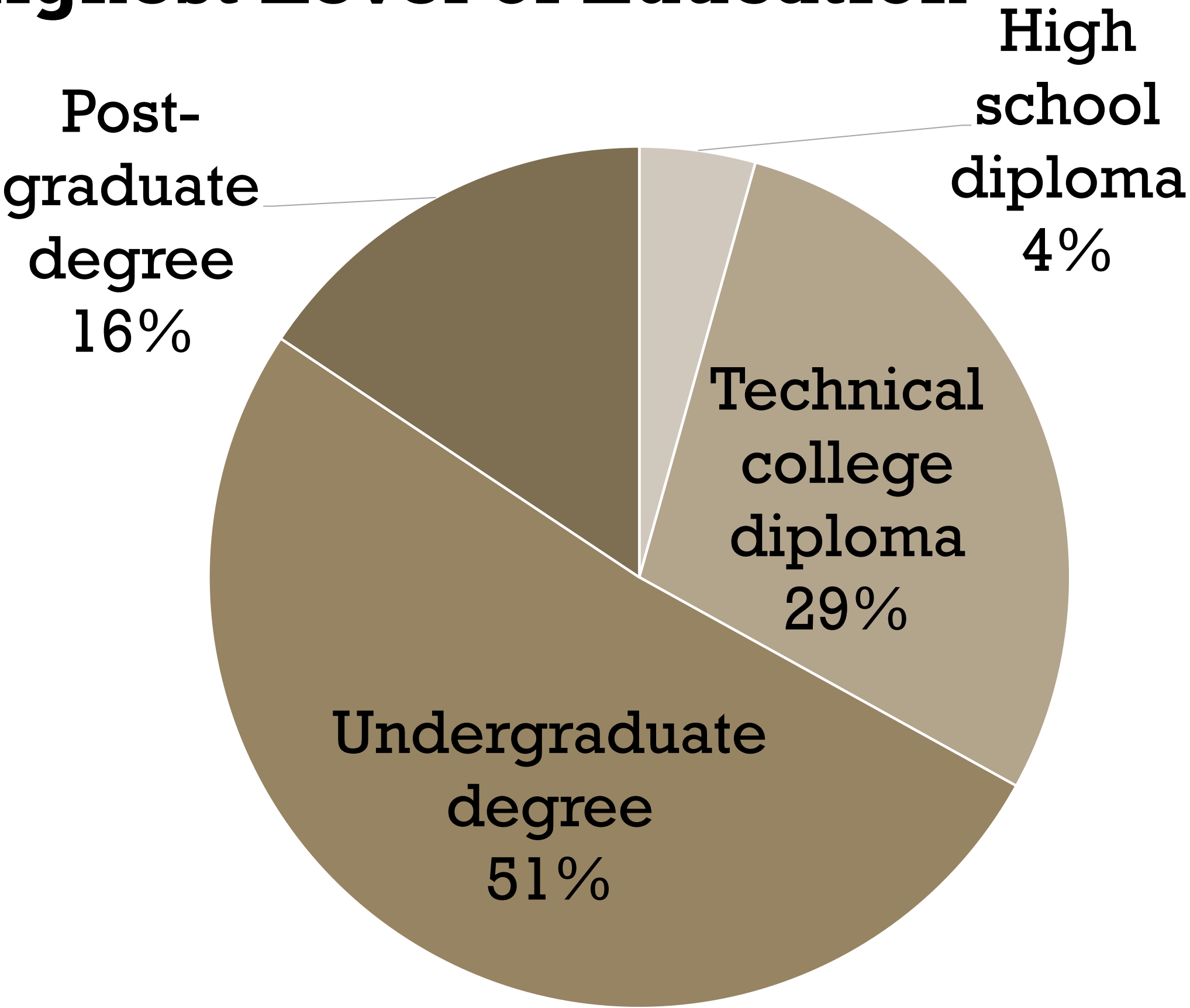
Aera



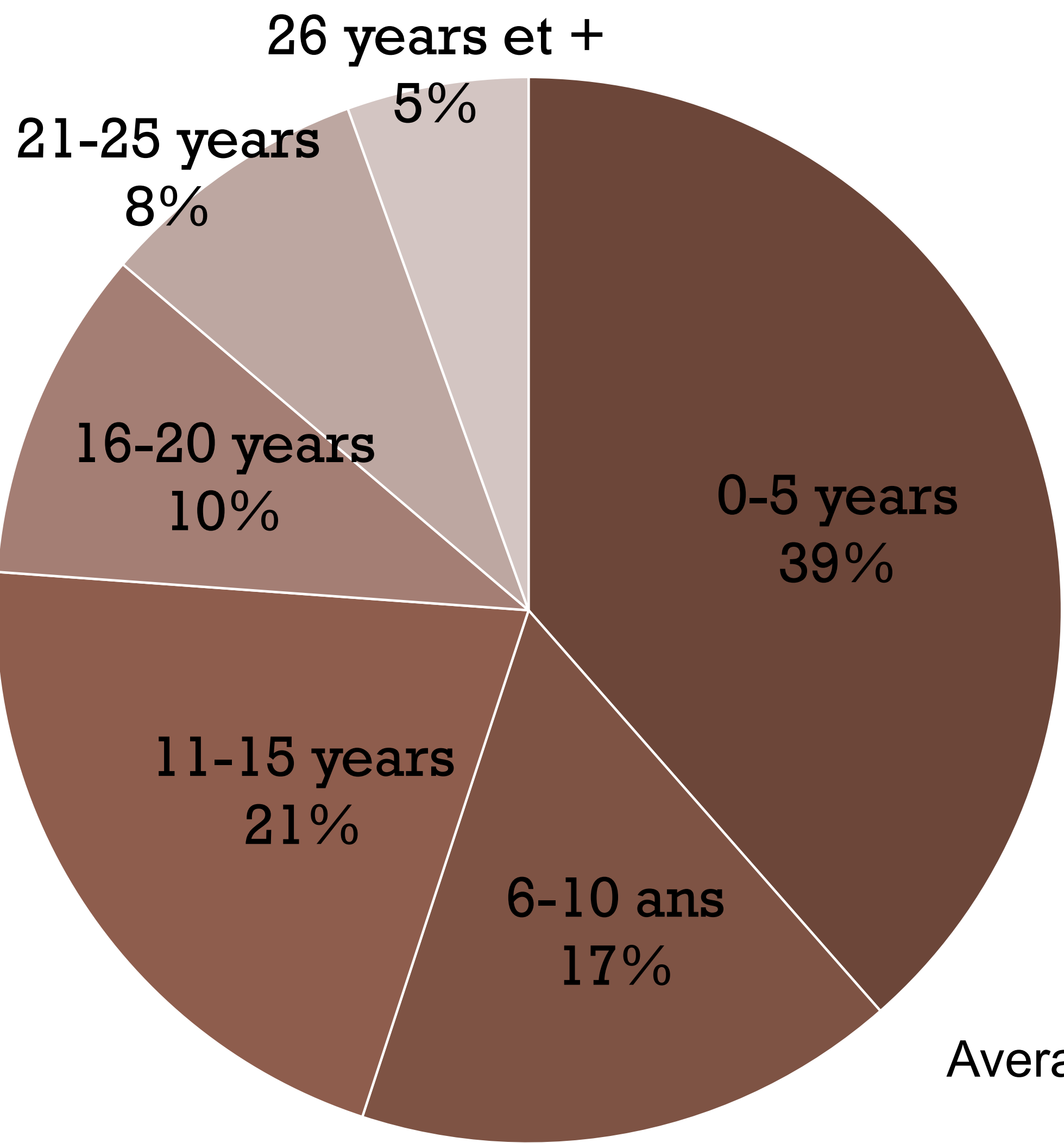
Formation



Highest Level of Education



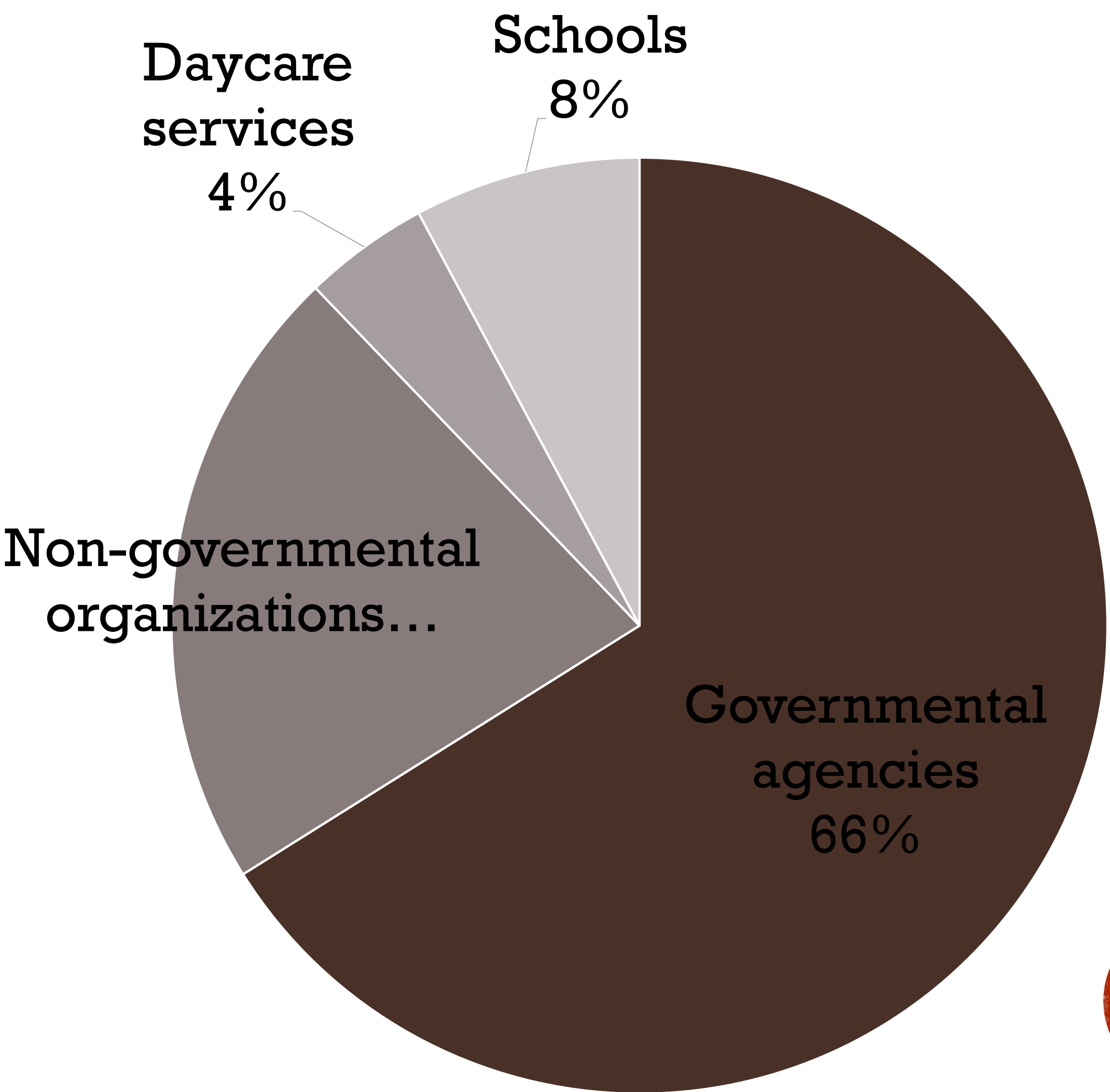
Number of years of experience with children and families



Average of years of experience = 13.3 years (SD=9.2)



Type of organizations



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PROVIDERS' INITIAL STANCE TOWARD THE ADOPTION OF TRIPLE P: A LATENT PROFILE ANALYSIS

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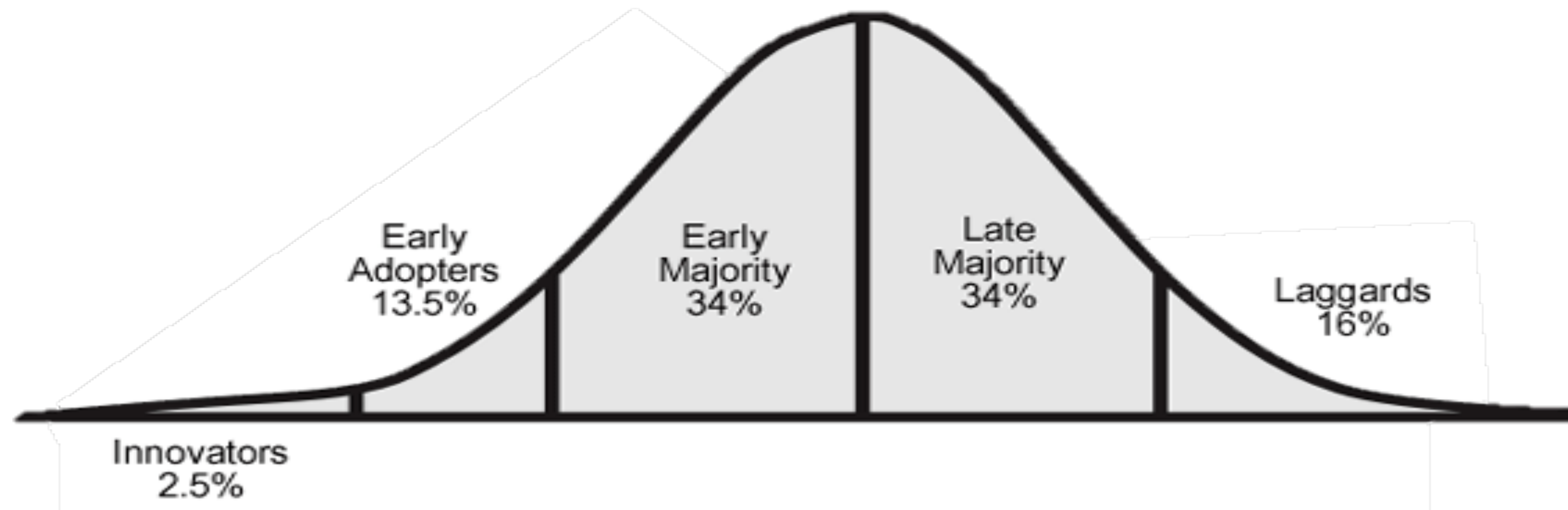
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ROGERS' DIFFUSION OF INNOVATION THEORY

- Categories of adopters based on their level of innovativeness, defined as : “the degree to which an individual adopts a new idea”.



- Identification of profiles : a strategic approach to implementation (Simpson et Flynn, 2007)
- Many factors influence the adoption of a new program (Aarons, 2004; Lehman, Greener & Simpson, 2002; Shapiro, Prinz & Sanders, 2012; Turner, Nicholson & Sanders, 2011)

THE PRESENT STUDY

- General objective : to examine service providers' initial stance toward the adoption of Triple P
- Specific objectives :
 1. To describe providers' initial stance toward the implementation of Triple P
 2. To identify naturally occurring initial stance profiles among the providers, and examine how these profiles differ
 3. To examine if these profiles have an impact on the utilization of Triple P

INDICATORS OF INITIAL STANCE

Providers' initial stance toward the implementation

Attitudes

1.Appeal

2.Requirement

3.Openness

4.Divergence

**Barriers and
facilitators**

5.Organisation

6.Staff

7.Team leader

**Organizational
readiness**

8.Offices

9.Staff

10.Training needs

11.Self-efficacy

LATENT PROFILE ANALYSIS (LPA)

- Assumes that there are underlying latent variables that will determine an individual's profile membership
- Profile assignment is determined through fit statistics and tests of significance

Model Fit Indices for One- to Five-Profile Solutions

Model	BIC	Entropy	LMR	BLR	N for each profile
1 Profile	4551.104	--			-
2 Profiles	4401.577	0.922	0.0046	0.0000	c1 : 21(18,3%) c2 : 94(81,7%)
3 Profiles	4407.684	0.827	0.2729	0.0000	c1 : 71(61,7%) c2 : 19(16,5%) c3 : 25(21,7%)
4 Profiles	4425.176	0.861	0.7655	0.0000	c1 : 20(17,4%) c2 : 24(20,9%) c3 : 7(6,1%) c4 : 64(55,7%)

Note. BIC = Bayesian Information Criteria; LMR p = p -value of the Lo-Mendall-Rubin Likelihood Difference Test; PBLR = Parametric Bootstrapped Likelihood Ratio Test. The best fit values are in bold: lowest BIC; entropy closest to 1; $p < .05$ for LMR and PBLR.

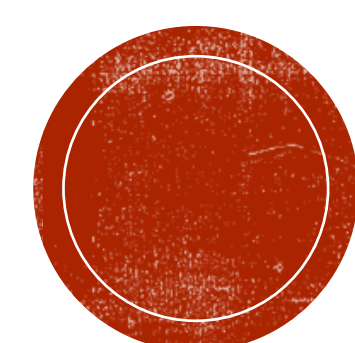
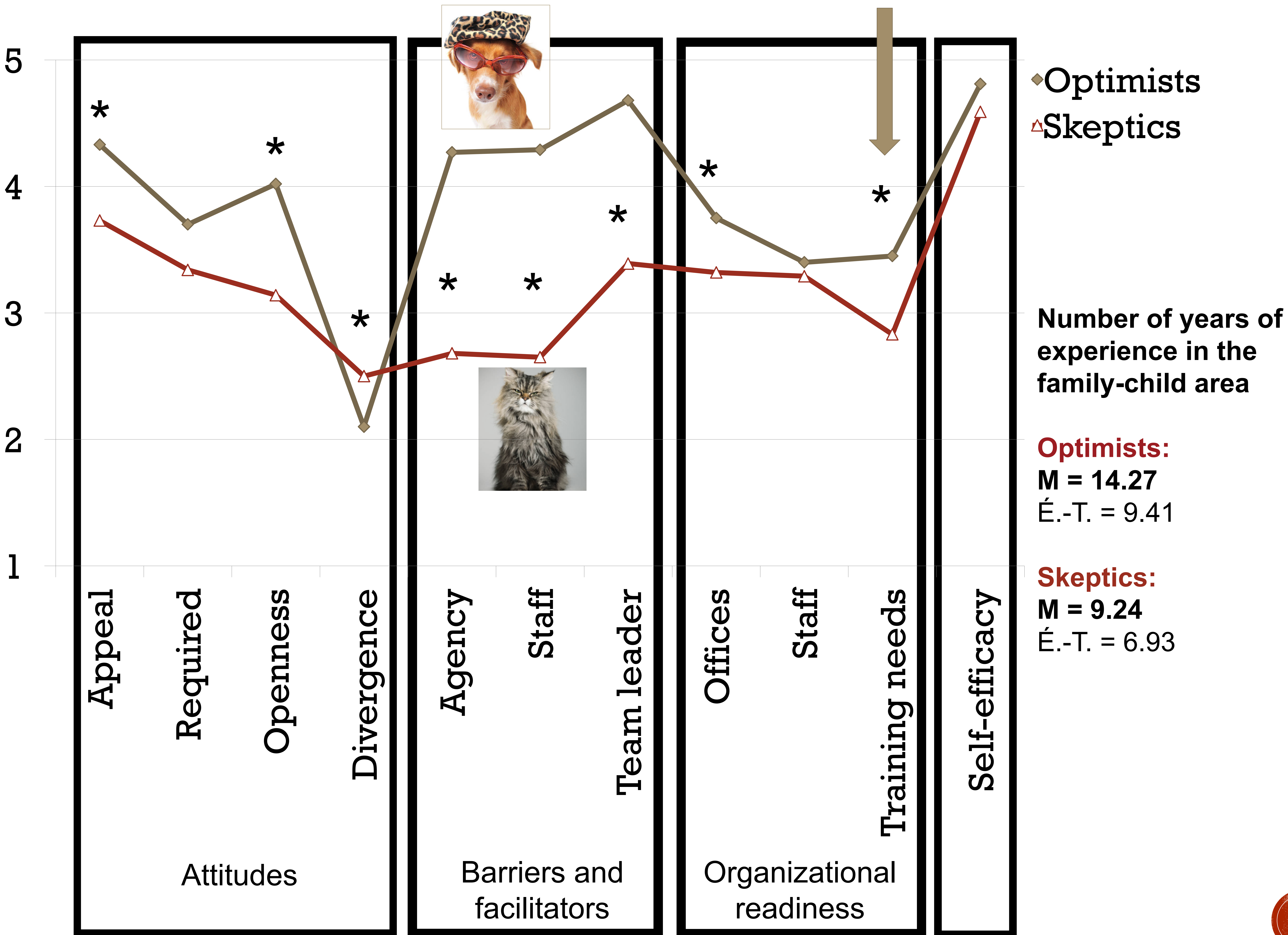
RESULTS – TWO PROFILES

Optimists (n= 94)



Skeptics (n=21)





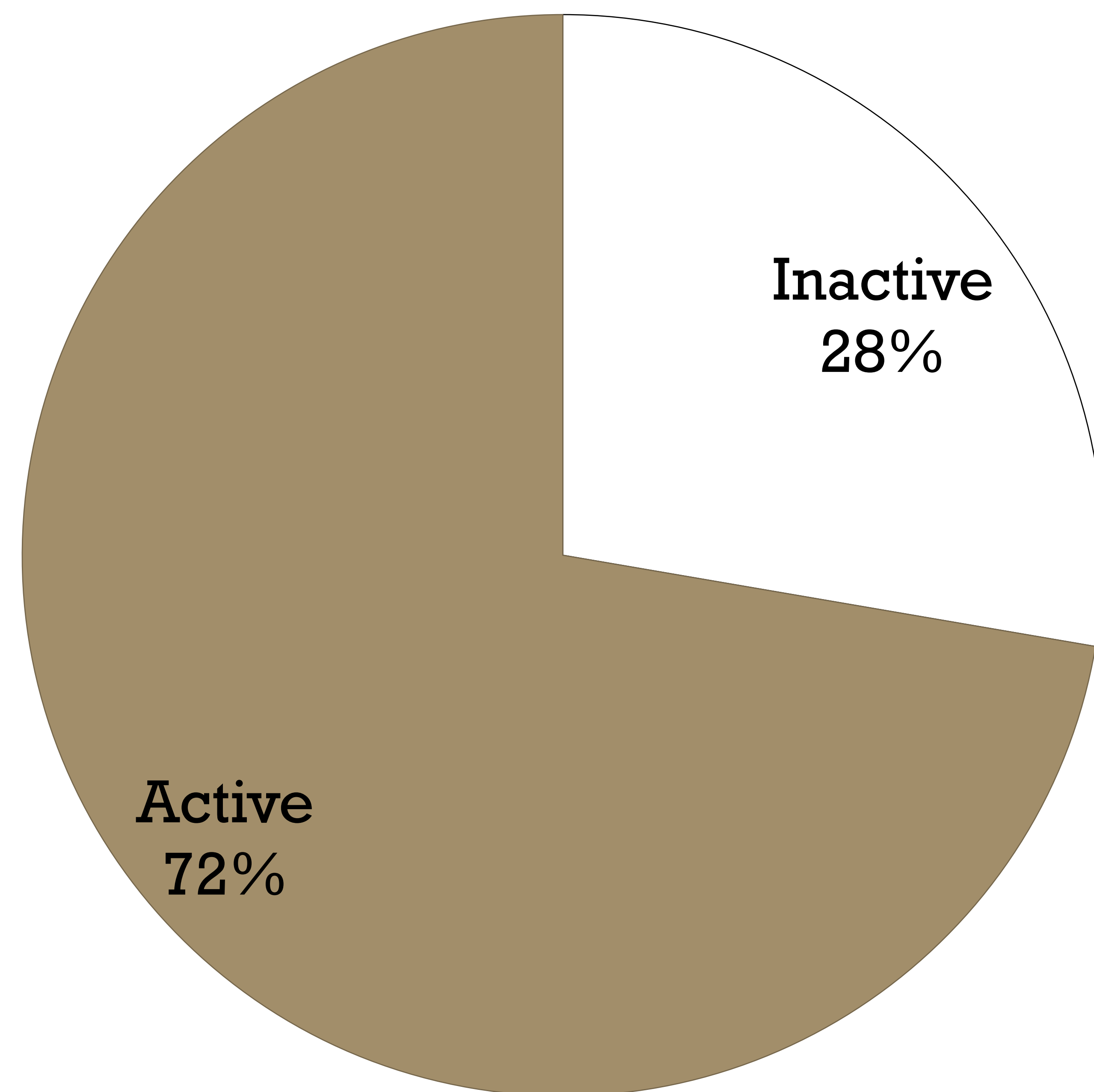
CONCLUSION

- In general : positive attitude!
- Some providers are more skeptical toward the implementation...
 - Importance to reassure and support
 - Less experience = less comfortable trying new ways of doing things?
 - More experience = compensate for possible organizational deficits or lack of resources?
- But still, Skeptics reported that they would use the program if required
 - Impact on program use?

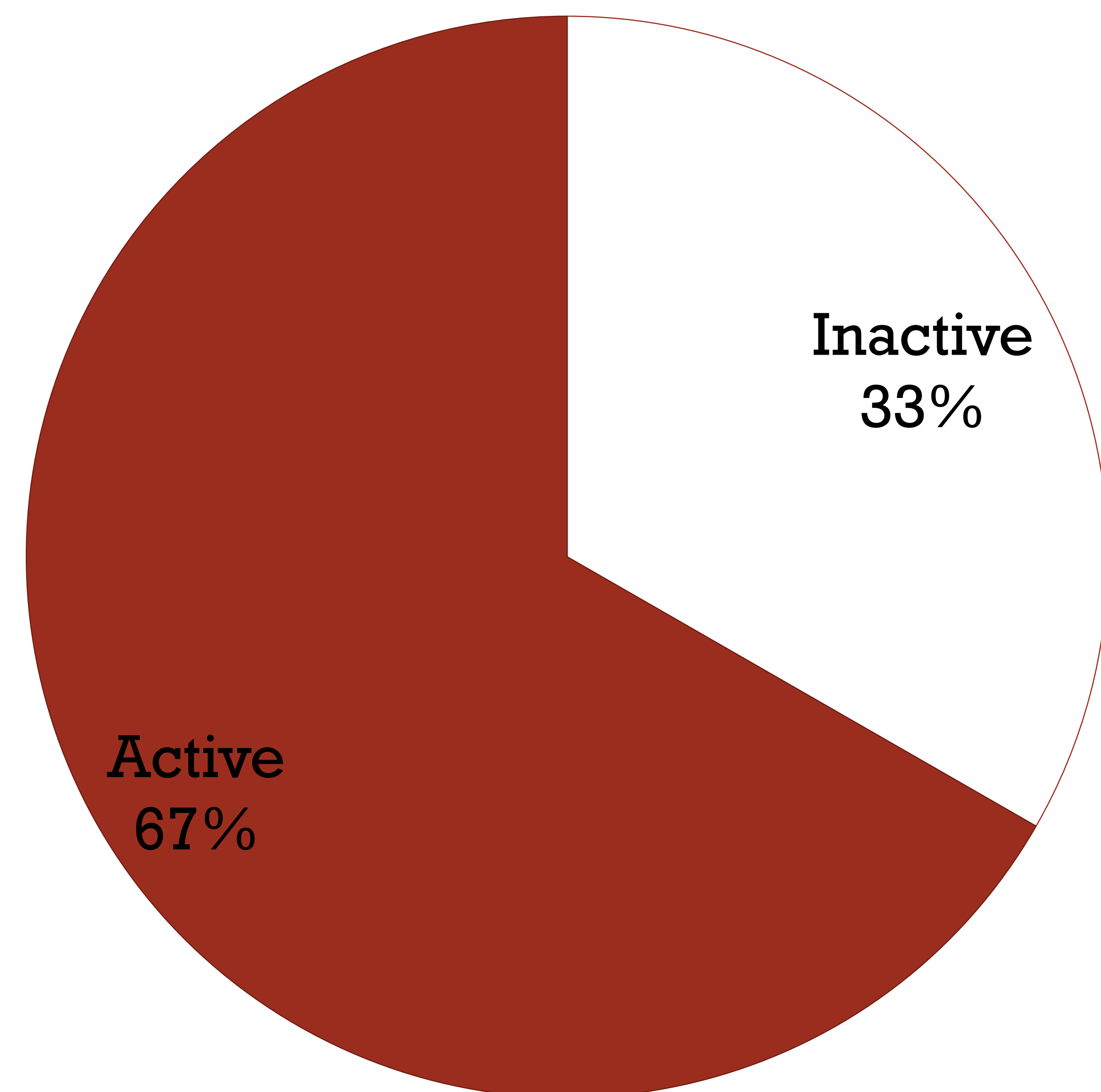
PROFILES AND PROGRAM USE — PRELIMINARY RESULTS

Active: n=82
Inactive: n=33

Optimists
N = 94



Skeptics
N = 21



$\text{Khi}^2 = .270, p = .603$

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EVIDENCE-BASE PARENTING PROGRAM : CHANGES IN FACTORS RELATED TO PRACTITIONERS IN THE IMPLEMENTATION PROCESS

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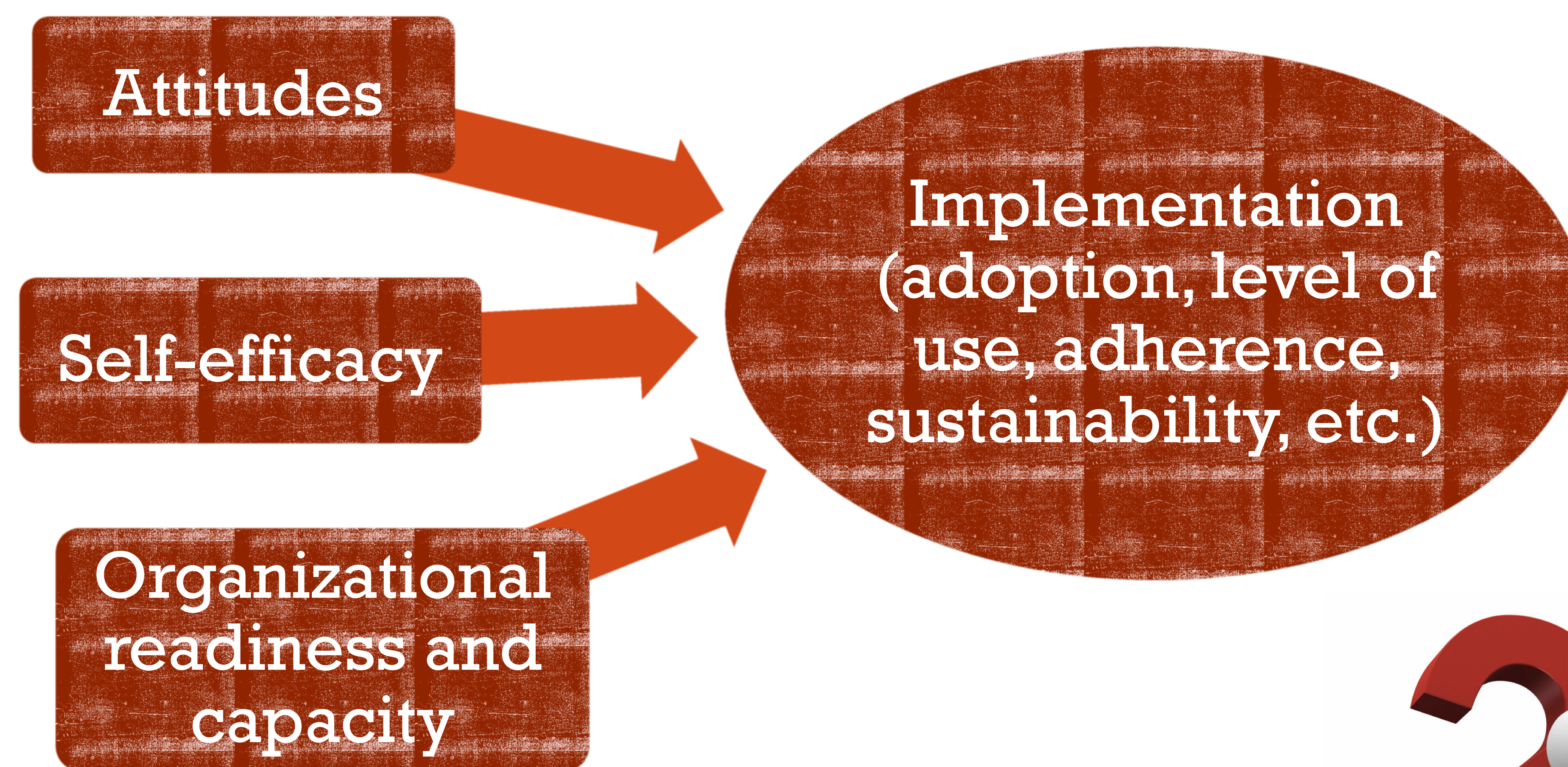
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CHANGES IN PERCEPTIONS OVER TIME

■ Literature overview



Research question



Why such changes are important?

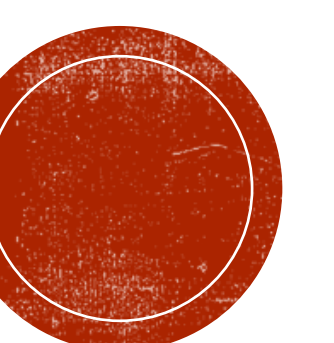
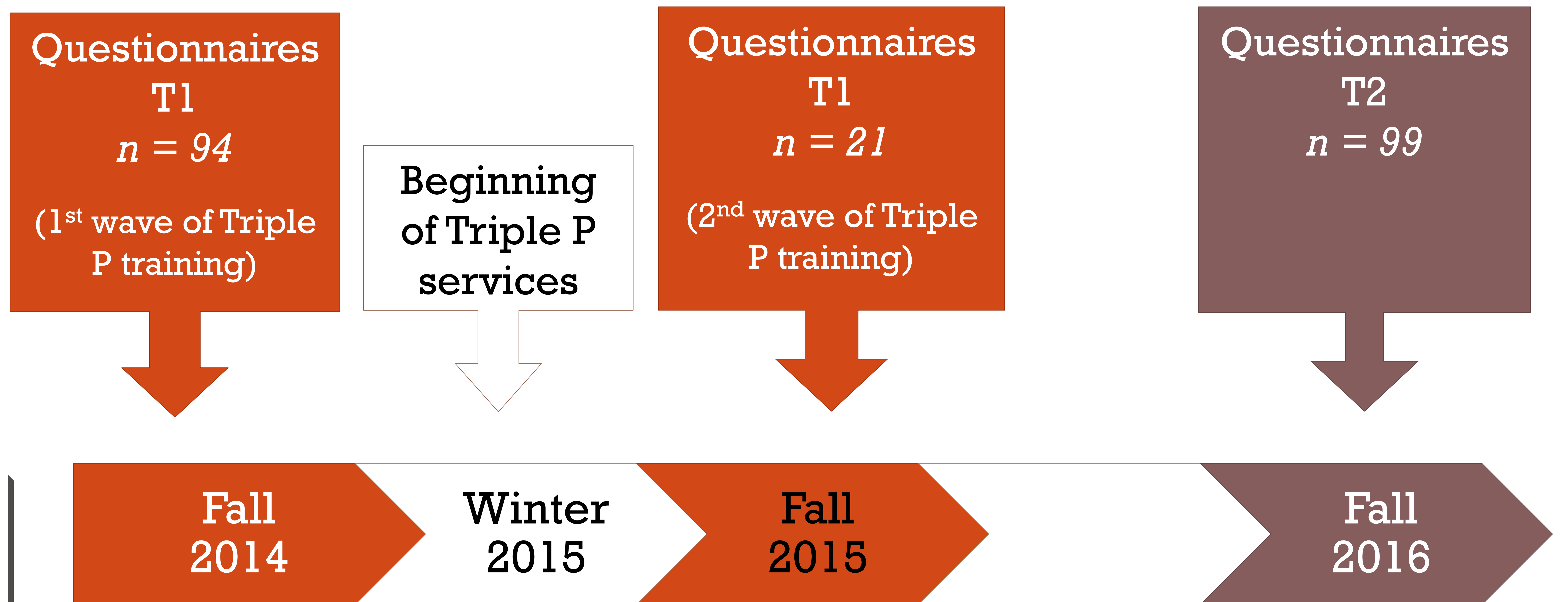
- Could diminish resistance towards EBPs and foster an organizational culture promoting their adoption...
...for the benefit of a greater number of families



METHOD

Participants and procedure

- T1 : N = 115
- T2 : N = 99



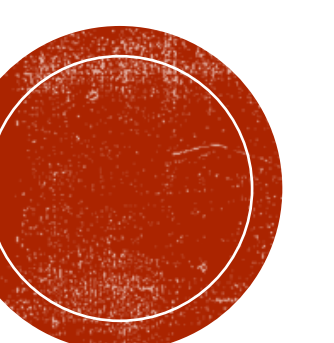
METHOD

Instruments

- Questionnaires
 - *Sociodemographic data*
 - a) **Attitudes** : *Evidence-Based Practices Attitudes Scale (EBPAS)*
 - b) **Self-efficacy** : *Parent Consultation Skills Checklist (PCSC)*
 - c) **Organization's readiness and capacity** :
 - *Organizational Readiness for Change Measure (ORC)*
 - *Factors Related to Program Implementation (FRPI)*

Analysis

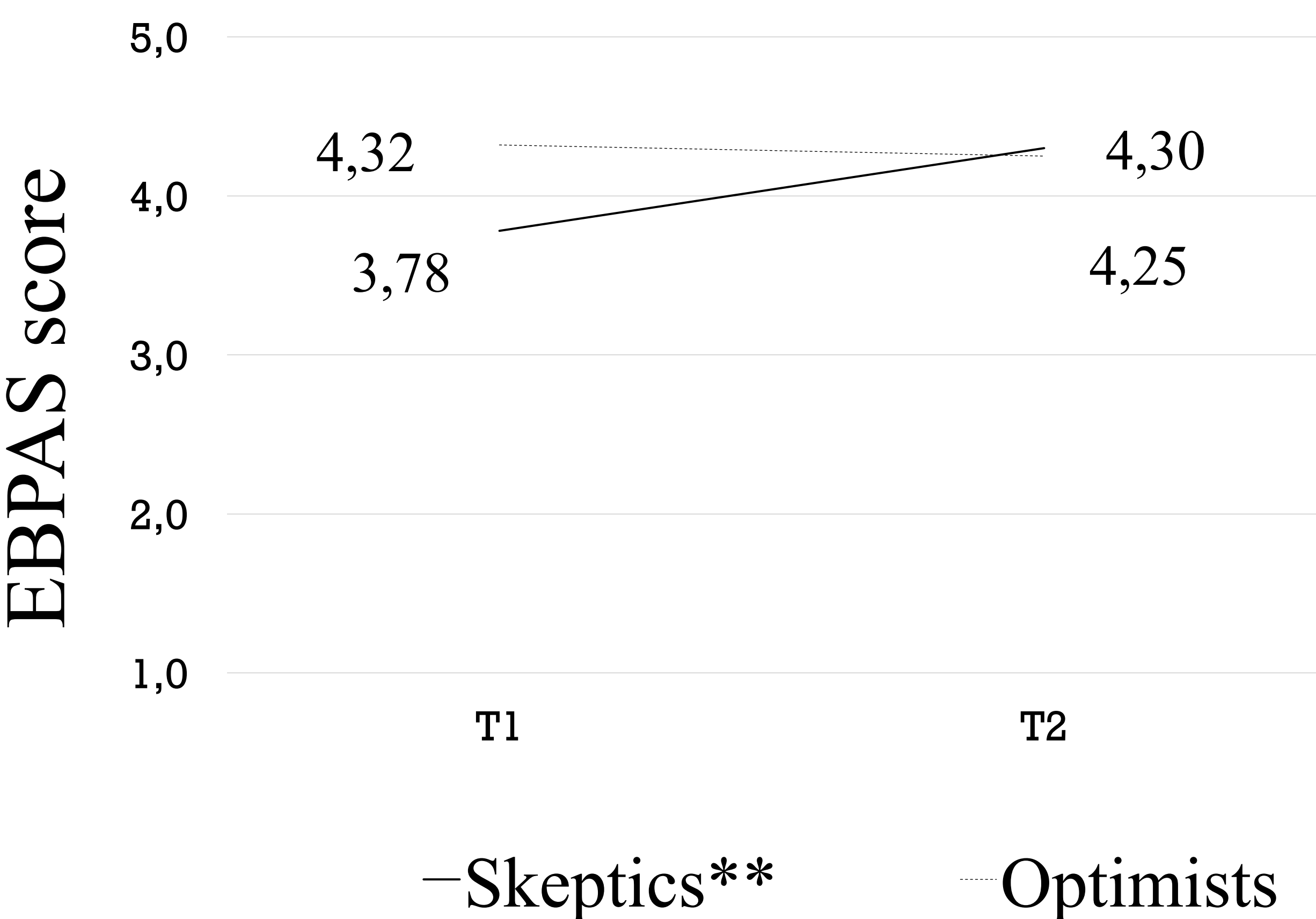
1. Latent class analysis (Charest & Gagné)
2. Factorial MANOVA or ANOVA 2X2
 - Time (T1, T2) X Profile (Skeptics, Optimists)



FINDINGS: EVOLUTION IN EACH PROFILE

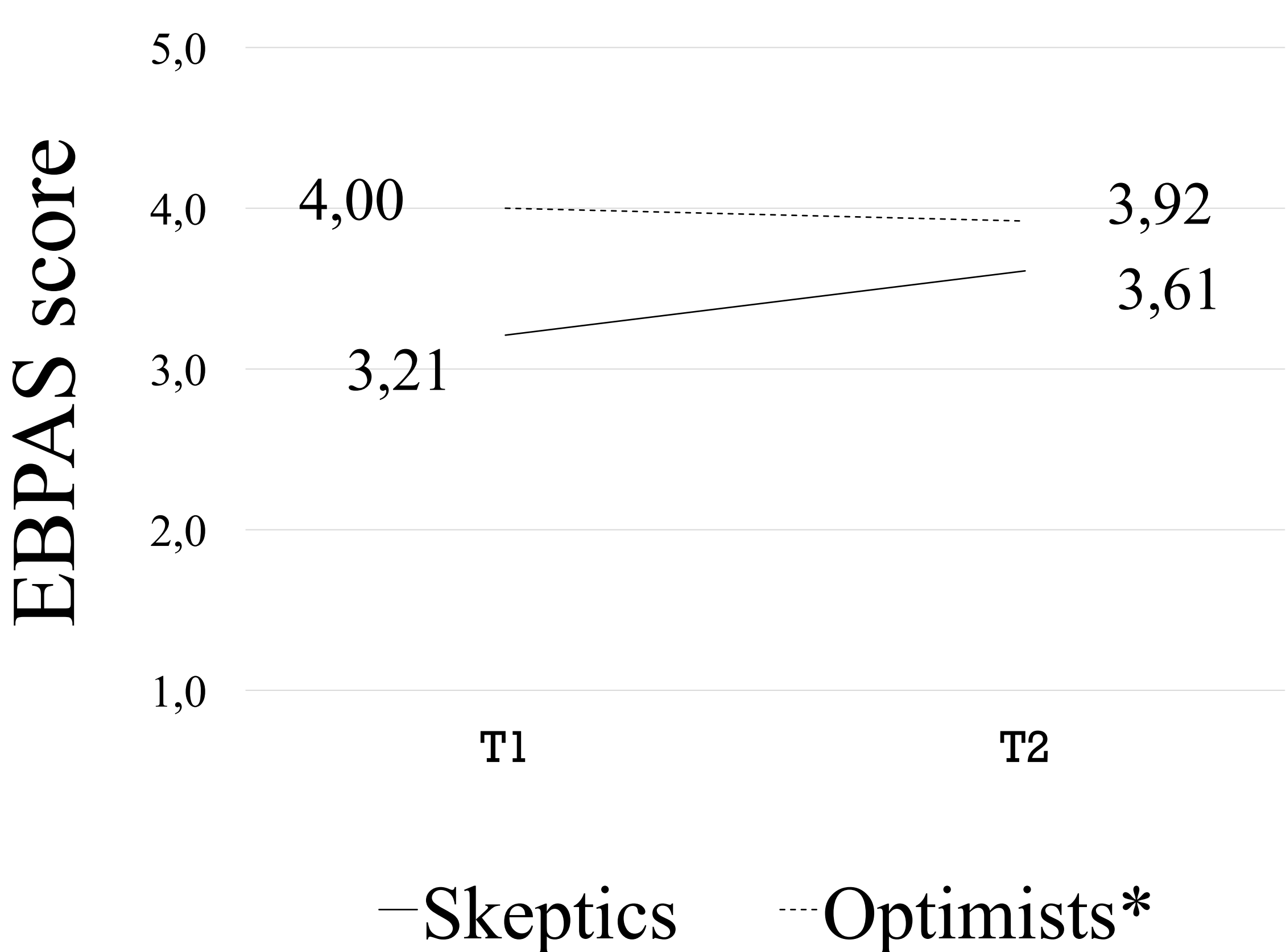
a) Attitudes

Appeal Towards EBPs



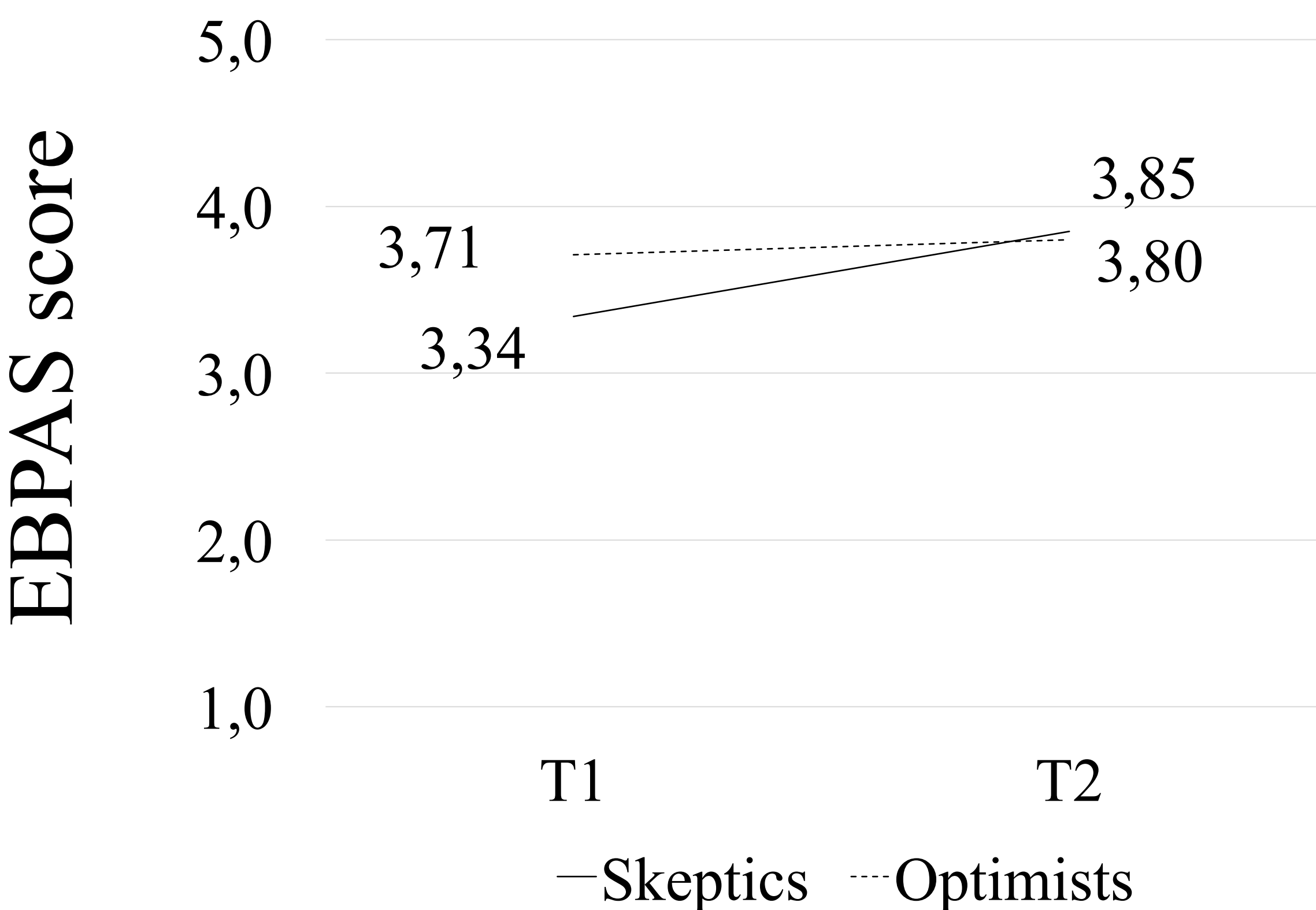
$\eta^2 = 0,140^{**}$
NS

Openness Towards New Practices



NS
 $\eta^2 = 0,089^{*}$

Propensity to use EBP if required



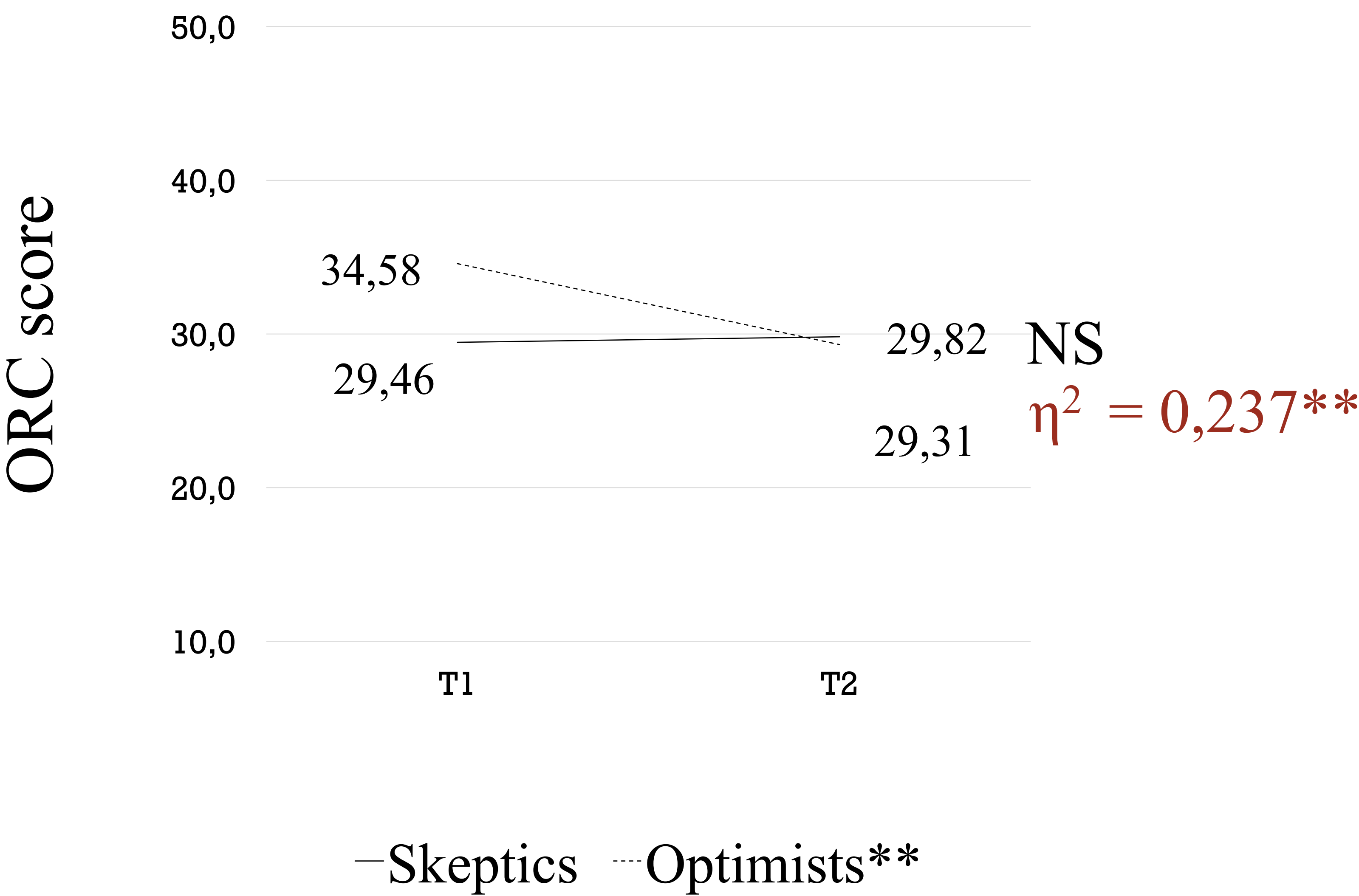
$\eta^2 = 0,138^{*}$



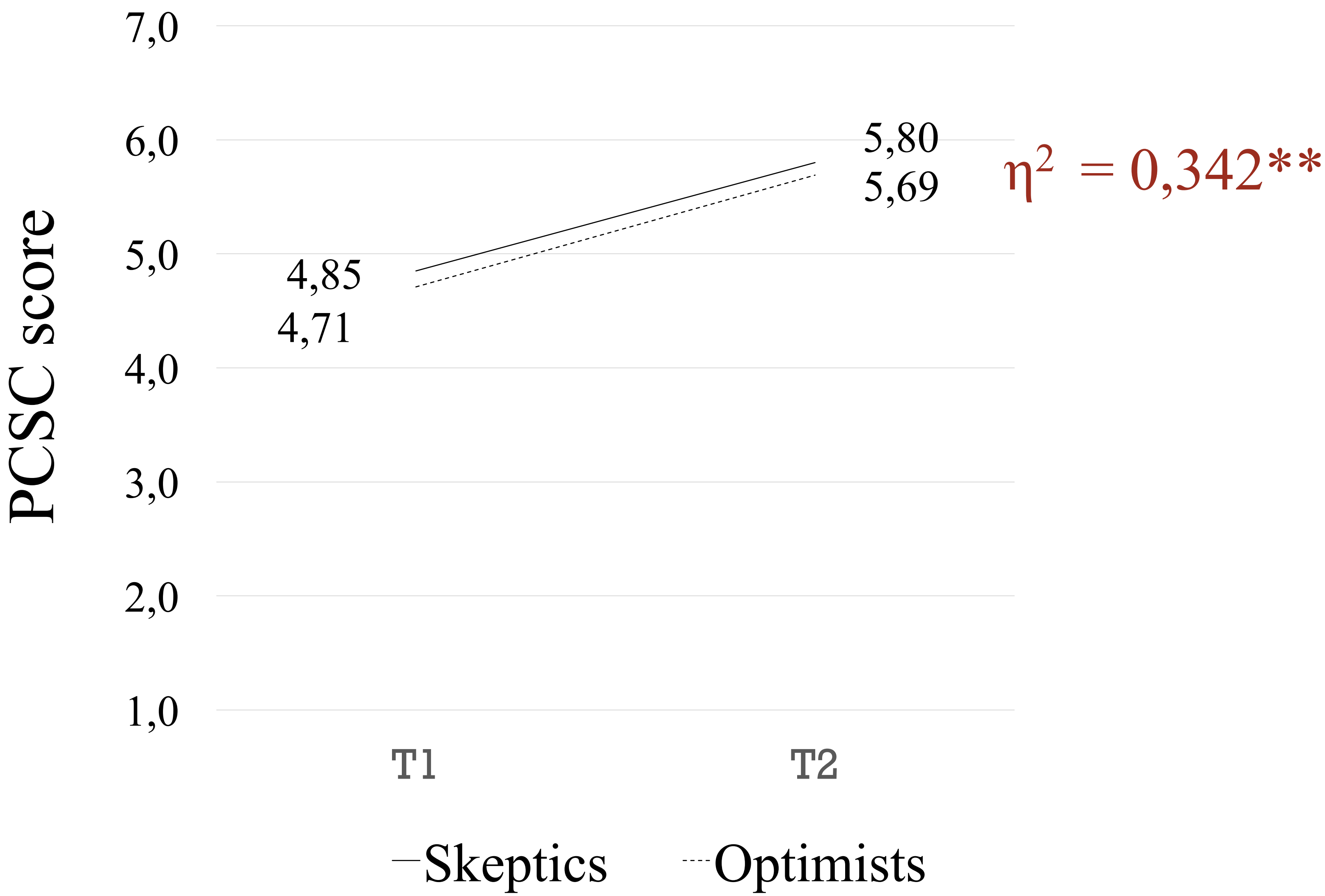
FINDINGS: EVOLUTION IN EACH PROFILE

b) Self-efficacy

Perceived Need for Training



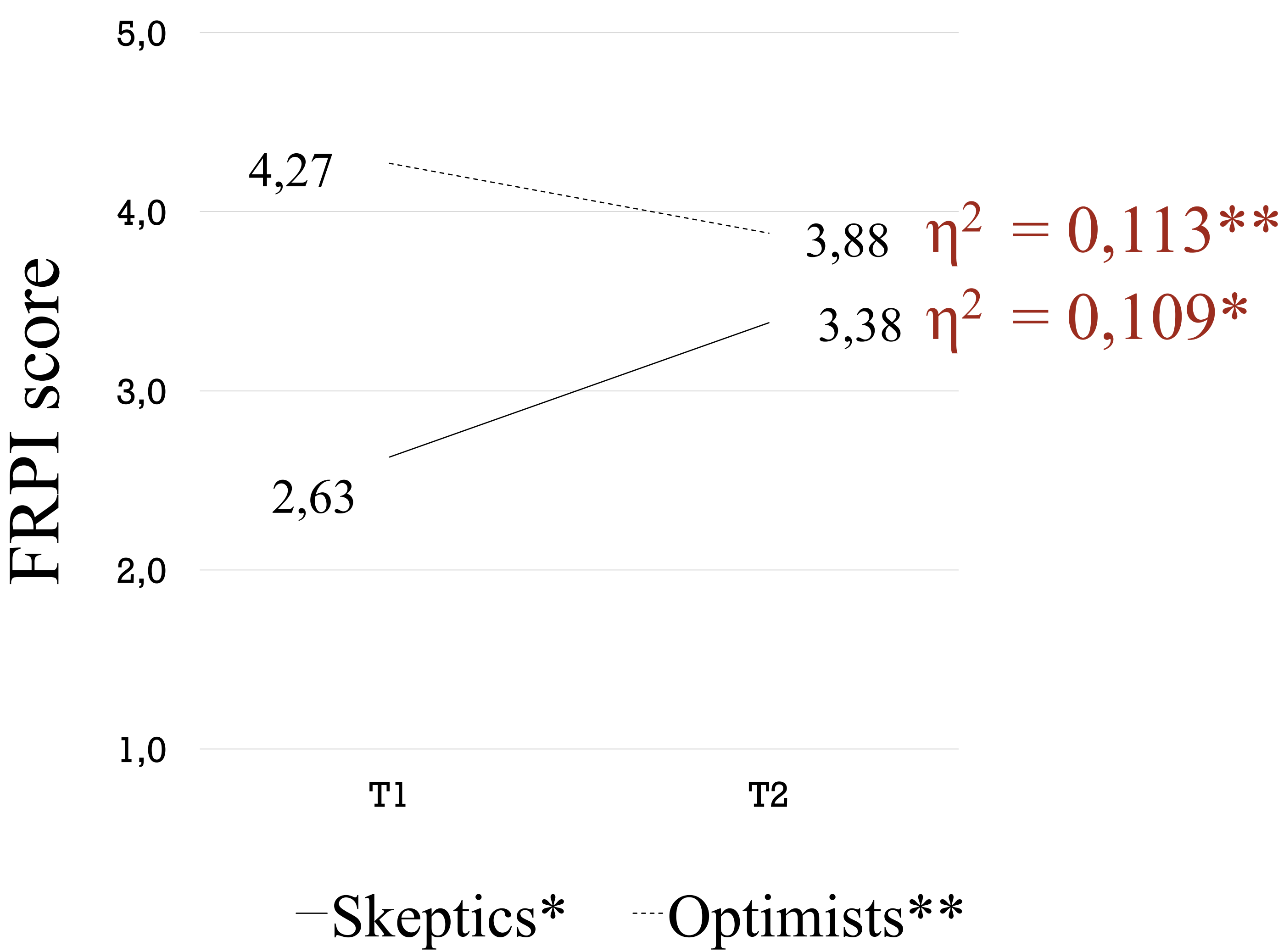
Perceived Skills



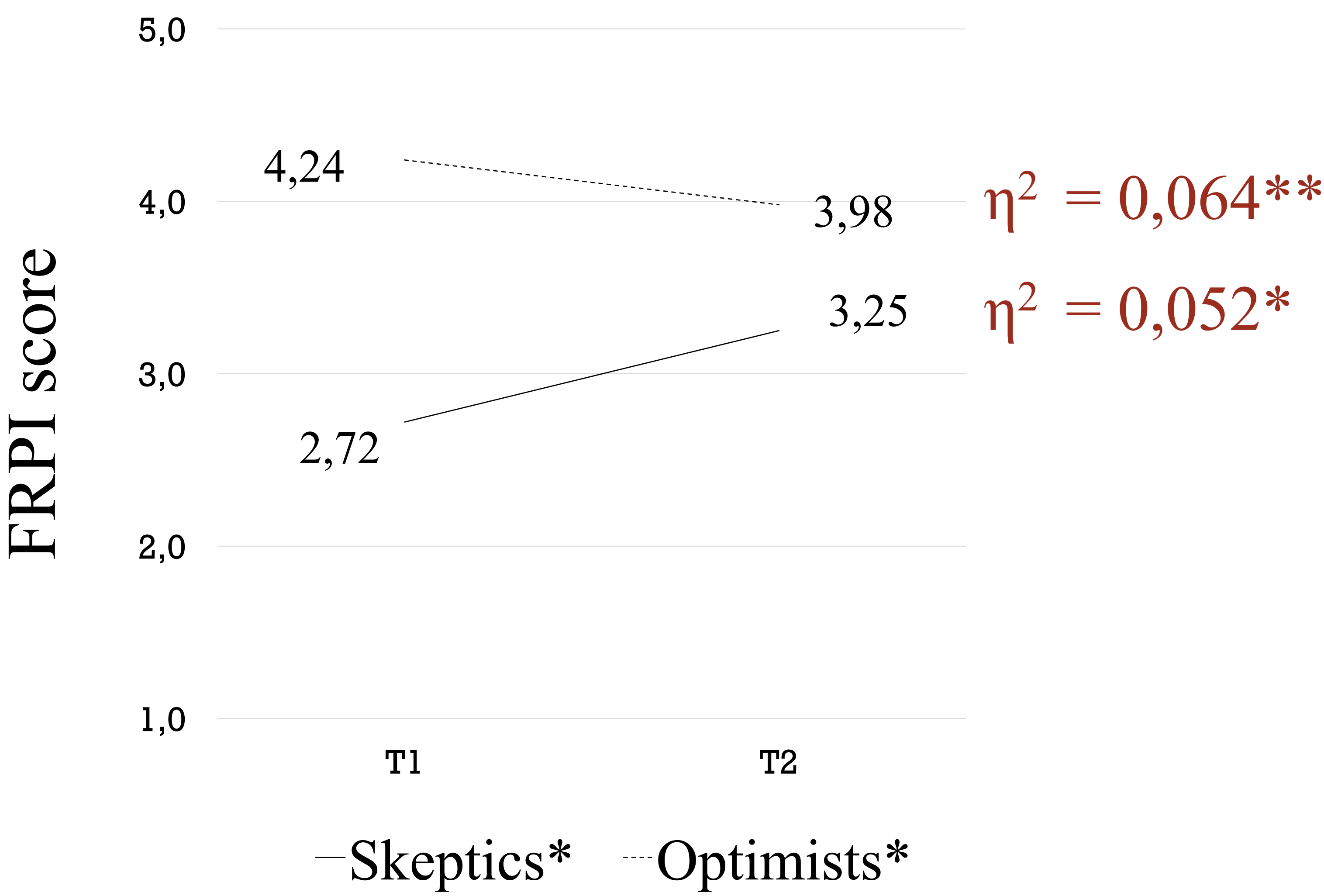
FINDINGS: EVOLUTION IN EACH PROFILE

c) Organizational readiness and capacity

Agency characteristics



Staff characteristics



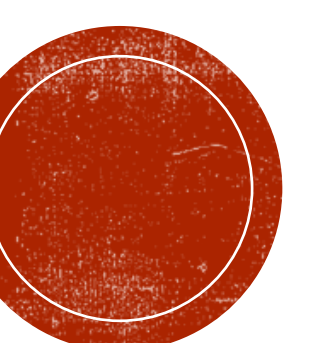
IMPLICATIONS OF THE FINDINGS

Implications for practice:

- Perceptions towards EBPs and the implementation itself
 - are generally favorable at the beginning of the initiative
 - tend to be maintained for more optimists practitioners
 - tend to improve for initially more skeptics practitioners
- The efforts put in the implementation process seem to be worth it!

Implications for future research:

- Which factors could influence the direction and intensity of longitudinal changes?
 - Level of benefits observed with parents?
 - Level of use of Triple P?
 - Quality of peer and organizational support?
 - ...



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QUESTIONS? COMMENTS?
THANK YOU! MERCI!

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