

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

Nadia R. Jones, MA March 14th, 2012



Background of the Problem

- EBP models have increased in importance since they were first introduced into the counseling psychology field and are promoting the integration of practice and research in counseling psychology (Rubin & Parrish, 2009).
- One example of an EBP that has a large and growing evidence base for both efficacy and effectiveness, and that meets the criteria for dissemination promulgated by Flay et al. (2005), is the Triple P Program.



Background of the Problem (cont.)

 Parents from diverse cultural backgrounds have a greater risk of developing behavioral problems (McCabe et al. 2005; Willgerodt & Thompson, 2006).

 Ethnic minority parents are less likely to participate in a parenting program than Caucasian parents (Sawrikar & Katz, 2008).



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



Research Questions

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

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



Research Questions (cont.)

• 3- What is the relationship between practitioner's Spanish language fluency and their level of selfefficacy using Triple P with the Latino population?

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



Hypotheses

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.

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.



Hypotheses (cont.)

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



Importance of the Study

Children from all ethnic groups are impacted by cultural and social issues; however ethnic minority children are especially impacted and this can increase parenting problems (Guerra & Phillips-Smith, 2005).

It is imperative to study Triple P in the Spanish-speaking Latino population as this program was created in Australia, based on Australian and European values and normed on middle class Caucasian families (Morawska et al., 2010; Sanders, 2008; McCabe et al., 2005).



Importance of the Study (cont.)

 More specific research needs to be conducted with minority communities as EBP models are now increasingly used in those settings (Gonzales Castro et al., 2004).

Contribute to the training in Triple P to bilingual therapists who will be providing the services in Spanish to the Latino community.



Literature Review

- Importance of EBP's (Leung, 2001, Gibbs & Gambrill, 2002; Mullen, 2006; Rubin & Parrish, 2009)
- Parenting (De Graaf, Speetjens, Smit, De Wolff & Tavecchio, 2008; Sanders, 2008; Loeber & Farrington, 1998; Sanders, Markie-Dadds & Turner, 2003
- Parenting styles: relationship between child outcomes and caregivers' behaviors and attitudes (Domenech Rodriguez, Donovick, & Crowley, 2009).



Literature Review (cont.)

- Parenting and SES (Medora et al., 2001)
- Triple P (Sanders, 1999, 2008)
 - Levels
 - Theoretical framework
 - Research
- Latinos and mental health (Kouyoumdjian et al., 2003; Bernal & Domenech Rodriguez, 2009; González Castro et al., (2004))



Methodology

Mixed-methods design with both quantitative and qualitative elements.

Focus group and online survey.

Pearson's correlation analysis was applied.



Methods-Procedures

- E-mail invitation to practitioners from DMH agencies and Triple P America.
- Using snowball method to increase participation from other agencies.
- Interested individuals directed to World Wide Web for online survey.
- Focus group (5)
- Debriefing information and counseling referrals, raffle incentive.



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 socio economic 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.



- 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



- 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



- 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).



 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 selfefficacy 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)



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



 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



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



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.



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).



- 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 To take their time. cultural values of the population and the challenges faced.
- Adjust the DVD material.
- Including in the model a session on play therapy.

Practitioners

- 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 selfselected.
 - 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)