Training and Dissemination Model: Eight Strategies for Delivering IY Programs With Fidelity and Assuring Long Term Sustainability

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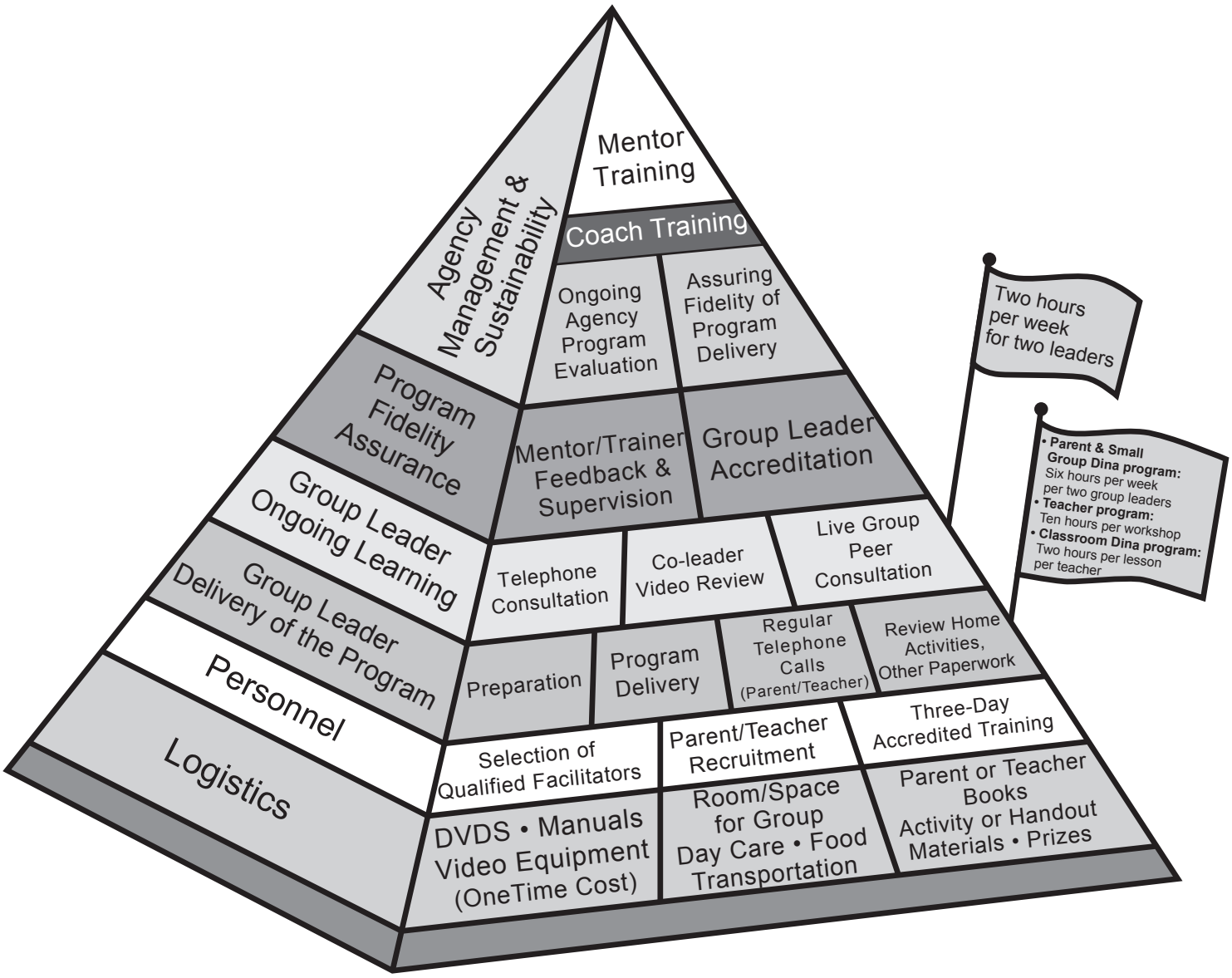
"Overwhelming evidence indicates that the fidelity of implementation of the intervention will not be sustained unless the social and political support is strong and the training and mentoring is adequate" (Kellam & Langevin, 2003).

Identification of evidence-based programs to be offered to particular populations for which there is research evidence is only the first step in preventing and treating children's conduct problems and mental health problems. In order to replicate the published results obtained by the research, attention must be given to the quality of the program implementation and the degree to which a program is delivered with the quality intended by the developer. Many empirically-validated programs have been adopted in different settings with widely varying outcomes. In fact, a low quality delivery of a best practice program (Gottfredson et al., 2000) may not produce any effective results at all. Until recently, little emphasis has been placed upon the best ways to implement programs with fidelity. Some agencies or schools do not recognize the importance of adhering to the program's protocols, dosage, and clinical recommendations and feel that implementation of at least a few program sessions will be better than doing nothing at all.

Programs must be implemented with fidelity to the original model to preserve the behavior change mechanisms that made the original model effective (Arthur & Blitz, 2000). This means that programs must be offered with all the core components being delivered utilizing the recommended protocols, video vignettes, program dosage and clinical methods and processes for the prescribed number of sessions. Even after successful effectiveness trials, the critical questions are how to sustain fidelity of intervention within the same setting over time. Additional challenges arise when the goal is to expand the application of an intervention to entire systems with fidelity, be it a school district or large agency or an entire state or country (i.e., scaling up). And finally, even after successfully scaling up, there is a need to sustain program fidelity over time throughout the system (Kellam & Langevin, 2003). At each of these levels of extension, questions arise about selection criteria for who will deliver the program as well as what kind and how much training and support they will need to successfully deliver the program. Additionally, decisions need to be made about how fidelity to program delivery will be monitored and supported including attention to what social, organizational and political structures will need to be put in place and what type of mentoring model will be employed.

One of the strengths of the IY series has been the attention given to fidelity and program adherence. We have conducted several studies that have informed our decisions about the selection of optimal group leaders and provision of adequate training for them, support needed for promoting families' engagement, providing adequate doseage of program, and mentoring requirements for successful implementation in the short- and long-term. Below we identify key dissemination strategies to assure delivery of the IY programs with fidelity and adherence to key program principles and protocols.


Agency Management & Sustainability
Mentor Training
Coach Training
Ongoing Agency Program Evaluation
Assuring Fidelity of Program Delivery
Program Fidelity Assurance
Mentor/Trainer Feedback & Supervision
Group Leader Accreditation
Group Leader Ongoing Learning
Telephone Consultation
Co-leader Video Review
Live Group Peer Consultation
Group Leader Delivery of the Program
Preparation
Program Delivery
Regular Telephone Calls (Parent/Teacher)
Review Home Activities, Other Paperwork
Personnel
Selection of Qualified Facilitators
Parent/Teacher Recruitment
Three-Day Accredited Training
Logistics
DVDS • Manuals Video Equipment (OneTime Cost)
Room/Space for Group Day Care • Food Transportation
Parent or Teacher Books Activity or Handout Materials • Prizes
Two hours per week for two leaders
• Parent & Small Group Dina program: Six hours per week per two group leaders
• Teacher program: Ten hours per workshop
• Classroom Dina program: Two hours per lesson per teacher

Strategy 1: Assure Agency-Program Fit and Provide Adequate Resources

No program can be faithfully implemented without adequate resources and internal managerial support for those who will deliver the program. The decision to adopt an evidence-based intervention, such as IY, should reflect a consensus among clinicians, teachers and administrators that the choice of intervention model best meets their goals, the agency or school philosophy, and the needs of their teachers, families and children. In other words, there is a good innovation-agency-clinician values fit. It may be necessary for administrators to readjust clinician/teacher job descriptions to recognize their time commitments to ongoing training, peer support, supervision, recruiting for and carrying out new interventions. Even though group approaches are more cost effective than individual approaches, administrators may not understand the time or costs needed to assure transportation and food for families so they can attend each session, to arrange quality day care for children who need this while their parents are in treatment, to prepare materials for each session, to do make up sessions for those who miss sessions, and to make the weekly calls to parents and teachers. If socio-economically disadvantaged families are targeted for prevention programs, special attention must be paid to transportation, day care and meals, otherwise families will have difficulties accessing programs and attendance will be low. It is also imperative that administrators budget adequate time to market the program, recruit families, and to assure appropriate referrals.

As the bottom of our implementation pyramid shows agencies start by selecting the program materials they need to deliver the program. The purchase of the program DVDs and leader manual is a one time up front cost as these materials can be used again to deliver future parent groups. In addition, agencies need to pay careful attention to providing an adequate location for the parent group including comfortable chairs for parents, TV monitors, flip charts and video capability for filming group process. In addition space is needed is needed to provide day care for the children and day care providers trained to provide quality day care experiences. Finally, budget should include the ability to provide parents with program books and to xerox weekly handouts as well as provide some inexpensive incentives for parents achieving their weekly goals.

Strategy 2: Assure Standardized Quality Training for Carefully Selected Group Leaders and Teachers

Selecting group leaders. We recommend that each agency or school prepare a minimum of 2 group leaders or teachers for training in the new program. Those chosen to deliver these programs should ideally have Masters or higher degrees or professional diplomas in an appropriate field – psychology, social work, nursing, school counseling, teaching etc. They also should have prior experience working with parents and children and preferably have had prior training in child development, behavior management, and cognitive social learning theory. In particular, those chosen should be comfortable leading groups and motivated to lead groups and to support families, teachers and their children. These professionals should not be mandated to take the training or sent to a training without planning how their work load will be readjusted to allow them time to learn the intervention and to receive supervision and consultation. Programs offered to universal populations may be delivered by trained nurses, day care providers, teachers, and family service workers. Those

working with indicated, or selective, or treatment populations should have higher-level education and experience working with these populations. In addition, group leader selection criteria should include interpersonal qualities of empathy, sense of humor, collaborative nature, group leadership skills, and ability to work within a structured program.

Program training sequence. In addition to providing group leaders with comprehensive training manuals, fidelity protocols, handouts and DVDs, the initial 3-day authorized training provides small groups of clinicians and teachers with workshops regarding the program content, methods, and group facilitation process. For the parenting programs, all group leaders are required to receive 3-day training workshops in the baby/toddler (6 weeks to 3 years) or early childhood program (3–6 years) or school age program (6–8 years) before proceeding to supplemental training for the baby program or pre-adolescence school age model for 9–12 year olds. Additionally they must have had experience and ideally accreditation in the BASIC program before proceeding to supplemental training in the ADVANCE program. For the teacher programs, we recommend that teachers be trained in the 6-day classroom management program before being trained in the Dina classroom social and emotional curriculum. This assures that teachers have the behavior management skills needed to implement the Dina cognitive, social and emotional curriculum with fidelity.

Accredited IY trainers and mentors who deliver the training workshops are first required to have had extensive experience delivering the program themselves, as accredited group leaders. They are invited to participate in mentor training because they have been identified as exemplary models for delivering the program and assuring fidelity to the IY group processes and methods. They receive mentor training in workshop delivery, coaching and mentoring methods. Videos of trainers' or mentors' actual group sessions allow group leaders to observe and to model how the trainer or mentor delivers the program to groups of parents, teachers or children.

Strategy 3: Provide Ongoing Supervision and Consultation for Group Leaders and Teachers

Evidence-based training workshops by themselves are necessary but not sufficient to result in fidelity of implementation delivery (changes in teacher or group leader behavior or adherence to protocols) or program outcomes (clinical changes in consumers). After the initial training workshop, group leaders and teachers first need release time to study the manuals and DVDs, to practice and prepare their sessions and materials, and to arrange logistics (e.g., food or day care, handouts, classroom materials, transportation). Furthermore research has shown (Joyce & Showers, 2002) that combining the initial training workshop with ongoing mentoring, coaching and consultation maximizes the learning for clinicians as they begin to implement the program and contributes greatly to fidelity of program delivery. We recommend that IY accredited mentors provide this support, encouragement and consultation regularly for the group leaders during their first 2–3 sets of groups. Ideally new leaders should have 3–4, 1-hour telephone consultations during delivery of their first group and ongoing consultation as needed.

Group leader consultation, feedback and emotional support from IY mentors and trainers can take several forms and may evolve within an agency or school. For those sites that are implementing the program for the first time, group leader or teacher consultation and

coaching will be arranged through IY via regular telephone consultations with IY accredited trainers. Group leaders are also encouraged to submit a DVD of a group session or lesson from their first group for detailed feedback. After group leaders or teachers have had experience delivering the program, about 6 to 9 months after training, it is recommended that they participate in an in-person group consultation training with IY trainers or mentors either onsite at the agency or school, or at the IY headquarters in Seattle**.** In these consultation workshops, group leaders or teachers come together to share selected portions of their videos regarding their delivery of the program. Peer sharing and feedback along with IY mentor coaching regarding videotaped sessions can be a huge asset in helping group leaders and teachers gain new ways to handle problems that were particularly difficult for them. We believe that group leaders who receive this initial training coupled with ongoing supervision, support and video feedback from coaches, mentors and trainers during their first three sets of groups will be ready to submit their application for accreditation as group leader (see criteria below).

Strategy 4: Develop Peer Support Networks Within Agencies or Schools

Weekly peer support and time for planning sessions or classroom lessons or behavior plans is key to continued learning and successful intervention, regardless of a group leader's or teacher's expertise. Often, group leaders or teachers become discouraged when a particular family or child fails to progress. Peer group support in addition to IY trainer or mentor consultation helps the leader or teacher to maintain optimism and to find new approaches for resistant parents, teachers or children. We recommend that group leaders begin videotaping their groups right away and meet weekly with peers for video review and for mutual support. It is the policy of the IY program to train teachers or group leaders from the same agency, so they can participate in the peer-review process. Individuals are not trained to work without a peer support network. It is also the policy that group leaders from the same agency or locale join the peer-review process immediately after training, even if they do not have an active group at the time. When group members share their work and offer constructive support, they not only aid each other in conducting IY groups but also empower themselves as self-reflective thinkers, self-managers, and evaluators.

Strategy 5: Adhere to Program Dosage, Order, and Protocols—Ensuring Implementation Fidelity

Program fidelity. Monitoring group leaders' adherence to session protocols, key content, and therapeutic process principles is another aspect of supervision. Many agency administrators and clinicians believe that they can eliminate parts of a mental health intervention or shorten the number of sessions offered in order to be more cost effective. They may even cobble together different programs in a smorgasbord intervention. Training, supervision, and accreditation help group leaders, and administrators understand that this approach may dilute or may eliminate the positive effects of the program.

Over the past 18 years all of our Incredible Years control group treatment studies have evaluated the combined IY BASIC + ADVANCE programs for families of children diagnosed with ADHD and conduct problems. In various studies the length of the program has varied from 18–26 sessions. We recently compared the results for families with children with ADHD

who were randomly assigned to 20-week, 2-hour session programs with those assigned to a condensed 10-week, 2-hour session program. Results showed that parents in the 20-week program were more confident in their ability to handle their children's behavior and reported fewer child problems and lower intensity of problems on the Eyberg Child Behavior Inventory than parents in the shorter program. Lastly, parents in the longer program reported that their children showed better emotion regulation than those in the shorter program. These results support the benefits of the longer dosage program and are consistent with other studies with similar populations that have shown that programs with the most significant and highest effect sizes are 20 sessions or more (Henggeler, Schoenwald, Liao, Letourneau, & Edwards, 2002). It is important that group leaders make efforts to do "make-up" sessions for parents who miss a group session due to illness or schedule conflicts so that they get the full benefits of the intervention.

Our prevention parent program is typically offered in 14–24 sessions that are 2 to 2 1/2 hours in length. Interventions for non English speaking populations with translators run 18–20 sessions. All of our studies with Child Protective Service referred families have run 16–20 sessions. With these high-risk prevention populations we have found that effect sizes increase with more sessions provided (Baydar, Reid, & Webster-Stratton, 2003). The newly updated preschool program (ages 3–6 years) recommends a protocol for a minimum of 14 sessions for prevention populations and a minimum of 20-session protocol for children with conduct problems or families referred by child protective services. Offering fewer than the recommended number of sessions for prevention and treatment populations will result in reduced effectiveness of the IY program.

IY protocols for every group session or classroom lesson are carefully designed according to age group and population addressed and designed in a particular sequence so that one session builds on the prior sessions and learning. The recommended number of sessions on the protocols is considered the *minimum number of sessions needed*, but groups may require more sessions depending on their goals and needs, difficulties with the material, degree of severity of children's problems and their pace of learning and size of the group. In order to prevent the ongoing antisocial trajectory with high risk families and promote children's social and emotional competence and positive relationships with their parents it is necessary for parents to make significant changes in their parenting and discipline strategies, attachment with their children and involvement in their children's education. This process of relationship building between parents and children and changing entrenched patterns of parent–child interactions as well as their emotions and cognitions takes sufficient time as well as development of safety and trust in the group.

A critical distinction must be made between implementing the core or the foundational elements of the program and stifling clinical flexibility. It is easy for the former to be misconstrued as the latter. In supervision, group leaders are encouraged to discuss their knowledge and experience, so they collaboratively tailor the program to unique parent or teacher goals or to child developmental needs. Group leaders and teachers come to understand that the principles that guide the program include being flexible, collaborative with the parent or teacher or child in setting the agenda, culturally-relevant and fun, rather than following a precise script to be recited at parents, teachers or children**.** When leaders understand this, they realize the program actually encourages the use of their clinical skills and judgment. The most

effective group leaders and teachers who deliver this program are those who retain the core elements of the intervention while bringing their clinical creativity to bear in the implementation. Supervision helps them balance pursuit of a particular groups' goals in relation to the group process and issues that are relevant for the entire group.

Strategy 6: Promoting Leader Accreditation

A certification or accreditation process allows group leaders and teachers to continue their learning process after the initial training and to recognize those who strive to become more competent at delivering the programs. Requirements for accreditation include the following: adherence to session protocols; excellent parent or teacher attendance; positive weekly and final client evaluations for two complete groups, minimum required number of sessions offered; two self- and peer-evaluations for each complete program offered using the peer content and the methods checklists; completion of a 3-day authorized training workshop; and satisfactory review of a complete video of a group session by an IY trainer who rates the leader's adherence to the program content and methods, as well as their therapeutic skill in the collaborative process. Satisfactory peer review, video, evaluations, adherence to protocols and group attendance indicate fidelity of program delivery of the content and the therapeutic process necessary for accreditation. Group leaders who become accredited can reasonably anticipate to achieve effects similar to those achieved in the published outcome studies evaluating the program.

To sustain program fidelity and prevent drift away from fidelity, accredited leaders are encouraged to continue to attend ongoing consultation workshops regularly and to continue participating in peer-review groups within their agency. Client evaluations and completed session protocols are also part of the clinician's accountability to the agency. From these accredited individuals, agencies or schools may identify one or two individuals for additional training to become accredited *IY peer coaches* or *IY mentors*. Such individuals are accredited group leaders with exceptional group leadership skills, mastery of the collaborative process, and desire to provide emotional support for other leaders. Peer coaches receive further training in peer coaching and video review processes. They are expected to co-lead groups or lessons with new leaders or teachers and to provide them with ongoing support and feedback about the program. They review videos of their sessions and give new leaders feedback.

IY mentors are accredited group leaders and possibly peer coaches who have been selected to receive more extensive training in BASIC IY workshop delivery and are permitted to offer authorized training workshops within their agency or school. Prospective mentors have delivered many groups and received ongoing reviews, participated in supervision and consultation workshops, and co-lead training workshops with an accredited IY trainer. Mentors receive ongoing consultation from IY trainers, participate in yearly workshops with other mentors, obtain video feedback on their supervision process and workshop delivery, and participate in further training, and updates regarding new program developments and research. There are in essence the "internal champions" for delivering the IY evidence-based program with fidelity and promoting a supportive agency infrastructure.

Strategy 7: Building a Supportive Infrastructure Which Promotes Program Sustainability

The administrative staff and internal advocates need to assure that there are plans for ongoing group leader consultation and supervision from the outside IY trainer. An IY trainer is an accredited group leader and mentor who either has a doctorate or has worked with the developer of the program for many years. The IY trainer collaborates with the organization's internal advocate or mentor, provides consultation to clinicians and administrators regarding program implementation, and anticipates possible barriers and difficulties with high fidelity dissemination. Changes may be necessary in policy, regulation, funding and support. The IY trainer is in an excellent position to advise the administrators in ways to support clinicians' behavior change efforts. The IY *Agency Readiness Questionnaire* **(available on the IY website)** can help administrators understand what is needed to support the clinician's training, the clinician's needs for logistical support, and the clinician's ongoing consultation and supervision. This will be important for them to understand at the start in order to assess the feasibility of implementing this program. It is best if there is an administrative champion, ideally a trained mentor, within the agency who understands the workings of his or her own organization, as well as the requirements of the new program. Research shows that clinicians, who are left to champion a program without an active administrative champion, quickly burn out from the extra work, resent the lack of support and time, and often leave the agency (Corrigan, MacKain, & Liberman, 1994). Interpersonal contact provided by the internal advocate is a critical ingredient in adoption of new programs (Backer, Liberman, & Kuehnel, 1986). Administrative champions are often more important to the long-term success of the intervention than the clinicians.

Administrators may select promising clinicians and persuade them to learn this new intervention. The program will attain a strong reputation if it begins with a few enthusiastic leaders or skilled teachers rather than if it begins with a mandate that all clinicians or teachers adopt the program. Those who are not risk takers, *late adopters*, will venture into new programs only after respected colleagues are successful (Rogers, 1995). Encouraging and supporting selected group leaders who become accredited to continue training to become accredited as peer coaches or mentors builds the infrastructure of a sustainable program. At first, the IY trainers provide direct support to the clinician or teacher, as detailed in Strategy 4. However, the goal is to make agencies or schools self-sufficient in their ongoing training and in their support of the program. Administrators can also provide important reinforcement to group leaders or teachers by recognizing and rewarding those who work to become accredited and achieve high quality delivery of the program. Reinforcement, both social and tangible, is important to their ongoing commitment and adherence to this program. Moreover, when administrators promote accreditation as a way of supporting evidence-based practice, group leaders and teachers appreciate that they are working toward goals and a philosophy that is highly valued by the organization.

Strategy 8: Monitor Quality Assurance and Evaluation

IY mentor and trainer training quality assurance. Quality assurance procedures are used consistently through out all aspects of IY training. First only IY accredited trainers or mentors provide the training to new group leaders. Once they begin training as a mentor they are supervised by accredited trainers and mentors and receive in-person feedback from them.

When they have completed this training and a mentor feels they are ready to do a solo workshop, they offer a workshop and submit videos of this workshop for review by an IY trainer. They also submit the workshop protocol checklist documenting what they have covered in the workshop along with workshop evaluations from participants. All accredited mentors or trainers who do workshops must submit daily evaluations and final evaluations of their workshops along with their workshop protocol checklist and daily attendance list to Incredible Years in Seattle. If there are issues in regard to these evaluations or protocols, the Incredible Years administrator follows up to explore the issue and whether it can be remedied. Participant registration each day at workshops is entered into an IY data bank acknowledging completion of the entire training hours.

Evaluating group leader or teacher evaluations and adherence to program model. Embedded in the training of group leaders or teachers are efforts to enhance the quality of program delivery. Part of the delivery of this program (and accreditation process) includes weekly evaluations by participants, final summative evaluations, submission of attendance registers, and completion of each session's protocols. Completion of these detailed session protocols allows administrators to determine if group leaders or teachers are adhering to program fidelity such as showing required video vignettes, offering adequate program doseage, engaging in recommended practice exercises, brainstorms and using the key learning principles. It is also possible to determine if parents or teachers are doing the recommended home activities or classroom behavior plans, reading chapters and succeeding in achieving their goals. Determination of whether an agency or school is implementing the program with fidelity can be determined by completion of the *IY Agency Administration Implementation Effectiveness Questionnaire* by administrators and group leaders or teachers. **(see web site)**

Group leaders who have offered the IY program with high fidelity have had considerable support and ongoing monitoring by their workplace administrators. Such administrators have supported their work towards accreditation, monitored their ongoing evaluations and given group leaders time for peer review and consultation. The role of the workplace or administration in promoting and monitoring program fidelity, monitoring and sustainability is further described in an article on the web site (Webster-Stratton, 2006).

In addition, we recommend that administrators conduct ongoing program evaluation by collecting assessments of desired program outcomes. Specific outcome measures used may vary by the agency setting and the level of intervention. Ideally, agencies should collect baseline and follow-up data about changes in child externalizing and internalizing symptoms as well as changes in parenting or teacher classroom management skills. When possible, we encourage agencies to use some of the same measures used in the trials that established the program efficacy: high quality parent- and teacher-rating scales such as the Achenbach Child Behavior Checklist (CBCL) and the shorter symptom reports such as the Eyberg Behavior Checklist (ECBI). These measures are helpful to determine changes in children's negative behaviors pre to post intervention. In addition, it is important to include a measure of parenting behaviors or child management strategies such as the Parenting Practices Inventory (PPI) or Classroom Observation Measures which are available on the **IY website**. The theoretical rationale that underlies these program is that parent and teacher behaviors must change before we will see changes in child behaviors. Ideally, it is important for agencies to track other tangible outcomes associated with the program including group attendance and

parent and teacher feedback; child academic achievement and school attendance; and feedback from other care providers who work with the child and family.

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