

**Providers' Attitudes, Self-efficacy, Language  
Fluency and Satisfaction When Using an  
Evidence-based Practice  
Model: The Triple P-positive Parenting  
Program In Spanish**

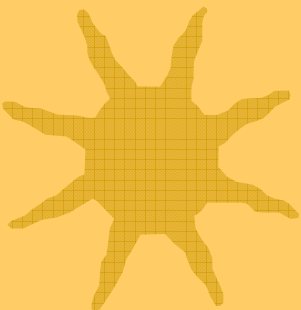
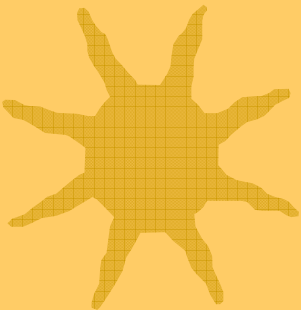
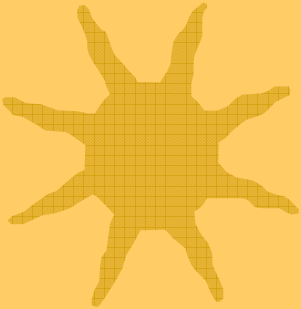
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September 05<sup>th</sup>, 2012



## *Purpose of the Study*

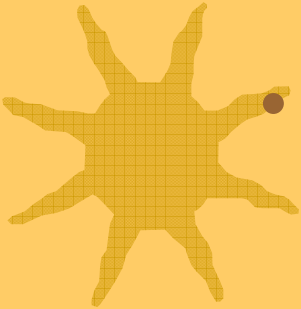
- Quantify the relationship between language fluency of the Spanish-speaking providers who are using Triple P, the providers' attitudes and self-efficacy when using Triple P as an evidence-based practice model, and the providers' satisfaction after program completion with the Latino parents.
- Build and expand on the existing research



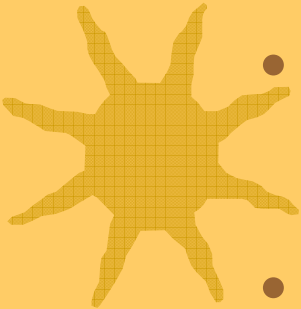


## *Methodology*

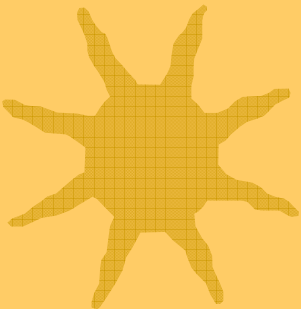
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- Mixed-methods design with both quantitative and qualitative elements.



- Focus group and online survey.

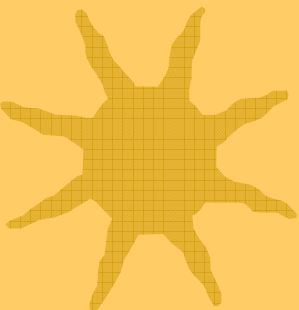
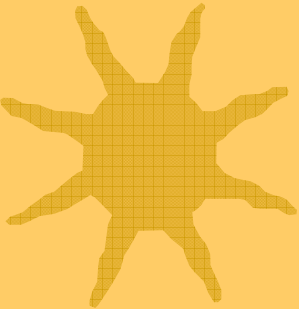
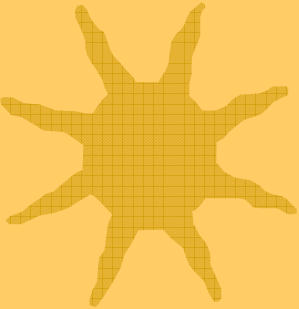


- Pearson's correlation analysis was applied.



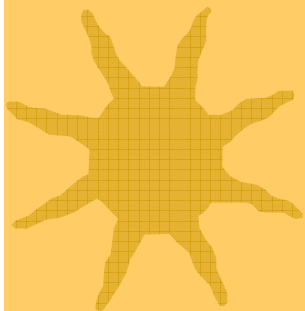
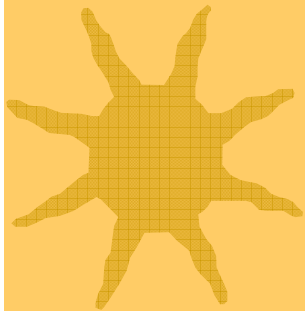
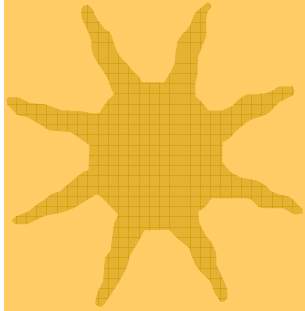
## *Methods-Instruments*

- Demographic questionnaire.
- Therapist Satisfaction Index (TSI) (adapted from Addis & Krasnow, 2000).
- Evidence Based Practice Attitude Scale (EBPAS). (Aarons, 2004) .
- Self Efficacy (How confident are you in conducting parent consultations about child behavior?)
- Language Fluency (How fluent is your Spanish?)





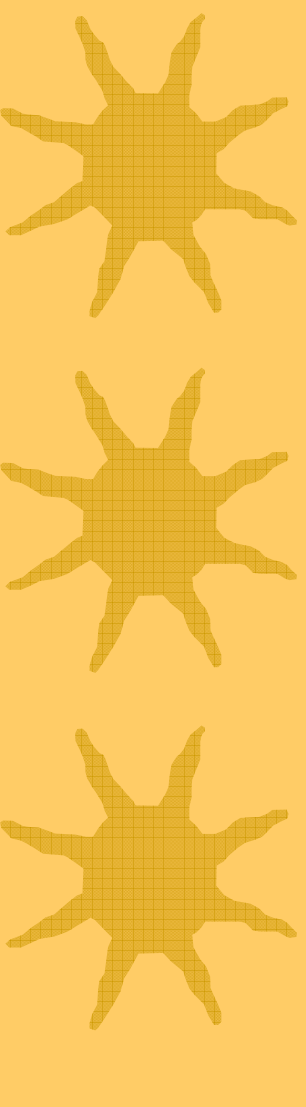
## *Methodology- Participants*



- Accredited Triple P providers: Level 4, Spanish, Latinos. (n=115, n=83).
- 87% females. Latinos (57.4%), followed by Caucasians (30.6%)
- Agencies contracted by the Department of Mental Health in California
- MFT Registered Interns (40.7%), followed by MFT's (22.2%), MSW's (17.6%)
- Work with lower socioeconomic class (88%).
- Work with Latino families (98%)



## *Results and Discussion*

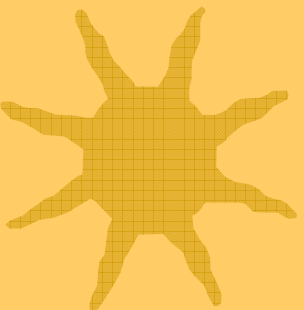
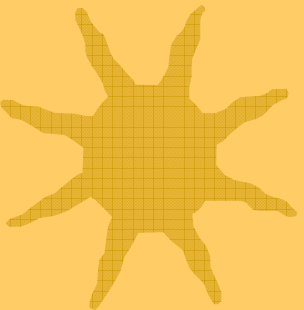
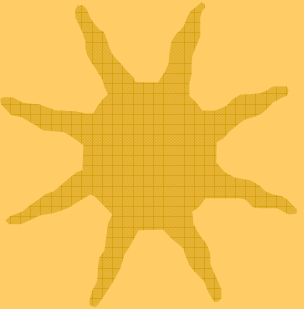


Q1- What is the relationship between the attitudes, self-efficacy of Spanish speaking providers and their satisfaction in using Triple P with the Latino population?

H1-Spanish speaking providers who are using Triple P that have high levels of self-efficacy and a high willingness to use Triple P with the Latino population will, after use, report higher levels of satisfaction when using Triple P with the Latino population.



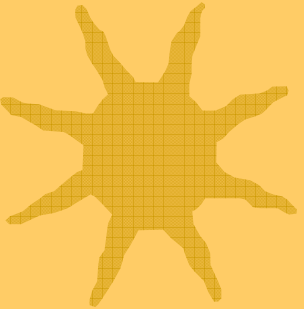
## *Results and Discussion (cont.)*



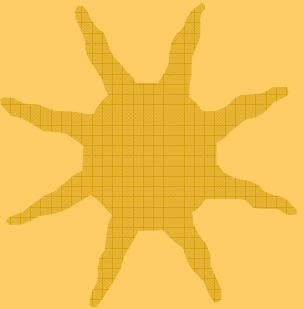
- Total EBPAS with TSI\*\* ( $r(83) = .950, p < .01$ )
- Requirements with TSI \*\*  $r(83) = .890, p < .01$
- Appeal with TSI \*\*  $r(83) = .938, p < .01$
- Openness with TSI \*\*  $r(83) = .936, p < .01$
- Divergence with TSI \*\*  $r(83) = .901, p < .01$



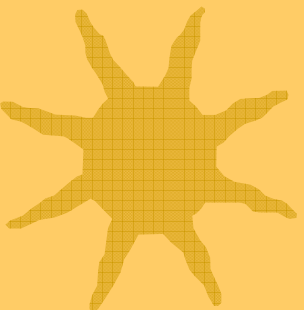
## *Results and Discussion (cont.)*



- Total EBPAS with self-efficacy \*\* ( $r(83) = .528, p < .01$ )



- Requirements with self-efficacy \*\*  $r(83) = .376, p < .01$



- Appeal with self-efficacy \*\*  $r(83) = .514, p < .01$
- Openness with self-efficacy \*\*  $r(83) = .426, p < .01$
- Divergence with self-efficacy \*\*  $r(83) = .327, p < .01$
- TSI and self-efficacy\*\*  $r(83) = .481, p < .01$





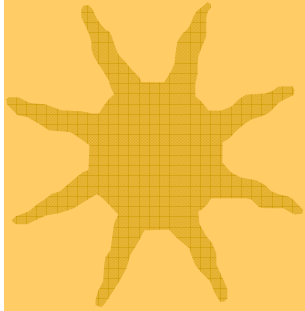
## *Results and Discussion (cont.)*

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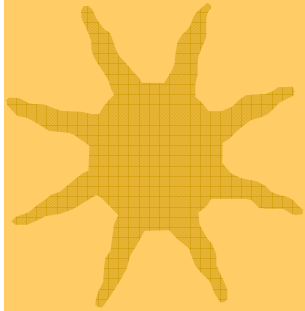
- Adds: self-efficacy and efficiency (Sanders, 2008).
- Adds: satisfaction on the use of treatment manuals (Najavits et al. (2004).
- Well accepted and likely to continue to be used with Latinos (Morawska et al., 2010).
- Support that adopting a new program is highly influenced by the attitudes of the providers (Turner et al., 2011).



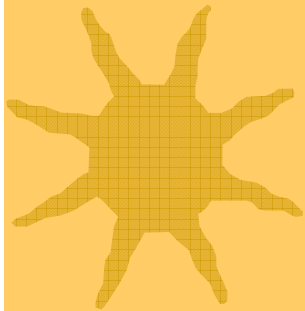
## *Results and Discussion (cont.)*



- Self-efficacy ratings are not objectively reliable as these ratings seem to be influenced by social desirability (Berg-Cross & So, 2011)



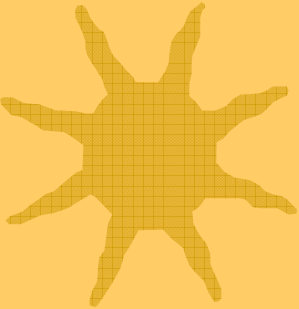
- Others: very important to consider the levels of self-efficacy of the practitioners when using a new EBP (Turner et al., 2011)



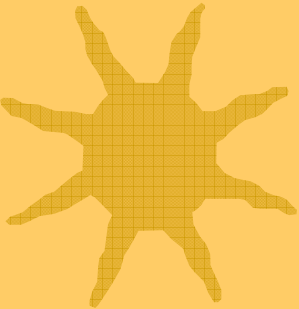
- Challenges the skepticism find by some studies re: EBP's (Rubin and Parish, 2007)



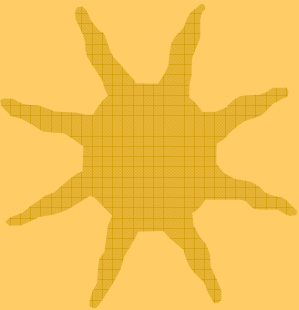
## *Results and Discussion (cont.)*



Q2- What is the relationship between providers' Spanish language fluency and their satisfaction in using Triple P with the Latino population?



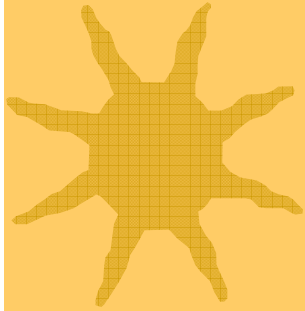
H2- Providers who are more fluent with the Spanish language will report a higher level of satisfaction in using the Triple P program in Spanish with the Latino population than providers who are less fluent in Spanish.



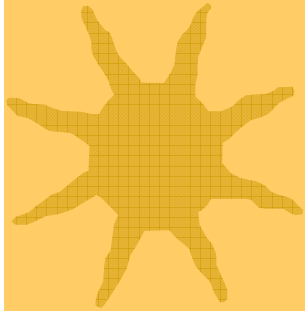
- Spanish language fluency and Satisfaction \*\*  $r(83) = .836, p < .01$



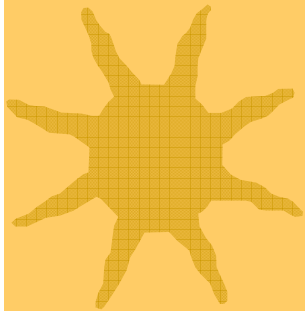
## *Results and Discussion (cont.)*



- Important: Latinos less likely to participate in parenting programs and do not use mental health services as much as other populations (Kouyoumdjian et al., 2003; González Castro, et al., 2004; Berg-Cross & So, 2011).



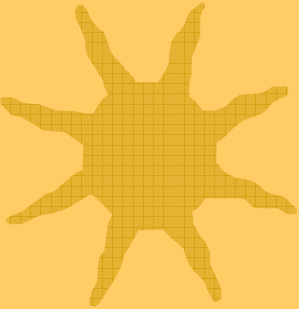
- Practitioners perceive that Triple P is liked by the Latino parents



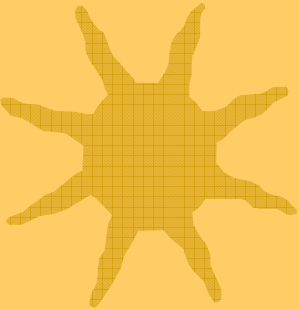


## *Results and Discussion (cont.)*

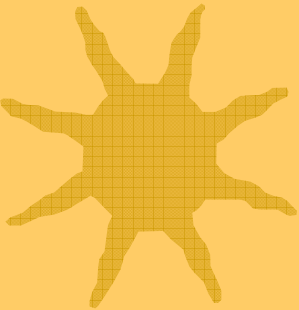
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Q3- What is the relationship between practitioner's Spanish language fluency and their level of self-efficacy using Triple P with the Latino population?



H3- A relationship between practitioners' Spanish language fluency and self-efficacy level when using Triple P is not supported.

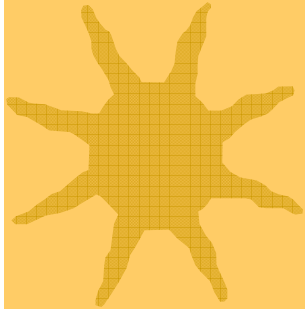


Spanish language fluency and self efficacy  $-* r(83) = .086, p = 0.441$

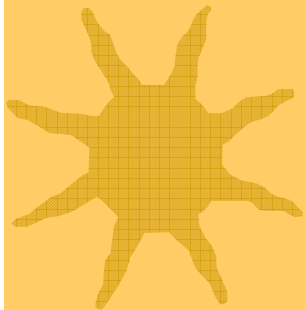


## *Results and Discussion (cont.)*

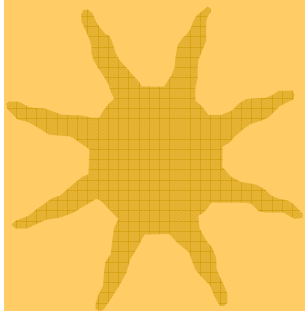
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- Can still deliver with confidence Triple P services in Spanish.

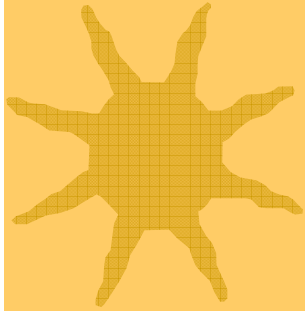


- Contrary to prior research (Kouyoumdjian et al., 2003) thx's lack of language proficiency might be interfering with the services provided to the Latino community.

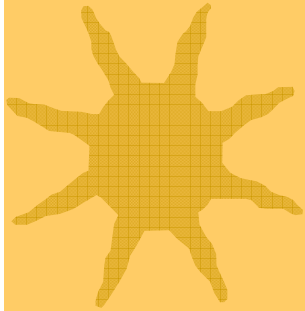




## *Results and Discussion (cont.)*

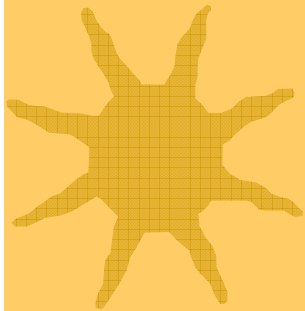


4- How do the challenges differ between providers who use Triple P in Spanish and providers who use Triple P in English?



❖ Program structure:

- increase number of sessions-language barriers
- increase psycho education.



❖ Consistency:

- translation of material into Spanish (videos, books, outcome measures, parents' understanding).



## *Results and Discussion (cont.)*

### ❖ Cultural issues

- language needs illiteracy
- low cognitive level
- low SES
- immigration issues
- different terminology for concepts
- traditional parenting.

### ❖ Cultural mirroring

- lack of material reflecting Latino population
- lack of material spoken in native Spanish
- lack of examples relevant to this population.





## Focus Group Recommendations for Developers and New Practitioners

### Developers

- Take into consideration the cultural values of the population and the challenges faced.
- Adjust the DVD material.
- Including in the model a session on play therapy.

### Practitioners

- To take their time.
- Be flexible and to use consultation calls and specific Triple P supervision.
- Meet the families 'where they are at'
- work very collaboratively with the parents



## *Limitations*

### **Quantitative**

- Small population sample.
- Measures used in the research were self-report measures.
- Measurement errors.
- Non-response error.
- Technical considerations and related limitations.

### **Qualitative**

- Small focus group.
- Participants were self-selected.
- Colleagues.
- Qualitative analysis by the researcher.



## *Clinical Implications*

- Further research with culturally diverse populations.
- Prepare practitioners on diversity issues and recommended adaptations.
- DMH and developers to offer more flexibility.
- Incorporate a discussion of language fluency during Triple P trainings.
- Outreach events in the community, at schools, in mobile clinics.
- More training in Triple P.
- Policy makers in other community agencies or schools could also start considering adoption of the Triple P program.
- Significant implications for grants (duplicate study, bigger sample)