



CROSS-CULTURAL SCALE-UP OF THE FAMILY CHECK-UP: COMMON BARRIERS AND FACILITATORS

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A heartfelt acknowledgement for our colleagues here in Gothenburg from whom we have learned a great deal about implementation

01

Discuss Family Check-Up dissemination in the U.S., including barriers and facilitators experienced

02

Discuss barriers and facilitators in the dissemination of the U.S.-developed Family Check-Up in Sweden

03

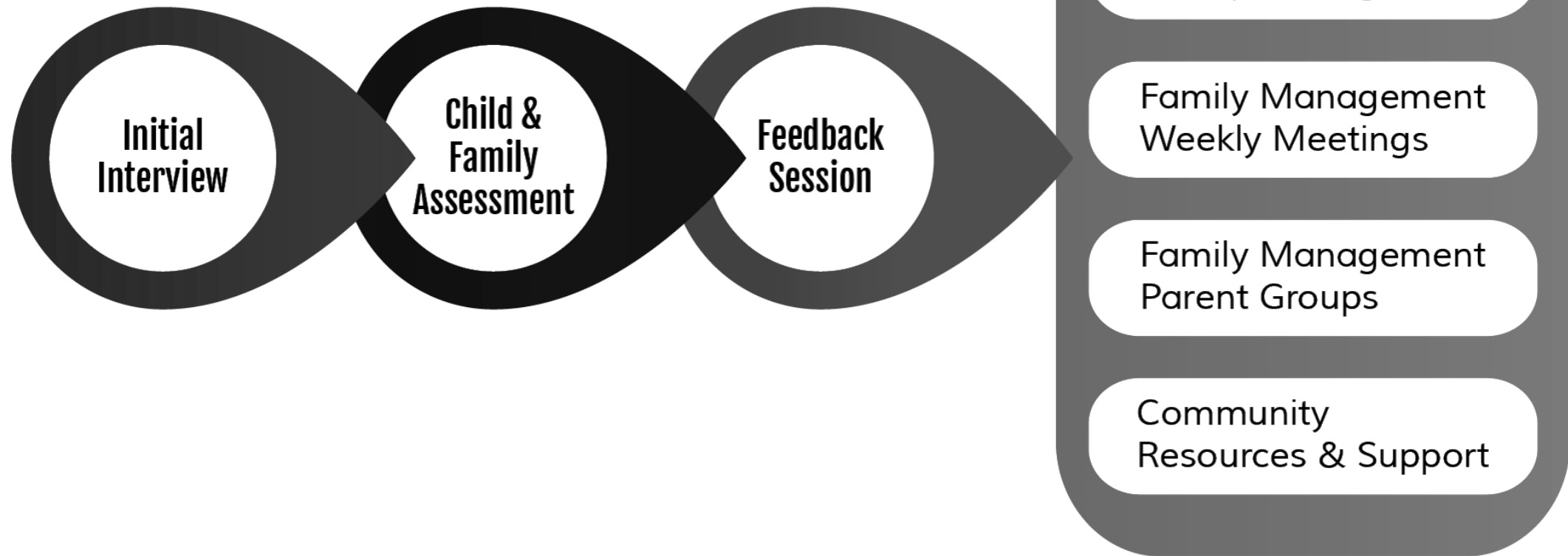
Were barriers and facilitators similar/different to those experienced in the U.S.?

04

Present Family Check-Up Implementation framework and discuss utility as a guide to cross-country transport of the Family Check-Up

OBJECTIVES

THE FAMILY CHECK-UP MODEL



FAMILY CHECK-UP REVIEW

- Brief, assessment-driven
- Improves parenting quality, family management practices, and parent mental health to reduce child problem behavior and difficulties
- Grounded in motivational interviewing
- Tailored to family's needs, strengths, and readiness
- Implementation fidelity rating system, the COACH



RESEARCH SUPPORT

Young Children

- Increases in parents' positive parenting and decreased maternal depression, led to reductions in child disruptive behavior
- Improvements in children's language development and inhibitory control
- Reductions in children's emotional distress
- Decreases in disruptive behavior in early childhood that increased parents' satisfaction with family relationships and perceived social support

RESEARCH SUPPORT

Adolescents

- Increases in parental monitoring, which reduced drug use into young adulthood
- Improved grades and attendance
- Decreases in family conflict and increased parental monitoring to decrease deviant peer association and antisocial behavior
- Positive effects on family relationship quality linked to less high-risk sexual behavior in early adulthood, an effect mediated by monitoring

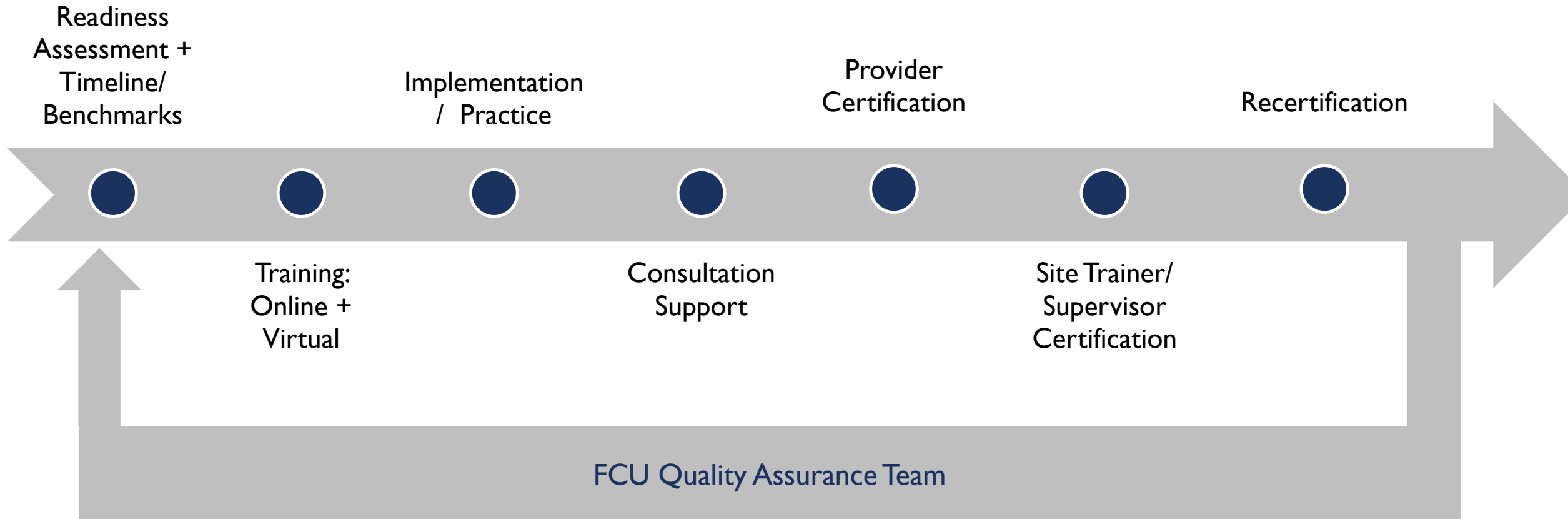


FCU SCALE-UP IN THE U.S. & ASU REACH INSTITUTE



Bridges the science-to-practice gap through development, redesign and adaptation of cost-effective, culturally competent, engaging evidence-based interventions and the necessary implementation support systems to sustain programs in our communities.

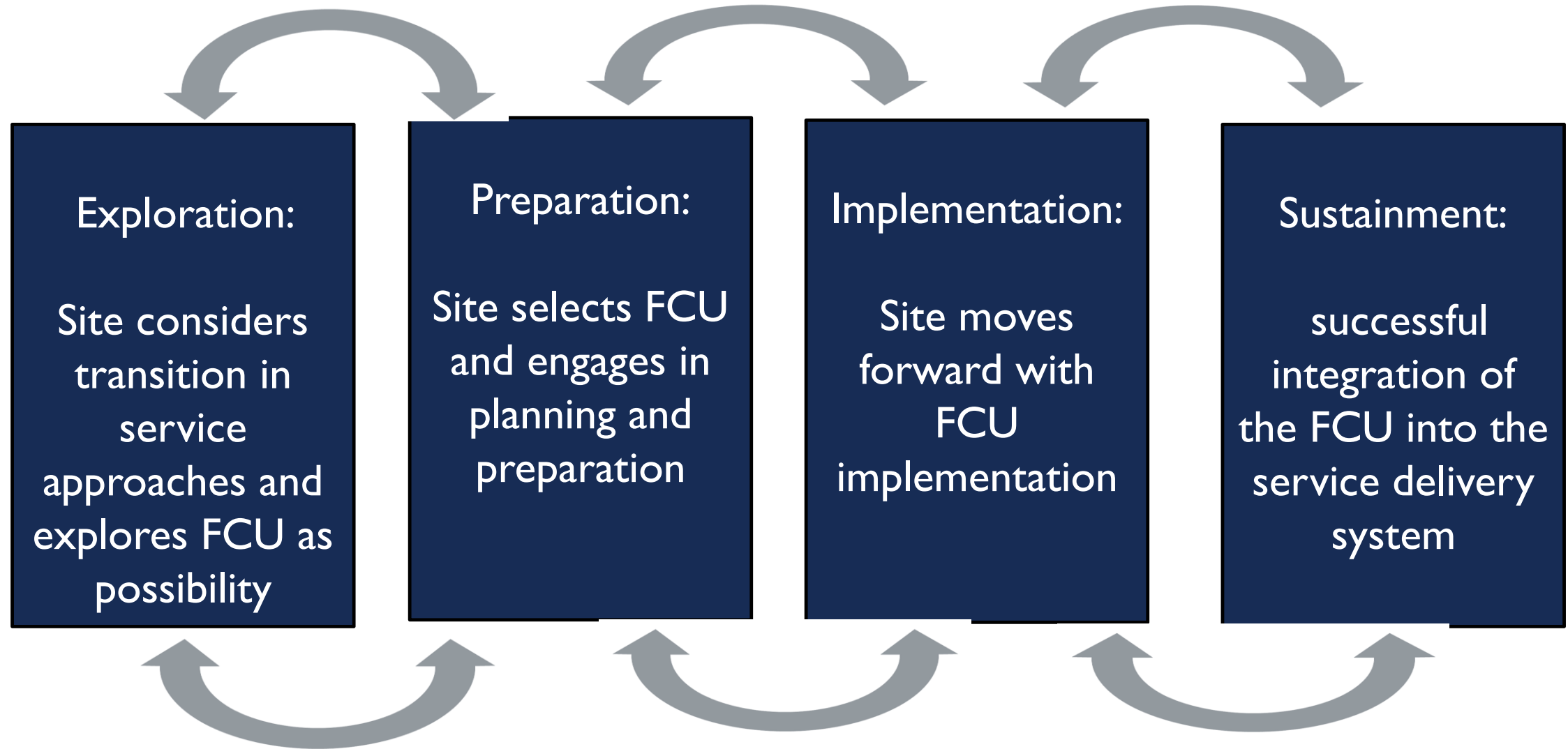
FCU IMPLEMENTATION PROCESS



FCU IMPLEMENTATION FRAMEWORK (IF)



- FCU Implementation Framework (IF) developed to support quality implementation
 - Development has been bottom-up, evolving based on conversations with the community
 - Integrates stages and “drivers”-based frameworks from implementation science
- Assess stage-specific barriers and facilitators for each driver and identify corresponding capacity-building activities
- Data-informed feedback loops are a key feature of the FCU IF
- FCU Implementation Support System, a digital data system to monitor implementation process and outcomes



FCU IMPLEMENTATION FRAMEWORK

NIRN's Implementation Drivers



Competency: Workforce development via selection, training, consultation, fidelity assessment support

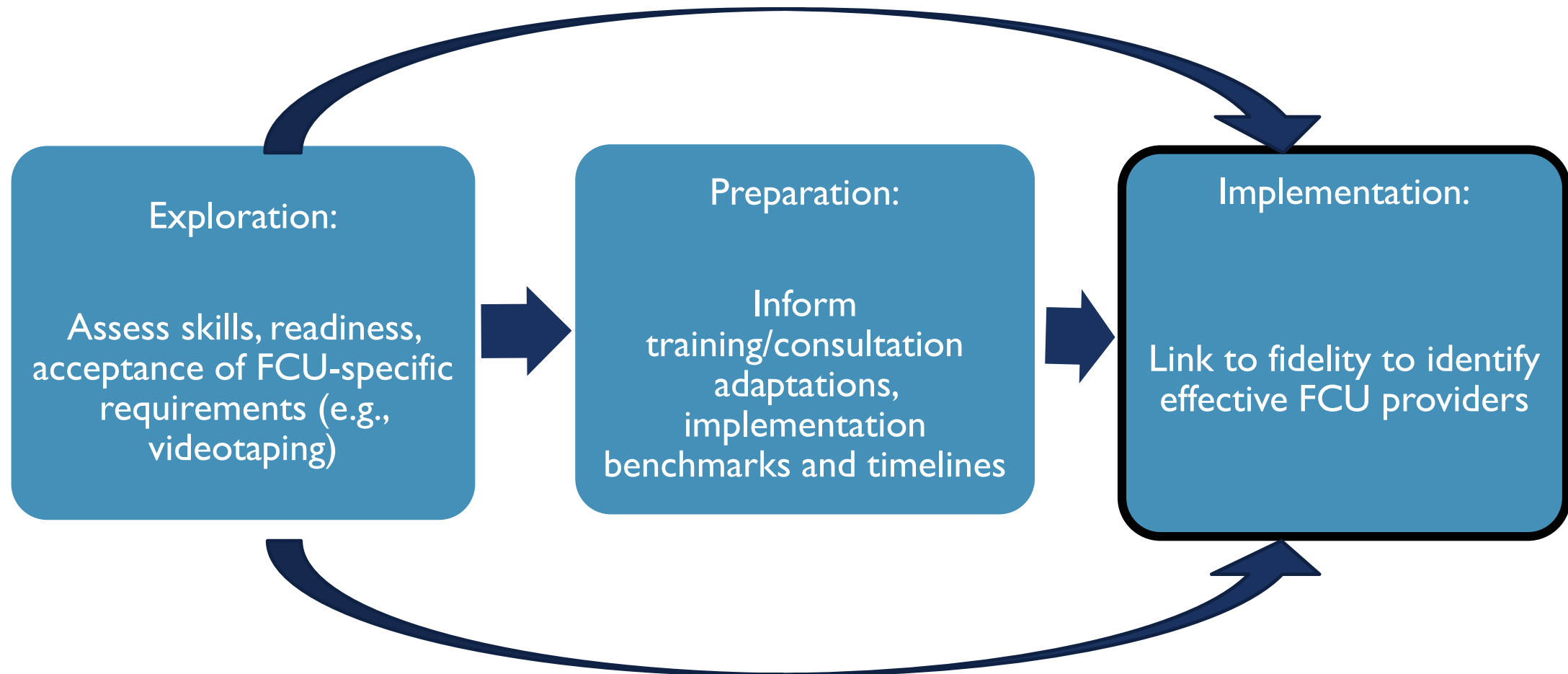


Organization: Infrastructure and systems to implement an EBP, systems-level interventions, data decision support systems

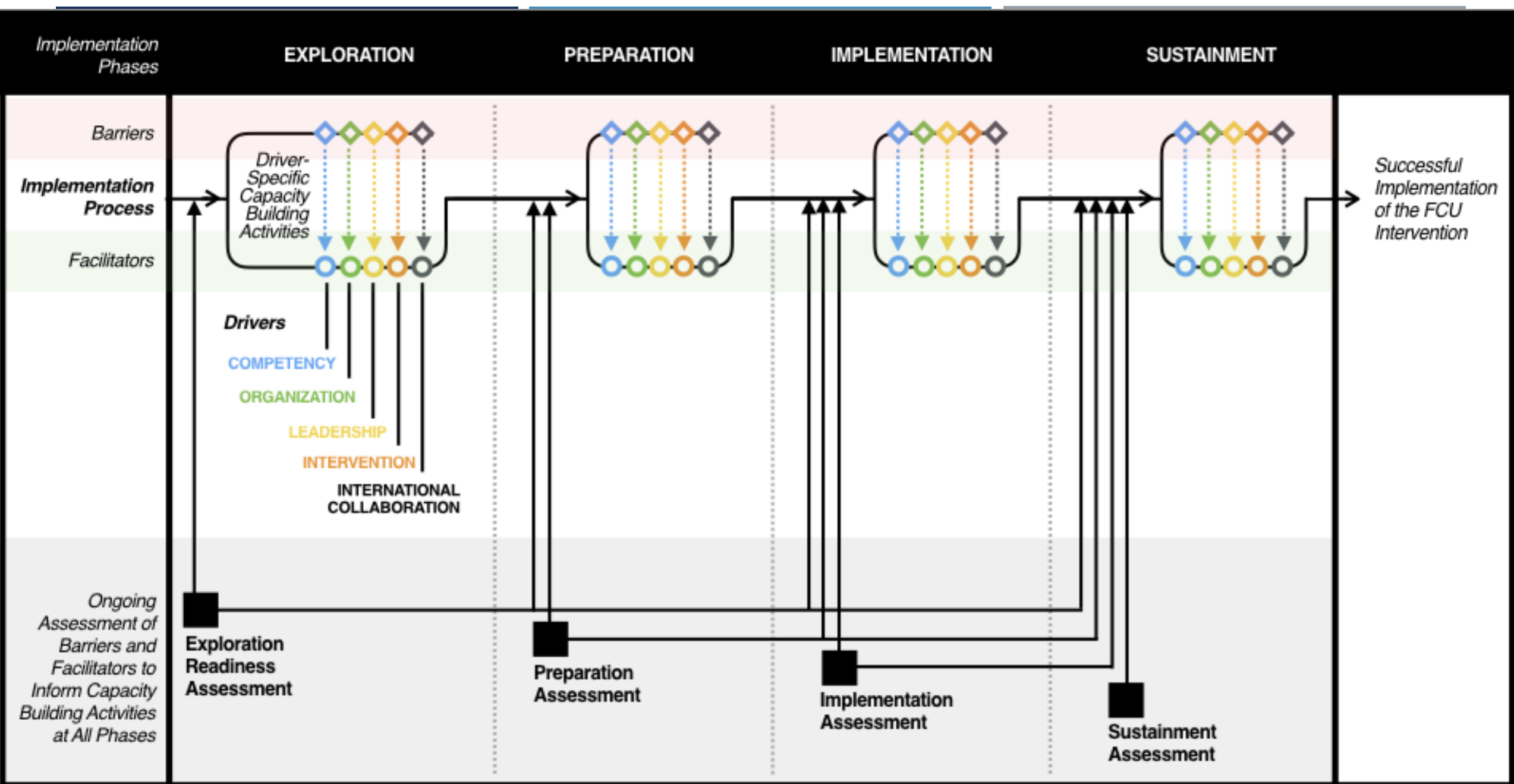


Leadership: Effective management and adaptive leadership that promote growth in a changing organizational context

FCU IMPLEMENTATION FRAMEWORK (IF)



Dishion & Mauricio, 2015; Mauricio, Dishion, Rudo-Stern, & Smith, 2015; Aarons, 2005; Chaudoir, Dugan, & Barr, 2013



FOCUS GROUPS & INTERVIEWS



- Conducted semi-structured interviews and focus groups
- U.S.-16 early adopting providers of the FCU in early phases of scale-up
- Sweden- team that led dissemination efforts
- Began with general, open-ended question about each driver (e.g., “what were your experiences training providers?”), followed by probing questions to clarify barriers and facilitators
- Flexible discussion that moved back and forth between drivers, as prompted by the participants

METHODS

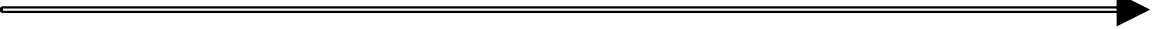


Data Analysis

- Transcripts coded by two independent coders using thematic analysis
- Step 1: Data excerpts extracted
- Step 2: Excerpts coded as a driver: Competency, Organization, Leadership OR related to FCU-specific factors or U.S.-Sweden collaboration
- Step 3: Coded as relevant to one or more of the implementation phases
- Step 4: Themes reflected in the data were specified
- IRRS $\geq 77\%$

RESULTS


- Barriers and Facilitators for each driver and phase
- Highlight Similarities and Differences across U.S. and Sweden
- Implications: Informs development of capacity-building activities

PROVIDER SELECTION

Exploration	Preparation	Implementation	Sustainment
	Pre-requisite skills/training <ul style="list-style-type: none"> • Family Systems /Developmental • <i>Micro-counseling Skills (U.S.)</i> • <i>No Technology experience (U.S.)</i> 		
	No Buy-In <ul style="list-style-type: none"> • Perception FCU is complex 	Provider Compatibility <ul style="list-style-type: none"> • Providers w/ no time for certification activities • <i>Org. role incompatible with FCU service delivery (U.S.)</i> 	
	No Buy-In <ul style="list-style-type: none"> • <i>Top-down administrative mandates (U.S.)</i> • <i>“Veteran: enough in their toolbox” (U.S.)</i> • <i>Inflexible in theory & practice (U.S.)</i> <i>Personality (e.g., conscientiousness, open to innovation; U.S.)</i> 		
		Staff turnover 	


Barriers

TRAINING

Exploration	Preparation	Implementation	Sustainment
	<p>Protected Time</p> <p>Belief that training strengthens general clinical competencies</p> <p><i>Iterative adaptations based on lessons learned, promote acceptability (Sweden)</i></p> <p><i>Emphasis on congruency with current practice (e.g., assessment enhances extant intake and treatment planning) (Sweden)</i></p>		
		<p><i>No train-the-trainer model to train new providers (Sweden)</i></p> <p>Staff turnover </p>	

Barriers

CONSULTATION/ CERTIFICATION

Exploration	Preparation	Implementation	Sustainment
	Participation in consultation soon after training		
		<i>No Protected Time (U.S.)</i> <i>Protected Time (Sweden)</i>	
		<i>Experience of certification and fidelity assessment as demanding & judgmental</i> <i>Mismatch between FCU consultation and typical consultation (e.g., videotaping) (U.S.)</i> <i>No organizational incentives for certification (U.S.)</i>	
		<i>Training in many EBPs decreased motivation to develop FCU expertise (Sweden)</i> <i>FCU certification was requested qualification in employment advertisements; this incentivized certification and maintained providers' practice (Sweden)</i> <i>Staff Turnover</i> 	
			<i>Peer supervision & quarterly conferences (Sweden)</i>

Barriers

LEADERSHIP

Exploration	Preparation	Implementation	Sustainment
<i>Championed the FCU to promote acceptability among organization, political, and economic systems (Sweden)</i>			
	Did not engage in readiness		
	Committed to FCU w/out understand how model aligned with agency practices, population, and service system so unable to promote policy changes to enhance usability and service system integration (U.S.)		
		<i>Because leadership was not engaged, they were unable to respond to barriers (e.g., poor client flow) (U.S.)</i>	

Barriers

Organization

Exploration	Preparation	Implementation	Sustainment
Administrators not involved in readiness/ committed to model without understanding it	<p>Absence of infrastructure and data systems to support implementation/ adherence, identify if model good fit</p> <p>Sites did not take advantage of FCU “power” , did not routinely monitor implementation and program outcomes</p> <p>Lack of administrative support for procedural and policy changes to support implementation</p> <p>Limited technology resources (U.S.)</p>		<p>Agencies recognized FCU certification developed providers’ capacities to better serve families; so certification was a desired qualification in job advertisements</p> <p><i>Continued fiscal support for training, consultation, implementation (Sweden)</i></p>
	Developing the implementation model amidst dissemination (Sweden)		
	Policies supported training, consultation, and certification activities as integral to providers’ role (Sweden)		

Barriers

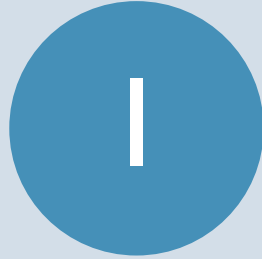
Organization

Exploration	Preparation	Implementation	Sustainment
<p><i>Mismatch between FCU and population, service system</i></p> <p><i>Legislative policies support shift to EBPs and corresponding allocation of monies (Sweden)</i></p>		<p>reorganization and leadership turnover within the purveyor organization</p> <p><i>No changes in expectations about provider productivity (U.S.)</i></p> <p>Incongruence between administrators and providers in terms of readiness <i>(Sweden)</i></p>	
<p>Administrator knowledgeable about and championing the FCU facilitated implementation</p> <p><i>No collaborations with community stakeholders linked to consumers' lack of awareness and low demand for the FCU (U.S.)</i></p>			
<p><i>Changes in policies or procedures to facilitate model usability and service system integration (U.S.)</i></p>			

Barriers

FCU-Specific Barriers/Facilitators

Exploration	Preparation	Implementation	Sustainment
FCU is culturally flexible-providers could adapt it to meet family/local needs			
<i>Affinity for home-grown models (Sweden)</i> <i>Met service gap (Sweden)</i>		Assessment-driven nature as a tool to select the optimal intervention Components of implementation (readiness planning) and intervention model complex (scoring assessment)	
<i>Parenting emphasis consistent with family-centered values (Sweden)</i>			
	Structure inconsistent with practice and theoretical orientation, belief it interferes with rapport, promoting resistance		
		Providers liked model because it improved general clinical competencies <i>Model complexity challenged integration into service delivery systems (U.S.)</i>	
Barriers			<i>Adaptability to scale out to multiple service systems (Sweden)</i>



Collaborative co-development of the training, consultation, and implementation models

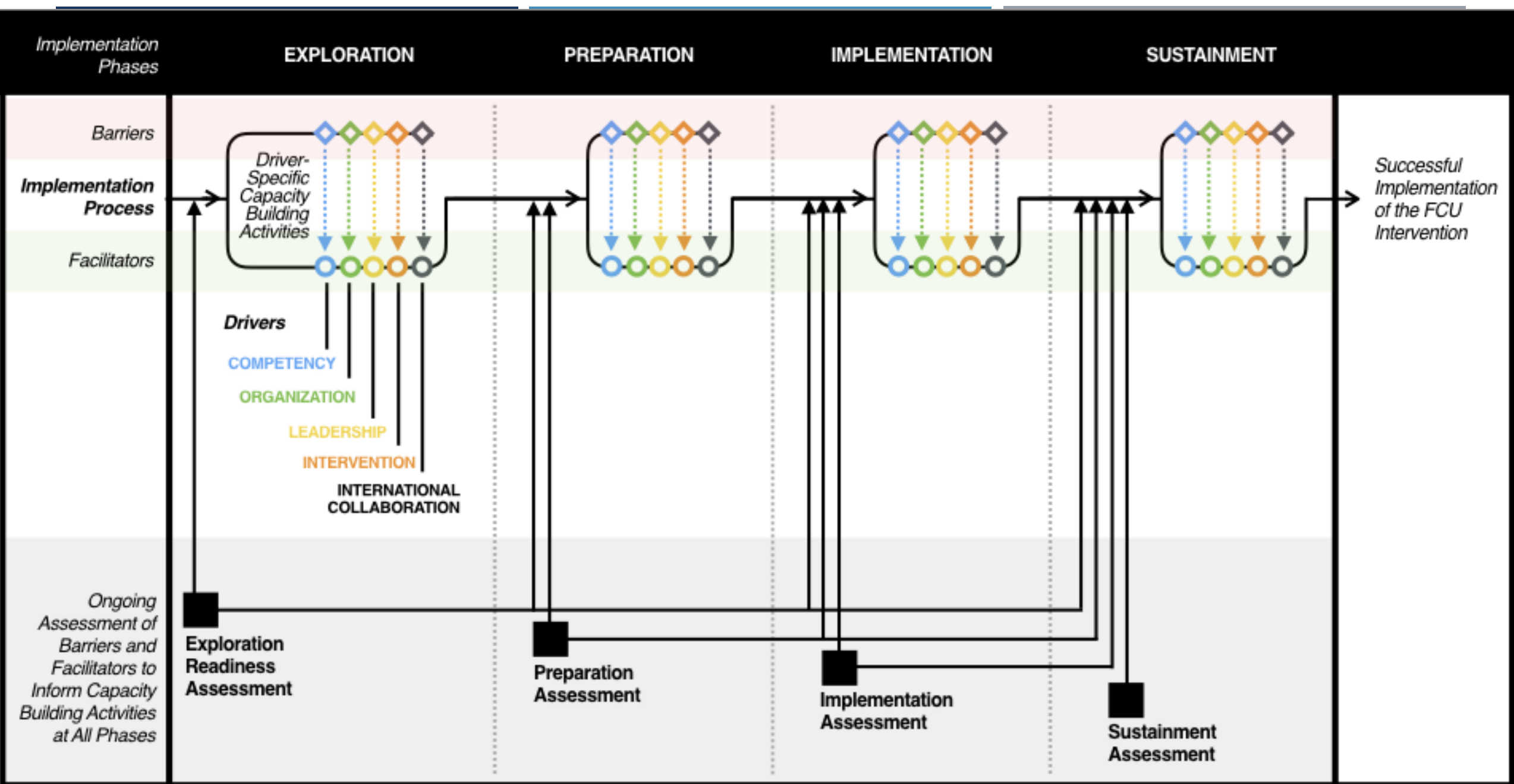
Resulted in a positive relationship between the U.S. and Swedish and sustained the Swedish team's motivation and enthusiasm to disseminate the FCU



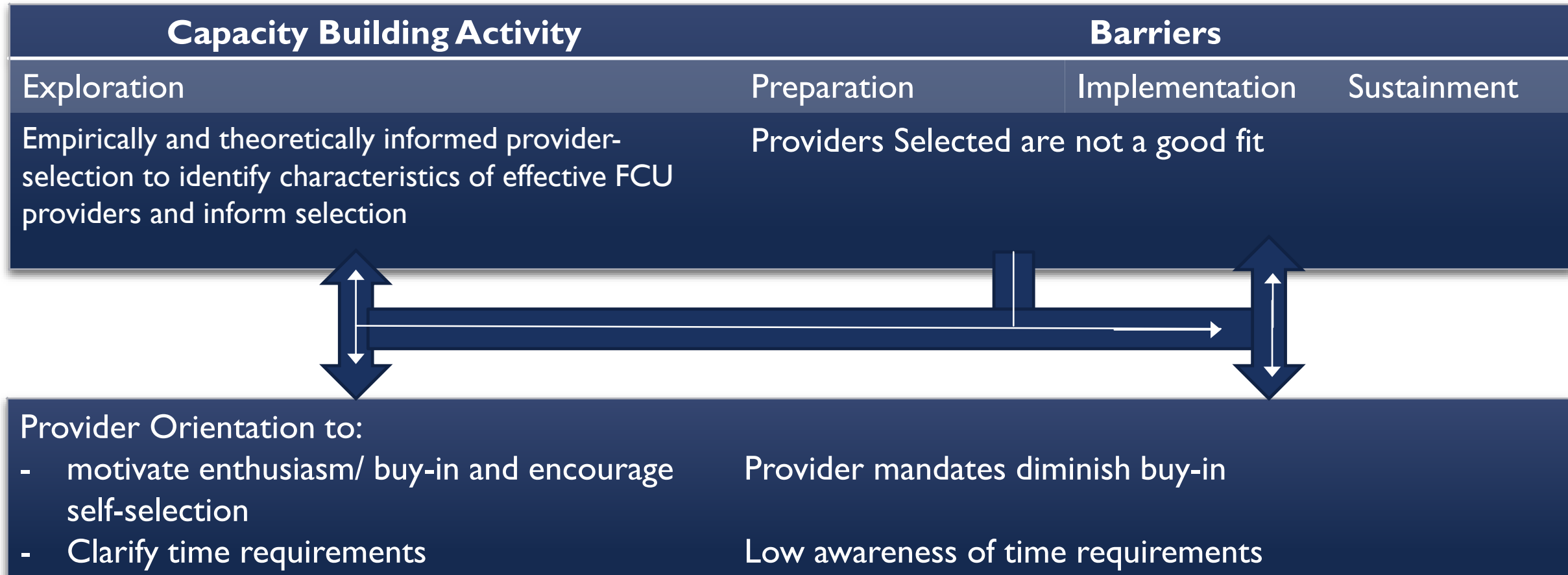
Program developer respected the Swedish team's autonomy as an international purveyor and supported Swedish-led, bottom-up adaptation

Process reinforced collaboration and promoted a positive relationship between partners

INTERNATIONAL COLLABORATION



Building Workforce Competency Capacities



Building Workforce Competency Capacities

Capacity Building Activity Barriers			
Exploration	Preparation	Implementation	Sustainment
	Train providers on the COACH and encourage its use in self-assessment and peer supervision	Resistance to certification/fidelity monitoring based on feeling judged	



CONCLUSIONS

- FCU IF is based on implementation models and frameworks that facilitate transport from research to community
- May have potential as a conceptual framework to guide what countries should assess and do at each phase of implementation to optimize cross-country transport of parenting EBPs
- More similar than different: Barriers and facilitators encountered in Sweden were also impactful in the United States
- Factors that influence implementation can traverse countries