



Implementing group based parenting programs: A narrative review



Viveca Olofsson *, Thérèse Skoog, Maria Tillfors

School of Law, Psychology, and Social Work, Örebro University, Fakultetsgatan 1, S-710 82 Örebro, Sweden

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ABSTRACT

Group based preventive parenting programs are efficacious, but seem hard to implement sustainably within regular service. This review aimed to investigate specific challenges related to their implementation. Through a systematic search in several databases, we retrieved 1356 articles for title, abstract, and full-text screening. After screening, we selected 35 articles for quality rating. An established narrative approach allowed us to include 24 studies. We used an ecological approach and a recently suggested implementation construct terminology to report our findings. To date, there are no evaluations of the implementation of group based programs where implementation aspects and effectiveness are compared with other kinds of programs or formats. Hence, important research knowledge is lacking concerning implementation of group based parenting programs. Our finding indicate that certain format specific implementation aspects of group based parenting programs are perceived by practitioners as particularly challenging. For instance, scheduling of group leader workload, provision of additional services (e.g., meals and childcare), and recruitment of participants. Further, practitioners and group leaders influence implementation success and program sustainability as well as parental attitudes and reasons for participation. To highlight the importance of practitioners and parents we suggest adaptations to the ecological model approach. Overall, the theoretical foundation of current implementation research is weak and future implementation research need to be theoretically driven. It is important to fill the existing lack of implementation knowledge because it might be one of the reasons why group based parenting programs have limited impact as preventive interventions on children's mental well-being.

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1. Implementing group based parenting programs: A narrative review

Prevention of children's mental, emotional, and behavioral health problems is a pressing societal concern. As an example, approximately 20% of the children in the USA (15 million) suffer from mental health problems within clinical range, and only about a third (34%) receive any kind of treatment (Kazdin, 2008). Given the high risk for children to develop mental health problems such as anxiety, depression (internalizing), and/or conduct problems (externalizing) and the current limited reach of existing treatments, broad implementation of effective preventive interventions is crucial. As parents are the most influential factor on the development and well-being of children, group based parent training programs have been developed to improve parents' parenting (e.g., Furlong et al., 2012; Patterson, Chamberlain, & Reid, 1982; Webster-Stratton, 1984). Depending on the program, groups of up to 30 parents meet for weekly sessions (e.g., Cunningham, Bremner, & Boyle, 1995). The group format, with its ability to support several

parents at the same time, expands the reach of the intervention. These programs have been disseminated for implementation within regular service for decades (e.g., Furlong et al., 2012), but despite the apparent need for effective preventions, it has been difficult to implement and to deliver them on a sustainable and regular basis in real world settings (e.g., Elliot & Mihalic, 2004; Hutchings, Bywater, & Daley, 2007; Sanders & Kirby, 2015; Weisz & Gray, 2008) with only a few exceptions (Hutchings et al.). Why? The answer is unfortunately not clear cut. Therefore, the aim of this study is to review and summarize previous implementation research on group based parenting programs targeting children's mental health problems.

Recent implementation research on group based parenting programs indicate that fidelity rates drop (81% versus 86–90%), and that parental dropout rates increase (32% versus 6%) when Strengthening Families Program (SFP) was implemented and evaluated in a real world setting compared to its delivery under ideal circumstances (Cantu, Hill, & Becker, 2010). Adherence to the manual also seems to be a challenge where increased group size (e.g. 16 instead of 8–12) has been registered (Bérubé et al., 2014). However, to date the current implementation research base evaluating group based parenting programs is limited and scattered. Therefore, it is difficult to fulfill the needs of a thorough evidence base (e.g., Flay et al., 2005; Gottfredson et al., 2015; SPR, 2004, 2011), or to draw conclusions and provide

* Corresponding author.

E-mail addresses: viveca.olofsson@oru.se (V. Olofsson), therese.skoog@oru.se (T. Skoog), maria.tillfors@oru.se (M. Tillfors).

suggestions on how to bridge the gap between research on the one hand and practice on the other.

1.1. Characteristics of group based parenting programs

Commonly recognized strains influencing implementation efforts in general include resource allocation, costs, staff selection, and staff turnover (e.g., Durlak & DuPre, 2008; Fixsen, Naoom, Blasé, Friedman, & Wallace, 2005). In contrast to the more traditional individual interventions, group based parenting programs are delivered in a format where a group of parents (e.g., $N = 6-30$), and sometimes their children, meet for weekly evening sessions over consecutive weeks (e.g., 4–12 weeks; Cunningham et al., 1995; Sanders, 1999). Factors specific to this format might add additional strain, negatively influencing the implementation. Program specific strains related to the delivery of group based parenting programs include: 1) scheduling of workload (e.g., working evenings), 2) provision of meals, childcare, and transportation (often stipulated in the program manual), 3) a minimum recruitment of parents and children (stipulated in manual), and 4) the retention of parents and children (some activities stipulated in manual). Even though these characteristics might pose strains in other interventions too, the group format with a required minimum amount of participants might exert extra strain. Therefore, investigating if the group format places format specific strains on the hosting agency and its practitioners (including group leaders) is important.

Many group based parenting programs have been extensively evaluated. In general, the programs influence children's well-being positively, preventing further development of problems (e.g., Furlong et al., 2012; Michelson, Davenport, Dretzke, Barlow, & Day, 2013). Preventive efforts are offered universally (generally offered), selectively (targeted at groups of heightened risk), or as an indicated effort (offered to those at obvious risk or with subclinical problem levels). Existing evaluations have usually been conducted under highly controlled circumstances (efficacy trials; e.g., Bodenmann, Cina, Ledermann, & Sanders, 2008; Havighurst, Wilson, Harley, Prior, & Kehoe, 2010), but evaluations of preventive interventions conducted in real life settings (effectiveness trials), have produced similar results (e.g., Furlong et al., 2012; Michelson et al., 2013). Hence, group based programs have the potential to expand the reach of preventive interventions, and show significant positive impact on children's well-being and mental health. Nonetheless, their sustained implementation into regular practice is challenging.

1.2. Defining implementation and the conceptual framework

In this review, we define implementation as the set of specific activities and processes that are needed for a new intervention to be put into sustained use in regular service (Fixsen et al., 2005). As our interest lies within preventive interventions, we use the term "intervention" to refer solely to a preventive intervention. In general, implementation is recognized as a complicated process, even with well-known programs (e.g., Fixsen et al., 2005). The implementation activities and processes are ongoing, moving back and forth between stages in an iterative process, from the initial investigation of an intervention to its sustained use (Fixsen et al., 2005; Ogden & Fixsen, 2014). Further, the ultimate goal of implementation – sustained use as the programs are intended to be delivered – takes years to fulfill, and depends on whether the preceding implementation phases have been successful (Ogden & Fixsen, 2014). Hence, the implementation of an intervention is a complex and long term commitment.

Prior research seems to share a consensus that implementation occurs within a multi-level ecological context including different stakeholders and their interdependent relations (e.g., Aarons, Hurlburt, & Horwitz, 2011; Damschroder & Hagedorn, 2011; Durlak & DuPre, 2008; Fixsen et al., 2005; Wandersman, 2003). Implementation is facilitated when the different stakeholders (e.g., policy and decision makers, management, administrators, and agency staff) at different levels (e.g.,

program, organizational and societal,) are aware of aspects such as the intervention's content and requirements. Therefore, it is important to take an ecological approach and all contextual aspects into account when an intervention is implemented.

Implementation is a rapidly emerging scientific field. As such there is a need for distinct definitions of the factors influencing the outcomes of implementation (Proctor et al., 2011). Proctor and colleagues identified and defined eight specific implementation factors (activities or outcomes): *acceptability*, *appropriateness*, *feasibility*, *adoption*, *fidelity*, *cost*, *penetration*, and *sustainability*, which can be found at various levels, such as the program, organizational, and societal levels.

Acceptability reflects the extent to which different stakeholders (e.g., management, staff, or parents) perceive a specific intervention as acceptable (satisfactory) for their purpose. Acceptability requires knowledge of the intervention, as well as the requirements for its delivery or for participation. *Appropriateness* refers to the overall fit or relevance of the intervention, and whether it suits the goals of the agency, the practitioner, and/or the client. Acceptability and appropriateness are interrelated concepts, but an intervention can be considered acceptable but still be deemed inappropriate (or vice versa). *Feasibility* is another concept related to both acceptability and appropriateness. This covers the extent to which an intervention can be carried out by the agency and/or practitioners. When an intervention is considered acceptable, appropriate, and feasible, the likelihood of its adoption by the agency or staff members increases. *Adoption* reflects the intention of, for instance, an agency or a practitioner to try out and use a specific intervention.

Fidelity means the extent to which an intervention is delivered as intended by its developers. Recognized features of fidelity are: adherence, dosage, responsiveness, program differentiation, and quality of delivery (Dane & Schneider, 1998; Proctor et al., 2011). *Cost* refers to the overall cost of the intervention, which varies depending on the complexity of the intervention as well as on its strategy and required setting. The concept of *penetration* refers to the extent to which an intervention is integrated within regular practice by the agency and/or practitioners and it is related to the concept of *sustainability* which refers to the continued and appropriate use of the intervention as part of everyday practice at the agency and by its practitioners over time. To ensure that the intervention is to achieve its evidence based benefits or effects, it is important that it is used as intended and as evaluated. If not, and if uninformed adaptations or deviations are done to the program, there is a potential risk that the intervention will be ineffective (Elliot & Mihalic, 2004). If a program is altered due to, for instance, characteristics of the targeted parenting group, it is important that the altered version of the program is adequately evaluated, preferably in comparison to the original version of the program. In sum, the overarching goal of any implementation is appropriate and sustained use of the implemented intervention. However, the way in which this comes about can only be understood through knowledge of the different aspects and influences involved in the implementation process.

1.3. The influence of implementation

The complexity of the implementation process provides potential pitfalls which threaten both participant outcomes and sustained use. First, unsuccessful implementation could mean that programs will not be used or delivered as intended. As a consequence, the programs might fail to reach those in need. Moreover, program outcomes are often assumed to depend on the effectiveness of the intervention. However, there is a need to differentiate between intervention outcomes, such as improved child well-being or decreased problem levels, and implementation outcomes. Implementation outcomes are defined as the effectiveness of the implementation actions and processes carried out when an intervention is implemented (e.g., Fixsen et al., 2005; Proctor et al., 2011), such as recruitment, aspects of delivery (e.g., fidelity) or sustained use of the intervention. It is important to be able to evaluate

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