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>
<thead>
<tr>
<th>Current profession</th>
<th>Frequency % (N = 150)</th>
</tr>
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<tbody>
<tr>
<td>Counselor</td>
<td>48 (32.0)</td>
</tr>
<tr>
<td>Social Worker</td>
<td>32 (21.3)</td>
</tr>
<tr>
<td>Psychologist</td>
<td>11 (7.3)</td>
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<tr>
<td>Administrator</td>
<td>11 (7.3)</td>
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<tr>
<td>Behavioral Health Provider</td>
<td>10 (6.7)</td>
</tr>
<tr>
<td>Marriage and Family Therapist</td>
<td>10 (6.7)</td>
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<tr>
<td>Substance Use Counselor</td>
<td>6 (4.0)</td>
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<tr>
<td>School-based Counselor</td>
<td>5 (3.3)</td>
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<tr>
<td>Other</td>
<td>17 (11.3)</td>
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<tr>
<td>Number of years of work in current position</td>
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<tr>
<td>Less than one year</td>
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<td>1-4 years</td>
<td>51 (34.0)</td>
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<td>5-10 years</td>
<td>37 (24.7)</td>
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<td>11-15 years</td>
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<tr>
<td>Missing</td>
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<tr>
<td>Highest level of education achieved</td>
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</tr>
<tr>
<td>College Degree (4 years)</td>
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<td>Some Graduate Classes</td>
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<td>Doctoral Level Graduate Degree</td>
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<td>Primary Place of Employment</td>
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<td>Non-profit or not-for-profit organization</td>
<td>56 (37.3)</td>
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<td>State agency</td>
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<td>Private practice</td>
<td>26 (17.3)</td>
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<td>School or university</td>
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<tr>
<td>For profit organization</td>
<td>8 (5.3)</td>
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<tr>
<td>Other</td>
<td>8 (5.3)</td>
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<tr>
<td>Missing</td>
<td>1 (.7)</td>
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</tbody>
</table>
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

- Low self-efficacy: 17.6%
- Average self-efficacy: 41.6%
- High self-efficacy: 40.8%

N=125
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
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?
References


Thank you!
Questions?

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