

Barriers and Facilitators to Implementing an Evidence-Based Parenting Program with Families at-risk for Health Inequities

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Background

Research demonstrates a relationship between health inequities and reduced parenting capacity (Steele et al., 2016). Evidence-based interventions enhancing parenting capacity exist; however, a persistent gap in the dissemination and implementation of these parenting programs for racial and ethnic minority families continues (Baumann et al., 2015).

The 2Gen Thrive: Incredible Years Parents & Babies study focuses on the adaptation and implementation of the evidence-based Incredible Years (IY) Parents & Babies program, to meet the needs of African American families at-risk for health inequities. Trained facilitators use video clips of real-life parenting situations to support the training and stimulate discussion. Parents are then able to practice skills with their babies in clinic. Fifty-five parents participated in the IY program between March 2017 to present.

As part of this research study, stakeholders were engaged to better understand the barriers and facilitators to sustainable research and clinical implementation of the IY Parents and Babies program.

Applicable HEAL Principles

Community Engaged Research: This research project addressed community engaged research by incorporating relevant stakeholders (researchers, community stakeholders, and healthcare providers) at each step of the research process from concept development through results dissemination.

Sustainability: This project specifically examined adaptations that facilitate sustainability of an evidence-based parenting program including on-going adaptation of the model to the setting and community it serves.

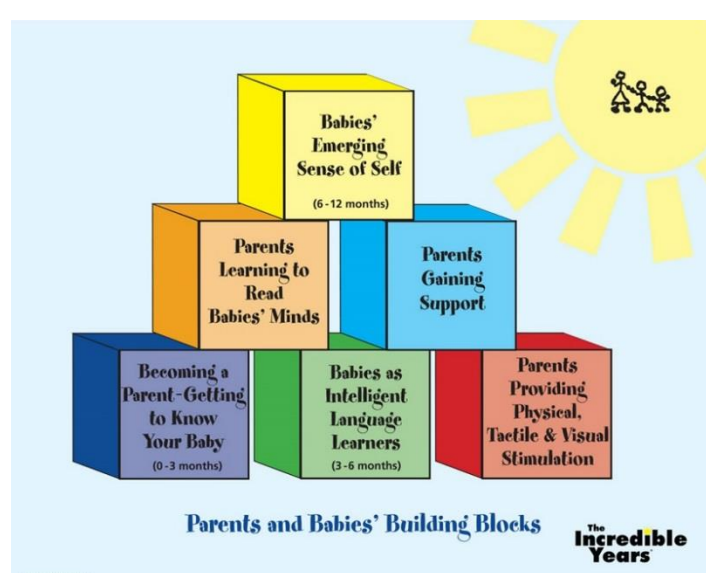
Methods

Semi-structured, in-depth interviews were conducted with 6 stakeholders (i.e. health care providers, community partners, and program interventionists) with experience related to the planning and/or implementation of the IY Parents and Babies program or similar parenting programs.

Themes were derived using an inductive coding approach.

Codes emerging across interviews were grouped into categories and then analyzed into general themes.

The preliminary results were shared with community stakeholders, parents, and other researchers, and feedback was solicited to provide guidance on theme interpretation.



Results

In the planning phase, focus on integrating the intervention program and research within existing clinic processes is critical.

- Intervention implementation and research should be initiated at the same time and both clinical and research professionals should participate in the construction and implementation of the program throughout planning, implementation, and evaluation.
- It is important to ensure timing of the intervention and participant recruitment fit with clinic flow.
- If possible, each family should have the same person provide all IY intervention sessions.
- Familiarity with the clinic norms and atmosphere and flexibility to conduct IY sessions when the provider has completed their portion of the visit are important.
- Work space and clinic space for the IY interventionist is an important consideration in planning.

In the implementation phase, focus on factors that promote the following program strengths are important: family-centered, responsive, and trauma-informed.

- Interventionists who are perceived as trustworthy, empathetic, compassionate, and approach families from a strengths based perspective promote successful implementation.
- Consideration for number of siblings, parent's knowledge on development, comfort level with interventionist, families' time, availability, stressors, and resources must be taken into account to ensure the intervention is responsive.
- Interventionists that are trauma informed and prioritize relationship building promote successful engagement of families.
- Incentives for the families' participation in the IY intervention along with establishing tangible goals at each session encourage and motivate the families' growth.

In the evaluation phase, all clinic staff should participate in ongoing assessment of the program.

- Providing routine feedback opportunities for all clinic staff, providers, and interventionists (i.e. monthly meetings) enhances evaluation.
- The following outcome measures should continue being assessed: 1) Parental depression 2) Parent/Child Attachment 3) Parent's knowledge and demonstration of IY skills.
- Extending the study to assess Kindergarten readiness would strengthen impact.

Future Directions

- Discuss results of stakeholder interviews with clinic staff and identify additional cultural adaptations needed based on stakeholder feedback.
- Incorporate regular feedback from clinical staff on an ongoing basis through iterative intervention development research design.
- Use stakeholder feedback to inform questions included in parent participant program evaluation focus groups.

References

- Baumann, A. A., Powell, B. J., Kohl, P. L., Tabak, R. G., Penalba, V., Proctor, E. K., . . . Cabassa, L. J. (2015). Cultural adaptation and implementation of evidence-based parent-training: A systematic review and critique of guiding evidence. *Children and youth services review*, 53, 113-120.
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