Parent Training
Adaptations, sustainability and scaling up of PMTO in Norway

Panel V: Changing Contexts and Alternative Paradigms
Alternative models in family-focused interventions across systems, including international models
– how to integrate new and generalized knowledge into local settings

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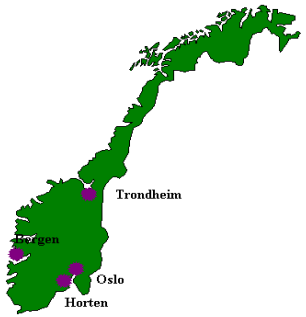
Overview

- Changing contexts: the transatlantic relevance of parenting programs and the Norwegian context,
- PMTO implementation – going to scale,
- The sustainability of program implementation quality and treatment fidelity across time and generations of therapists,
- Program adaptations: «Early interventions for children at risk».



The Norwegian context

- A population of about 5 million and one million children and youth under the age of 18 – but with many rural settings and long travel distances,
- The Norwegian and the Scandinavian welfare state is based on the principles of inclusion, equity, and decentralization,
- Included are free public health services for children and families and free education,
- Norway and the Scandinavian countries have been highly receptive to empirically supported interventions for children, youth and families,
- A long term governmental funding of the national implementation and research on Evidence-based-interventions (EBI), but also a high level of autonomy at the practitioner level and in the local communities.

The trans-atlantic relevance of parenting programs developed in the US

A governmental initiative was launched in Norway in 1999 with the goal of increasing the capacity and the competence of the child and adolescent service system to address the challenges of child conduct problems

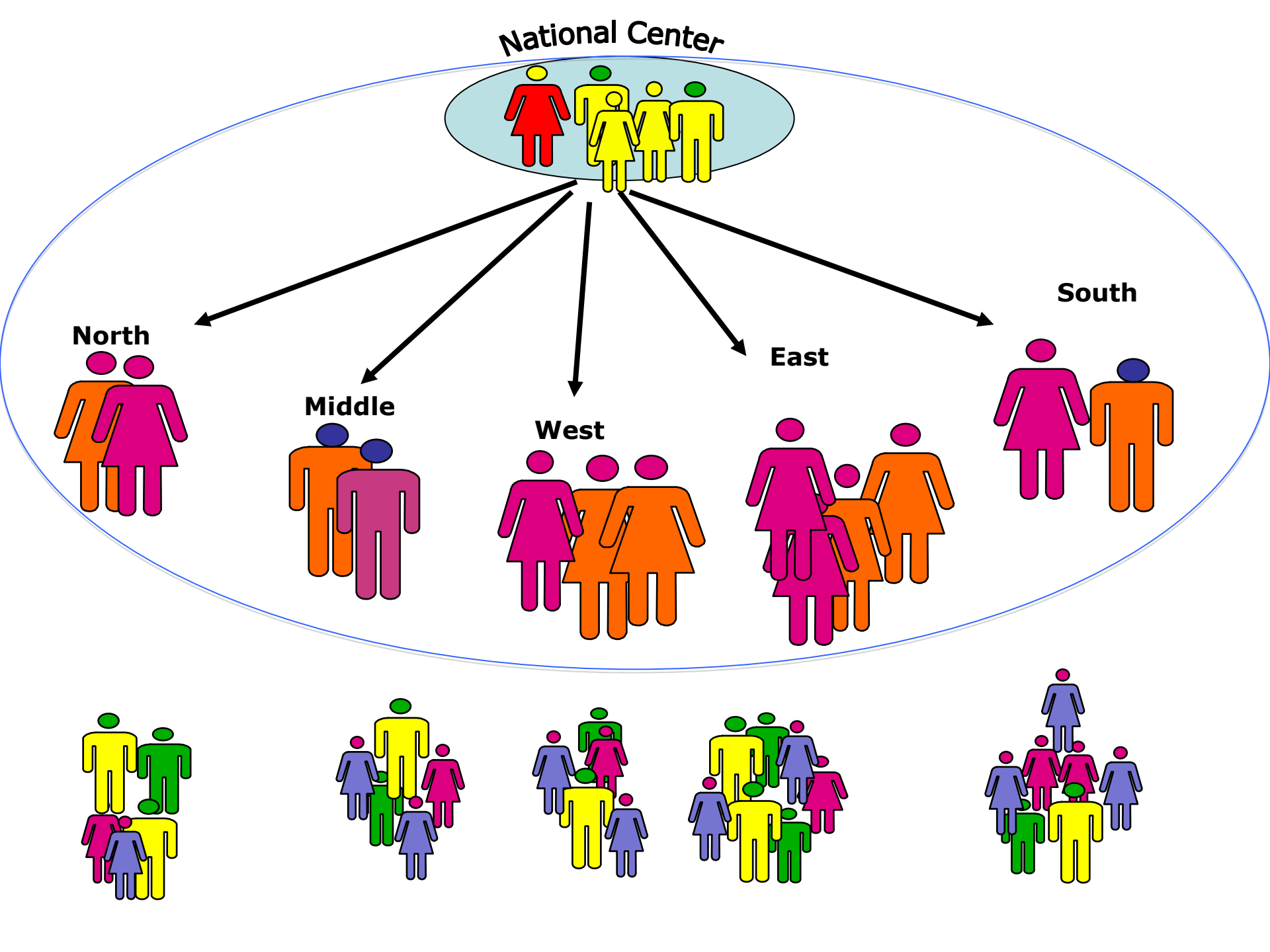
The aim was to decrease the use of incarcerations and out of home placements due to serious behavior problems by implementing family based empirically supported interventions (ESI's, e.g. Parent Management Training – the Oregon model),

Biglan,T., & Ogden, T. (2008). The evolution of evidence-based practices. *European Journal of Behavior Analysis*, 9, 1-15.

A nationwide implementation strategy

- A national self-sustaining center was established for the development, implementation and evaluation of ESI's,
- A strong implementation infrastructure was established with national implementation teams combining at "top-down" and "bottom-up" approach,
- Trainees were recruited through the regular child and adolescent services across Norway,
- Procedures were established for the sustained recruitment, training, supervision and evaluation of practitioners, and also the implementation, maintenance and quality assurance of empirically supported programs.

Ogden, T., Forgatch, M., Askeland, E., Patterson, G. R., & Bullock, B. M. (2005). Implementation of Parent Management Training at the national level: The case of Norway. *Journal of Social Work Practice*, 19, 317-329.


National Center
North
Middle
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South

Scaling up:
From effectiveness to nationwide implementation

- A full scale RCT replication study was conducted and demonstrated the short term (Ogden & Hagen, 2008) and long term (Hagen, Ogden & Bjørnebekk, 2011) effectiveness of PMTO,

- A large scale implementation study of PMTO was conducted in order to examine the sustainability of implementation quality and treatment fidelity across 3 generations of therapists (Forgatch & DeGarmo, 2001) and over time (Hukkelberg & Ogden, 2013),

- Despite larger heterogeneity among the service providers and in the target population, no drop in treatment fidelity or attenuation of program effects were detected,

- Three generations for PMTO therapists contributed to this study, and three more generations have been trained.

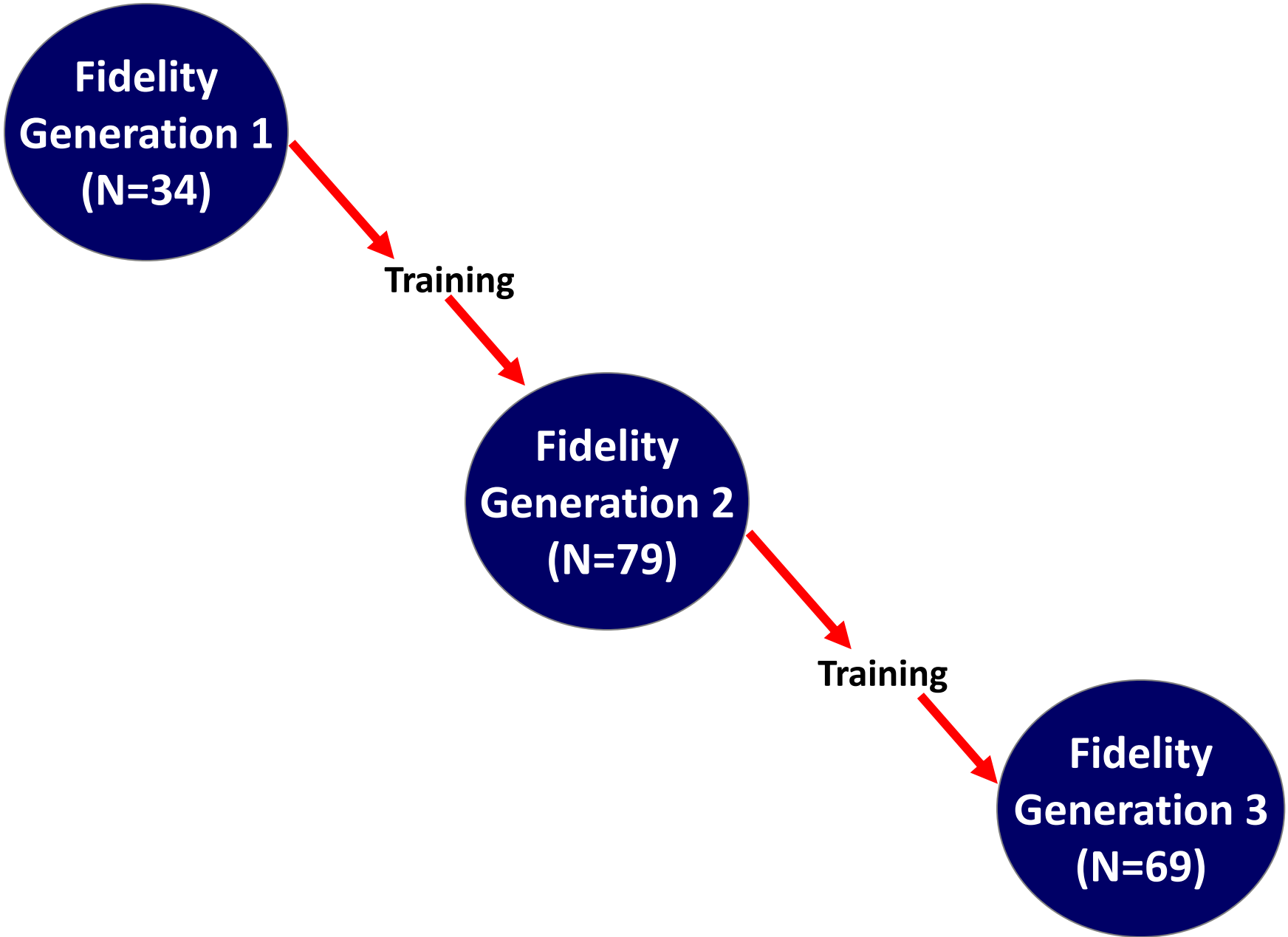
Ogden,T., & Amlund-Hagen, K. (2008). Treatment effectiveness of Parent Management Training in Norway; A randomized controlled trial of children with conduct problems. *Journal of Consulting and Clinical Psychology* 76, 607-621.

Comparing behavioral change in the PMTO effectiveness study and the PMTO implementation study

	Dissemination group (1)		Effect group (2)		Treatment effect		
Variable	Pretreatment *M (SD)*	Posttreatment *M (SE)*	Pretreatment *M (SD)*	Posttreatment *M (SE)*	*df*	*F*	*p*
Parent reports:							
CBCL EXT	23.33 (9.21)	16.64 (.63)	26.05 (10.43)	17.91 (1.07)	3/206	1.02	.314
CBCL INT	13.10 (8.06)	9.69 (.51)	13.59 (9.07)	11.52 (.87)	3/206	3.31	.070*
SSRS[1]	89.47 (11.66)	94.61 (.76)	86.30 (11.18)	91.34 (1.31)	4/249	4.37	.038*
PDR	23.70 (12.02)	14.69 (.83)	25.04 (12.97)	16.99 (1.36)	3/193	2.08	.151
Teacher reports:							
TRF EXT	20.28 (15.35)	19.59 (1.00)	25.41 (14.09)	17.26 (1.69)	4/181	1.41	.236
TRF INT	8.88 (6.73)	9.17 (.58)	10.46 (7.96)	7.65 (1.07)	3/147	1.54	.216
SSRS TEA*	70.14 (10.53)	69.71 (.75)	65.82 (9.76)	71.04 (1.25)	4/179	.82	.365

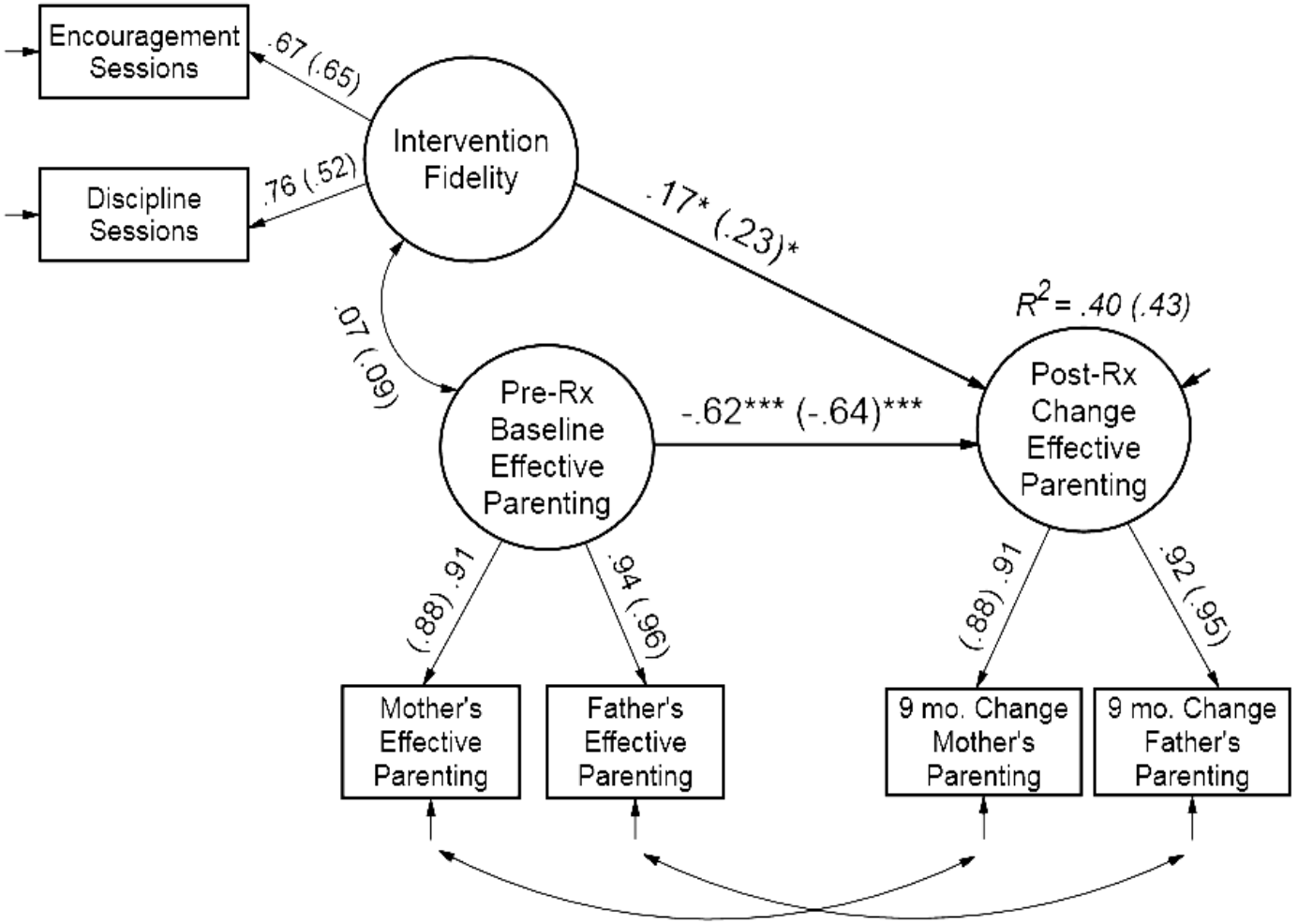
Participants were 1) three generations of therapists (N=197) 2) families in the effectiveness trial (N=59) and 3) families in implementation study (N=264)

Fidelity Drift Across Generations



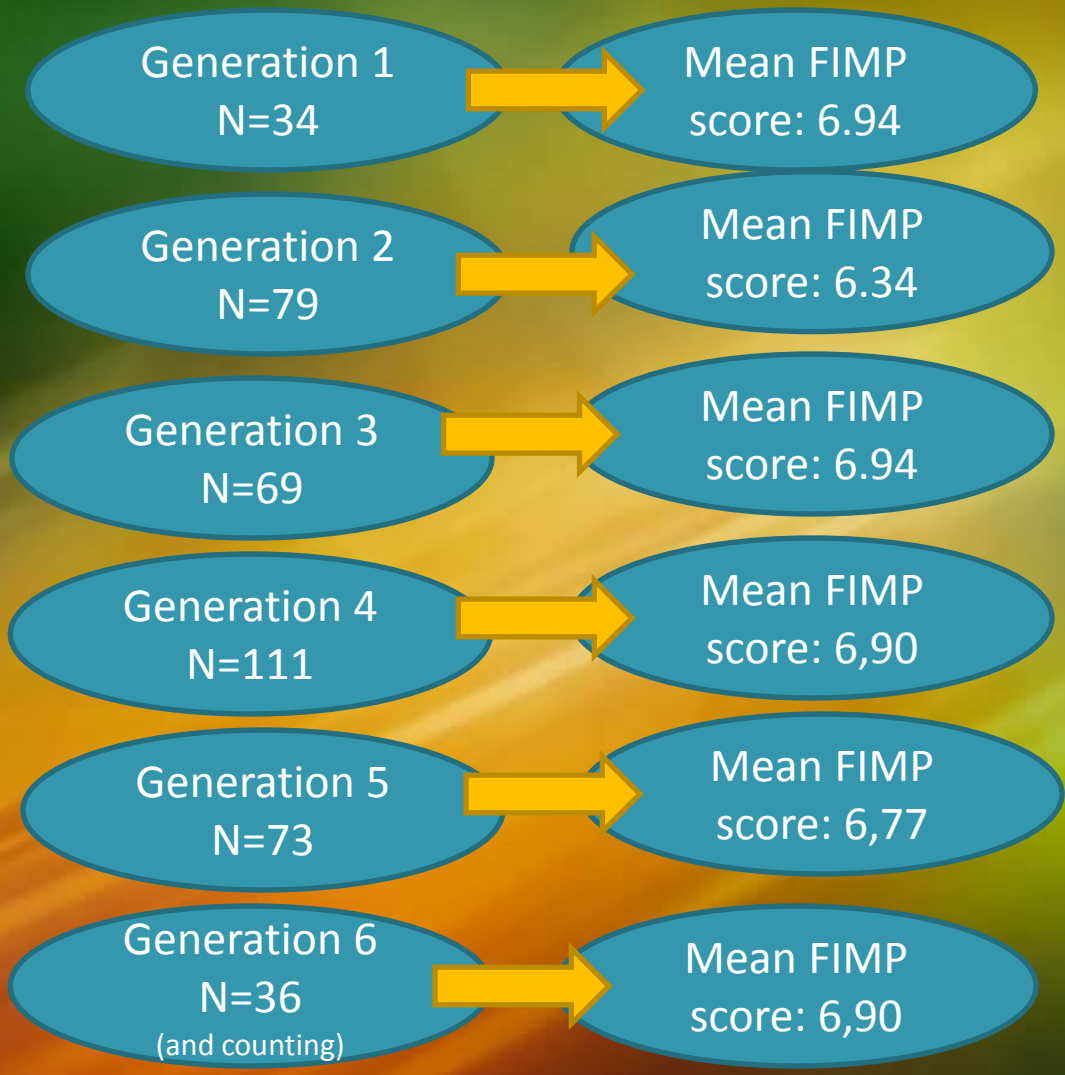
Sustaining fidelity across 3 generations of PMTO therapists

Forgatch,M.S. & DeGarmo, D. (2011) *Prevention Science, 12*, 235-246**.**



Paths are standardized beta coefficients. Multilevel parameters adjusting for clustering in parentheses. χ^2 (4) = .63, *p* = .96; comparative fit index (CFI) = 1.00; root mean square error of approximation (RMSEA) = .00; ****p* < .001; **p* <.05. N=242 Families; 110 Interventionists

Sustainability of treatment fidelity across 6 generations of therapists (1999-2014)



FIMP: Fidelity of Implementation Rating System:

A rating system that evaluates a therapist's competent application of PMTO during intervention.

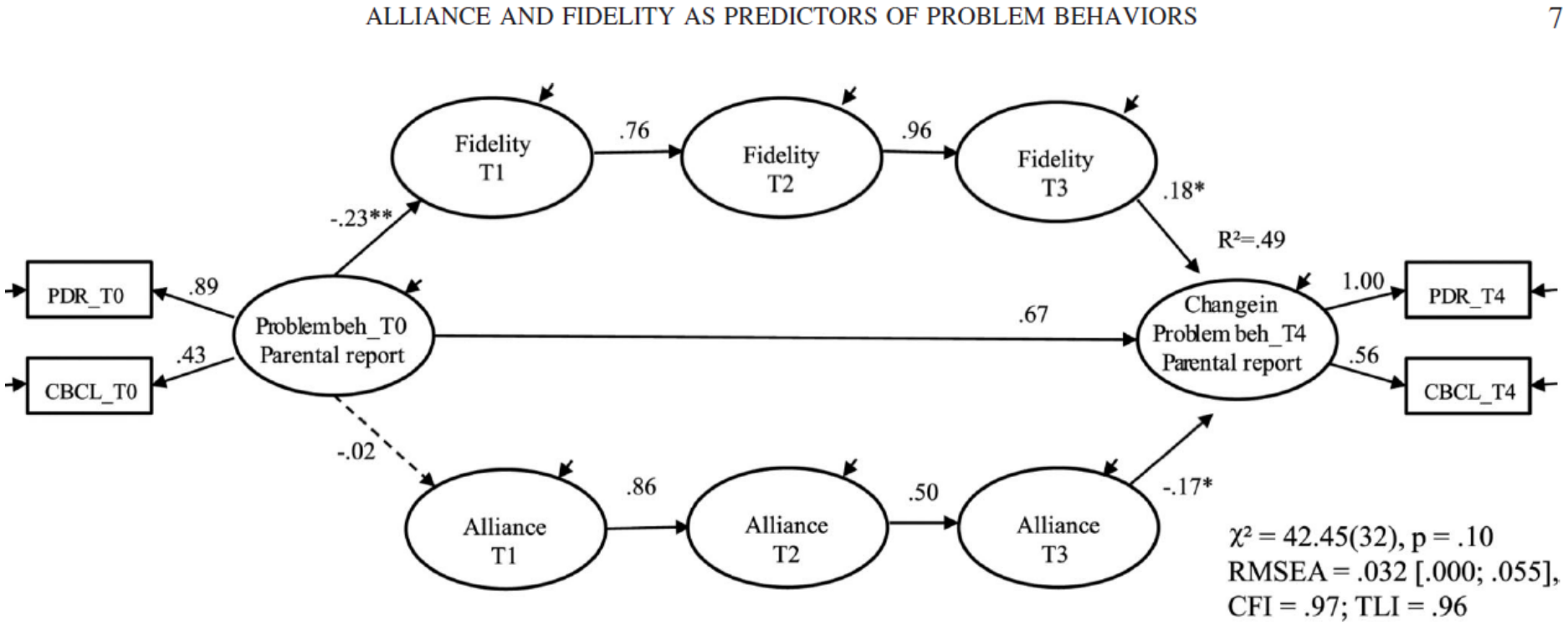
Ratings are based on direct observation of the therapist's work with families.

Range: 1 – 9 points

Uses video recordings of therapy sessions.

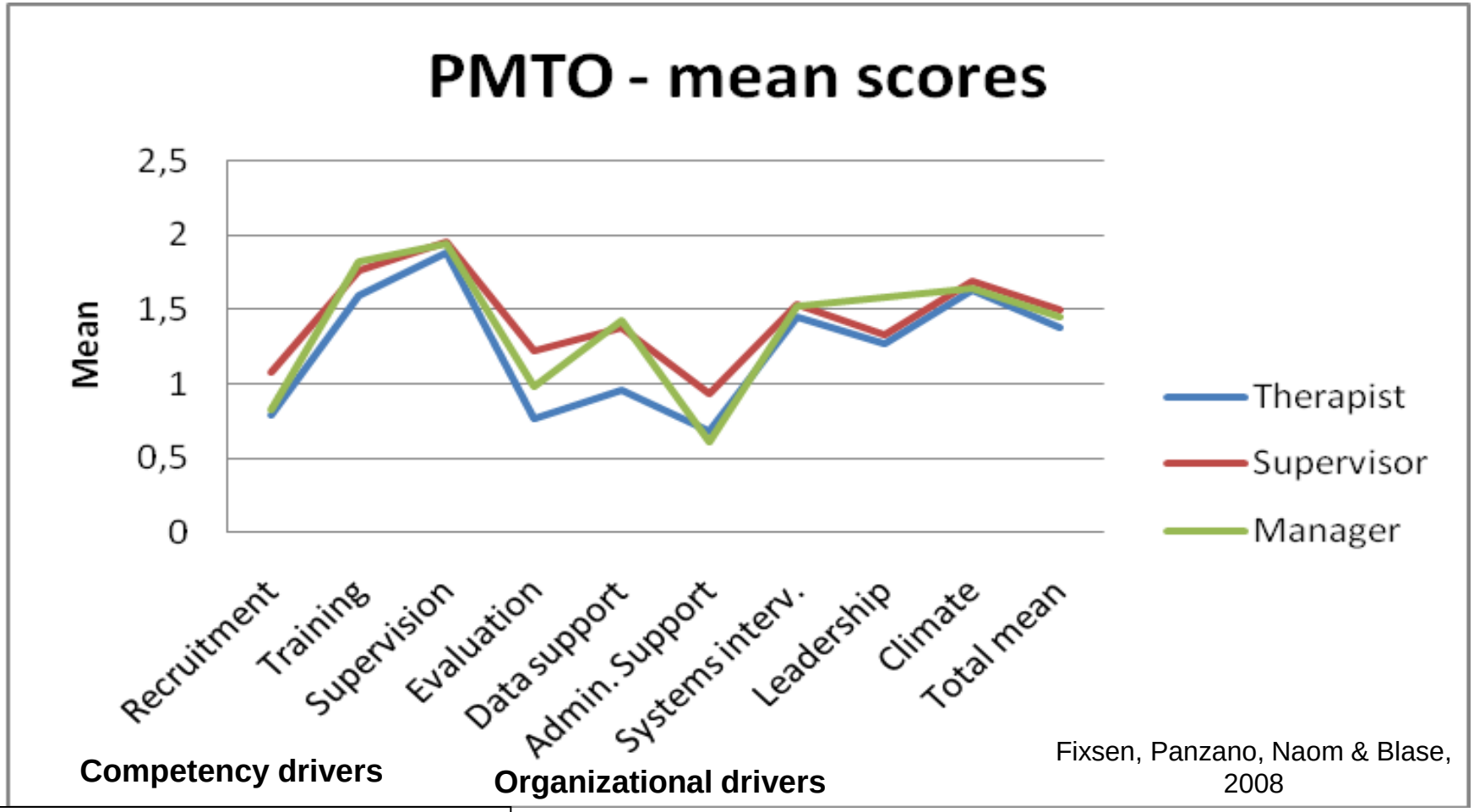
(Knutson, Forgatch & Rains, 2003)

Sustaining fidelity over time

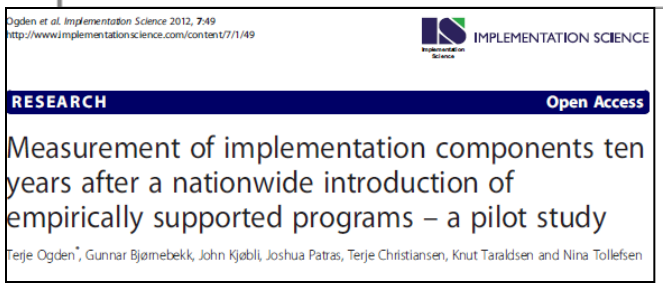


Hukkelberg, S. S., & Ogden, T. (2013). Working Alliance and Treatment Fidelity as Predictors of Externalizing Problem Behaviors in Parent Management Training. *Journal of Consulting and Clinical Psychology*, *81*(6), 1010–1020

Implementation drivers ten years after introduction



Fixsen, Panzano, Naom & Blase, 2008


Ogden et al. Implementation Science 2012, 7:49
http://www.implementationscience.com/content/7/1/49

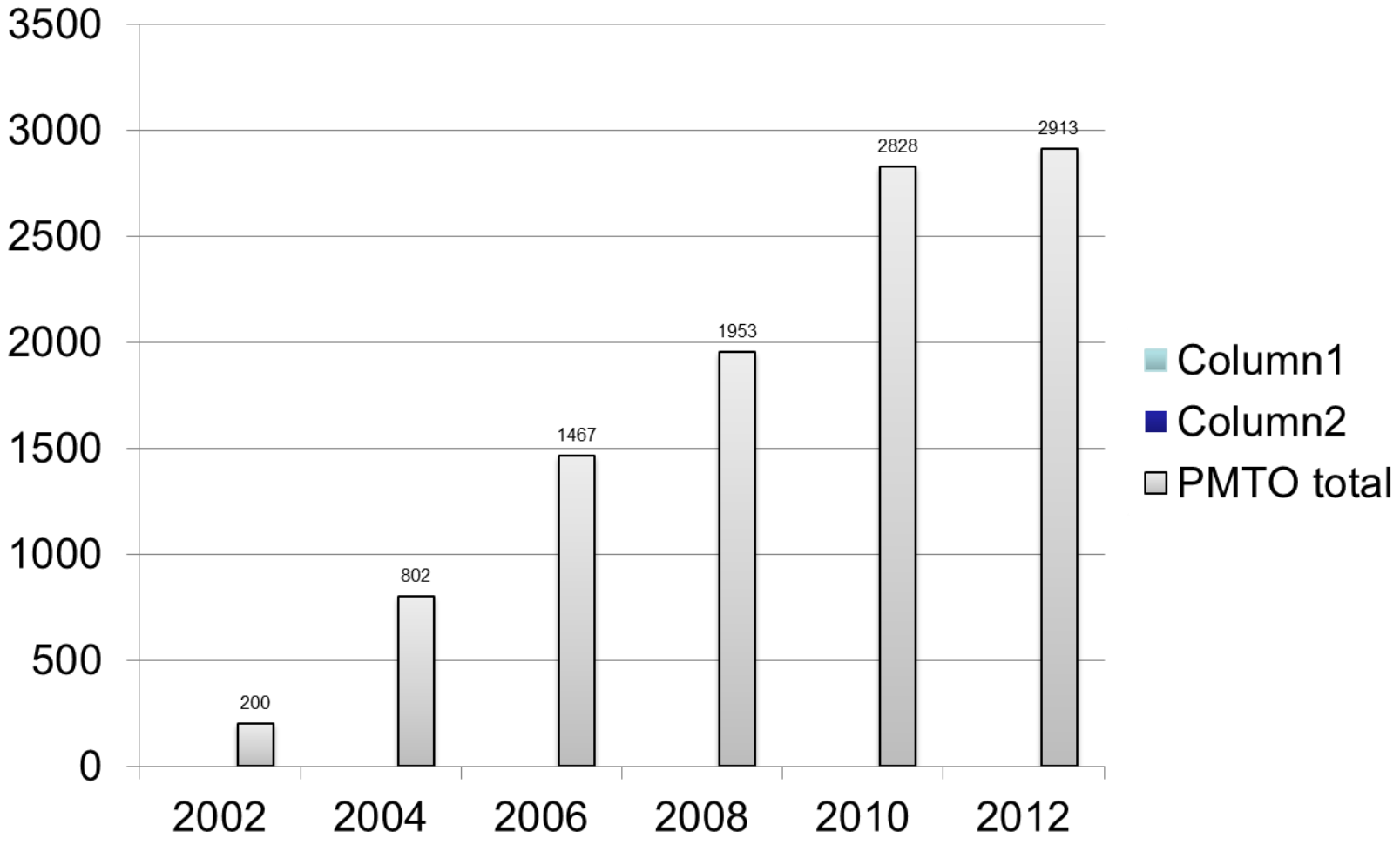
IMPLEMENTATION SCIENCE

RESEARCH Open Access

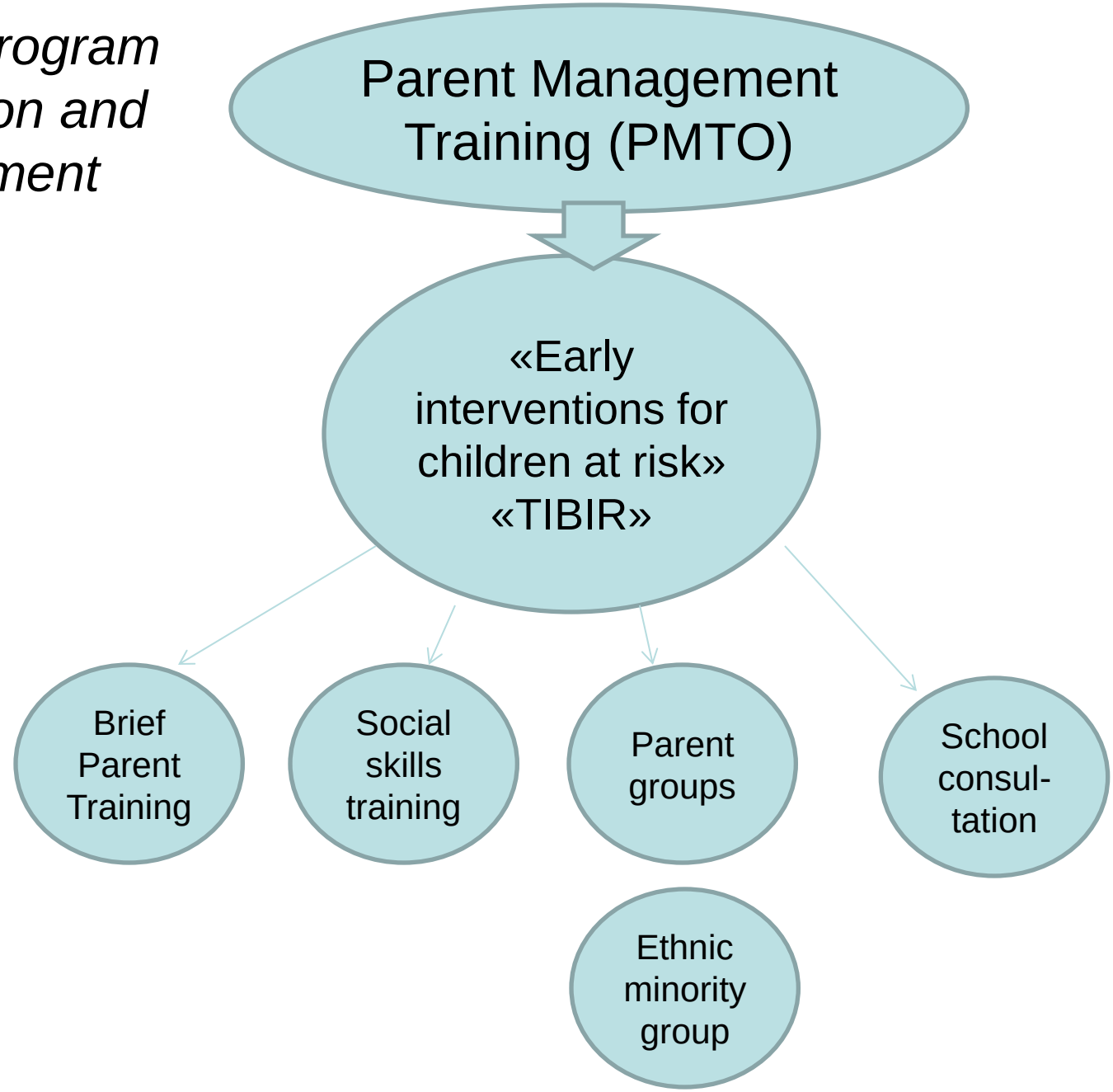
Measurement of implementation components ten years after a nationwide introduction of empirically supported programs – a pilot study

Terje Ogden*, Gunnar Bjørnebekk, John Kjøbli, Joshua Patras, Terje Christiansen, Knut Taraldsen and Nina Tollefsen

Number of families receiving PMTO per year



PMTO program adaptation and development



Program adaptation: Early Interventions for Children at Risk

- Early intervention for children is a community wide program which aims at the rapid identification and intervention of child conduct problems,

- The program is implemented in a variety of primary care settings like public child health clinics, schools and kindergartens, with a low threshold for intake, and fewer sessions with lower intensity and shorter duration than full scale PMTO,

- Based on PMTO principles, 1) the training of key personnel in the municipal child services, 2) the development of training and intervention manuals, 3) the description of core intervention components,

- By 2014: 1237 practitioners are active in 81 (out of 430) municipalities,

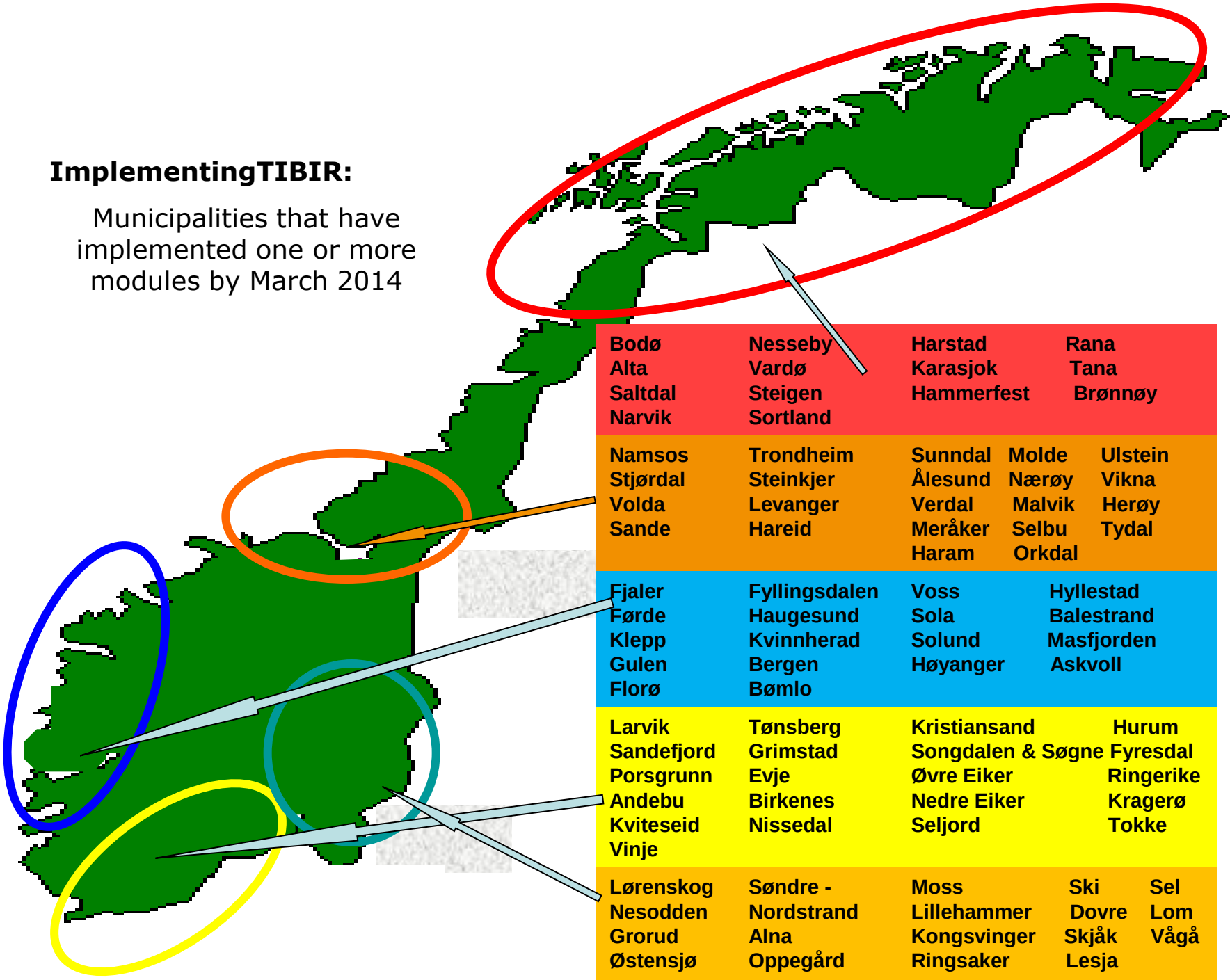
Solholm, R., Kjøbli, J. & Christiansen, T. (2013). Early Initiatives for Children at Risk – Development of a program for the prevention and treatment of behavior problems in primary services. *Prevention Science*, 14(6), 535–544.

Establishing a continuum of interventions: PMTO and adapted short term preventive interventions by local services

Intervention components	Training of practitioners	Target group	Research
PMTO (full scale)	20 days training over 18 months while receiving supervision on clinical work with five or more families	**Parents** with children aged 4-12	RCT: Ogden & Hagen, 2008
Brief parent training	9 days training over 6 months followed by 6 months supervision of practitioners in local services	**Parents**	RCT: Kjøbli & Ogden, 2012
Social skills training	6 days training and supervision over 6 months	**Children**	RCT : Kjøbli & Ogden, submitted
PMTO group intervention for minority families	Certified PMTO therapists and 5 days training of bi-lingual link workers	**Ethnic Minority Mothers**	RCT: Bjørknes & Manger, 2013
PMTO group intervention	2 days training of certified PMTO therapists	**Parents**	RCT: Kjøbli, Hukkelberg & Ogden, 2013
Consultation to practitioners in schools and child care	4 days consultation training for PMTO therapists and counselors in local services	**Staff in schools and child care**	RCT: In progress

ImplementingTIBIR:

Municipalities that have implemented one or more modules by March 2014



Bodø	Nesseby	Harstad	Rana
Alta	Vardø	Karasjok	Tana
Saltdal	Steigen	Hammerfest	Brønnøy
Narvik	Sortland		

Namsos	Trondheim	Sunndal	Molde	Ulstein
Stjørdal	Steinkjer	Ålesund	Nærøy	Vikna
Volda	Levanger	Verdal	Malvik	Herøy
Sande	Hareid	Meråker	Selbu	Tydal
		Haram	Orkdal	

Fjaler	Fyllingsdalen	Voss	Hyllestad
Førde	Haugesund	Sola	Balestrand
Klepp	Kvinnherad	Solund	Masfjorden
Gulen	Bergen	Høyanger	Askvoll
Florø	Bømlo		

Larvik	Tønsberg	Kristiansand	Hurum
Sandefjord	Grimstad	Songdalen & Søgne	Fyresdal
Porsgrunn	Evje	Øvre Eiker	Ringerike
Andebu	Birkenes	Nedre Eiker	Kragerø
Kviteseid	Nissedal	Seljord	Tokke
Vinje			

Lørenskog	Søndre -	Moss	Ski	Sel
Nesodden	Nordstrand	Lillehammer	Dovre	Lom
Grorud	Alna	Kongsvinger	Skjåk	Vågå
Østensjø	Oppegård	Ringsaker	Lesja	

Program adaptations: Brief Parent Training (BFT)

- Brief Parent Training (3-5 sessions) was delivered by regular staff in municipality child and family services (Kjøbli & Ogden, 2012),
- In a clinical trial 216 children (3-12 years) and their parents were randomly assigned to BPT or a comparison group, with significant parent reported intervention effects, but no intervention effects reported by teachers,
- Six months after BPT, the follow-up findings suggest that the beneficial outcomes were sustained on most child and parent variables (Kjøbli & Bjørnebekk, 2013).
- The results indicate that BPT produces positive and sustainable outcomes in real-world settings in Norway

Kjøbli, J., & Ogden, T. (2012). A Randomized Effectiveness Trial of Brief Parent Training in Primary Care Settings. *Prevention Science,* 13(6), 616-626.

Kjøbli, J. & Bjørnebekk, G. (2013). A randomized effectiveness trial of Brief Parent Training: Six-month follow-up. *Research on Social Work Practice*, 23(6), 603–612.

Program adaptations: Parent groups for ethnic minority mothers

- In Group Parent Training of minority group mothers, the participants: 96 mothers and their children (3-9 years) were randomized to PMTO or wait-list condition (WLC) and received 18 weekly sessions of group training,
- Families were recruited in community meetings, through public services and by bilingual recruitment teams through their networks,
- Mothers receiving PMTO significantly improved their parental practices and their children exhibited fewer conduct problems at home compared to children in the WLC,
- The findings, however, did not generalize to kindergarten or school, but mothers and teachers co-identified very few children with conduct problems.

Bjørknes, R., & Manger, T. (2013). Can parent training alter parenting practices and reduce conduct problems in ethnic minority children? A randomized controlled trial. *Prevention Science, 14,* 52-63.

Gaps in the science:
Barriers to implementation and sustainability

- Reach: Although 3,5% percent of children under the age of 18 have CD/ODD, only 0,4 per cent are receiving treatment,
- Families who drop out from treatment and children who do not respond to treatment (e.g. emotional dysregulation),
- Sustainability of programs (program drift) and practitioner turnover,
- Integration of common elements across EBI's, interventions (e.g. MATCH),
- Generalization from home to schools and kindergartens.

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