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Implementing Parenting Programs:

Challenges in Regular Care

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Research has spent several decades developing effective group-based parenting programs. Unfortunately, they largely fail to be fully implemented within regular care. Both their format of the programs and the implementation process poses challenges, for research as well as for stakeholders within regular care. These challenges need to be recognized and taken into account before the programs can be expected be fully implemented and used to prevent children's mental health problems.

Over the past forty years several group-based parenting programs targeting children's externalizing behaviors has been developed (e.g., Tuning in to Kids, Comet, Strengthening Families Program (SFP), Connect, Parent Management Training Oregon Model (PMTO), Triple P, Incredible Years (IY)). Many of these programs have been extensively and rigorously tested and the findings suggest that parenting programs decrease children's externalizing problems. Nonetheless, the programs have largely failed to be implemented within regular health care and the question is why?

Group-based parenting programs are, commonly, highly structured and manualized parent training where parents meet for weekly evening session over several subsequent weeks. This might, however put extra strain on the hosting care unit. For example:

· **recruitment of parents**
· **provision of meals, child care and transportation**
· **group leaders working evenings**
· **staff selection**
· **initial costs involving group leader training**
· **staff turnover**

Hence, despite the benefits of the parenting programs, their implementation still involves considerable effort and adjustment of the host organization which might hamper program implementation.

Picture 1. Parents attending a session of a parenting program

Previous research has mostly evaluated how program adaptation, fidelity and adherence affect program outcomes. Only recently the influence of other aspects of the implementation process has been evaluated, for instance:

· **knowledge dissemination**
· **group leader training**
· **organizational readiness**

Even though the existing research is explorative and the scientific rigor is relatively low it still consistently show that a well conducted program implementation influence program outcomes positively, for instance, by affecting parental attendance.

Hence, implementation matters and is important. But research has not yet addressed the strains put on the host organization.

Figure 1. The preventive intervention research cycle (adapted from Mrazek & Haggerty, 1994)
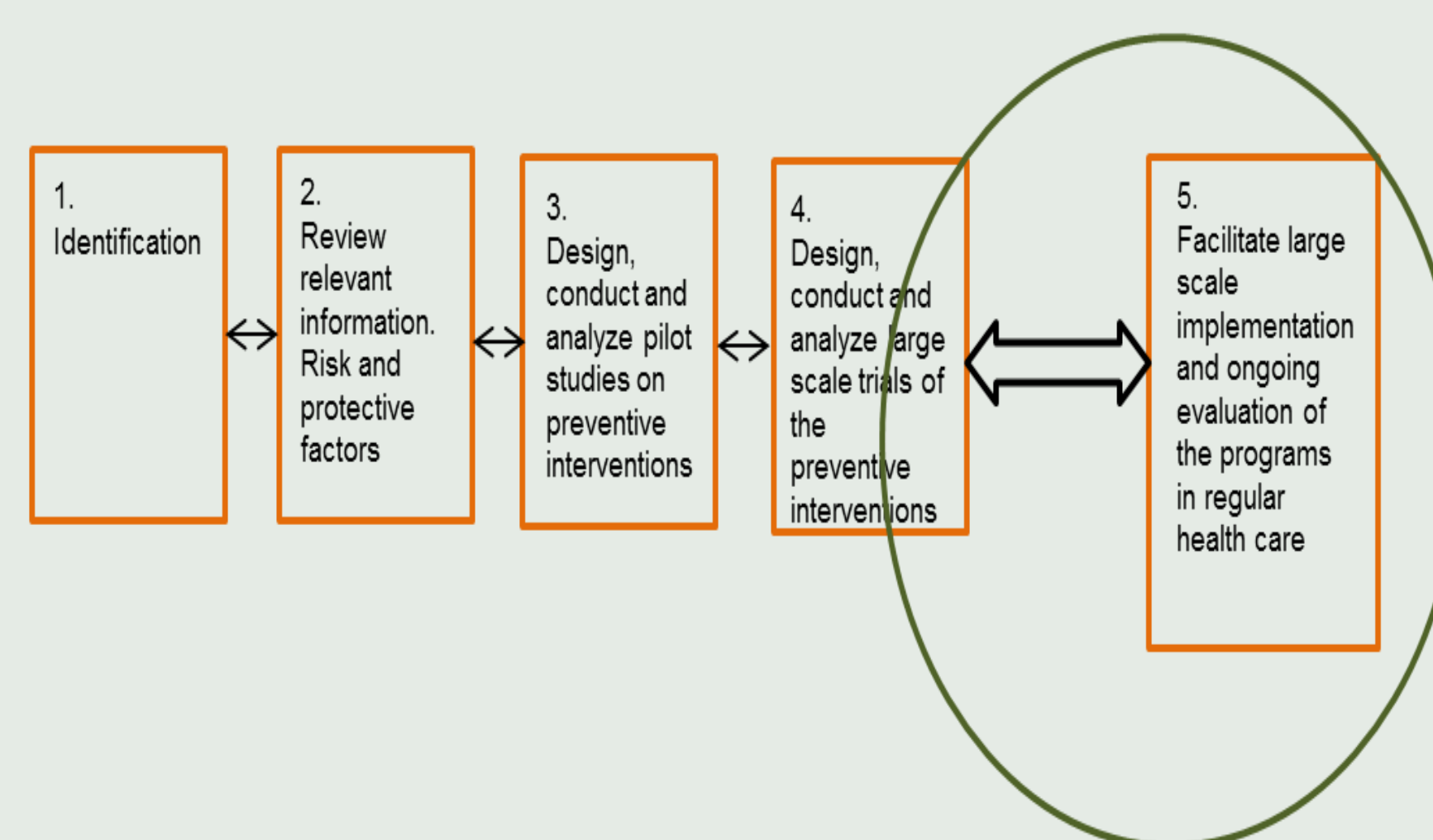

Figure 1 illustrates where in the prevention intervention cycle future research on parenting programs need to put extra focus. Otherwise there is a risk that the parenting programs that has been developed stays within the "laboratories" and never reach the other side of the gap. Implementation research in other areas suggests other influential factors as well, such as:

· **marketing and communication**
· **capacity/support**
· **fit**
· **feasibility**
· **cost-effectiveness**
· **Sustainability**

However, to date, concerning parenting programs there are no research on how these factors might influence them or their implementation. Even though this poses a substantial challenge for future research some work on how to approach implementation has been done within the prevention field (e.g., GTO, ISF, PROSPER). These approaches are probably valuable starting points. However, first research and stakeholders within regular care need to recognize their potential as implementation tools.

Conclusion

To get parenting programs up and running is not all about evidence-base or program efficacy. If group based parenting programs are to be implemented and used to improve children's mental health researchers and stake holders within regular care need to recognize that it is not enough to decide to use evidence-based parenting programs. They need face the challenges that the programs and the implementation process represents. Otherwise, the risk is that the programs continue to fail full implementation and, as a consequence, the efforts put into their development turns out to be a waste of resources. Not to mention the failure to prevent children's mental health problems.

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