Implementing Evidence-Based Parenting Programs

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Office on Child Abuse and Neglect,
Network for Action Meeting,
RPG II Annual Meeting
April 23-25, 2013
Agenda

• Introductions
• Purpose
• Lessons From the Field: Norma Finkelstein and Terri Bogage, The Institute for Health and Recovery, Massachusetts RPG
• Questions and Discussion
• Additional Resources
• Technical Assistance/Contact Information
This discussion will explore challenges and opportunities related to implementing EBP programs in the real world. Grantees will be encouraged to come prepared to discuss their experiences – the good, the bad and the ugly -- to help inform early implementation. The session will explore goodness of fit with the target population; training, fidelity and the often challenging logistics of delivering the services to the entire family.
Lessons from the Field
Goodness of Fit

• Why did you select the parenting program you implemented?
• How have you been able to meet the needs of all age groups (i.e. infants, young children and teens) with the parenting program?
• Which age group presents challenges?
What adaptations to the parenting program model did you make in order to implement as part of your RPG program? How might those adaptations impact fidelity of the model?

Has the parenting program been extended to special populations? If so, how has ethnicity, culture and age differences in your population been accommodated?

Have you made individual adaptations to the program to fit a specific intervention (e.g. Home Visiting)?

Are foster parents involved in the parenting program?
Fidelity: the degree to which an intervention was implemented as it was prescribed

What Is a Fidelity Measure?
• Tool to assess the adequacy of implementation of a program model

Why Measure Fidelity?
• Research
• Quality improvement

Adapted from: Bond, The Use of Fidelity Scales with Evidence-Based Practices; June 18, 2008  SAMHSA Treatment for Homeless Program TA Workshop
Training and Supervision

• Have you experienced challenges with training due to staff turnover?
• What have you done to minimize the impact of staff turnover?
• Why is it important to establish a relationship with the developer/vendor?
Institutionalization/Sustainability

• Is the parenting program integrated into your overall service delivery system (e.g. treatment, FDC, HV) or is it a stand alone component?

• What improvements in child and family well-being are you seeing or do you expect to see as a result of this model? Do you have data to support that?

• How will you sustain the model? Medicaid? Redirected funding? Other grants?
Questions and Discussion
Resources
Approaches and Outcomes for Implementing Evidence-Based Practices in Child Welfare

Gregory A. Aarons, Ph.D.
University of California, San Diego
Department of Psychiatry
Presented at the CEBC Webinar on Evidence-Based Practice Implementation. May 30, 2012

http://www.cebc4cw.org/online-training-resources/webinars/
Primary Factors Associated with EBP Implementation

Provider/Worker Perspective:

• Acceptability of the EBP to the caseworker and to the family
• Appropriateness of the EBP to the needs of the family
• Caseworker motivations for using the EBP
• Experiences with being trained in EBP
• Extent of organizational support for EBP
• Impact of the EBP on process and outcome of case management

Aarons and Palinkas (2007) APMH;
Primary Factors Associated with EBP Implementation

Management/Executive Director Perspective:

- Availability of resources
- Positive external relations
- Support of agency leadership for EBPs
- Creating high motivation/low resistance in staff
- Tangible benefits for staff
- Perceived benefits outweigh perceived costs

Aarons and Palinkas (2007) APMH;
Adaptation

- What types of adaptations may be needed to fit EBPs to local context?
- How do local contexts need to adapt to be ready for EBP implementation?
- How can we conduct adaptation in a planned and efficient way keeping fidelity to EBP core elements?
- What do we really need to know about system and organizational readiness to implement EBP prior to implementation?

The Use of Fidelity Scales with Evidence-Based Practices

Gary R. Bond
IUPUI
Practices Research Collaborative
SAMHSA Treatment for Homeless Program
TA Workshop June 2008

http://conferences.jbs.biz/treatment_homeless_08/PostWebSitePosting/3%20Wednesday,%20June%2018/4%20Bond%20workshp/Pres%20The%20Use%20of%20Fidelity%20Scales%20with%20Evidence-Based%20Practices.pdf
Program fidelity and adaptation: Meeting local needs without compromising program effectiveness

CAILIN O’CONNOR, STEPHEN A. SMALL, AND SIOBHAN M. COONEY; WHAT WORKS, WISCONSIN – RESEARCH TO PRACTICE SERIES: ISSUE #4, APRIL 2007; University of Wisconsin-Madison and University of Wisconsin–Extension

http://whatworks.uwex.edu/attachment/whatworks
Types of program adaptations: Acceptable adaptations:

- Changing language – Translating and/or modifying vocabulary
- Replacing images to show youth and families that look like the target audience
- Replacing cultural references
- Modifying some aspects of activities such as physical contact
- Adding relevant, evidence-based content to make the program more appealing to participants
Fidelity and Adaptation

Types of program adaptations: Risky or Unacceptable adaptations:

- Reducing the number or length of sessions or how long participants are involved
- Lowering the level of participant engagement
- Eliminating key messages or skills learned
- Removing topics
- Changing the theoretical approach
- Using staff or volunteers who are not adequately trained or qualified
- Using fewer staff members than recommended
<table>
<thead>
<tr>
<th>Program Name</th>
<th>Child Age</th>
<th>Description/Format</th>
<th>Intended Audience/cultural adaptations</th>
<th>Targets of Intervention</th>
<th>Level of Research Evidence</th>
<th>Studied in Child Welfare Population or FDC Population? What outcomes?</th>
<th>Cost/Required Training/training resources &amp; Fidelity Monitoring</th>
</tr>
</thead>
<tbody>
<tr>
<td>Program XYZ</td>
<td>Ages 3-14, in groups 3-8, 9-14</td>
<td>Community setting, group format, 22 weekly sessions 1.5-2 hours per session. Parent and child component</td>
<td>Young children at risk of exhibiting conduct problems. Effective with multi-ethnic families; meets linguistic needs</td>
<td>Builds parent and child skills for reducing problem behavior in the home and classroom, child involvement</td>
<td>“highest” ranking according to ...... Level 1 CEBC</td>
<td>Yes: one study Safety, child/family well being</td>
<td>Video-based series, Groups led by trained therapists Certification required, includes implementation and fidelity</td>
</tr>
<tr>
<td>Program 123</td>
<td>2-6</td>
<td>Multi-level parenting and family support system. Groups or individuals</td>
<td>Foster care parents</td>
<td>Encouragement of positive behavior, systematic consequences for neg. behavior, positive child/parent interactions</td>
<td>2.4 out of 4 on NREBPP</td>
<td>Y: randomized clinical trials Permanency</td>
<td>Prescribed treatment process, Masters level therapist trained in intervention......</td>
</tr>
</tbody>
</table>

Source: Jody Brook, Ph.D./LCSW University of Kansas, School of Social Welfare
Technical Assistance Resources
Contact Information

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