

Adherence among practitioners delivering an evidence-based parenting program

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Introduction

Adherence is the extent to which a program is delivered in accordance with the core elements of its evidence base (Forgatch et al., 2005). Programs implemented with high levels of adherence yield greater effect sizes than do those that deviate from their empirical base (Forgatch & DeGarmo, 2011). Experts recommend using a multi-method, multi-informant approach to adherence measurement (Mowbray et al., 2003). In delivery of the Triple P parenting program it is important to adhere to both the **content of each session** and to the **underlying process** of promoting self-regulation (Mazzuchelli & Sanders, 2010).

Flexibility in delivery allows the practitioners to adapt to client needs, while maintaining adherence (Kendall et al., 2008; Mazzuchelli & Sanders, 2010).

Research questions: Among practitioners delivering Group Triple P (Level 4) to parents of children from birth to 12 years old:

- To what extent do observers rate practitioners as adhering to the content and process of the Triple P positive parenting program?
- To what extent do observers rate practitioners as flexibly adapting the program?

Method

A multi-method evaluation of adherence in the implementation of the Triple P Positive Parenting Program in Québec. Pilot data from the observational ratings of adherence to group sessions are presented:

Measures:

Session Reflection Tool (SRT; Sheshko, Lee, & Gagné, 2015):

Content Adherence

Observational rating: SRT-O

12-14-item checklist: Tracks modifications to **content**:

Each session activity:	Competed as described in the manual	OR	Modified: Describe
...invited parents to	Process Adherence		

Degree to which practitioner promoted the **core process** of self-regulation. Eight items scored from 0 (*not at all*), 1 (*a little*), 2 (*a lot*) or not applicable:

- Develop their own parenting **goals**?
- **Monitor** their own behaviour? Children's behaviour?
- **Select** the strategies they wanted to employ?
- Identify what is **going well**? What they would do **differently**?
- Recognize their **gains**?
- Integrate these parenting practices in **different contexts**?

Adherence Measure for Process Quality in Triple P

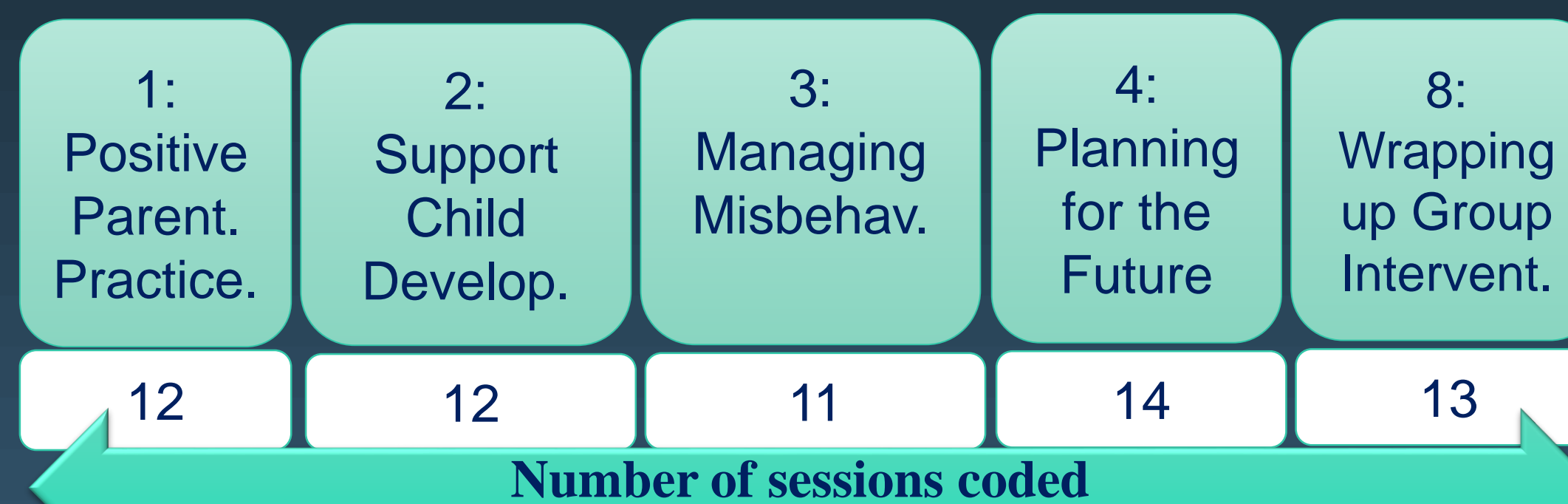
Process Adherence

(AMPQ; Kirby & Sanders, 2014):

Observational coding: 15 items scored 1 (*Absent*) to 4 (*Completely present*)

- Items 1 – 10 examine **process components** (e.g., provided rationale for introducing content)
- Items 11 – 15 assess **overall delivery** (e.g., checked that the parent understood; assessed whether the parent was able to carry out content discussed)

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Observational Coding Team

- A team of coders, trained to reliably code the SRT-O and AMPQ, coded 62 sessions for adherence to content and process
- Coders completed the SRT-O as they listened to the audio and completed the AMPQ at the end of the recording
- Sixty-two group sessions were co-facilitated by 15 teams of practitioners (n=24)

Results

Session Reflection Tool

Content Adherence			Flexible Implementation		
Table 1A	n	%	Table 1B	n	%
Completed as described in manual	246	49%	Flexibility	70	14%
Modified	183	37%			
Added elements	2	0.4%*			
Removed elements	154	31%			
Dropped entirely	54	11%			

Total number of program components coded: 499

* Percentage of Flexibly adapted, Added, Removed, or Dropped: proportion out of 499 session activities. Totals do not add to 100% because some components were modified in multiple ways; e.g., an element of an activity was added and another element was removed

SRT-O: Content adherence

- **Setting the agenda** and **Session wrap-up & Homework** commonly modified
- Rates of modifications **varied widely** across sessions and activity types

Table 2: Process Adherence, Self-regulation Checklist

Session	1	2	3	4	8
Total	53%	38%	28%	37%	43%
Across sessions: Invited parents to...					
... select parenting goals	41%				
... monitor their behaviour	41%				
... monitor behaviour of their children	47%				
... select the strategies they want to employ	46%				
... identify what went well	32%				
... identify what they could do differently	36%				
... recognize gains they have made	32%				
... use the parenting practices ... different contexts	28%				

* Not all 8 self-regulation items are applicable in each session. Average scores were calculated by summing the score and dividing it by the number of items applicable to that session to yield a percentage. This reflects the degree to which practitioners promoted the self-regulation item. E.g., overall, practitioners used 41% of the opportunities to encourage parents to select goals, but only used 28% of the opportunities to invite parents to use the parenting practices across different contexts.

SRT-O Self-regulation Checklist: The coding of self-regulation was variable across sessions, ranging from 28% to 53% of the available opportunities to promote self-regulation among parents. It was rated **highest** in the sessions addressing **positive parenting practices** and **wrapping up** the group intervention, and rated **lowest** for the session focused on **managing misbehavior**.

This research was supported by the Chaire de partenariat en prévention de la maltraitance

Results

Adherence Measure for Process Quality

Table 3: Process Adherence, Global Process Quality

Across sessions: Practitioners engaged in...	% frequency
Process components (Items 1 – 10)	59%
Overall delivery (Items 11 – 15)	57%

* Total scores averaged across sessions for items 1–10 (process components) and items 11–15 (overall delivery), then divided by the total to produce a percentage. Total scores converted to a percentage to reflect how often the practitioners exhibited the item's focus.

AMPQ Process adherence:

- The coding of process quality was rated comparably across sessions, ranging from 56% to 60% of the available opportunities to engage in the skill.
- Very few items were rated as "Absent" or "Completely" present

Discussion

Observational ratings revealed:

Content adherence (content checklist of SRT-O): Approximately half of the session components were coded as having been delivered as described in the manual. The other half of the session components were coded as having been modified; this occurred most commonly in relation to **agenda setting, summarizing** the session, and setting up **homework** activities. Around 14% of the session components were delivered **flexibly by adapting** examples or minor modification in delivery. As is commonly found, levels of observed adherence to content are lower than that reported by practitioner self-report in earlier research (e.g., Taylor, Asgary-Eden, Lee & LaRoche, 2015).

Process adherence (self-regulation checklist of SRT-O): raters most commonly rated practitioners as taking opportunities to promote **self-regulation by inviting parents** to monitor their children and select which strategies they wish to apply. Raters less frequently rated practitioners as helping parents to identify what they had done well or to recognize the gains they had made. Self-regulation was **more frequently promoted** in the first and last group sessions; the promotion of self-regulation appeared **least present** in session three when strategies for managing misbehaviour are presented.

Process adherence (AMPQ global process adherence): Practitioners were most often rated as providing a clear **rationale** for introducing session content (68%); they were rated as helping parents formulate their own realistic **parenting goals** using a self-regulation framework at approximately half of the available opportunities (53%).

Lau et al. (2017) examined types of self-reported adaptations to various evidence-based programs (including Triple P). They reported that practitioners implementing Triple P reported significantly more augmenting adaptations (i.e., modifying how session content is presented, integrating supplemental material, and extending the length of the program) than reducing/ reordering adaptations (i.e., removing or rearranging the order of components and condensing the program). In contrast, in the current study the most commonly coded modification was the removal of activity elements. Anecdotally, practitioners described difficulty covering all session material due to time constraints, however, overall practitioners adhered to the recommended session length. Flexibility of implementation, however, was also coded, as a small minority of practitioners adapted the program through the integration of examples, how activities were implemented, and adjusting the pacing of a session. The results of the current observational study reiterate the importance highlighted by Lau et al. (2017) and Taylor et al. (2015) of examining adherence across **different activity types**, and of examining both **content and process elements of adherence**, within the implementation of an evidence-based program.

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