



## Evidence-informed program development: Using a common components approach to develop universal parenting programs for U.S. military and civilian families



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### ABSTRACT

Program development is a complex, iterative process involving multiple steps and decision points. This article presents the common components approach as comparatively efficient, heuristic tool for deciding what content to include in a new program on the basis of current manualized evidence-based programs, alongside theory, basic research findings, and professional judgment. A case study of how this approach was used to develop a universal parenting program for U.S. military and civilian parents of infants (birth to 12 months) is presented. Lessons learned in applying a common components methodology to program development and implications for others who are interested in using the approach in their program work are also discussed.

### 1. Introduction

Scholars and practitioners agree that the quality of parenting children receive influences their developmental trajectories and paves the way for future success or adversity (National Center for Parent, Family and Community Engagement, 2015; Piquart, 2016; Sangawi, Adams, & Reissland, 2015). Programs focused on strengthening parenting are considered a viable mechanism for supporting families, and many evidence-based prevention and treatment programs for parents exist. Accordingly, numerous agencies have published reports to support the identification, selection, and implementation of evidence-based parenting programs (e.g., Child Welfare Information Gateway, 2013; Halle et al., 2015; National Academies of Sciences, Engineering, and Medicine, 2016; National Center for Parent, Family and Community Engagement, 2015). Furthermore, a number of online, searchable databases exist that allow researchers, practitioners, and parents to learn about the evidence base and implementation requirements of existing parenting programs, such as the Clearinghouse for Military Family Readiness at Penn State's (Clearinghouse) Continuum of Evidence ([www.militaryfamilies.psu.edu/programs](http://www.militaryfamilies.psu.edu/programs)), the California Evidence Based Clearinghouse (CEBC) for Child Welfare Program Registry ([www.cebc4cw.org](http://www.cebc4cw.org)), the University of Colorado Boulder's Blueprints for Healthy Youth Development ([www.blueprintsprograms.com](http://www.blueprintsprograms.com)), and SAMSHA's National Registry of Evidence-based Programs and Practices ([www.samhsa.gov/nrepp](http://www.samhsa.gov/nrepp)).

These resources are useful for organizations that are able to implement extant evidence-based parenting programs. In reality, however, various implementation factors may limit the selection and delivery of existing programs (Proctor et al., 2011). For example, an evidence-based parenting program may align well with an organization's mission, but substantial training and implementation costs may exceed its operating budget. In addition, organizations, like the U.S. military, that have high staff turnover rates could find it too expensive to implement these programs as employing such a program would require continuous spending for the training of new facilitators. Moreover, an organization may find a particular parenting program's general approach to strengthening parenting appealing, but they may also find the program's content lacking in an area relevant to their specific mission. For instance, organizations that regard parenting as a public health issue and priority may find current universal parenting programs insufficient, as most do not include specific health promotion content (Gerards, Sleddens, Dagnelie, De Vries, & Kremers, 2011).

In these circumstances, organizations wishing to service parents may choose between adapting an existing program or developing their own. Researchers' interest in understanding how best to adapt existing programs has intensified (Gitlin & Czaja, 2016), and several systematic models have been proposed, such as ADAPT-ITT (Wingood & DiClemente, 2008), M-PACE (Chen, Reid, Parker, & Pillemer, 2013), and Planned Adaptation (Lee, Altschul, & Mowbray, 2008). Less emphasis, however, has been placed on understanding and advancing

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frameworks for developing new programs in an evidence-informed manner (Gitlin & Czaja, 2016; Hoddinott, 2015; Wight, Wimbush, Jepson, & Doi, 2015).

This paper intends to address this gap in the literature by bringing attention to and detailing a methodological approach to program development known as common components (Barth & Liggett-Creel, 2014) or Common Components Analysis (CCA; Morgan, Davis, Richardson, & Perkins, 2018). Specifically, the paper describes an application of a common components approach to the development of Take Root Online, a universal (i.e., targeting the general population) prevention parenting program for U.S. Military and civilian families of infants and toddlers (birth to 3 years), that is part of the THRIVE Initiative. Accordingly, this paper is directly responding to Barth and Liggett-Creel's (2014) call for the increased uptake of common components model parenting programs in the social services field. This paper also discusses lessons learned in applying a common components methodology to program development and examines implications for others who are interested in using the approach in their program work.

## 2. Program development and the common components approach

### 2.1. Current approaches to program development

Program development is a multifaceted, iterative process comprised of multiple decision-making steps spanning from initial idea conception to efficacy and effectiveness testing to wide-scale dissemination and sustainability efforts (Onken, Carroll, Shoham, Cuthbert, & Riddle, 2014). Though work devoted to understanding and providing others with systematic guidance in this area has received limited attention (Gitlin & Czaja, 2016; Hoddinott, 2015; Wight et al., 2015), scholars have not completely ignored it in the field. In general, the following three broad approaches to program development exist: theory-based (Glanz & Bishop, 2010), evidence-based (Cajkowski et al., 2015; Craig et al., 2013), and person-based (Yardley, Morrison, Bradbury, & Muller, 2015). While an extensive review of these approaches is beyond the scope of this paper, an overview is provided.

Each of the aforementioned program development approaches gives priority to a different input variable. In the theory-based approach, the theoretical framework that informs the program is given the greatest attention whereas in the evidence-based approach, the currently available research evidence coupled with program evaluation data is regarded as most important. In the person-based approach, the end-users of the program are considered to be the most valuable sources of information. Though each approach emphasizes a different primary development input, these approaches are rarely, if ever, used in isolation in practice. For example, the Medical Research Council's guidelines for developing and evaluating interventions (Craig et al., 2013) considers it best practice to take theory into account in addition to research evidence. Similarly, the person-based approach advocates for engaging in formative research efforts (e.g., focus groups, interviews, and stakeholder meetings) as the primary means for understanding the users' perspectives and lived experiences (Yardley et al., 2015). There is even scholarly work that describes how these approaches can be used in combination to develop an intervention (Band et al., 2017).

Each of these approaches draws attention to important program development considerations and is a valid method. Like Wight et al. (2015), however, we note two important limitations of these approaches as they are currently discussed in the literature. First, all three approaches can be quite complex, as they each require advanced skill sets or resources. For example, utilizing the theory-based approach requires a thorough understanding of the available frameworks that correspond to the behavior change focus of the program (e.g., parenting practices) and how to operationalize the frameworks' key constructs within the program. Simply selecting a popular theory to guide the program is insufficient (Moore & Evans, 2017), and even if an individual knows the "best" theory, there is no guarantee he or she

will know how to use that theory to develop a useful program (Bartholomew, Parcel, & Kok, 1998). As another example, the evidence-based and person-based approaches can be resource intensive. Both approaches can require substantial time and monetary investments to generate quality research findings, not to mention the advanced skill sets required to adequately conduct such research. Further, the evidence-based approach can require significant time searching for, filtering through, and determining how best to apply research evidence.

Second, the extant literature provides little guidance on identifying the core components that will inform the program's content. Each approach would appear to suggest that core components can be identified through theory, existing evidence, formative research, or a combination of these approaches. Component identification can certainly happen through one or more of these approaches; however, there does not appear to be a focused, or easily accessible, "how-to" description within the current literature. Given the significance ascribed to core components for prevention and intervention work (Embry, 2004) and their direct influence on program content and materials, researchers and practitioners alike need a pragmatic approach to component identification and an easy to follow demonstration of how to use such an approach. This paper addresses both of these points by presenting the common components approach as a practical, and scientifically rigorous, program development framework.

### 2.2. The common components approach

A variety of terms have been employed in the literature for the common components approach (for a review see Morgan et al., 2018); however, the underlying assumption remains the same. Namely, programs that have been rigorously evaluated and found to be effective share a detectable set of common components within a specific topic area that can be distilled. Divergence within the various forms of the common components approach focuses mainly on the level at which commonality is assessed. For example, Chorpita, Becker, and Daleiden (2007) and Chorpita and Daleiden (2009) focus on the level of individual strategies or practices contained within evidence-based treatments (EBTs). Ingram, Flannery, Elkavich, and Rotheram-Borus (2008), Rotheram-Borus, Ingram, Swendeman, and Flannery (2009), Rotheram-Borus et al. (2009), on the other hand, are interested in the more global elements not specified in treatment manuals or protocols that cut across effective interventions. Conversely, Embry and Biglan (2008) and Kaminski, Valle, Filene, and Boyle (2008) approach is similar to that of Chorpita's research group; the principal difference being their decision to focus only on strategies that are empirically linked to outcomes.

In an effort to integrate the various lines of thought on the common components framework, Morgan et al. (2018) proposed a four-fold model, which distinguishes among content, process, barrier reduction, and sustainability components. Content components include the topics and skills taught in a program (e.g., discipline techniques, coping skills, health promotion strategies), while process components entail programs' methods (e.g., role-plays, modeling, and skill practice) and modes of delivery (e.g., group settings, online, and print materials). Barrier reduction components involve those features of a program that are related to directly supporting participants' goal achievement (e.g., providing food, clothing, and stipends), access to (e.g., transportation and child care), and involvement in the program (e.g., family meals, stigma reduction, and motivational incentives). Finally, sustainability components have to do with how a program goes about providing continued support to participants (e.g., support groups, referrals to needed services, and newsletters).

This paper demonstrates how a common components approach, similar to that presented by Morgan et al. (2018), can be a comparatively efficient, heuristic tool for determining the core components that will influence the structure and content of a new program. The approach described here uses a systematic and rigorous coding process to distill the components that comprise a set of evidence-based manualized

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