



Research Paper

Linking implementation of evidence-based parenting programs to outcomes in early intervention

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ABSTRACT

In the field of early intervention, only a few studies of parenting interventions include both participant and facilitator behaviors. Fidelity and supervision (facilitator characteristics) and dosage and satisfaction (participant characteristics) were tested on the outcome of improved parenting style in a sample of 36 parents of young children with disabilities. Results indicated that the facilitator behavior of fidelity was significantly and negatively related to the program outcome of parenting style; no effect was found for the facilitator behavior of supervision. For the participant behaviors, both dosage and satisfaction had non-significant relationships with the program outcome of parenting style at follow-up. The surprising negative relationship between content fidelity and parenting style was discussed. Two possible explanations were: (1) process or quality of intervention delivery is more influential than content fidelity, which considers only adherence to the intervention manual, and (2) the developmental stage of early intervention families calls for more focus on relationships between facilitators and parents and less on content of the specific intervention.

What this paper adds?

This study adds to the growing literature that implementation of evidence-based interventions is important. It considered both facilitator and participant (parent) behaviors to examine possible effects on parenting style of parents with a young child at-risk for behavior problems. It is unique in the field of early intervention, because it considers factors more frequently examined with parenting studies of older children. Results suggest that implementation factors might perform differently with different populations. In particular, it suggests that families that generally demonstrate satisfactory parenting styles and have young children with developmental disabilities – at risk for but not necessarily exhibiting behavior problems – respond differently to implementation factors than families with older, more behaviorally challenged children. For families with older children, adherence to content fidelity of an evidence-based treatment might impact intervention outcomes to a greater extent, whereas other facilitator characteristics linked to less content fidelity and perhaps more to the quality of the relationship, might be related to desired outcomes for families with younger children with disabilities.

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1. Introduction

Parenting interventions have been shown to be an effective method for targeting emotional and behavioral problems of young children with developmental disabilities (Matson, Mahan, & LoVullo, 2009). However, the success of parenting interventions, even those designated as evidence-based, rests on a complex set of implementation factors. Implementation science research has revealed that influences operating at many levels of the social ecology impact implementation including individual provider beliefs, organizational climate and culture, workplace supports, and client responses to intervention (e.g., Damschroder & Hagedorn, 2011; Fixsen et al., 2010; Greenhalgh, Robert, MacFarlane, Bate, & Kyriakidou, 2004; Mihalic & Irwin, 2003; Shapiro et al., 2012). Therefore, it is important to identify those factors most strongly linked to desired outcomes especially in the inevitable complexities of real-world applications. While frameworks for understanding and categorizing variables related to implementation have emerged in the substance use field (e.g. Damschroder & Hagedorn, 2011), conceptualization and operationalization of key implementation factors continues to evolve in the field of child treatment. While several investigators have examined implementation variables in delivery of treatment for behavioral challenges in youth, definition of key implementation factors varies. For example, Mihalic and United States (2004) defines components of implementation fidelity as adherence, exposure, quality of program delivery, participant responsiveness, and program differentiation, while Southam-Gerow and McLeod (2013) consider adherence (fidelity), differentiation, competence, and relational factors.

Implementation outcomes are distinct from program or intervention outcomes (Proctor et al., 2011). In order to determine which implementation outcomes are related to the intervention, theoretical models that link these distinct types of outcomes are important for advancing both research and practice. One such model has been proposed by Berkel, Mauricio, Schoenfelder, and Sandler (2011). In the Berkel model, effects on intervention outcomes are examined in light of two types of implementation outcomes, those at the level of the facilitator and those at the level of the participant.

2. Facilitator behaviors

Fidelity is a multi-dimensional construct and includes content, quantity, and process-related dimensions (Sanetti & Collier-Meek, 2014), and has been implicated as a key component of intervention success (e.g., Durlak & DuPre, 2008). Also referred to as program integrity (Dane & Schneider, 1998) or treatment adherence (Southam-Gerow & McLeod, 2013), fidelity is the degree to which the content of specified procedures are implemented as planned (Moncher & Prinz, 1991). Gross et al. (2015) found that adherence accounts for a significant proportion of the variance in explaining quality of implementation of a parent training program to improve parent-child interaction skills.

Although research that reports fidelity in intervention studies is rare for older children (Dane & Schneider, 1998), it is even less of a focus in the field of early intervention. In a review of interventions of young children with disabilities, few (seven of 24, or 29%) reported measures of implementation fidelity for the parent training model. Of the eight that focused on child behaviors, only two (25%) reported implementation fidelity, and both showed a connection between implementation fidelity and desired child behavior outcomes (Barton & Fetting, 2013). As noted by Barton and Fetting (2013), focus on treatment fidelity is needed to identify effective practices for parent training with this population.

Receipt of ongoing technical assistance and support is another facilitator behavior that is associated with fidelity. In terms of parenting interventions, this refers to support for the providers working with parents to implement the parenting interventions. Follow-up supervision is essential in all training situations as it provides participants with further support and skill development; sustained support is necessary for lasting improvements in parenting outcomes (see, for example, Edmunds, Beidas, & Kendall, 2013). Facilitator participation in supervision can influence fidelity, which can in turn impact competence in intervention practice (Raver et al., 2008). For evidence-based treatments (EBT) for parenting, Sanders and Murphy-Brennan (2010) call for quality assurance practices that include both supervision and reviewing videotapes of parenting sessions.

3. Participant behaviors

Participants, as recipients of interventions, play an active role in program implementation that is distinct from behaviors of facilitators (such as fidelity and supervision). Retention to program completion, level of exposure, dosage, and number of sessions attended, are implementation factors related to participant engagement. Dosage has not been included in experimental studies as frequently as fidelity and related constructs, perhaps due to more lukewarm links to desired outcomes (Fraser, 2013; Kaminski et al., 2008). Of the 162 outcome studies in the Dane and Schneider (1998) meta-analysis of prevention programs for children, only six included dosage. Of these, half showed a clear relationship between higher dosage levels and improved outcomes, with mostly non-significant results shown in the others. To explain quality of delivery of a parenting program, the participant behavior of dosage contributed a non-significant proportion of variance (Gross et al., 2015).

Studies that consider parent satisfaction as a possible influence on acquiring parenting skills are rare and recent, but they suggest there might be a connection (e.g., Al, Stams, Asscher, & van der Laan, 2014). In the field of early intervention, a meta-analysis of 24 studies of parent-implemented interventions for young children with disabilities found that some form of parental perception of the acceptability, efficacy, and feasibility of the procedures and results was measured in more than half of the studies. In general, ratings were positive; parents were satisfied with the outcomes, training procedures, intervention, and the goals of the intervention (Barton & Fetting, 2013). However, the variables examined were not studied in relation to parenting outcomes.

Empirical examination of key components of implementation factors and their effects on outcomes with parenting interventions is

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