



Practitioner views on the core functions of coaching in the implementation of an evidence-based intervention in child welfare☆

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ABSTRACT

Despite coaching being identified as an important implementation strategy, scant information is available on the core functions of coaching, and few empirical studies are specific to coaching in the child welfare setting. This study explored practitioners' perceptions of the core functions of coaching by using semi-structured focus groups with coaches ($n = 13$) and interviews with coachees ($n = 11$) who were delivering Parent Management Training, Oregon (PMTO) model to families of children in foster care. Four themes were identified as the core functions of coaching: (1) supporting practitioners via strengths-oriented feedback; (2) promoting skill-building via collaboration and active learning strategies; (3) problem-solving for appropriate use and adaptation of the EBI with real-world cases, and (4) providing an accountability mechanism for high fidelity implementation. Collectively, this study's findings build knowledge on the core functions of coaching, which may be a critical strategy for integrating evidence-based interventions (EBI) into usual practice in child welfare settings. The findings suggest that this implementation strategy is more than a simple extension of training. Coaching was viewed as vital for supporting practitioners full adoption of the intervention in their day-to-day practice, fitting an EBI to the complex needs of child welfare families, and ensuring high-quality implementation. Also identified were some unique aspects of PMTO coaching, such as a strict strengths-orientation and observation-based feedback via mandatory video recordings of client sessions. Further research is needed to explore different coaching techniques, protocols, and formats to examine whether certain features promote a more effective path to implementation and, ultimately, client outcomes.

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1. Introduction

Despite an increase in the adoption and use of evidence-based interventions (EBIs), more systematic knowledge is needed on how to effectively implement these interventions (Hoagwood, Atkins, & Jalongo, 2013). The implementation science discipline has grown out of the experiences of community agencies who have encountered numerous and diverse obstacles in translating EBIs into real-world settings. Implementation science guides practitioners and administrators by drawing attention to a wide range of factors that may influence the adoption, uptake, and sustainability of EBIs. Various implementation frameworks have been developed to promote the uptake of EBIs and organize the vast information about potentially influential variables at multiple levels and multiple phases (e.g., Aarons, Hurlburt, & Horwitz, 2011; Damschroder et al., 2009; Durlak & DuPre, 2008; Fixsen, Naoom, Blase, Friedman, & Wallace, 2005). Coaching is one distinct strategy that implementation scientists have emphasized as a key contributor to successful implementation (Fixsen, Blase, Naoom, & Wallace, 2009;

Greenhalgh, Robert, Macfarlane, Bate, & Kyriakidou, 2004; Nadeem, Gleacher, & Beidas, 2013).

While coaching is more commonplace in the growing implementation discipline, it is rarer in the field of child welfare. Historically, when new practices were introduced in child welfare, a "train and hope" approach was used (National Child Welfare Workforce Institute, 2014). That is, practitioners frequently received pre-service training and were largely on their own to figure out how to apply the new knowledge and skills in their day-to-day work with clients. Generally speaking, child welfare practice does not yet include coaching as a routine and widely used strategy with frontline practitioners. However, in the last ten years, the field has begun to develop and disseminate information on coaching. For example, the National Child Welfare Resource Center for Organizational Improvement established a web page of coaching resources (<http://muskie.usm.maine.edu/helpkids/coaching.htm>) and the Northern California Training Academy at the Center for Human Services has written on a child welfare coaching framework (Hafer & Brooks, 2013) and developed a coaching toolkit (Northern California Training Academy Center for Human Services). Given the need for more effective child welfare programs and the continued movement toward EBI expansion (U.S. Department of Health and Human Services and Administration for Children and Families, and

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Children's Bureau, 2012; Wilson, 2012), the use of coaching is likely to spread as a potentially important facilitator of successful EBI implementation. This study aimed to build knowledge on the effective implementation of EBIs in child welfare settings by exploring how child welfare practitioners perceive the functions of coaching and, secondarily, examining how their perceptions align with the broader field of implementation science.

As interest in using evidence-based practices has expanded, so too have ideas for effectively translating research from randomized controlled trials to usual care. Coaching is one of several implementation strategies that aims to improve the dissemination and implementation of EBIs. The existing scholarship on coaching comprises numerous disciplines, including education (Becker, Bradshaw, Domitrovich, & Jalongo, 2013; Devine, Meyers, & Houssemand, 2013; Joyce & Showers, 2002; Masia Warner et al., 2013), medical care and medical education (Grimshaw et al., 2001; Silverman et al., 2015), organizational management (Kołodziejczak, 2015), and mental health (Stein, Celedonia, Kogan, Swartz, & Frank, 2013), to name a few. Importantly, coaching has been identified as a core implementation driver and the principal way in which practitioners' behaviors are changed as they adopt the specific practices and gain the skills required for high-fidelity EBI implementation (Fixsen et al., 2009). In brief, the premise is that training alone is insufficient for a practitioner to become competent in delivering the EBI and that coaching should follow training sessions.

Coaching's promise as an implementation strategy has been increasingly investigated by studies that test its effect on both practitioners and clients. Prior studies of practitioner outcomes primarily center on treatment adherence, showing that coaching is associated with improved skills and greater adherence (Mannix et al., 2006; Miller, Yahne, Moyers, Martinez, & Pirritano, 2004; Sholomskas et al., 2005). For example, a randomized study of Cognitive Behavioral Therapy (CBT) for youth with anxiety disorders found that more hours of consultation (aka, coaching) was positively associated with practitioners' improved skills and treatment adherence (Beidas, Edmunds, Marcus, & Kendall, 2012). Coaching has also demonstrated advantages for other practitioner related outcomes, including reductions in staff turnover (Aarons, Sommerfeld, Hecht, Silovsky, & Chaffin, 2009) and improvements in staff morale (Aarons, Fettes, Flores Jr, & Sommerfeld, 2009).

As for client outcomes, several studies have demonstrated coaching's benefits in this domain as well. A systematic review of the dissemination and implementation of EBIs in child and adolescent mental health (N = 44 studies) found that fidelity monitoring and coaching, in both experimental and descriptive studies, were consistently related to higher levels of adherence and that better adherence was related to better child outcomes (Novins, Green, Legha, & Aarons, 2013, p. 1018). Studies in education have shown similar results in student outcomes. Coaching has been associated with significant improvements in students' academic self-concept, experience of victimization by peers (Cappella et al., 2012), and disruptive behavior (Reinke, Herman, Stormont, Newcomer, & David, 2013).

Despite its growing prominence, coaching lacks a universally-accepted and clear definition. Synonyms for coaching include mentoring, consultation (e.g., Beidas et al., 2013), supervision (e.g., Mannix et al., 2006), and audit and feedback (Colquhoun et al., 2013). However, it is unclear whether these terms are used consistently or reliably (Edmunds, Beidas, & Kendall, 2013). One area of agreement is that coaching occurs *after* pre-service training. While training objectives are typically concerned with introducing new knowledge and skills, coaching is distinguished by its emphasis on helping a practitioner to extend learning into practice settings. Further, while training is characterized by a planned and specific agenda that is developed and delivered by a trainer to a group of participants, coaching is typically delivered to benefit an individual practitioner and the topic or question to be addressed is identified by the practitioner. In the present study, coaching is further defined as being provided to practitioners after they began using the EBI with clients. Additionally, it involves a practitioner

interacting with an EBI expert for the purpose of learning to deliver the intervention with fidelity. Another aspect of the coach/coachee interactions is the use of feedback. Coaches provide feedback to practitioners, aiming to improve practitioners' skills and abilities in using the EBI. Finally, some scholars have described coaching as "ongoing support" (Beidas & Kendall, 2010; Edmunds et al., 2013; Grimshaw et al., 2001; Nadeem, Gleacher, Pimentel, et al., 2013), but there is ambiguity on how long this support lasts, with some programs stipulating that coaching is for a designated and agreed upon amount of time.

Beyond a clear definition, there is scarce information on the core functions of coaching. Using both empirical studies and conceptual articles, a recent review of the literature in child mental health identified eight separate functions of coaching to include: continuing training, problem-solving implementation barriers, engagement, case application, accountability, treatment adaptation, master skill-building, and sustainability planning (Nadeem, Gleacher, & Beidas, 2013). Similarly, Edmunds et al. (2013) identified the "How" of coaching and refined the list to include: instruction, case review, self-evaluation, and feedback. While these authors have expanded the knowledge base on coaching by citing specific studies to justify the functions of coaching, more research is needed. Currently, there are too few studies explicating the functions of coaching, limited examples with rich descriptions, and very few coaching studies specific to child welfare settings.

Although a small literature addresses the attributes of effective coaching (e.g., Edmunds et al., 2013), none of these studies have explicitly addressed adoption, uptake, and sustainability of EBIs in child welfare settings. Indeed, very little information is available on using specific implementation strategies, beyond training, in child welfare settings. Documented examples of coaching with child welfare practitioners are rare. Further, a gap exists in the literature on how coaching functions to facilitate effective use of EBIs as perceived by those delivering and receiving coaching in a child welfare setting.

The study of implementation strategies in child welfare settings is relevant for several reasons. First, many of the EBIs imported into child welfare have been established as efficacious in mental health settings and under optimal conditions (Testa & White, 2014). However, their implementation may differ in real-world, child welfare settings. Potential differences between mental health and child welfare practitioners' use of strategies are unknown without empirical examination. Second, the child welfare context, in particular, may be more taxing on implementation due to contextual factors, such as multiple and complex client needs; involuntary, court-ordered services; and high worker turnover (Aarons & Palinkas, 2007). Further development is needed regarding the specific strategies that may facilitate effective implementation of EBIs in this particular real-world setting. The study sought to build greater understanding of the core functions of coaching that support implementation as perceived by professionals that were implementing an EBI in a child welfare setting. The research question was: What are the *core functions of coaching* in supporting implementation of an EBI in a child welfare setting as perceived by the professionals delivering and receiving coaching?

2. Methods

Given the dearth of information available on coaching in child welfare settings, this study used a qualitative exploratory design. Qualitative research is particularly fitting for studying under-researched topics. By utilizing interviews and focus groups, this study aimed to deepen the current knowledge base on the core functions of coaching in child welfare.

2.1. Project setting and background

The project setting was a statewide demonstration project funded under the federal Permanency Innovations Initiative which sought to reduce long-term foster care and improve child and family outcomes

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