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Evaluating the Implementation and Sustainability of an Evidence-Based Parenting Program in Real-World Settings

Rita Pinto

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Evaluating the Implementation and Sustainability of an Evidence-Based Parenting Program in Real-World Settings

Tese apresentada na Faculdade de Psicologia e de Ciências da Educação da Universidade do Porto para obtenção do grau de Doutor em Psicologia

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Resumo

Há uma lacuna no conhecimento sobre a implementação e o uso sustentado de programas parentais baseados na evidência (PPBE) em contextos do mundo real, particularmente com famílias em risco psicossocial. Contribuindo para colmatar esta lacuna, esta tese de doutoramento integra quatro estudos empíricos enquadrados no domínio da ciência da implementação. Através de uma revisão sistemática da literatura, o Estudo 1 mapeou a evidência internacional sobre a implementação dos PPBE em condições do mundo real e identificou lacunas neste domínio. Este estudo revelou que a implementação e os resultados da implementação não são habitualmente reportados nos estudos publicados, sendo a fidelidade o resultado mais reportado e a sustentabilidade um dos menos reportados. Os restantes três estudos debruçam-se sobre resultados da implementação do programa Standard Triplo P em instituições da comunidade com famílias envolvidas com o sistema de promoção e proteção de crianças e jovens (SPP). Mais especificamente, o Estudo 2 avaliou a fidelidade da implementação e identificou as perceções dos profissionais sobre as modificações realizadas e as barreiras e facilitadores encontrados ao longo do processo de implementação. O Estudo 3 avaliou até que ponto o programa foi usado de forma sustentada cinco anos após os profissionais terem concluído o processo de acreditação do Standard Triplo P e quais as razões para tal. Este estudo explorou ainda as perspetivas dos profissionais, de gestores organizacionais e de representantes dos organismos nacionais do SPP, sobre as características deste sistema que podem promover ou limitar o uso sustentado dos PPBE. Os resultados dos Estudos 2 e 3 reforçam a importância da flexibilidade para a implementação e o uso sustentado dos PPBE em instituições na comunidade. O Estudo 4 examinou a probabilidade de arquivamento do processo de promoção e proteção até um ano após as famílias terem completado o Standard Triplo P face às famílias que desistiram do programa, bem como o papel preditor do número de sessões em que participaram. Os resultados deste estudo apoiaram o efeito da finalização do programa e dosagem recebida no arquivamento daquele processo. De uma forma geral, os resultados deste projeto de investigação contribuem para a transferência do conhecimento científico para a prática da intervenção na parentalidade em instituições da comunidade, em particular com famílias em risco psicossocial.

Palavras-Chave: programa parental baseado na evidência, implementação, sustentabilidade, instituições da comunidade, sistema de promoção e proteção

Abstract

There is a gap in knowledge about the implementation and sustained use of evidence-based parenting programs (EBPPs) in real-world settings, particularly with families at psychosocial risk. To contribute to filling this gap, this doctoral dissertation integrates four empirical studies within the field of implementation science. Through a scoping review, Study 1 aimed to map evidence on how EBPPs have been implemented under real-world conditions and identify knowledge gaps. This study revealed that information about the implementation outcomes of such programs is usually not reported, with fidelity being the most reported outcome and sustainability one of the least reported. The remaining three studies focus on implementation outcomes of the Standard Triple P parenting program delivered in real-world settings by frontline practitioners to families involved in the Child Protection System (CPS). More specifically, Study 2 assessed implementation fidelity and identified practitioners' perceptions of modifications made and barriers and facilitators encountered throughout the implementation process. Study 3 was conducted five years after practitioners had completed the Standard Triple P accreditation process and aimed to assess the extent to which they sustained or not sustained the program's use over time and what factors influenced it. Additionally, this study explored the perspectives of practitioners, organizational managers, and system-level representatives of CPS bodies on the characteristics of this system that may be influencing the sustained use of EBPPs. The findings of Study 2 and Study 3 reinforced the importance of flexibility for the implementation and sustained use of EBPPs in real-world settings. Study 4 aimed to examine whether families who completed Standard Triple P were more likely to have their child protection case closed up to 12 months later than families who dropped out and whether the number of sessions attended predicted case closure. The results of this study supported the positive effect of program completion and dosage on CPS discharge. Overall, the findings of this research project contribute to the transfer of scientific knowledge to the practice of parenting intervention in real-world settings, particularly with families at psychosocial risk.

Keywords: evidence-based parenting program, implementation, sustainability, real-world settings, child protection system

Résumé

Les connaissances sur la mise en œuvre et l'utilisation durable de programmes parentaux fondés sur des données probantes (PPDP) dans des contextes réels, en particulier avec des familles à risque psychosocial, sont insuffisantes. Ce projet de recherche vise à combler cette lacune en réalisant quatre études. La première étude est une revue de la littérature qui répertorie les données internationales sur la mise en œuvre des PPDP dans des conditions réelles et identifie les lacunes dans les connaissances. Cette étude a révélé que les résultats de la mise en œuvre ne sont généralement pas rapportés, la fidélité étant le résultat le plus rapporté et la durabilité le moins rapporté. Les trois autres études examinent les résultats de la mise en œuvre du programme Standard Triple P dans les institutions communautaires avec les familles impliquées dans les services de promotion et de protection (SPP). La deuxième étude a évalué la fidélité de la mise en œuvre et a identifié les perceptions des praticiens sur les changements apportés, les obstacles et les facilitaté rencontrées tout au long du processus de mise en œuvre. La troisième étude a été réalisée cinq ans après que les praticiens aient obtenu l'accréditation Standard Triple P et a permis d'évaluer si le programme était utilisé de manière durable. En outre, cette étude a exploré les perspectives des praticiens, des responsables d'organisations et des représentants des organismes nationaux de SPP sur les caractéristiques de ce système qui peuvent promouvoir ou limiter l'utilisation durable du PPDP. Les résultats de la deuxième et troisième études renforcent l'importance de la flexibilité pour la mise en œuvre et l'utilisation durable des PPDP dans les institutions communautaires. La quatrième étude a examiné la probabilité d'archiver le processus de promotion et de protection jusqu'à un an après que les familles ont terminé le Standard Triple P par rapport aux familles qui ont abandonné le programme, ainsi que le rôle prédictif du nombre de sessions auxquelles elles ont participé. Les résultats confirment l'effet de la finalisation et du dosage sur le dépôt du processus de promotion et de protection. Les résultats de ce projet de recherche contribuent au transfert de connaissances scientifiques dans le domaine de la pratique de l'intervention parentale, en particulier auprès des familles à risque psychosocial.

Mots clés: programme parental fondé sur des données probantes, mise en œuvre, durabilité, institutions communautaires, services de promotion et de protection

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Abbreviations

APA	American Psychological Association
CAFAP	Centro de Apoio Familiar e Aconselhamento Parental [Centers for Family Support and Parental Counselling]
CNPDPCJ	Comissão Nacional da Promoção dos Direitos e Proteção das Crianças e Jovens [National Commission for the Promotion of the Rights and the Protection of Children and Young People]
CPCJ	Local Commissions for the Protection of Children and Young People
CPS	Child Protection System
EBPP(s)	Evidence-Based Parenting Program(s)
EPIC	European Platform for Investing in Children
EurofamNet	European Family Support Network
EMAT	Multi-disciplinary Court Counselling Teams
IOM	Institute of Medicine
JBI	Joanna Briggs Institute
PASS	Peer-Assisted Supervision and Support sessions
PRISMA-ScR	Preferred Reporting Items for Systematic Reviews and Meta-Analysis extension for Scoping Reviews
UNICEF	United Nations Children's Fund
UNODC	United Nations Office on Drugs and Crime
WHO	World Health Organization

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Introduction

This dissertation was developed under the Doctoral Program in Psychology of the Faculty of Psychology and Education Sciences of the University of Porto under the supervision of Professor Ana Catarina Canário and Professor Orlanda Cruz from the aforementioned faculty and Professor Maria José Rodrigo from the Faculty of Psychology of the University of La Laguna (Tenerife, Spain). This research was granted a studentship attributed by Fundação para a Ciência e Tecnologia [The Foundation for Science and Technology] (https://doi.org/10.54499/2020.04778.BD).

Before starting my doctoral studies, I had the opportunity to work a year and a half as a residential childcare worker with children and young people in out-of-home placement in Aylesbury, England. Through this experience and my collaboration later in research projects in Portugal, I witnessed the complexity of family contexts. This further increased my conviction that the parenting task needs social and psychoeducational support to be adequately performed. It became clear to me the need to work preventively and effectively with families, particularly those at psychosocial risk, in order to avoid major problems that can lead to the separation of the child from the family.

Given the complexity of the needs of families involved with child protection services, I also witnessed practitioners trying to find and provide the most appropriate support to families, facing several constraints in their work. For instance, interventions that do not always prove to be suitable and effective for the needs of the population they serve. This has intrigued me and inspired this research's focus on the implementation and sustainability of an evidence-based positive parenting program delivered in child protection services.

The overall aim of the research project that integrates this doctoral dissertation is to evaluate the implementation and sustainability of the Standard Triple P parenting program when delivered by practitioners in child protection services[1] to the families they served in their respective work settings. In a close relationship between science and practice, this project aims to expand the responses to the many complex challenges that

[1] Child protection services is the term used to refer to the government social services agency designated to receive reports, conduct investigations and assessments, and provide treatment and intervention services to children who have experienced or are at risk of experiencing child maltreatment. The Child Protection System is the group of these services designed to promote the well-being of children by ensuring that all children live in safe, permanent, and stable environments.

arise for professionals working in this context and contribute to improving parenting support offered to families at psychosocial risk.

The current doctoral dissertation is organized into seven chapters, which cluster into three parts. In the first part, this dissertation presents the theoretical and research frameworks (chapters I and II); in the second part, this dissertation describes the four interjoined studies that have been developed within the scope of this PhD research project (chapters III, IV, V, and VI); in the third part, this dissertation provides an integrated discussion, weaving conclusions and reflecting on future perspectives and implications for research, practice, and policy (chapter VII).

Chapter I, *State of the Art*, presents the theoretical background underpinning this research project. In particular, the problem addressed by this research is expounded, presenting a reasoned and critical review of the studies consulted that have contributed to the definition of the objectives and methods of empirical studies, explaining what previous research has been done in the field and the current gaps in knowledge. This chapter begins by addressing the importance of both positive parenting in optimizing children's full potential and parenting support in promoting children's and parents' rights and child protection. In this regard, it also briefly frames the practice and policies underpinning the provision of parenting support in Europe, with an emphasis on families at psychosocial risk. In addition, this chapter addresses the evidence-based practice in parenting support provision and contextualizes the integration of evidence-based parenting programs into real-world settings[2], particularly in child protection services. The last section of this chapter focuses on the implementation science field. Here, implementation research is defined, the main reasons why implementation evaluation is paramount are outlined, and current gaps in knowledge are presented. An emerging gap in this field is further addressed, the one between implementation science and practice.

Chapter II, *Research Framework*, describes the research context and presents the aims and research questions of the four studies integrating this PhD research project. The objective is to put the reader in the position of precise understanding of how the goals of each study fit together as a coherent body. This chapter also describes methodological approaches, choices, and constraints. Since the chapter of each of the four studies provides a detailed description of methods for data collection and analysis

[2] In this research, by real-world settings, we mean settings of routine care practice/service delivery (i.e., under real-world conditions and not a research-controlled setting).

used in the respective study, chapter II presents it more briefly and focuses on explaining why the chosen design was appropriate for the research questions and providing justification for any decisions made.

Chapters III, IV, V, and VI present the empirical studies developed within the scope of this research project. Chapter III presents Study 1, a scoping review aimed at establishing a comprehensive understanding of how parenting programs are implemented under real-world conditions. Chapter IV presents Study 2, which examined practitioners' experiences implementing the Standard Triple P parenting program in real-world settings with families involved with child protection services. Chapter V presents Study 3, which examined the sustained use of the Standard Triple P parenting program in child protection services in Portugal, gathering the perceptions of practitioners, organizational managers, and system-level representatives of bodies of the Child Protection System (CPS). Chapter VI presents the last study of this research project (Study 4), which examined whether families who completed Standard Triple P are more likely to have their child protection case closed up to 12 months later than families who drop out and whether program dosage predicts case closure. Each chapter presents the study's background/rationale, methods, results, and discussion.

Finally, Chapter VII provides an integrated discussion of the empirical studies' results. Although this research has been developed and organized by distinct studies, the dissertation is an integrated and coherent whole, of which each study is an integral and interrelated part. Therefore, the integrated discussion provided in this chapter goes beyond a summary of the research project with a brief presentation of the most important results. The integrated discussion intends to show how separate findings presented in the distinct studies contribute to an integrated body of knowledge that addresses the overall purpose of the research project. In addition, it provides implications for research, practice, and policy, as well as suggestions of topics possibly of interest for future studies. Finally, this chapter identifies strengths and limitations and includes conclusions summarizing the contributions to advancing knowledge in implementation science and parenting support.

Chapter I. State of the Art

1. Positive Parenting to Optimize Children's Full Potential

It is now widely recognized that children are social actors in their own rights, active recipients of care, and dynamic agents in the transactional family relationship. Notwithstanding, they remain dependent on parents (i.e., mothers, fathers, grandparents, and other carers responsible for caring for a child) to secure their needs and promote their well-being. Each child is born with the potential to flourish in all domains, and parents play a decisive influence in supporting them to achieve that potential, promoting a child's holistic development, and building a foundation for their future.

Parenting commonly refers to a role and related set of practices and activities and is seen as a process involving intellectual, emotional, and material adjustments, allowing adults to parent in order to meet children's needs in the physical, emotional, intellectual, and social domains (Devaney & Crosse, 2024). The mature version of Bronfenbrenner's bioecological model highlights the concept of proximal processes, defined as enduring forms of interaction in the child's immediate environment and considered the primary engines of development (Bronfenbrenner & Morris, 2006). The family is deemed the most significant context for children, and parenting behaviors and the quality of the parent-child relationship are critical influences on their development.

To allow children to grow up healthy and well-adjusted, a key approach to child-rearing is positive parenting. It refers to parental behavior based on the best interests of the child that is nurturing, empowering, and nonviolent and provides recognition and guidance, including setting boundaries to enable the child's positive development (Council of Europe, 2006). At its core, this approach is constructive; it intends to build the key social, emotional, and self-regulatory skills children will need throughout their lives (Sanders & Mazzucchelli, 2018).

Positive parenting is vital to ensure that children can be supported and nurtured to reach their full developmental potential, with a significant body of research showing improvements in child behavioral and socio-emotional outcomes. The use of positive parenting practices has been linked with children's improved academic achievement, decreased antisocial behavior, and enhanced mental abilities and language. It helps protect children against the development of anxiety, depression, eating disorders, and other types of psychological distress (e.g., European Commission, 2019; Hoeve et al., 2009; Kawabata et al., 2011; Kiefner-Burmeister & Hinman, 2020; Pinquart, 2016, 2017; Prime et al., 2023). The responsible exercise of positive parenting encompasses a commitment to and involvement in the upbringing tasks to ensure the children's rights

and satisfy their evolutionary-educational needs in an adaptive manner and according to the socio-cultural context (Hidalgo et al., 2022).

A recent model of parenting competencies presents the 12 competencies necessary for a positive and responsible exercise of parenting. According to the model, parenting competencies are the feelings, attitudes, knowledge, skills, and strategies required for an adequate exercise of parental duties and responsibilities. These competencies include educational skills (e.g., affection, communication, and rule setting), personal resources (e.g., emotional self-regulation and stress coping strategies), abilities related to the family system (e.g., skills to establish adequate co-responsibility between caregivers and to organize family life), and the competence to seek and obtain the necessary social support (Hidalgo et al., 2022). Promoting the parenting competencies necessary for positive and responsible parenting is a key aim of family support policies nowadays (Devaney et al., 2022).

2. Protecting Children Through Parenting Support

People come to parenting from different starting points, with different capacities, beliefs, and values, as well as in a range of family models. While there is no ideal or unique parenting model, not all forms succeed in providing a healthy environment for the development and well-being of children. Rearing a child is a complex task fraught with ongoing challenges, and at certain times and for various reasons, parents' capacity to provide and care for children can be reduced or compromised, and they require support to carry out their parenting role (Devaney et al., 2021). Some parents will get the help they need from family members or from others in their informal support network; other parents may need formal parenting support.

Particular attention is now given to formal parenting support services provided by practitioners from various disciplines working in statutory and non-statutory children and family services (Devaney & Crosse, 2024). Definitions typically identify parenting support as a broad range of activities in the continuum of support available to children and their families, distinguishable but largely within the umbrella of family support. Family support is a comprehensive array of activities oriented to improving family functioning, grounding child-rearing in supportive relationships, and reinforcing formal and informal resources (Daly et al., 2015). Therefore, family support services involve supporting different aspects of family functioning since assisted families can have multiple problems (Zegarac et al., 2024). Parenting support is one of the activities

provided by family support services. Specifically, parenting support refers to a range of information, education, training, and other measures or services aimed at strengthening parents' knowledge, skills, and confidence in order to increase their availability and capacity to care for and protect their children. At its core, parenting support aims to improve children's outcomes by influencing the nature and quality of the parent-child relationship. While parenting support is much broader than parenting programs, the latter play an important role and are one of the main ways in which parenting support is being developed within and across countries (Daly, 2015).

In Europe, there was a shift in family policies from parenting support being part of wider policies (e.g., employment, housing, education, and health) to becoming a policy area on its own (Janta, 2013). Progressively, policies at the European level and in the global context emphasize that, in order to safeguard children's rights, support for their parents is a necessity and assume a supportive and proactive role of the state (Churchill et al., 2021; Dolan et al., 2020).

Established in 1989, the United Nations Convention on the Rights of the Child has put the need for parenting support at the forefront of policies that promote children's well-being. It describes the family as the place for the full and harmonious development of a child's personality and the natural environment for the growth and well-being of children. Therefore, it stipulates the role of the State to provide assistance to parents in the performance of their child-rearing responsibilities and to take appropriate measures to protect children from maltreatment while in the care of their parents. In 2006, the Council of Europe's Recommendation on the Policy to Support Positive Parenting further advocated a progressive universalism approach in the parenting support provision. It refers to universal services available to support all parents combined with targeted intervention to further support those who need it most, such as families at psychosocial risk (Council of Europe, 2006).

A family is considered to be at psychosocial risk when, due to various factors of a personal, relational, or environmental nature, those responsible for the child act inappropriately in relation to the exercise of parental responsibilities, hindering children's development and well-being; however, those situations are not severe enough to require child out-of-home placement (Portaria nº 139/2013; Rodrigo et al., 2012). The risk factors to which families are exposed can increase parents' difficulties in dealing with children's behavior problems, contributing to the use of harsh parenting practices

and a greater risk of violence against children (Lee et al., 2018; World Health Organization [WHO], 2023).

In line with the progressive universalism approach, the delivery of parenting support services is needs-led, i.e., the needs of children should determine the extent and nature of services provided to them (Almeida et al., 2022; Devaney et al., 2021). Therefore, parenting support should be commissioned at the appropriate level of need and can be conceptualized on a continuum ranging from universal/primary support to selective/secondary and indicated/tertiary support. In this sense, parenting support shows increasing intensity as one moves from the universal to the indicated level, which translates into increased contact time between professionals and parents (Asmussen, 2011). Universal or primary support includes services and activities that provide support and information to all parents in a community (i.e., at a population level) before problems occur. Selective or secondary support involves services targeted toward parents who possess risk factors or characteristics that require increased support. The aim is to prevent difficulties from arising and, when they do arise, to prevent them from intensifying and/or becoming more established. Indicated or tertiary support includes more specialist support, which responds to identified complex needs. Both secondary and tertiary-level supports are typically offered to those involved with child protection services (Bernedo et al., 2024; Devaney & Crosse, 2024).

While there has been a tendency in child protection services to present child protection and parenting support as two separate strands, there is now recognition that children are protected through supporting parents and families. Therefore, parenting support is increasingly viewed as a social justice issue underpinned by a culture of rights, within which parents have a right to be supported in their efforts, and children have a right to be supported within their family unit (Dolan et al., 2020). This integrated approach to child protection and parenting support asserts a balance between a child protection investigation and providing support services for parents to undertake the task of parenting. Indeed, in upholding the rights of children, the United Nations Convention on the Rights of the Child (1989) does not overstep the rights of parents to decide what is best for their child; instead, it highlights that States should make every effort to keep the family unit and provide parents with services to support them to be better parents. McGregor and Devaney (2020) also challenged the notion of the interface when we refer to child protection and parenting support and suggested that they are complementary practices instead. These authors advocated “protective support and

supportive protection for families as a way to manage the complex demands of supporting and protecting children, young people, and families" (p. 4).

A strengths-based perspective is also considered a cornerstone of practice in parenting support (Devaney et al., 2021). Within this perspective, parenting support is based on prevention and promotion and focuses on the strengths of parents and families, in opposition to deficit-oriented approaches. By promoting strengths as the foundation for change, this perspective is especially useful when working with families at psychosocial risk who may resist engaging in the intervention process due to previous deficit-based encounters with service providers (WHO, 2023). Regardless of the diversity and breadth in providing parenting support across Europe, minimum quality standards are imperative to ensure services' effectiveness and impact on children and families' lives. European policy strongly emphasizes the evidence base as an underlying principle for the investment and transferability of good practice in services providing family and parenting support. In the context of limited resources and considering the potential for harm from ineffective interventions, it is imperative that all forms of parenting support provision are informed by the best available evidence (Acquah & Thévenon, 2020; Rodrigo et al., 2016).

3. Setting Evidence-Based Practice in the Parenting Support Provision

The concept of evidence-based practice has come to light for the first time in the field of Medicine. The pioneered definition provided by Sackett et al. (1996) was later used and adapted by the Institute of Medicine ([IOM], 2001), which described evidence-based practice as the integration of the best scientific evidence with professional expertise and user preferences and values. Importantly for service delivery practitioners, this definition indicated that evidence did not offer all the answers; it had to be applied judiciously and appropriately by professional experts considering client interests.

In 2006, the American Psychological Association's (APA) task force on evidence-based practice reinforced this definition, deepened the examination of clinical expertise, and broadened the consideration of patient characteristics. This task force defined evidence-based practice in psychology as the integration of the best available research with clinical expertise in the context of patient characteristics, culture, and preferences. Evidence-based practice in psychology aims to promote effective psychological practice and enhance public health by applying empirically supported

principles of psychological assessment, case formulation, therapeutic relationships, and intervention (APA, 2006).

The definitions mentioned above suggest that four intersecting features are necessary to provide parents and children with evidence-based support: 1) knowledge of the best research evidence, 2) an understanding and respect for client values, 3) practitioner expertise, and 4) consideration of the client's circumstances and the constraints of the setting. A practitioner must understand these features to successfully deliver evidence-based support to parents and children (Asmussen, 2011).

The broad concept of evidence-based practice was progressively adopted in the field of social sciences and encouraged to be the foundation of interventions delivered by practitioners in community services. The underpinning principle of evidence-based practice is relatively uncontroversial: when we intervene in the lives of others, we should do so based on the best available evidence regarding the likely consequences of that intervention. Therefore, evidence-based practice led to the development of a different wrap-up for family and parenting support delivery, giving a particular focus to evidence-based positive parenting programs (Jiménez, Astiz, et al., 2019).

4. Delivering Evidence-Based Parenting Programs in Real-World Settings

Over the past decades, the consensus that parenting support should be evidence-based has resulted in the development and dissemination of a wide range of evidence-based parenting programs (EBPPs). These programs primarily focus on promoting positive parenting by providing parents with information, skills, and support to reduce risks and promote protective factors for their children's well-being (Daly, 2015). Ultimately, the goal of EBPPs is capacity building; parents should get the parenting competencies they need and become more empowered, confident, and autonomous to support the development of their children. Substantial evidence has demonstrated that EBPPs effectively improve parenting practices and family relationships, promoting positive outcomes by reducing salient risk factors and promoting more effective family functioning (Altafim et al., 2024; Barlow & Coren, 2018).

Across social sectors of service delivery (e.g., child protection services), there is increasing evidence for the effectiveness of specific programs relative to usual care services (e.g., Kohl et al., 2023; Weisz et al., 2006). For instance, EBPPs that focus on providing parents with increased knowledge about child development, identifying effective discipline strategies, enhancing parenting skills, and promoting confidence in

parenting have been identified as effective public health approaches for changing child misconduct and reducing the occurrence of risky behaviors, reducing parental stress, and preventing child maltreatment (e.g., Ward et al., 2020; WHO, 2022; Zhang et al., 2024). These programs typically involve helping parents acquire behavioral management techniques to break coercive parent-child interaction cycles and reduce child disruptive behaviors (Bornstein et al., 2022; Patterson, 2002). Therefore, EBPPs are considered a core strategy for ending violence against children (WHO, 2016).

Incorporating EBPPs in real-world settings as part of routine care practice brings multiple advantages for those who deliver and benefit from child protection services. First, EBPPs are underpinned by a theoretical background, including a theory of change, which is key for a standardized intervention model that allows for defining clear objectives and goals for each family and evaluating whether these objectives and goals are accomplished (Asmussen, 2011; United Nations Office on Drugs and Crime [UNODC], 2010). EBPPs bring in a culture of evaluation that is often undervalued in these contexts. Second, the introduction of EBPPs includes new strategies derived from the positive parenting approach with an emphasis on prevention and strengthening the capacities of families. By focusing on prevention, EBPPs broaden the range of families that can be supported beyond those already in a severe and chronic situation. Third, incorporating EBPPs contributes to the training of professionals and improves their skills. It contributes to increasing practitioners' self-consciousness and intentionality while working with families and their sense of confidence and professional engagement. Finally, integrating EBPPs encourages services and entities to reorganize so that they are oriented to new approaches to professional practice. The quality of the services themselves is improved because programs are evaluated according to quality assurance standards, achieving better coordination of the services and resources in the community (Almeida et al., 2022; Rodrigo, 2022).

Although EBPPs have the potential to improve outcomes in real-world community settings, such as in child protection services, their delivery in these settings has progressed slowly, and most services provided by the CPS do not incorporate empirically supported interventions (Barth et al., 2005; Cruz et al., 2024; Rodrigo et al., 2016; Weeks, 2021). Jiménez, Antolín-Suárez, et al. (2019) aimed to provide an overview of the current situation in Europe concerning family education and support initiatives for families at psychosocial risk and found that most of the interventions did not comply with the criteria of evidence-based programs. Specifically, Cruz et al. (2024)

characterized the panorama of parenting support interventions delivered by community services in Portugal, including education, social welfare, and child protection. They found that a slight majority of the interventions were group-based tailored programs designed by the practitioners and that structured manualized parenting programs were the type of parenting support intervention least frequently indicated. Cruz et al. (2024) highlighted that professionals do not have specific training in evidence-based programs.

The lack of EBPPs availability in community service contexts restricts the access of the most vulnerable and at-risk populations to the most effective interventions, potentially exacerbating existing service disparities (Lyon et al., 2020). Family support services in Europe require a more advanced evidence-based approach, offering practitioners effective programs that will have a real impact on families' lives, and partnerships with academia constitute a valuable way of making progress in this area (Jiménez, Antolín-Suárez, et al., 2019).

The desire to disseminate and scale evidence-based programs led to the emergence of the implementation science field. The focus is no longer on deciding whether or not it is pertinent to carry out this type of program because it is ascertained (WHO, 2022). Contrasting the situation 20 years ago, policymakers and practitioners nowadays have information on various programs underpinned by strong research evidence and supporting a decision to implement them (Fives et al., 2017). The emphasis is rather placed on how these programs should be carried out to guarantee the success of the intervention. Even if a well-documented program exists, implementing it in communities requires different processes that are less well-studied (Lansford et al., 2022). Specifically in Portugal, research showed that parenting support interventions need to develop in a more sustained way, either from a theoretical point of view or from an empirical point of view, as well as that there are no guidelines on how this type of intervention should be implemented (Cruz et al., 2024).

5. A Brief Contextualization of the Child Protection System in Portugal

The child protection system (CPS) in Portugal was inaugurated in 1962 by the Jurisdictional System of Minors (Organização Tutelar de Menores) (Decreto-Lei nº 44288). However, this system was focused on applying measures involving children who had engaged in criminal behavior, exhibited deviant behavior, or had been involved in other circumstances that threatened their safety and development. With the approval of the 1976 Constitution, which recognized the right of children to the State's

protection, and with the ratification of the United Nations Convention on the Rights of the Child in 1990, the philosophy guiding the Jurisdictional System of Minors was obsolete.

During the 90s, a comprehensive reform was carried out in the CPS concerning children's rights, and the current system started to be shaped. Nowadays, two major laws stand out: the Law for the Protection of Children and Young People in Danger (Lei nº 147/99), which endorses the rights and the protection of children and young people at risk/in danger in order to safeguard their well-being and full development; and the Decree-Law 159/2015, that gave rise to the National Commission for the Promotion of the Rights and the Protection of Children and Young People [Comissão Nacional da Promoção dos Direitos e Proteção das Crianças e Jovens – CNPDPCJ], that has the responsibility to contribute to the planning of the State's intervention and the coordination, monitoring, and assessment of the action taken by public bodies regarding the promotion of the rights and the protection of children and young people (Decreto-Lei nº 159/2015).

The Law of Protection of Children and Young People in Danger (Lei nº 147/99) is implemented by the entities with competence in matters of childhood and youth, by the local Commissions for the Protection of Children and Young People, and in the last resort, by the Courts. Technical monitoring related to the Courts and the protection of children and young people in danger is the responsibility of the Social Security Institute implemented through Multi-disciplinary Court Counselling Teams [Equipas Multidisciplinares de Apoio Técnico aos Tribunais - EMAT]. Key entities with competence in matters of childhood and youth in Portugal are the Centers for Family Support and Parental Counselling [Centro de Apoio Familiar e Aconselhamento Parental - CAFAP], which are local specialized support services for families at psychosocial risk with children, working on the development of parental, personal and social skills. These services' objectives include promoting positive parenting and reinforcing quality relational dynamics and daily routines through close and systematic work with families (Portaria 139/2013).

More recently, it was approved the first National Strategy for the Rights of the Child for the period 2021-2024 [Estratégia Nacional dos Direitos das Crianças 2021-2024], which aims at furthering the implementation of the United Nations Convention on the Rights of the Child in Portugal (Resolução do Conselho de Ministros n. º 112/2020). This strategy establishes that family and parenting support, violence-free

life, children's equal opportunities and participation, as well as the production of tools and scientific knowledge, are priority areas of intervention to guarantee children's rights. By including specific objectives and targets, this strategy contributes to guiding work and effectively monitoring progress in strengthening child rights protection throughout the national territory.

6. Implementation Research: What it is and why to do it

6.1. Defining Implementation Research

The limited delivery of EBPPs in real-world settings suggests that publishing research on their availability and effectiveness, while needed, is not sufficient. More attention should be given to the implementation (Baumann et al., 2016; Lansford et al., 2022). Implementation refers to the process of integrating an evidence-based program into usual care settings, which requires it to be measured with outcomes that are conceptually and empirically different from those to evaluate effectiveness (Eccles & Mittman, 2006; Fixsen et al., 2009; Proctor et al., 2009). The field of implementation science is based on the scientific study of this process, and a primary focus is the study of implementation outcomes, defined as the effects of deliberate and purposive actions to implement new programs (Proctor et al., 2011). To clarify and standardize terminology and promote increased rigor in implementation science, Proctor and colleagues (2011) put forward a taxonomy of eight implementation outcomes: acceptability, adoption, appropriateness, feasibility, fidelity, cost, penetration, and sustainability. As the field of implementation science has evolved, more emphasis has been placed on the importance of understanding sustainability, which will be discussed more fully elsewhere in this dissertation (see Chapter V - Study 3). Researchers have recognized that the implementation of programs, which often require substantial resources, is meaningless without successful long-term use (Chambers et al., 2013).

Literature distinguishes implementation from other ways that interventions spread in organizations: diffusion and dissemination (Greenhalgh et al., 2004; Rabin et al., 2008). Diffusion is the least-focused approach and refers to the passive, unplanned, and untargeted spread of interventions. Dissemination concerns the targeted distribution of intervention materials to a specific audience intending to spread knowledge and the associated evidence-based programs. In an extensive review of the diffusion and dissemination literature, Greenhalgh et al. (2004) characterized both approaches as "letting it happen" and "helping it happen", respectively. That is, scholars publish their

research and leave it to others (e.g., stakeholders and practitioners) to read it and make good use of the evidence-based program. Some program developers also publish manuals and create websites to make more detailed information available to potential practitioners and others to help it happen. While the "letting it happen" and "helping it happen" approaches are necessary, they are insufficient for achieving the intended outcomes of research in practice. Therefore, Greenhalgh et al. (2004) identified another category called "making it happen", in which the study of implementation is included.

With the "making it happen" approach, the implementation research supports practitioners and organizations as they attempt to fully and effectively use evidence-based programs in daily interactions with children and families. Implementation research can consider any aspect of implementation, including the factors affecting implementation and the outcomes of implementation, such as how to promote a program's use over time (Peters et al., 2013; Proctor et al., 2011; Reardon et al., 2023). Additionally, implementation research on parenting programs may examine several levels of the implementation ecosystem, from the individual parent beneficiary to the front-line practitioners, as well as organizational managers and policymakers. At each level of the implementation ecosystem, researchers can answer implementation science research questions that provide the most useful information crucial for improving policies, practices, and programs for a given setting (Lansford et al., 2022).

Implementation research intends to understand why and how programs work when delivered in real-world settings and to test strategies to improve those interventions (Huebschmann et al., 2019). Therefore, implementation research includes external validity considerations, prioritizing the relevance and transferability of programs' effects from research-controlled contexts to the real world of families, practitioners, and settings where it is expected to apply. The study of implementation is primarily concerned with the end-users of the research and seeks to understand and work within real-world conditions rather than trying to control these conditions or remove their influence (Trinkley et al., 2023). As highlighted by Durlak (2015), studying program implementation is not easy, but it is essential as the quality of implementation influences program outcomes. Despite its critical importance, attempts to use evidence-based programs are often made without appropriate attention to implementation (Pinto et al., 2024).

6.2. Reasons to Adress Implementation Research

Selecting evidence-based programs increases the likelihood of yielding positive outcomes for children and families, but it does not ensure that the intended benefits will be achieved. If society wants a good return on its substantial investment in research to develop evidence-based programs, it must invest in its evaluation, including implementation, to ensure these programs' impact on children and families' lives (Fixsen & Ogden, 2012; Lansford et al., 2022).

Program implementation was identified as a critical dimension to be addressed in evidence-based research among the standards for evidence in prevention science (Flay et al., 2005; Gottfredson et al., 2015). Effective implementation is key to evidence-based programs' success, as recognized by several international organizations and networks, such as the Society for Prevention Research (Gottfredson et al., 2015), the European Family Support Network (EurofamNet; Almeida et al., 2022), the European Platform for Investing in Children (EPIC; European Commission, 2018), and the World Health Organization (WHO, 2022). However, while the body of research on effective programs continues to grow, research on implementation lags behind. In addition, existing studies are usually about an EBPP delivered in a group, leaving unexplored the individual format (e.g., Álvarez et al., 2018; Byrne et al., 2023).

Despite the growing interest in the field of implementation science over the past decades, it has been underexamined in child protection services (Albers et al., 2016; Atkins & Frederico, 2017; Leathers et al., 2016). This context presents unique challenges to EBPPs' implementation in terms of the structure, processes, workers, and service population, making it a setting of particular relevance to studying how an EBPP succeeds or fails to be implemented and sustained in practice. Caffrey and Browne (2023) argued that the CPS is a complex system to implement a new initiative (e.g., EBPP). As they described, complex systems are adaptive systems characterized by their capacity to self-organize, in which professionals, parents, and children have a high degree of agency and will act and react based on their histories, beliefs, and motivations. Additionally, the work in the CPS is cross-sectoral, involving multiple bodies, and the integration of new interventions can be challenging. From this perspective, successful program implementation and sustainability are never the product of the intervention alone but rather emerge through the complex interplay between the program and a wide range of individual and environmental factors (Dymnicki et al., 2017; Glisson, 2007; Mitchell, 2011). Therefore, attending to the perspectives of multi-

level stakeholders of the CPS is key to a better understanding of implementation, which is critical to fostering evidence-based practice in this setting (Caffrey & Browne, 2023).

Based on the existing state of the art, we identified four key reasons to address implementation research. Specifically, assessing the implementation of an EBPP contributes to 1) Open the black box of program delivery, improving understanding about the best strategies for successful implementation and sustained use; 2) Close the practice gap, facilitating the integration of EBPP in real-world settings as part of routine care practice; 3) Interpret findings through process evaluation, disentangling implementation failure from intervention failure; and 4) Achieve flexibility, learning how to modify an EBPP while retaining fidelity to improve their effectiveness and application. Each of these reasons is expanded below.

6.2.1. Opening the Black Box of Program Delivery. Difficulties in delivering EBPPs in mainstream professional practice in child and family services are well-known (Jiménez, Antolín-Suárez, et al., 2019; Rodrigo, 2022). Literature reveals individual, organizational, and systemic factors significantly impacting the functioning of EBPPs under real-world conditions by community services (Akin et al., 2014).

Studying the implementation process is like opening the *black box* of the internal workings of a program, providing a better picture of what happened during program delivery (Duerden & Witt, 2012; Hoagwood et al., 2013). Evaluating this process creates knowledge about the real-world challenges practitioners and organizations struggle with as they strive to deliver and sustain programs for the populations they serve and improve understanding of the best strategies for successful implementation and sustained use.

Building a more substantial evidence base for EBPPs implementation requires that the use of these programs be tracked and that their implementation is reported in the literature with sufficient detail (Powell et al., 2019). Despite recommendations that the implementation should be adequately evaluated and reported, most studies on EBPPs delivered in real-world settings do not detail the implementation process (Pinto et al., 2024). Therefore, we know empirically very little about the implementation of evidence-based programs, particularly when delivered to families involved with child protection services, leaving practice fields with the paradox established years ago of non-evidence-based implementation of evidence-based programs (Drake et al., 2002, as cited in Fixsen et al., 2005). When researchers invest in examining and reporting

implementation issues, they help practitioners and organizations understand possible circumstances under which implementation will likely succeed. Additionally, it will inform on why an EBPP fails or succeeds to be sustained over time.

6.2.2. Closing the Practice Gaps. There is a general acknowledgment that effective programs resulting from clinical trials conducted by researchers, very often do not reproduce the same results in community services, such as those provided to at-risk populations (Dearing et al., 2023). One significant challenge when implementing EBPPs in real-world settings is referred to as the *implementation cliff* or *voltage drop*, that is, a decrease in benefits that often occurs when programs leave research settings and are translated to the real world (Chambers et al., 2013; Weisz et al., 2013). This gap between what is known from research and what gets done in real-world settings is often referred to as the *research-to-practice gap* (also called the *know-do gap* and *science-to-service gap*) (Fixsen & Ogden, 2012; Fahim & Straus, 2023; Westerlund et al., 2019). Failing to bridge this gap directly affects how scientific advancements are translated and spread into real-world settings to improve children's, parents', and families' well-being.

Past and current efforts to close the science-to-service gap have been insufficient to increase the use of evidence-based programs by practitioners in their routine practice (Fixsen et al., 2013; Lansford et al., 2022). Particularly in the family and parenting support field, there is a need for a more systematic approach to knowledge transfer, considering the importance of evidence-based decision-making to inform and improve child and family support policies and practices (Jiménez & Hidalgo, 2016; Rodrigo, 2022). Implementation research is, then, of immense value in illuminating the uneven interface between what can be achieved in theory and what happens in practice, facilitating the integration of EBPPs in real-world settings as part of routine care practice. It is a crucial component of applied and translational research aimed at enhancing the adoption of best practices in the community (Westerlund et al., 2019).

Considering that implementation research focuses on the mechanisms through which front-line practitioners, managers, organizations, and even politicians can successfully integrate evidence-based programs in real-world settings, it advances the translation of scientific knowledge into practical applications. Consequently, it closes the research-to-practice gap, facilitates the integration of EBPPs in real-world settings as part of routine care practice, and improves outcomes and service delivery (Bauer et al., 2020; Westerlund et al., 2019).

Alongside evidence of program effectiveness, it is important to identify the conditions necessary for those programs to work effectively in the world of local practice, and better understand what it takes to successfully replicate them with quality (Powers et al., 2015). However, to date, the focus of research has been placed primarily on identifying what works, i.e., which programs improve parents' and children's outcomes. Therefore, we know much more about what works than how to utilize what works in practice, especially in child protection services (Weeks, 2021).

6.2.3. Interpreting Findings: Outcome vs. Process Evaluation. Program evaluation is a key task in EBPPs' delivery. It refers to the systematic collection of empirical information about a program's activities, characteristics, implementation, and outcomes in order to make evaluative judgments, improve program effectiveness, and inform future decisions (Patton, 2012). Even though, historically, program evaluations did not include any mention or systematic study of implementation (Durlak & Dupre, 2008), few studies from the 80s and 90s pointed out how vital quality implementation is for intended outcomes (e.g., Abbott et al., 1998; Basch et al., 1985; Gottfredson et al., 1993). Nowadays, there is a consensus that careful implementation monitoring is needed to meet the challenge of ensuring the same degree of program effectiveness under naturally occurring conditions.

In program evaluation, the literature distinguishes between outcome evaluation and process evaluation. Outcome evaluation assesses the degree to which the program affects the target population according to its goals and objectives (Peersman, 2014). Some key indicators used by family support programs in their outcome evaluation include improved child behavior and well-being, increased parenting skills and knowledge, reduced parental stress, and improved family functioning and stability (European Commission, 2019). Outcome evaluation is important because it allows us to understand not only the program results but also the impact of the program on the participants' lives, i.e., which was the value of the program for the participants and what the perceived changes (with themselves, their children, and their families) throughout the delivery of the program. Furthermore, outcome evaluation should identify whether the program presents null, negative, or other unintended results (Canário et al., 2025). However, merely evaluating program outcomes fails to capture the detail and complexity of intervention delivery (Durlak & DuPre, 2008).

Process evaluation complements the outcome evaluation and aims at documenting, evaluating, and understanding the process of a program's implementation.

Process evaluation analyzes a program's operationalization, explores what did and did not happen during program delivery, and what barriers and facilitators in the implementation setting, anticipated or unanticipated, influenced the actual degree of implementation. Therefore, assessment of implementation can improve the interpretability of data collected and help to prevent potentially false conclusions from being drawn about a program's effectiveness (Carroll et al., 2007; Fixsen et al., 2005). Unless such an evaluation is made, it cannot be determined whether a lack of effectiveness is due to poor implementation or inadequacies inherent in the program itself. Conversely, a positive impact can be achieved through a program that, in practice, was implemented very differently from what was intended. So, monitoring the implementation process can help researchers, practitioners, and policymakers disentangle implementation failure from intervention failure (Durlak & DuPre, 2008).

Although the study of the implementation process is recognized as one of the most critical aspects of program evaluation, it is often overlooked, and program evaluation has been dominated by assessing outcomes (Almeida et al., 2022; Pinto et al., 2024; Theobald et al., 2018). Without a clear understanding of the implementation process, practitioners will lack information regarding key elements underpinning EBPPs, such as the degree of fidelity to produce intended outcomes, as well as the changes needed so that the program is more suitable for a particular population or an organization's setting without compromising the desired program outcomes (Duerden & Witt, 2012).

6.2.4. Achieving Flexibility: Modify an EBPP While Retaining Fidelity. The importance of measuring the implementation fidelity of EBPPs is fully recognized (i.e., the extent to which all the major elements of the original program are faithfully reproduced). The underlying assumption for measuring fidelity is the view that once a program is found to be effective, future replications should not deviate from the proven original model and that this is critical to the successful translation of evidence-based programs into practice (Breitenstein et al., 2010).

Fidelity is a multidimensional construct, which includes quantity-, content-, and process-related dimensions that need to be measured, such as dosage, adherence, and quality/competence of delivery. Dosage relates to the frequency and duration of the exposure to the program. Adherence to content focuses on the degree to which the practitioner uses prescribed procedures, covers manualized content, and avoids deviating from the program protocol; while quality or competence refers to the degree

to which the content is delivered consistent with the manner, communication, and cross-cutting principles specified in the protocol's delivery process (Carroll et al., 2007; Sanders et al., 2020). Two main approaches to assessing fidelity are direct assessment (i.e., observation) and indirect assessment (i.e., self-report). Both methods have advantages and disadvantages: observation is considered more valid but more resource-intensive, while self-report methods require fewer resources but reflect the practitioners' perceptions. Despite the collection of both direct and indirect assessments of fidelity should be preferred, studies suggest that indirect measures *per se* still provide useful information for understanding variability in implementation (Swindle et al., 2018).

For decades, a strict-fidelity perspective was the dominant perspective on how practitioners should use evidence-based programs (Elliott & Mihalic, 2004). Progressively, it has been recognized that variation within and across real-world settings is expected, that perfect implementation fidelity is never obtained, and that adaptation is inevitable when EBPPs are delivered in real-world settings. Therefore, within the implementation science field, researchers moved from a strict-fidelity perspective toward one that recognizes the importance of adaptation. This perspective emphasizes the distinction between the form and function of interventions influencing what should be constant or variable in a program's delivery (Albers et al., 2024; Anyon et al., 2019; Chambers et al., 2016; Perez Jolles et al., 2019).

The adaptation perspective asserts that practitioners are active agents in the implementation process, and they may need to modify some program features to fit the needs and circumstances of their participants and the service environment. This view emphasizes that different types of changes are acceptable depending on their alignment with or deviation from the core principles underlying the program model (Anyon et al., 2019; Stirman et al., 2015). Studying the implementation process can enable researchers and practitioners to assess what changes are made and for what reasons, as well as distinguish between acceptable changes that make the program more contextually relevant and modifications that challenge implementation fidelity. However, program replications are rarely studied (or published), and the changes that practitioners make are rarely reported (Pinto et al., 2024).

An emerging concept of flexibility within fidelity reflects a growing perspective that implementation should involve some tailoring to context without tampering with the essential functions, principles, and associated elements and program activities deemed necessary to produce desired outcomes (Kendall & Frank, 2018). Indeed,

previous studies found that practitioners' flexibility is perceived by parents and by the practitioners themselves as a personal characteristic impacting the program implementation, in which the practitioner makes adjustments to the structure and dynamics of the program sessions to respond to the parents' needs (Leitão et al., 2023). This perspective has led to a call for researchers to address how practitioners achieve a balance between adequate fidelity to the program and accommodating differences in real-world contexts to maximize the evidence-based program's fit and effectiveness. However, scarce research exists to understand how this balance unfolds in practice (Hasson et al., 2023). Practitioners increasingly have to choose which interventions to implement for their populations and need guidance on how to implement them without diminishing the intervention's effectiveness (Trinkley et al., 2023). Assessing the program implementation will inform about how to modify the delivery of an EBPP while retaining fidelity and provide more opportunities for making informed program improvements.

7. The Emerging Science-Practice gap in Implementation

The implementation science field has seen a massive increase in the number of established frameworks in the last 20 years (Nilsen, 2015). For instance, the review of Wang et al. (2023) analyzed the theories, models, and frameworks (TMFs) that are explicitly described in the implementation science field and identified 143 TMFs. Literature suggests that this large number of TMFs reflects the researchers' emphasis on the theoretical and conceptual development of the implementation science (Lyon et al., 2020; Wang et al., 2023). Recent findings suggest that implementation knowledge has not been transferred to practitioners to a sufficient extent, thus restricting the systematic use of implementation knowledge in practice. While implementation science was created to reduce the research-to-practice gap, the literature suggests that a parallel science-practice gap exists between scientific knowledge concerning implementation and the use of this knowledge in implementation efforts in practice (Westerlund et al., 2019).

Research has paid limited attention to the applicability of implementation science frameworks to real-world implementation practice, particularly in child protection services. Indeed, current frameworks acknowledge a lack of research to support their hypothesized key implementation factors (Akin et al., 2014). Practitioners are drowning in information, so the problem is not a lack of "what to do"; it is a lack of

a systematic and evidence-based way of doing it (Hoagwood et al., 2013; Metz et al., 2022; Westerlund et al., 2019). This could undermine the forward movement of the implementation science field, including work to reach populations at psychosocial risk (Akin et al., 2014; Rapport et al., 2022).

To slow the growing gap between implementation science and practice and to improve the usefulness of current evidence on EBPPs, its implementation in the world of practice should be examined further (Lyon et al., 2020; Rapport et al., 2022). The need to make implementation science knowledge more relevant and practice-oriented has been called for in literature (Shelton & Brownson, 2024; Westerlund et al., 2019). It has become increasingly important to understand how the actors that are assigned the mission to facilitate implementation processes actually understand and perform their tasks. However, researchers have not prioritized practitioners' perspectives, generating limited practice knowledge with real-world application (Beidas et al., 2022).

Theorizing about implementation should, therefore, not be an abstract academic exercise unconnected with the real world of implementation practice (Nilsen, 2015). Glasgow (2013) highlighted the importance of the real-world context and stakeholders' perspectives to accelerate and broaden the impact of science on policy and practice. It can provide an overview of attributes, facilitators, and barriers that shape the complex implementation process and can help researchers and practitioners use the ideas of others who have implemented similar programs. Additionally, it can provide practical guidance by describing specific steps to include in the planning and execution of implementation efforts, as well as mistakes that should be avoided.

While implementation research has advanced conceptual frameworks of multiple influences at the practitioner, organization, and service system levels that potentially affect the delivery of EBPPs in practice settings, there has been little empirical research to date on barriers and facilitators to the implementation of EBPPs in child protection services, and even less that highlights the perspectives of practitioners on EBPPs implementation (e.g., Akin et al., 2014). These factors might be similar to those in other settings, or some might be context-specific, with unique aspects inhibiting the implementation of EBPPs in complex, stressed public service systems, such as the CPS. This lack of understanding is a concern as it limits efforts to develop effective strategies to support implementation in this setting (Leathers et al., 2016).

Engaging with the real world and taking into account the perspectives of practitioners and organizational managers generates context-specific insights that are

simply not available from narrower research perspectives (Peters et al., 2013). Metz and colleagues (2022) recommend systematically studying the experiences of professionals supporting implementation efforts in order to deepen our understanding of the factors and conditions they perceive as critical to implementation success rather than what researchers perceive as most important. Taking into account the opinions of practitioners and organizational managers is essential to developing the contextual relevance of interventions. Obtaining the practitioners' perspectives is valuable knowledge of a distinctive nature regarding which we can generate in a theoretical discourse (Jiménez, Antolín-Suárez, et al., 2019). Furthermore, considering those responsible institutionally allows aspects of the program to be adjusted to the economic, socio-cultural, and organizational context in which it must be implemented and helps support the sustainability of evidence-based programs (Spiel, 2009).

The state of the art presented in this chapter highlights that implementation data is an essential feature of program evaluations and reveals the need for an increased effort to systematically document and review learning from the practice of implementation, particularly in child protection services. Implementation and postimplementation studies are needed to shed light on how delivering an EBPP unfolds in practice, namely to further our understanding of relationships amongst fidelity, flexibility, and sustainability. Increased understanding of EBPPs' implementation is critical to the aspiration of evidence-based practice in the CPS, with the ultimate goal of achieving the best outcomes for parents, children, services, and communities.

Chapter II. Research Framework

The current PhD research project uses and extends data from two research projects promoted by the Faculty of Psychology and Education Sciences at the University of Porto and funded by the Fundação para a Ciência e Tecnologia [The Foundation for Science and Technology]: the REUNIRmais (PTDC/SOC-ASO/31727/2017; Canário et al., 2021) and RealFamilies projects (2022.04975.PTDC; Canário et al., 2023). The EBPP under study is Standard Triple P, a Level 4 intervention of the Triple P – Positive Parenting Program system, which is described in more detail below.

1. The Triple P - Positive Parenting Program

The *Triple P-Positive Parenting Program* (Triple P) was developed at the University of Queensland in Australia for parents of children aged 2–16. Triple P is a multi-level system of evidence-based parenting support designed to promote positive relationships between parents and their children, and to help parents develop effective management strategies for dealing with a variety of childhood behavioral and emotional problems, and common developmental issues. Triple P is preventively oriented, in which parents become better equipped to handle the stress of everyday child rearing and children become better able to respond positively to their individual developmental challenges (Sanders & Turner, 2019; Sanders, 2023). The educative approach used in Triple P to promote parental competence is based on a self-regulatory framework, which involves teaching skills that enable parents to become independent problem solvers so they have the resilience, resourcefulness, and knowledge to carry out their parental responsibilities with confidence (Sanders et al., 2013).

Triple P content blends theoretical perspectives derived from 1) Social learning principles that highlight the reciprocal nature of parent-child interactions, 2) research in child and family behavior therapy and applied behavior analysis, which has identified effective behavior change techniques (e.g., providing praise and positive attention contingent upon appropriate behavior), 3) developmental research on parenting in everyday contexts, that has identified children's competences in naturally occurring situations, 4) research from the field of developmental psychopathology, that has identified specific risk and protective factors related with adverse child developmental outcomes, 5) social information processing models, that highlight the key role of parental cognitions, and 6) population health perspective to family intervention, which involves the recognition of the role of the broader ecological context for human

development. The core parenting skills used in Triple P are linked to five key principles of positive parenting: 1) having a safe and engaging environment, 2) creating a positive learning environment, 3) using assertive discipline, 4) having realistic expectations, and 5) taking care of yourself as a parent (Sanders et al., 2013).

Triple P includes five intervention levels on a tiered continuum of increasing intensity. Level 1: *Universal Triple P* is a universal media-based parenting information strategy that targets an entire population. Level 2: *Selected Triple P* targets specific subgroups of the general population that are believed to be at greater risk than others for developing a problem. Level 3: *Primary Care Triple P* is a more intensive, selective prevention strategy targeting parents with mild and relatively discrete concerns about their child's behavior or development. Level 4: *Standard Triple P*/ *Group Triple P*/ *Self-Directed Triple P* are indicated prevention/early intervention programs targeting high-risk individuals who are identified as having detectable problems but who may or may not yet meet diagnostic criteria for a behavioral disorder, with the aim of preventing progression of problem behavior and severe impairment. Finally, Level 5: *Enhanced Triple P* is an indicated level of intervention for families with additional adversity factors that have not changed significantly as a result of participation in a lower level of intervention (Sanders et al., 2013; Sanders & Turner, 2019).

Specifically, Standard Triple P, the program whose implementation is under study in this PhD research project, consists of 10 individual face-to-face sessions of approximately one hour each. It includes two first sessions focusing on the assessment protocol and family observation, as well as sessions on the causes of children's behavior difficulties, strategies for encouraging children's development, and strategies for managing misbehavior. It incorporates active skills training methods such as modeling, rehearsal, feedback, and homework tasks. Practice sessions are conducted at home or at the practitioner's workplace, during which parents self-select goals to practice, are observed interacting with their children and implementing parenting skills, and subsequently review their performance and receive feedback from the practitioner. Further sessions then cover how to identify high-risk parenting situations and develop planned activity routines (Sanders et al., 2013).

The implementation of Triple P is supported by an implementation consultant from Triple P International, who works directly with those responsible for coordinating the adoption of Triple P in each country, as well as by multiple tools for use by the implementing organizations and practitioners. Each program of the Triple P system has

been manualized, providing detailed descriptions of its objectives and session content. Various educational aids, including participant and practitioner manuals, flip charts, and video series, have also been developed to assist practitioners in conducting sessions with parents. Practitioner training courses are available for all levels of Triple P intervention and involve the completion of pre-training reading, attendance at a training program, and fulfillment of accreditation requirements (Sanders et al., 2002). Triple P training courses provide practitioners with a thorough grounding in the core content of Triple P and the rationale and theory that underpin them. Importantly, practitioners are instructed to adhere to the framework and principles underpinning the program but to be flexible as to how this content is delivered (Mazzucchelli & Sanders, 2010). Across the interventions within the Triple P system, all parents are introduced to a variety of parenting strategies, but the particular strategies that are practiced, for which behaviors, and in which settings are collaboratively determined with the parent(s), guided by the individual formulation derived from the results of the assessment protocol.

In its implementation framework, Triple P has three quality assurance checks (McWilliam et al., 2016): 1) Accreditation of practitioners: completed within the context of a Triple P Provider Training Course, which establishes baseline competence of all practitioners and certifies them as being able to implement the program as intended; 2) Session summary checklists: each program has a session checklist to be filled by practitioners at the end of each session and these instruments can be used as self-assessments or in more formal fidelity assessment procedures; and 3) Peer support networks: a crucial element in implementation sites involves the adoption of a self-regulatory framework and the use of the Peer Assisted Support and Supervision (PASS) model of quality assurance. During PASS sessions, practitioners meet monthly in small groups to discuss their Triple P experiences, in which each participant serves in one of three rotating roles: peer facilitator, peer mentor, or practitioner. Sessions are structured around an agenda created by the participants and involve three key activities: case review, discussion of implementation issues, and a professional development activity. The model is assumed to foster self-regulation through peer relationships to improve program delivery (McPherson et al., 2016).

According to the latest data available, Triple P has been studied in approximately 40 countries (Sanders, 2023). Most Triple P implementation studies have explored facilitators and barriers associated with program delivery, including training completion and more favorable practitioner attitudes to EBPPs (Seng et al., 2006; Shapiro et al.,

2012; Turner et al., 2011). In Portugal, research on the evaluation of Level 4 Group Triple P identified positive effects on child behavior problems, parenting behaviors, practices, sense of competence, and social support network immediately after the interventions that were found to be maintained for up to 12 months (Nogueira et al., 2021; Nogueira et al., 2022). However, to date, we know of no other study exclusively dedicated to investigating the implementation of Triple P in Portugal. Other international studies have found Triple P to be acceptable, appropriate, and feasible with a range of different groups, including families involved with child protection services and culturally diverse (Fawley-King et al., 2014; Lewis et al., 2016; Morawska et al., 2011). Triple P sustainability has been less explored and more focused in Australia and the United States (Hodge et al., 2017; Ma et al., 2023; Shapiro et al., 2015).

2. Contextualizing the PhD Research Project

Before starting this PhD research project, I performed research tasks on the broader project entitled REUNIRmais, *Family reunification success after child institutionalization: Testing the effectiveness of a positive parenting intervention*. This project aimed to evaluate the effects of the Standard Triple P parenting program on parents of children aged 6 to 12 referred to child protection services. These families had, at the time, an open family preservation process, which included a parenting support measure while the child was in parental care as a way to prevent family breakdown. The REUNIRmais project had as community partners local Commissions for the Protection of Children and Young People and entities with competence in matters of childhood and youth, such as the Centers for Family Support and Parental Counselling, from 18 cities in the Porto district and for which families were referred to receive parenting support. Therefore, in the scope of the REUNIRmais project, 16 professionals were trained and became accredited practitioners of the Standard Triple P parenting program as part of developing their professional activities in these child protection services. REUNIRmais was implemented between 2018 and 2022.

In October 2022 (for 18 months), a new broad research project emerged entitled RealFamilies, *Delivering an individual format evidence-based parenting intervention in real-world settings to support vulnerable families: New insights on implementation, effects, and cost-effectiveness* (https://doi.org/10.54499/2022.04975.PTDC). The research setting and practitioners were the same as the REUNIRmais project. However, the target population is now broader, including not only families of children involved

with the CPS but also other families with children exposed to vulnerabilities, such as unemployment/financial hardship.

The current PhD research project was conducted within the same settings and participants as the prior projects and extended their line of inquiry. Ethical approval was provided by the Ethics Committee of the Faculty of Psychology and Education Sciences at the University of Porto (Ref. 2021/10-07). The overall aim of the current research project is to evaluate the implementation and sustainability of Standard Triple P delivered by practitioners in child protection services to the families they serve in their work settings. Considering the four contributions of implementation evaluation that we identified from our analysis of state of the art, with this research, we intend to open the black box of the program delivery, contributing to improve understanding of the best strategies for successful implementation and sustained use of EBPPs; close the practice gap, contributing to facilitate the integration of EBPPs in real-world settings; perform the process evaluation, contributing to inform the interpretation of program outcomes; and inform how practitioners achieved flexibility, contributing to knowledge on how to modify an EBPP while retaining fidelity to improve their effectiveness and application.

The research framework described in this chapter presents the four empirical studies developed to achieve the research project's goal. More than the presentation of the studies, it outlines their interrelationship and substantiates the methodological options performed throughout its planning and execution. This PhD research project adopted a pluralistic approach, employing different methods for data collection and analysis aligned with the different research questions across the four studies.

3. Study 1

Implementation of Parenting Programs in Real-World Community Settings: A Scoping Review

Study 1 (Chapter III) is a scoping review aimed at establishing a comprehensive understanding of how parenting programs are implemented under real-world conditions. Evidence syntheses are well recognized as a critical component of evidence-based research, essential to facilitate the trajectory of evidence towards improving future related activity (Peters et al., 2020).

A central question in research is, Does additional work add new knowledge, or does it confirm what we already know? Although determining the answer to this question is critical after finishing a study to establish its contribution to existing

knowledge and demonstrate how it contributes to the cumulative evidence, it is of utmost importance to ask this question while planning new research (Draborg et al., 2022). This is the reason why the first study of the current research project is an evidence synthesis, specifically through a scoping review. With this scoping review, we aimed to map the available evidence on parenting programs' implementation in real-world settings, identify knowledge gaps, place our research in the context of earlier studies, and inform the development of the subsequent studies of this PhD research project. Since the results of new studies should be interpreted in the context of what is already known to compare results and build the state of the science, undertaking this scoping review was critical to inform the research project as a whole (Draborg et al., 2022).

After determining what question we were asking and what purpose we were trying to achieve with the review, we thought carefully about what type of evidence synthesis we should conduct, attending to our review's aims and research question (i.e., How have evidence-based parenting programs been implemented under real-world conditions?). We opted for a scoping review because, unlike other types of reviews that tend to address relatively precise questions (such as systematic reviews), methodological literature encourages scoping reviews to be undertaken when the objective is to explore the breadth or extent of the literature, map and summarize the evidence, and inform future research (Tricco et al., 2016). After this methodological decision, we guaranteed that there were no other reviews on the same topic, to reduce duplication and a waste of resources.

The first methodological guide for these reviews was published by Arksey and O'Malley, who reflected on the early appearance of scoping studies in the literature, observed similarities and a lack of uniformity, and proposed a seminal framework for their conduct (Arksey & O'Malley, 2005). These authors also stated the necessity for others to continue their work to enhance guidance for authors to conduct and report scoping reviews. This framework was later revised, endorsed, and extended by Levac et al. (2010) and recently by the Joanna Briggs Institute (JBI; Peters et al., 2020). The latter extensively reviewed the literature, engaged in several meetings, and sought advice from methodological experts to publish the JBI Manual for Evidence Synthesis, which integrates a chapter describing guidance for authors of scoping reviews (Peters et al., 2020). We used the guidelines set out by this manual to undertake each one of our

review stages: 1) identifying research questions, 2) identifying relevant studies, 3) study selection, 4) data charting, and 5) collating, summarizing, and reporting results.

Alongside these methodological decisions, we also follow the standards designed to support authors in transparently reporting on the conduct of systematic reviews. Specifically, we followed the Preferred Reporting Items for Systematic Reviews and Meta-Analysis extension for Scoping Reviews (PRISMA-ScR; Tricco et al., 2018).

Considering that the rigor and trustworthiness of a review are based on the prior planning and documentation of the methodology employed, the first stage of the scoping review process was to develop, register in the Open Science Framework (available at: osf.io/4fydu), and publish the study protocol (Pinto et al., 2021). A scoping review protocol is important, as it pre-defines the objectives, methods, and reporting of the review, allows for transparency of the process, and limits the occurrence of reporting bias (Peters et al., 2020). The protocol provides the plan for the scoping review and details the criteria that we used to include and exclude sources of evidence and how the data would be extracted and presented. The preparation of the protocol was an essential step that facilitated the smooth conduction of the ensuing review.

One of the scoping review inclusion criteria was that studies were eligible if they were empirical studies of EBPPs. As such, in the eligibility phase of the studies, we discussed what would be considered an EBPP, and we decided to adopt an inclusive approach in order to map the field as comprehensively as possible. This means we considered evidence-based programs as all manualized parenting programs that have a clearly defined theoretic model, for that any level of initial evidence had been established for desired effects on improving parenting practices and reducing family-related risk factors associated with the development of emotional and behavioral problems in children and adolescents (Durlak & DuPre, 2008; Rodrigo, 2016).

Following PRISMA-ScR and the methodological framework described in the Joanna Briggs Institute's Manual for Evidence Synthesis, a systematic search of 12 scientific databases, gray literature, and the reference lists of the included studies identified 1918 records, of which 145 studies were included in the review.

4. Study 2

Practitioners' Experiences in Implementing an Evidence-Based Parenting Intervention With Families Attending Child Protection Services

The results of Study 1 allowed us to confirm the shortage of studies documenting the process of implementing parenting programs in real-world settings, particularly in Portugal. In addition, we observed in the literature that researchers have not prioritized reflection with frontline practitioners to capture how they understand and perform their task to facilitate the implementation process of an EBPP, especially those within child protection services, and to deepen our knowledge of the factors and conditions they perceive as critical to implementation success. Also, maintaining high implementation fidelity preserves the program's core elements that originally demonstrated effectiveness but with the risk of being a poor fit for the new population or setting. So, how do practitioners deal with this dilemma in practice? These knowledge gaps motivated the establishment of the second study of this PhD research project.

Study 2 (Chapter IV) aimed to examine practitioners' experiences implementing an EBPP in real-world settings with families involved with child protection services. Participants are 10 practitioners implementing the 10-session Standard Triple P parenting program with 69 families involved with child protection services in Portugal as part of their routine care practice, of which 34 families completed the program, and 35 did not. Specifically, this study aimed to characterize: 1) How and to what extent the implementation occurred with fidelity (adherence and dosage), according to the practitioners' responses in the Standard Triple P sessions summary checklists; 2) Whether and to what extent modifications occurred, why, and how they impacted fidelity, according to the practitioners' responses in the discussion sessions, analyzed within the framework proposed by Stirman et al. (2019); and 3) what barriers and facilitators were perceived by the practitioners implementing Standard Triple P with families involved with the CPS, according to the practitioners' responses in the discussion sessions, analyzed within the framework proposed by Akin et al. (2014). Fidelity was evaluated using the Standard Triple P session summary checklists completed by the practitioners at the end of each session; discussion sessions were conducted with the practitioners to collect data on the program modifications and implementation barriers and facilitators.

Regarding the appraisal of fidelity, there are some considerations to weave and methodological decisions to justify. Historically, fidelity in the delivery of psychosocial interventions has been under-evaluated, while adherence rates, when reported, have varied considerably (Pinto et al., 2024; Sanders et al., 2020). Thus, at an early stage in

this PhD research project, it was certain that assessing the program's implementation fidelity would be a primordial goal. However, the methods used to achieve such a goal varied with respect to what was initially planned. In order to obtain a comprehensive understanding of Standard Triple P's implementation fidelity, the initial plan was to include the assessment of both dimensions of fidelity: content adherence and quality of delivery. For content adherence assessment, we used the practitioners' responses in the Standard Triple P sessions summary checklists. For the quality of delivery assessment through observer ratings, we translated into Portuguese a measure of process quality - the *Adherence Measure for Process Quality in Standard Triple P*, with the approval of Triple P International (Kirby et al., 2014). However, we decided not to use this measure due to a lack of recordings. In this sense, in this study, we assessed implementation fidelity through adherence and dosage scores per session obtained from practitioners' self-reports in the session summary checklists.

5. Study 3

The Sustained Use of an Evidence-Based Parenting Program Delivered to Families Involved With the Child Protection System

Findings from the scoping review (Study 1) revealed that sustainability was one of the implementation outcomes less reported. Despite the potential of EBPPs in improving parents' and children's outcomes, if the use of such programs is not sustained by the practitioners in the services where they serve the families, these benefits will never be achieved. As Fixsen et al. (2009) stated, parents cannot benefit from interventions they do not receive.

As part of the REUNIRmais project and later on the RealFamilies project, the research team conducted monthly Peer-Assisted Supervision and Support (PASS) sessions with the practitioners. Over time, we observed a decrease in the number of practitioners who were present in these sessions. When a practitioner missed a PASS session, the research team contacted them to understand the reasons for the lack of attendance at these sessions. One of the main reasons was the fact that these practitioners did not have Standard Triple P implementations in progress. Along with these meetings, the research team maintained regular contact with the practitioners in order to support their implementation of Standard Triple P. They reported several constraints to initiate and sustain the use of the program. As such, the last study of this

PhD research project focused on the topic of EBPPs' sustainability in child protection services.

Study 3 (Chapter V) aimed to examine the sustained use of Standard Triple P in child protection services in Portugal five years after the professionals became accredited Standard Triple P practitioners. Specifically, this study aimed to 1) identify the practitioners who have sustained and did not sustain Standard Triple P use as part of their routine care practice in child protection services, five years after they completed the program's accreditation process; 2) examine what factors influenced practitioners to sustain or not sustain the use of Standard Triple P, analyzed within the Integrated Sustainability Framework (Shelton et al., 2018); and 3) explore the perspectives of practitioners, organizational managers, and system-level representatives of CPS bodies on the characteristics of this system that may be either promoting or limiting the sustained use of EBPPs, placed within the framework of a strengths, weaknesses, opportunities, and threats (SWOT) analysis (Puyt et al., 2023).

We conducted individual semi-structured interviews with the 16 practitioners, three organizational managers, and three system-level representatives. Qualitative research, such as interviews, is encouraged to be conducted among stakeholders at multiple levels to contextualize the findings within specific organizational settings, to provide insight into why programs are or are not sustained, and to inform a strategic action plan for building capacity in areas of weakness (Shelton et al., 2018). Individual interviews are also useful when discussing more sensitive issues or when a group dynamic might prevent expressing different views (Moore et al., 2015).

6. Study 4

Families' Involvement With the Child Protection System in Portugal: A One-Year Follow-up Study on Case Closure After Attending an Evidence-Based Parenting Program

Within family service provision, such as the provided by social services, it becomes important to bring evidence of whether EBPPs have an impact on families' trajectories of involvement with CPS. Assessing the impact of EBPPs may guide decisions about which approaches are more likely to provide effective support to children and families (Canário et al., 2025).

While conducting Study 1, by reviewing the studies identified in the scoping review, we noticed that many of these studies reported a high percentage of participants

who dropped out of the program. Similarly, when we analyzed the data from Studies 2 and 3, we observed that the lack of parents' engagement and, thereby, their drop out of the program was a barrier to program implementation and sustained use reported by practitioners. Parents often do not complete the entire intervention, dropping out after a few sessions. We also observed from the literature that less is known about program outcomes for families who drop out and, in particular, how these families progress in the CPS over time. Therefore, in this study, we wanted to include not only parents who completed the program but also those parents who discontinued participation before the program began or attended at least one session but did not complete the full intervention (i.e., the program dropouts).

In addition to the inclusion of both groups of participants (i.e., program completers and program dropouts), the purpose of this study resulted from another gap we observed in the literature, which is fewer initiatives of EBPPs targeted to families at psychosocial risk that examine their impact on CPS involvement. Existing literature typically focuses on establishing that EBPPs can change parenting practices and children's behavior. Therefore, we intend to fill this gap and examine the role that both completing Standard Triple P and the program's dosage play in the families' trajectories in the CPS, specifically predicting families' discharge from these services.

Study 4 (Chapter VI) aimed to examine whether families who completed the Standard Triple P parenting program are more likely to have their child protection case closed up to 12 months later than families who drop out and whether program dosage predicts case closure. Specifically, two research questions were addressed in the present study: 1) Are families that completed Standard Triple P more likely to have their CPS case closed one year after the program? and 2) Is the number of sessions received, regardless of completing Standard Triple P or dropping out, related to CPS case closure one year after?

Participants are 74 Portuguese families with children aged 6 to 12 involved with the CPS. To better understand the role that receiving Standard Triple P plays in the involvement of families with the CPS over one year, the present follow-up study assessed the family's CPS case status at baseline (i.e., pre-intervention, when CPS referred the family to receive the Standard Triple P intervention) and at five later time points: immediately after the intervention or the dropout of the intervention, and 3, 6, 9, and 12 months after intervention completion or dropout of the intervention. We collected data on the families' CPS case status from the case managers' records. Each

case manager reported, at each assessment point, whether the family continued receiving support from CPS with a promotion and protection measure applied or whether the case was closed and the family was discharged from the CPS. Information on the number of sessions parents received (i.e., program dosage) was retrieved from the Standard Triple P Session Summary Checklists, completed by practitioners at the end of each session.

7. Research Dissemination

This PhD research project includes the following published papers and under-review manuscripts:

- **Study 1, Scoping Review Protocol Published**

Pinto, R., Canário, C., Cruz, O., & Rodrigo, M. J. (2021). Implementation of evidence-based parenting programs under real-world conditions: Protocol for a scoping review. *PLoS One, 16*(8), e0256392. https://doi.org/10.1371/journal.pone.0256392

- **Study 1, Scoping Review Published**

Pinto, R., Canário, C., Leijten, P., Rodrigo, M. J., & Cruz, O. (2024). Implementation of parenting programs in real-world community settings: A scoping review. *Clinical Child and Family Psychology Review*. https://doi.org/10.1007/s10567-023-00465-0

- **Study 2, Manuscript Under Review**

Pinto, R., Canário, C., Rodrigo, M. J., & Cruz, O. (May, 2024). Practitioners' experiences in implementing an evidence-based parenting program with families attending child protection services [Manuscript under review]. *Child Care in Practice*.

- **Study 3, Manuscript Under Review**

Pinto, R., Canário, C., Leijten, P., Rodrigo, M. J., & Cruz, O. (November, 2024). The Sustained use of an evidence-based parenting program delivered to families involved with the Child Protection System [Manuscript under review]. *Global Implementation Research and Applications* (Special Issue: The Practice of Implementation).

- **Study 4, Manuscript Under Review**

Pinto, R., Canário, C., Leijten, P., Rodrigo, M. J., & Cruz, O. (November, 2023). Families' involvement with the Child Protection System in Portugal: A one-year follow-up study on case closure after attending an evidence-based parenting program [Manuscript under review]. *Children and Youth Services Review*.

Chapter III. Study 1 - Implementation of Parenting Programs in Real-World Community Settings: A Scoping Review

The protocol of the Scoping Review and the Scoping Review article and supplemental material are available through references:

Pinto, R., Canário, C., Cruz, O., & Rodrigo, M. J. (2021). Implementation of evidence-based parenting programs under real-world conditions: Protocol for a scoping review. *PLoS One, 16*(8), e0256392. https://doi.org/10.1371/journal.pone.0256392

Pinto, R., Canário, C., Leijten, P., Rodrigo, M. J., & Cruz, O. (2024). Implementation of parenting programs in real-world community settings: A scoping review. *Clinical Child and Family Psychology Review*, *27*(1), 74–90. https://doi.org/10.1007/s10567-023-00465-0

Study Protocol

Implementation of evidence-based parenting programs under real-world conditions: Protocol for a scoping review

1. Abstract

Protecting children is recognized as a public health priority, and supporting parents through the implementation of evidence-based programs is a well-known strategy for achieving this. However, researchers highlight that these programs remain insufficiently implemented in real-world contexts. A knowledge gap exists between the intended implementation of evidence-based parenting programs and their actual implementation on real-world dynamics. This scoping review aims to provide a comprehensive understanding of how evidence-based parenting programs have been implemented under real-world conditions by providing a map of available evidence and identifying knowledge gaps. The overall research question is: "How have evidence-based parenting programs been implemented under real-world conditions?". The proposed scoping review follows the framework originally described by Arksey and O'Malley, Levac and colleagues, and the Joanna Briggs Institute: 1) identifying the research questions, 2) identifying the relevant studies, 3) study selection, 4) charting the data, 5) collating, summarizing, and reporting the results, and 6) consultation. The Preferred Reporting Items for Systematic Reviews and Meta-Analyses extension for Scoping Reviews (PRISMA-ScR) will inform the search strategy. The results will be described in relation to the research questions and in the context of the purpose of the review. This scoping review will help to bridge the implementation gap between research evidence and its translation into practice.

2. Introduction

Respect for children's rights is one of the top priorities of public health and is ensured by a strong commitment to child protection (WHO, 2016). Research has proven that the family is the primary context for children's well-being and healthy development, and growing awareness has been devoted to the need to support parents in fulfilling their childcare responsibilities (Rodrigo et al., 2016). EBPPs' effectiveness in addressing child behavioral problems and improving parenting practices has been established (Rodrigo et al., 2016; Temcheff et al., 2018). As a result, the scientific community increasingly encourages practices based on the best research evidence (APA, 2006). There has been increasing recognition of the importance of incorporating

these empirically supported practices into the daily services attending children and families (Goldstein & Olswang, 2017). This necessity is motivated by the belief that prevention efforts should be guided by science and that interventions shown to be effective through rigorous evaluation should be used (Powers et al., 2015).

Prevention scientists distinguish between efficacy and effectiveness studies. Efficacy represents the positive effects of a program under optimal implementation conditions, whereas effectiveness refers to the effects of a program implemented under real-world conditions (Flay et al., 2005). However, the results of EBPPs' efficacy studies often are not replicated when these programs are transferred to widespread implementation in communities (Layde et al., 2012). Despite its high relevance, the question of efficacy provides little insight into how best to implement the program in different real-world settings. Indeed, efforts to implement interventions under real-world conditions are typically much less effective than outcomes achieved through randomized clinical trials in laboratories (Durlak, 2015). The positive outcomes achieved in controlled research settings are not always replicated in natural settings within mainstream services (Flay et al., 2005; Furlong & McGilloway, 2015). While it is of great relevance to use EBPPs in real-world settings (Özdemir & Giannotta, 2014), the transition of these programs from the initial trial stage to real-world implementation is both complex and poorly understood (Powers et al., 2015). There remains a gap in translating the success of programs in efficacy trials into natural settings (Özdemir & Giannotta, 2014). The implementation process influences the outcomes achieved in parenting programs (Durlak, 2015). Therefore, the evaluation of implementation can contribute to researchers' knowledge of whether an intervention failed because it was ineffective or implemented incorrectly (Rodrigo, 2016).

Implementing EBPPs in the real world is an essential step in translational research to make effective programs widely available to improve public health (Miller et al., 2012). Some EBPPs have attracted international investment beyond their original place of development and have been widely disseminated and implemented in various countries. Examples include the Triple P System (Sanders, 2008) and the Incredible Years Program (Webster & McCoy, 2015). Nevertheless, some researchers highlighted that evidence-based approaches remain insufficiently available in many key services for children and families delivered in the community (Axford & Morpeth, 2013; Forgatch et al., 2013). Today, practitioners can access many registry tools that evaluate programs using evidence criteria (Burkhardt et al., 2015). However, our knowledge of published

studies examining EBPPs' inclusion in real-world settings (Ghate, 2016) and barriers and facilitators to EBPPs' implementation in these settings is limited (Garcia et al., 2019). In 2016, a special issue with a collection of articles was dedicated to identifying, describing, and evaluating some EBPPs implemented in real settings in Spain (Rodrigo, 2016). The need to expand this work is acknowledged, highlighting the relevance of developing further reviews of EBPPs implemented under real-world conditions.

Although there is a global interest in implementation science (Baumann et al., 2016; Shelton et al., 2020), high-quality implementation of programs in real-world contexts is acknowledged as a significant challenge (Goldstein & Olswang, 2017). The many complexities involved hinder the study of the implementation process in detail (Fixsen et al., 2015). Notwithstanding the complexity of designing and conducting implementation studies, reviewing the implementation process is an essential feature of program evaluations (Baumann et al., 2016; Rodrigo, 2016). In order to increase knowledge about the best policies and practices related to specific interventions, settings, populations, and conditions, it is essential to evaluate the implementation process. The studies that focus on implementation provide information about the feasibility of a particular EBPP and the effort required to implement it effectively under real-world conditions (Rodrigo, 2016). For all these reasons, the implementation process is now recognized as a quality standard for EBPPs (Baumann et al., 2016; Hidalgo et al., 2016; Shelton et al., 2020). There is a growing awareness that implementation research is critical to the adoption, replication, and scale-up of EBPPs (Paulsell et al., 2014).

In general, prevention science research has moved from identifying the efficacy of programs to evaluating their effectiveness under real-world conditions (Flay et al., 2005). However, while research on effective practices continues to increase, research on implementation is lacking (Durlak, 2015). Consequently, a knowledge gap remains between how EBPPs should be implemented and how they are actually implemented in the real world (Dymnick et al., 2017; Koh et al., 2018). Researchers now recognize that the focus should not only be on measuring program outcomes ("Did it work?"), but that attention needs to be paid to the evaluation of the implementation process ("Under what conditions?"). However, there is not yet agreement on what specific implementation information should be examined and reported in studies. Some suggestions for key implementation components include fidelity (i.e., adherence to the program model, content, and dosage), quality of delivery (i.e., the skill with which practitioners conduct

program sessions and interact with participants), and program adaptation (i.e., changes made to the program) (Berkel et al., 2011).

Much has been written about the lack of knowledge in the transition from research to practice (Ghate, 2016). Nonetheless, as far as can be determined, this would be the first time a review has been written with an implementation lens to map the evidence in the field of EBPPs implemented under real-world conditions. Scoping reviews can be particularly useful for collecting literature in areas of emerging evidence (Peters et al., 2020), such as Implementation Science. To this end, a scoping review will be conducted to establish a comprehensive understanding of how EBPPs have been implemented under real-world conditions, providing a map of the available evidence and identifying knowledge gaps.

3. Materials and Methods

The proposed scoping review is guided by the six-step framework originally described by Arksey and O'Malley (2005), which was later reviewed, endorsed, and extended in the methodological literature by Levac and colleagues (2010) and the Joanna Briggs Institute (2020). The stages of the review include 1) identifying the research questions, 2) identifying the relevant studies, 3) study selection, 4) charting the data, 5) collating, summarizing, and reporting the results, and 6) consultation. Each phase is described in more detail below according to the objectives of the current scoping review. The last literature search will take place on 31 December 2021. This protocol has been registered at the Open Science Framework (available at: osf.io/4fydu).

Stage 1: Identifying the Research Questions

The proposed scoping review aims to establish a comprehensive understanding of how EBPPs have been implemented in real-world settings, providing a map of the available evidence and identifying knowledge gaps. Based on the PCC mnemonic (population, concept, and context), the main research question is as follows: How have evidence-based parenting programs been implemented under real-world conditions? The research sub-questions are:

- What evidence-based parenting programs have been implemented in real-world settings?
- What are the target populations (parents and children) receiving these programs?
- In what settings are these programs offered?

- What information is reported about implementation in studies of EBPPs that have been conducted under real-world conditions?
- What are the facilitators and barriers to the implementation of EBPPs encountered in these contexts?

Stage 2: Identifying Relevant Studies

The second stage of the scoping review process will establish the criteria for selecting studies for inclusion and exclusion in the review. Although a scoping review is designed to cover a wide range of literature, these criteria will guide the search and help to filter out relevant sources. The search strategy will be as comprehensive as possible to identify both published and unpublished (grey) literature.

The review process will include three levels of screening: 1) title review, 2) abstract review, and 3) full-text review. As recommended in JBI reviews [29], a three-step search strategy will be used. The first step will be an initial limited search of two appropriate online databases relevant to the topic, Academic Search Ultimate and Scopus. Initially, the following search terms will be used: implement*, evidence-based program, parent*, community, or real-world. The wildcard character (*) will be used to ensure that variations of each keyword are found. Following this initial search, the text words in the title and abstract of the retrieved papers and the index terms used to describe the articles will be analyzed.

A second search with all identified keywords and index terms will then be performed in all included databases: APA PsycArticles, APA PsycBooks, APA PsycInfo, BMC Medicine, Education Source, ERIC, Fonte Académica, MEDLINE, PLOS ONE, Psychology and Behavioral Sciences Collection, PubMed, Sociology Source Ultimate, SAGE Research, and Web of Science. Duplicates will be excluded. The references list of sources selected from the full text will then be screened to look for additional sources and ensure that relevant articles are included in the scoping review. Potentially relevant unpublished (grey) literature will be identified through targeted searches of dissertations/ theses (ProQuest Dissertations & Theses Global), relevant websites, study registries and reports, and conference abstracts. Only English, Spanish, French, and Portuguese publications will be included, as resources for translating studies into other languages are not available. Date limits will not be applied.

The search strategy will be piloted independently by at least two authors to verify the appropriateness of the keywords and databases. An experienced researcher on the topic will be consulted for the contribution of specific search terms. Considering that database search is one of the core elements of the search plan, and it should be peer-reviewed, we will use the Peer Review of Electronic Search Strategies (PRESS) checklist (McGowan et al., 2010) to guide and improve the quality and comprehensiveness of the electronic literature search strategy.

Stage 3: Study Selection

PCC mnemonics will guide the screening of each title and abstract. Other eligibility criteria will ensure that the content of included studies is relevant to the research question. Search terms will be determined in consultation with the research team. The searches will continue until saturation is reached and no new studies meeting the inclusion and exclusion criteria are identified. The primary author and one of the co-authors will conduct independent assessments of the full-text articles to determine whether they meet the inclusion/exclusion criteria. Any disagreements will be discussed between the two reviewers until a consensus is reached or by arbitration of a third reviewer. Reasons for exclusion will be noted, and the process of study selection will be documented in a flow chart (Figure 1), according to Preferred Reporting Items for Systematic Reviews and Meta-Analyses extension for Scoping Reviews (PRISMA-ScR) (Tricco et al., 2018). The electronic database search will be recorded in a table, as well as the characteristics of the included studies. The software used to manage references and search results will be Zotero (Kratochvíl, 2017) and Rayyan (Ouzzani et al., 2016), respectively.

Inclusion criteria

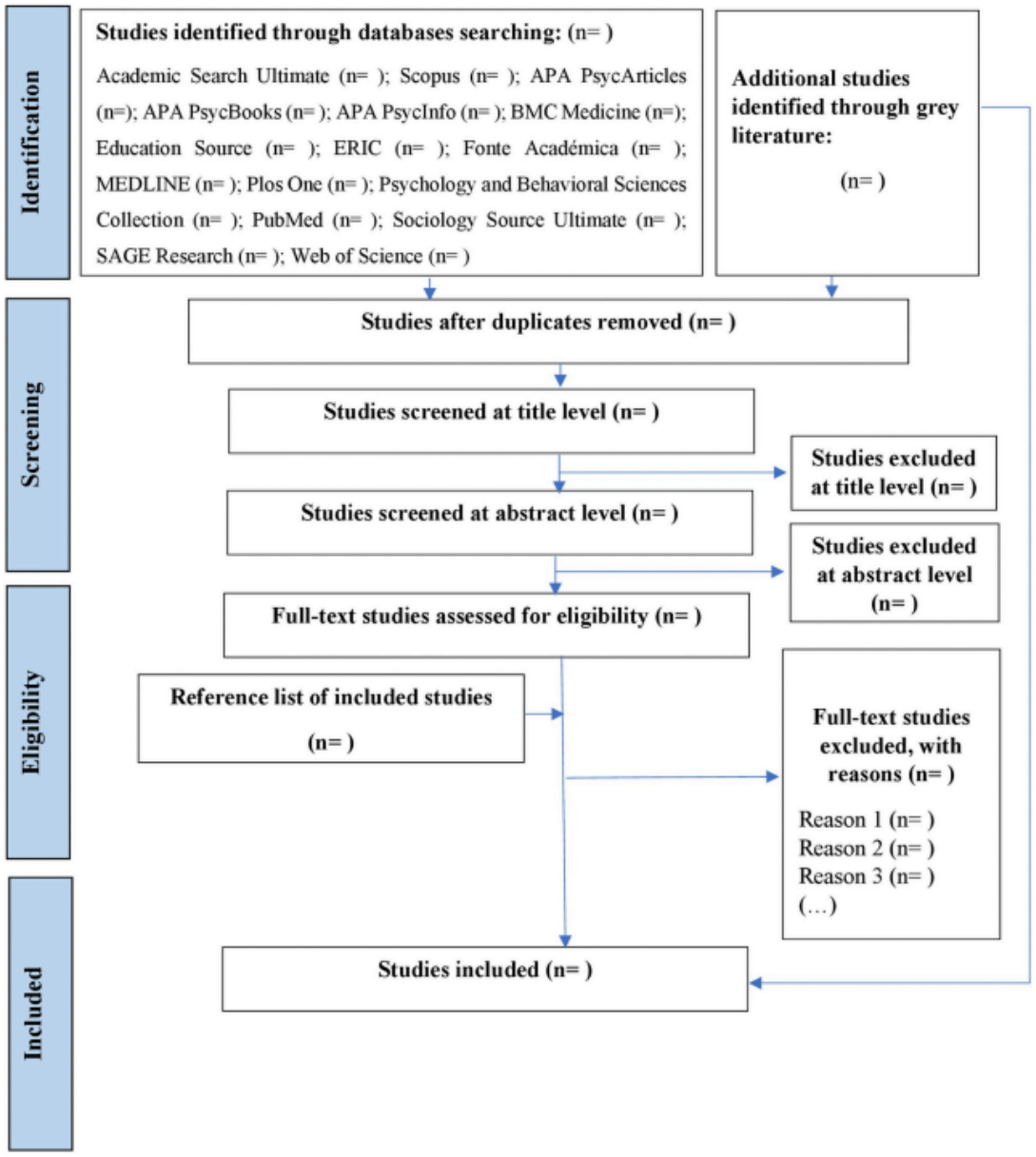
- Type of participants: This review will include all research studies of EBPPs targeting parents of children aged 2–16 years. The age range was set between 2 and 16 years old to have studies including preschool, school-aged children, and young adolescents.
- Concept: The core concept examined by the scoping review is the implementation of EBPPs.
- Context: EBPPs should be implemented in real-world settings.

Exclusion criteria

- Given that the proposed review explores evidence-based programs for parents, studies that primarily target foster/adoptive parents or children in extended family placements will be excluded.
- Clinical/explanatory trials or studies not applied under real-world conditions will be excluded. This review must map real-world evidence and include data collected in different natural contexts.

Figure 1.

PRISMA flow chart for the scoping review process. Adapted from: Moher, Liberati, Tetzlaff, and Altman (2009)



Stage 4: Data Charting

The research team will develop a data extraction form to confirm the study's relevance and extract the study features. Study characteristics to be extracted will include the following: author(s), title, year of publication, type of source, name of the program used, country of origin and country where the program was implemented, population characteristics, the context in which the program was delivered and by whom, implementation characteristics described for each program, reported facilitators and barriers. Attempts will be made to contact the authors of the included papers if key information is missing or unclear.

To ensure a systematic data extraction process, the research team will design an extraction spreadsheet using Microsoft Excel. Before beginning the extraction process, the spreadsheet will be tested on 10 randomly selected studies to ensure that it correctly captures the relevant information. Then, the form will be refined accordingly. Charting the results can be an iterative process where the spreadsheet will be continually updated (Arksey & O'Malley, 2005). To ensure accurate data collection, the extraction of relevant article characteristics will be performed independently by two reviewers. Any discrepancies will be discussed further to ensure consistency.

Stage 5: Collating, Summarizing, and Reporting the Results

It is important to note that scoping reviews do not synthesize the results of the included evidence sources, as this should instead be done as part of conducting a systematic review. Therefore, the results of the included sources will be described in relation to the research questions and in the context of the overall aim of the review. Also, the aggregated findings will provide an overview of the research rather than an assessment of the quality of individual studies.

Due to the potential scope and heterogeneity of the material included in the scoping review, it is not possible to determine in advance the optimal method for collating and reporting the results. This will be refined during the review process as reviewers become more familiar with the content of all included sources (Peters et al., 2020). Therefore, a narrative report and/or a visual form (e.g., tables and charts) will be produced, as appropriate, to summarize the extracted data.

Stage 6: Consultation

An experienced researcher will advise throughout the process, including in the planning, execution, and dissemination of the review.

4. Discussion

The ultimate goal of the proposed scoping review is to identify, characterize, and summarize the evidence on the topic under review, including the identification of knowledge gaps. This study protocol describes a detailed plan for conducting the review, including background, objectives, and methodology. Publishing this protocol will ensure the reproducibility of the study and benefit from expert review feedback.

A comprehensive literature search will be conducted across multiple electronic databases, using a methodological framework to chart and map findings, and present a discussion of knowledge gaps and future research opportunities. The purpose of the scoping review is to provide an overview of the existing evidence, and as such, the methodological assessment to determine the quality of the data retrieved from the selected studies will not be performed.

Over the past few decades, the field of implementation research has grown considerably, resulting in increased interest from researchers, funders, practitioners, and policymakers (Villalobos Dintrans et al., 2019). Despite its potential to advance science, limited research has focused on mapping issues in this field (Norton et al., 2017). Therefore, by mapping evidence in the field of real-world implementations of EBPPs, this scoping review will help to bridge the implementation gap between research evidence and its translation into practice.

Any changes to the study protocol will be reported in the scoping review, as well as the discussion of the limitations of the scoping review process.

The findings of the proposed review will be disseminated through relevant stakeholder groups (e.g., professionals providing family and parenting support) and presentations at relevant scientific meetings. In addition, an article outlining the results of the scoping review will be submitted for publication in a scientific journal.

Implementation of Parenting Programs in Real-World Community Settings: A Scoping Review

1. Abstract

Implementing parenting programs in real-world community settings is fundamental to making effective programs widely available and consequently improving the lives of children and their families. Despite the literature acknowledging that the high-quality implementation of parenting programs is particularly challenging in real-world community settings, little is known about how the programs are implemented in these settings. This scoping review followed the methodological framework described by the Joanna Briggs Institute to map evidence on how evidence-based parenting programs have been implemented under real-world conditions. A systematic search of 12 scientific databases, gray literature, and the reference lists of the included studies identified 1918 records, of which 145 were included in the review. Fifty-three parenting programs were identified in studies documenting implementation in real-world community settings worldwide. Most studies included families in psychosocial risk engaged with family-support agencies. The qualitative synthesis identified several implementation outcomes, adaptations, barriers, and facilitators. Most studies reported a maximum of two implementation outcomes, mainly fidelity and acceptability. Practitioners frequently made adaptations, mainly to bring down barriers and to tailor the program to improve its fit. Findings highlight the need for a more detailed description of the implementation of programs, with greater consistency in terminology, operationalization, and measurement of implementation outcomes across studies. This will promote a more transparent, consistent, and accurate evaluation and reporting of implementation and increase the public health impact of parenting programs. Future studies should also assess the impact of adaptations and the cost-effectiveness and sustainability of programs in real-world community settings.

Keywords: parenting programs, implementation, real-world community settings, scoping review

2. Introduction

The primary role of the family in promoting child's everyday well-being and long-term development is well established. Children are at greater risk for emotional and behavioral problems if they are raised in family environments that are conflicted and unpredictable (Szepsenwol et al., 2022). Children benefit most from their family when parents are warm, responsive, and supportive; when they monitor and discipline appropriately (Kuppens & Ceulemans, 2019). Therefore, consensus has been reached on the need to support parents to fulfill the right of children to grow up in healthy family contexts by providing parenting programs with a strong evidence base (Doyle et al., 2023; Lansford et al., 2022; Prinz, 2019; Rodrigo, 2016). Parenting programs can improve parenting practices and reduce family-related risk factors associated with child maltreatment and the development of emotional and behavioral difficulties in children and adolescents (Prinz, 2019; Vlahovicova et al., 2017; World Health Organization, 2022).

The effectiveness of parenting programs strongly depends on the quality of their implementation (Baumann et al., 2016; Durlak, 2015). This raises the question of how parenting programs in the community are being implemented to support parents and children (Lansford et al., 2022). In this review, we systematically searched the literature for studies documenting parenting program's implementation in real-world community settings. We adopted a scoping review approach (Peters et al., 2020) to map the available evidence on this topic.

Evidence-based parenting programs are theoretically driven and empirically validated, with contents, activities, and methodology described and structured in a manual (Rodrigo, 2016). These programs are provided to improve parents' knowledge, skills, and confidence to best support their children's development; to reduce children's emotional and behavioral difficulties and parental stress; and to prevent child maltreatment and optimize children's development (Barlow & Coren, 2018; Prinz, 2019). Prevention scientists distinguish between programs' efficacy and effectiveness. Efficacy relates to the effects of a program under ideal implementation conditions, whereas effectiveness refers to the effects of a program implemented under real-world conditions (Flay et al., 2005; Gottfredson et al., 2015).

High-quality implementation of programs is particularly challenging under real-world conditions, and the transferability of parenting programs to real-world community settings is scarcely understood (Durlak, 2015; Lansford et al., 2022; Powers et al.,

2015). Quality of implementation refers to a specific set of activities designed to put into practice an activity or program, incorporating it into real-world community settings to benefit children, families, services, and communities (Fixsen et al., 2009). Although the delivery of parenting programs in real-world community settings has been progressively encouraged, the inability to appropriately implement them can limit the potential for families to benefit from advances (Rodrigo, 2016). Indeed, many research findings are not routinely translated into practice, and many authors emphasized that this research-to-practice gap is due to the lack of attention paid to the implementation process (Durlak & DuPre, 2008; Lansford et al., 2022; Miller et al., 2012; Premachandra & Lewis, 2022). When the implementation is not properly addressed, inadequate outcomes may be mistakenly attributed to the program theory of change, rather than the omission of core program functions (i.e., the active ingredients of a program that are primarily associated with its effectiveness) (Durlak & DuPre, 2008; Kirk et al., 2021).

There is an increasing recognition that discriminating the intervention outcomes from the implementation outcomes is critical (Fixsen et al., 2009; Proctor et al., 2011). Implementation outcomes are the effects of deliberate and purposive actions to implement new programs, practices, and services (Proctor et al., 2011), and they can be measured in terms of attitudes, opinions, intentions, or behaviors (Centre for Effective Services, 2022). A myriad of implementation outcomes is identified in numerous frameworks. The two most frequently applied outcomes-focused implementation frameworks are the Reach, Effectiveness, Adoption, Implementation, and Maintenance Framework (RE-AIM; Glasgow et al., 1999, 2019) and the Implementation Outcomes Framework (Proctor et al., 2011). A recent study compared both frameworks and found substantial overlap in the implementation outcomes proposed by both frameworks (Reilly et al., 2020). Based on Reilly et al. (2020), we selected the framework proposed by Proctor et al. (2011) because it is more comprehensive, covering both the outcomes presented in RE-AIM and additional outcomes (e.g., acceptability). Furthermore, the framework by Proctor et al. (2011), despite being published a decade ago, continues to be frequently used in the literature (e.g., Khadjesari et al., 2020; Mettert et al., 2020; Xu et al., 2023). The proposed taxonomy in the Proctor's framework includes eight implementation outcomes: 1) acceptability, 2) adoption, 3) appropriateness, 4) cost, 5) feasibility, 6) fidelity, 7) penetration, and 8) sustainability (Table 1).

Table 1

Taxonomy of Eight Implementation Outcomes (*adapted from Proctor et al., 2011)*

Implementation Outcome	Description
Acceptability	The perception among implementation stakeholders that a given program is agreeable or satisfactory. Other terms used in the literature are related to satisfaction with various aspects of the program (e.g., content, complexity, and delivery).
Adoption	The intention or initial decision to employ the program. Adoption also may be referred to as uptake.
Appropriateness	The program's perceived fit, relevance, or compatibility for a given practice setting, provider, or consumer; and/or perceived fit of the program to address a particular issue.
Cost	The cost of implementing the program and any costs required to support its implementation.
Feasibility	The extent to which the program can be successfully used or carried out within a given setting.
Fidelity	The degree to which the program was implemented as it was prescribed in the original protocol.
Penetration	The integration of the program within a service setting and its subsystems. From a service system perspective, the construct is similar to ''Reach'' in the RE-AIM framework.
Sustainability	The extent to which a newly implemented program is maintained or institutionalized within a service setting's ongoing operations. The construct is similar to "Maintenance'' in the RE-AIM framework.

Typically, research in real-world settings progresses from effectiveness studies (does an intervention work under real-world conditions?) to implementation studies (how is an intervention delivered in real-world community settings?) (Shepardson & Polaha, 2023). However, most researchers agree that effectiveness and implementation research should not be separate and sequential, and doing so overlooks complexity and slows the transferability of research findings into routine practice (Curran et al., 2022; Landes et al., 2019; Shepardson & Polaha, 2023). Curran et al. (2012) introduced effectiveness-implementation hybrid studies, which combine the examination of both effectiveness and implementation outcomes and intend to answer, within the same study, questions regarding whether the intervention works and how to best implement it. Hybrid studies exist on a continuum, varying from whether their primary focus and emphasis is on either effectiveness or implementation outcomes (Curran et al., 2012, 2022). In a hybrid type 1 study, the primary aim is to determine intervention effectiveness while exploring implementation issues (e.g., describe barriers and facilitators; ask participants regarding implementation experience). A hybrid type 2 study involves simultaneous testing of both intervention effectiveness and implementation. In a hybrid type 3 study, the main aim is evaluating the implementation of an intervention (e.g., testing the implementation activities used to deliver the intervention and the impact of those activities on an intervention's adoption, fidelity, and other implementation outcomes) while also gathering information on intervention effectiveness.

Integrating the examination of program implementation and effectiveness in one study can yield valuable insights into possible explanations for observed effectiveness or lack thereof. Attending implementation immediately at the start of evaluating program effectiveness (rather than first establishing that an intervention is effective) can, therefore, help refine interventions based on the feedback of families, practitioners, and stakeholders (Curran et al., 2022; Shepardson & Polaha, 2023).

Since the implementation outcomes are considered pre-conditions for achieving effective program outcomes, the field benefits from studies not only carefully evaluating them in the implementation process but also reporting on this in their papers (Centre for Effective Services, 2022; Lengnick-Hall et al., 2022; Pinnock et al., 2017). However, Lengnick-Hall et al. (2022) found several problems in studies when reporting the implementation outcomes, namely lack of clarity about the specific outcome being addressed, inconsistent terminology, and lack of specificity around how the outcome

was measured. These authors proposed six recommendations to prevent reporting problems in future work: 1) To describe each implementation outcome, provide the definition that the study will use and ensure consistent use of terms and definitions across manuscript sections; 2) To state how each implementation outcome will be or was analyzed relative to other constructs; 3) To specify what each implementation outcome will be measured in relation to; 4) To report who provided data, the level at which data were collected for each implementation outcome, and what type of data was or will be used to assess each implementation outcome; 5) To state the number of time points and the frequency at which each outcome was or will be measured; and finally, 6) To specify the unit of analysis and unit of observation for each implementation outcome.

Reporting program implementation is recognized as fundamental for programs' adoption, replication, and scale-up (Paulsell et al., 2014). Despite recommendations that the implementation process should be described in sufficient detail such that independent observers can detect the presence of the set of activities related to implementation (Fixsen et al., 2009; Pinnock et al., 2017), most of the information about implementation in empirical studies is typically underreported and remains unknown (Gold et al., 2016; Hidalgo et al., 2016; Pinnock et al., 2017). The seminal literature review from Fixsen et al. (2009) pointed out that most studies reporting effectiveness trials do not describe information relevant to implementation. Bull et al. (2003) provided a literature review of worksite health behavior interventions and found that implementation data were reported only in 12.5% of the studies. A meta-analysis of prevention programs found that 68.5% of programs were presented without sufficient detail to allow replication (Domitrovich & Greenberg, 2000). Premachandra and Lewis (2022) found in their scoping review of 56 psychological intervention evaluations that authors reported, on average, 36% of the implementation information recommended by implementation scientists. Implementation factors are often taken into consideration (e.g., allocating resources to maintain high levels of implementation fidelity and using techniques to enhance adoption and feasibility), but manuscript submission page limits and differences in terminology often leave these factors underreported (Rudd et al., 2020).

An important factor to consider and report when implementing a program in real-world dynamics are the adaptations, i.e., changes made to the program, either in the program content or in the way the program is delivered (Chambers & Norton, 2016;

Durlak, 2015; Wiltsey Stirman et al., 2019). The complex interplay between program characteristics and service system, organizational, and family characteristics can impact the need to adapt interventions at different levels (service system, organization, provider, and client levels) to implement the program effectively (Chambers & Norton, 2016; Dusenbury et al., 2005). In contrast with efficacy trials, studies developed under real-world conditions demand more flexibility between fidelity and adaptations in the program's delivery (Anyon et al., 2019). Studies highlighted that this flexibility, when aligned with core principles underlying the program model, improves the program's fit and is critical to success (Anyon et al., 2019). Despite an increasing amount of literature recognizing that program adaptation is inevitable (Chambers & Norton, 2016; Durlak, 2015; Wiltsey Stirman et al., 2019), our knowledge about what, how, and when adaptations occur and how practitioners balance them with fidelity during the implementation process is limited (Rodrigo, 2016). Recently, Escoffery et al. (2018) conducted a systematic review on adaptations of evidence-based public health interventions and found that the most frequently mentioned type of adaptations were content modifications, with the common reason to make the program relevant to a particular culture, new population, and setting. However, the authors did not review gray literature, and the results are mainly focused on HIV/AIDS, mental health, substance abuse, and chronic illnesses.

Other important factors to consider and report are barriers and facilitators of implementation. For instance, some facilitators are: 1) to establish a supportive leadership and organizational culture; 2) to provide adequate staff training and supervision; 3) to establish an implementation team composed of members with diverse expertise and skills responsible for driving and supervising the implementation process; and 4) to develop the implementation plan, which outlines key information required to achieve the desired outcomes from implementing the program (e.g., the resources needed and those already available; as well as the methods for the program's monitoring and evaluation) (Barton & Akin, 2022; Centre for Effective Services, 2022; Metz et al., 2015). Better knowledge of the barriers and facilitators will inform other implementers about what to avoid and what factors to replicate to achieve favorable results.

Even though implementation science has received growing interest from parenting program scholars, practitioners, funders, and decision-makers (Villalobos Dintrans et al., 2019), limited research has mapped issues in this area (Norton et al., 2017). Hoagwood et al. (2010) published a comprehensive review of 50 structured

family-support programs for caregivers of children with identified mental health needs, synthesizing results on where the studies were conducted and their characteristics. In this work, the authors highlighted the need for greater attention to how family support programs are delivered. Syntheses of research about implementation in the real world are recognized as essential not simply because they facilitate the identification of what works, with what population, and how in diverse contexts, but also because they bring to light the barriers and facilitators to the adoption of parenting programs in real-world community settings (Villalobos Dintrans et al., 2019; Wyborn et al., 2018). As parents cannot benefit from interventions they do not receive, it is also essential to know what parenting programs they receive (Fixsen et al., 2009). Such an advance would facilitate the spread of high-value, effective, and sustainable interventions in real-world community settings.

Research syntheses on the implementation of parenting programs under real-world conditions generate knowledge about what happens when programs are brought into new contexts (Lendrum & Humphrey, 2012). This understanding assists professionals in selecting and implementing these programs, thereby improving services and outcomes for children and their families. The present scoping review on the implementation of parenting programs in diverse community settings supports replication and increases the speed at which practitioners can use empirical findings (Lengnick-Hall et al., 2022). The proliferation of parenting programs implemented in real-world community settings has created new complexities for researchers, stakeholders, policymakers, and practitioners. Therefore, by synthesizing and integrating learnings across primary research studies, our scoping review will contribute to managing the proliferation of research knowledge in this field. This scoping review generates real-world evidence (i.e., evidence derived from the synthesis of real-world data), which will help to bridge the implementation gap between research evidence and its application in practice, providing useful information that helps to understand how parenting programs proven efficacious in controlled research settings can be effectively implemented in real-world practice.

In sum, this scoping review aims to establish a comprehensive understanding of how parenting programs are implemented under real-world conditions, providing a map of available evidence and identifying knowledge gaps.

3. Materials and Methods

This scoping review followed the Preferred Reporting Items for Systematic Reviews and Meta-Analysis extension for Scoping Reviews (PRISMA-ScR; Tricco et al., 2018). In addition, we used the guidelines set out by the JBI (formerly known as the Joanna Briggs Institute) for 1) identifying research questions, 2) identifying relevant studies, 3) study selection, 4) data charting, and 5) collating, summarizing, and reporting results (Peters et al., 2020).

We prospectively registered this scoping review at the Open Science Framework (available at: osf.io/4fydu) and published our study protocol (Pinto et al., 2021) before the database search. There are no differences between what was preregistered and what is presented in this scoping review. However, in the eligibility phase of the studies, we had to discuss what would be considered an evidence-based parenting program, as we realized that the extent of evidence for programs varied across studies. In order to map the field as comprehensively as possible, we decided to adopt an inclusive approach. This means we considered evidence-based parenting programs as all manualized parenting programs that have a clearly defined theoretical model, for which any level of initial evidence had been established for desired effects on improving parenting practices and reducing family-related risk factors associated with the development of emotional and behavioral problems in children and adolescents (Durlak & DuPre, 2008; Rodrigo, 2016).

Identifying the Research Questions

The general research question that guided this scoping review was: How have evidence-based parenting programs been implemented under real-world conditions? To establish a comprehensive understanding of this topic, we formulated five specific research questions: (a) What parenting programs have been identified in studies documenting implementation in real-world community settings? (b) What are the main characteristics of the parents and children receiving these programs? (c) In what settings are these programs offered (e.g., healthcare facilities, schools, social service agencies, faith centers such as churches)? (d) What implementation outcomes (Proctor et al., 2011) and other implementation-related variables are reported? (e) What implementation barriers and facilitators were encountered?

Identifying Relevant Studies

We piloted a preliminary search strategy with the keywords implement*, evidence-based program*, parent*, community, and real-world on Academic Search

Ultimate and Scopus. From the results obtained, we noticed that studies used not only the term “evidence-based program” but also “evidence-based intervention” and “evidence-based practice”, so we added these keywords. Our final search string was: (implement* AND (“evidence-based program*” OR “evidence-based intervention” OR “evidence-based practice”) AND parent* AND (community OR “real world”)).

We searched multiple databases of peer-reviewed literature (Academic Search Ultimate, APA PsycArticles, APA PsycBooks, APA PsycInfo, Education Source, ERIC, Fonte Académica, Psychology and Behavioral Sciences Collection, PubMed, Scopus, Sociology Source Ultimate, and Web of Science), as well as grey literature in ProQuest databases, and the reference lists of included studies. We did not use time limits or restricted field tags. The literature search was conducted from September 2021 to December 2021 and updated in February 2022.

Study Selection

We defined the eligibility criteria based on the JBI Population—Concept—Context (PCC) mnemonic. Studies were eligible if: 1) the implemented program targeted parents of children aged 2-16 years (Population); 2) the program was delivered in a real-world community setting, defined as a setting of routine practice, not a research-controlled setting (Context); and 3) they were empirical studies of evidence-based parenting programs (as we defined them previously in this section), identifying the factors related to the implementation process (Concept). To be included, studies must report implementation outcome variables (Proctor et al., 2011) and/or other implementation-related variables (e.g., adaptations, barriers, and facilitators). We excluded studies that only targeted foster/adoptive parents or children in extended family placements in order to uniformize the population characteristics of the reviewed studies as much as possible.

The first two authors, working independently, undertook the study screening and selection. This process comprised three levels of screening: 1) title review, 2) abstract review, and 3) full-text review. In cases of uncertainty about the eligibility of a study at the title and abstract levels, the study was carried into the next phase of the selection process. The third author solved disagreements during the full screening of the studies.

Data Charting

We developed a charting form on Microsoft Excel to record the key information of each source. As recommended by the JBI (Peters et al., 2020), the members of the review team became familiar with the source results and piloted the extraction form to

ensure all relevant results were extracted. We extracted the following information from each study: 1) general study information (e.g., country where the study was conducted and research design); 2) participants sociodemographic characteristics (e.g., age, educational level, profession); 3) context characteristics (e.g., the organization that implemented the program); 4) program characteristics (e.g., program's title, format and type of delivery); 5) implementation characteristics (e.g., implementation outcomes, adaptations, barriers, and facilitators). Study characteristics extracted are presented in Supplemental Material (See Appendix A). Data extraction was performed independently by two authors. Inter-rater reliability was around 90% at abstract/title screening and around 70% at full-text screening, ensuring the accuracy of data collection. The disagreements were solved by a discussion with the third member of the review team to reach a consensus.

Collating, Summarizing, and Reporting the Results

This review integrates quantitative and qualitative syntheses. First, we provide an overview of the included studies using descriptive analysis with a frequency count to answer the research questions about which parenting programs have documented implementation in real-world settings, the main characteristics of the parents, children, and practitioners participating in these programs, and the settings where these programs were delivered. Different programs within the same intervention system (e.g., Pathways Triple P, Standard Triple P, Triple P Online, and Self-Help Triple P) were counted as the same program. When the same program was culturally adapted and its name modified, we considered the name of the original program (e.g., the Early Risers program was culturally adapted for use in Mexico; the Strengthening Families Program was culturally adapted for use in Spain). We also combined multiple records of the same study (e.g., a thesis and a peer-reviewed paper reporting on the same study).

Regarding the research questions about what implementation outcomes and other implementation-related information were reported, and what implementation barriers and facilitators were encountered, we performed a qualitative synthesis classifying the results under main conceptual categories, as suggested by the JBI manual (Peters et al., 2020). The research team discussed and refined these conceptual categories.

Following a deductive approach, we synthesized the extracted data about implementation outcomes from the set of variables proposed by Proctor et al. (2011). We established three levels of reporting: mentioning, monitoring, and measuring. 1)

Mentioning refers to whether the study stated the implementation outcome (e.g., the study discussed that practitioners strived towards implementing the program with fidelity); 2) Monitoring means that the study not only mentioned the implementation outcome but also used specific indicators to evaluate it (e.g., the study reported that it monitored the fidelity of implementation by asking practitioners to fill summary checklists at the end of each session; the study reported that program's acceptability was assessed using the Evidence-Based Practice Attitudes Scale); 3) Measuring means that the study not only monitored the implementation outcome but also provided the results obtained (quantitative or qualitative) (e.g., the study reported that average fidelity to program content was 81%; the study reported the intervention's high level of appropriateness).

To organize the results about the implementation barriers and facilitators, we grouped them into six categories using the six key implementation factors proposed by Akin et al. (2014): 1) client factors (e.g., the complexity of participants' concerns, their perceptions of the program, resistance towards the intervention); 2) practitioners factors (i.e., individual practitioners characteristics such as their attitudes about adopting and using the program); 3) program factors (i.e., aspects of the program itself, such as its complexity, adaptability, and cost); 4) process factors (e.g., staff selection, training, coaching, and performance assessment); 5) organizational factors (e.g., administrators' attitudes, leadership, organizational culture and climate); and 6) structural factors (i.e., those that occur at the system level including the broader environment in which organizations operate, such as workforce issues and interagency collaboration). All these factors have the potential to either hinder or facilitate program implementation.

4. Results

Included Studies

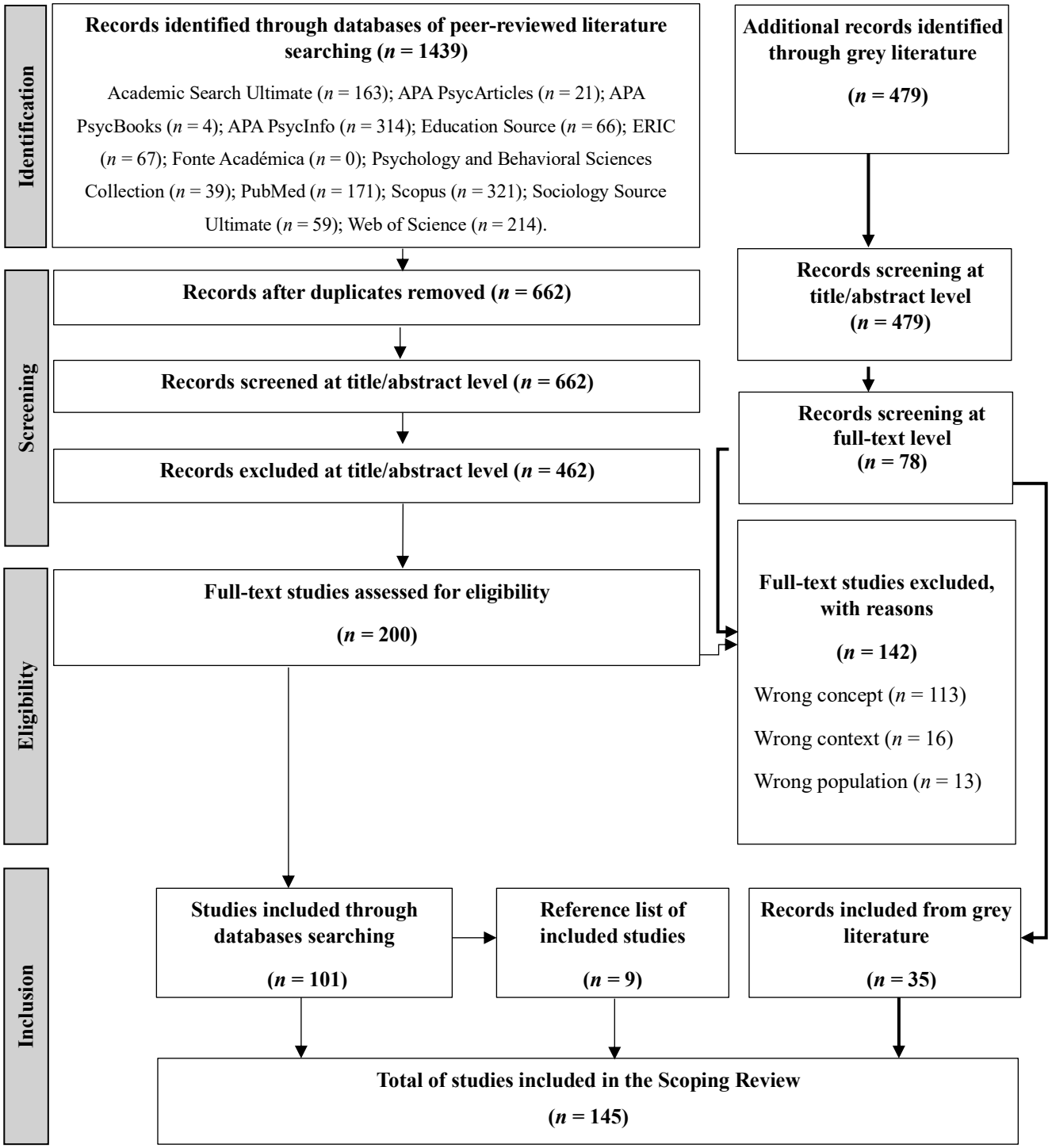
Our systematic literature search identified 1,918 records (See Figure 1). Of these, 145 studies, 110 from peer-reviewed journals, and 35 from the grey literature were eligible for inclusion.

Studies were conducted in 21 different countries on five different continents. The majority were conducted in the United States of America (n = 92), followed by Canada (n = 12), Australia (n = 7), Spain (n = 6), Norway (n = 4), South Africa (n = 4), and the United Kingdom (n = 4). The remaining studies were from Belgium, Brazil, China, Germany, Iceland, India, Ireland, Israel, Kenya, Lebanon, Mexico, Nigeria, Romania, and Thailand. This study's Supplemental Material (See Appendix A) provides

a summary of the characteristics of the studies included in this review (e.g., the programs that were implemented and the implementation outcomes that were reported).

Figure 1

The PRISMA Flow Diagram for the Scoping Review Process (adapted from Moher et al., 2009)



What Parenting Programs Have Been Identified in Studies Documenting Implementation in Real-World Community Settings?

The implementation of 53 different programs was reported. These parenting programs are mostly based on social learning theory principles, designed to improve parent-child relationship quality and behavior management in order to reduce disruptive child behavior. Most studies reported on the implementation of the Triple P - Positive Parenting Program (*n* = 31), Parent-Child Interaction Therapy (*n* = 24), Strengthening Families (*n* = 15), and Incredible Years (*n* = 12).

What are the Main Characteristics of the Families who Received These Programs and of the Practitioners who Implemented Them?

Few studies described at least some characteristics of the programs' participants. In terms of gender, 64 studies (44%) reported on parent gender, stating that parents were primarily mothers (on average 80%). In the 39 studies (27%) that reported on child's gender, boys were overrepresented (on average 60%). The child's age was reported in 56% of the studies (*n* = 81), of which 81% (*n* = 66) integrated pre- and school-aged children (2 to 12 years old). Few studies integrated adolescents (*n* = 18).

In terms of socioeconomic status, studies that reported on parent educational level (28%, *n* = 41) stated that most parents attained a high school education. In line with this, of the 54 studies that provided information on family income and occupational status, families were predominantly socioeconomically disadvantaged. As described in 27% of the included studies (*n* = 39), most children lived in two-parent households. In the included studies, families were engaged with child mental health or social services due to mental and behavioral concerns at the family, parent, and child level (e.g., children exhibiting disruptive behaviors, identification of child abuse and neglect, poverty, parental substance abuse, mental health treatment, family conflict, migrant and refugee families).

In the 52 studies that reported on the gender of practitioners, they were primarily women (on average 87%). The average age of practitioners reported in 25 studies was 40 years old. Practitioners were typically employed at the organizations delivering the programs as part of routine practice. Their academic backgrounds were diverse, coming from the social, health, and educational sectors. Social workers, psychologists, and nurses were in the lead, followed by counselors and teachers. Most of these professionals were described as having several years of working experience with families.

In What Settings Were These Programs Offered?

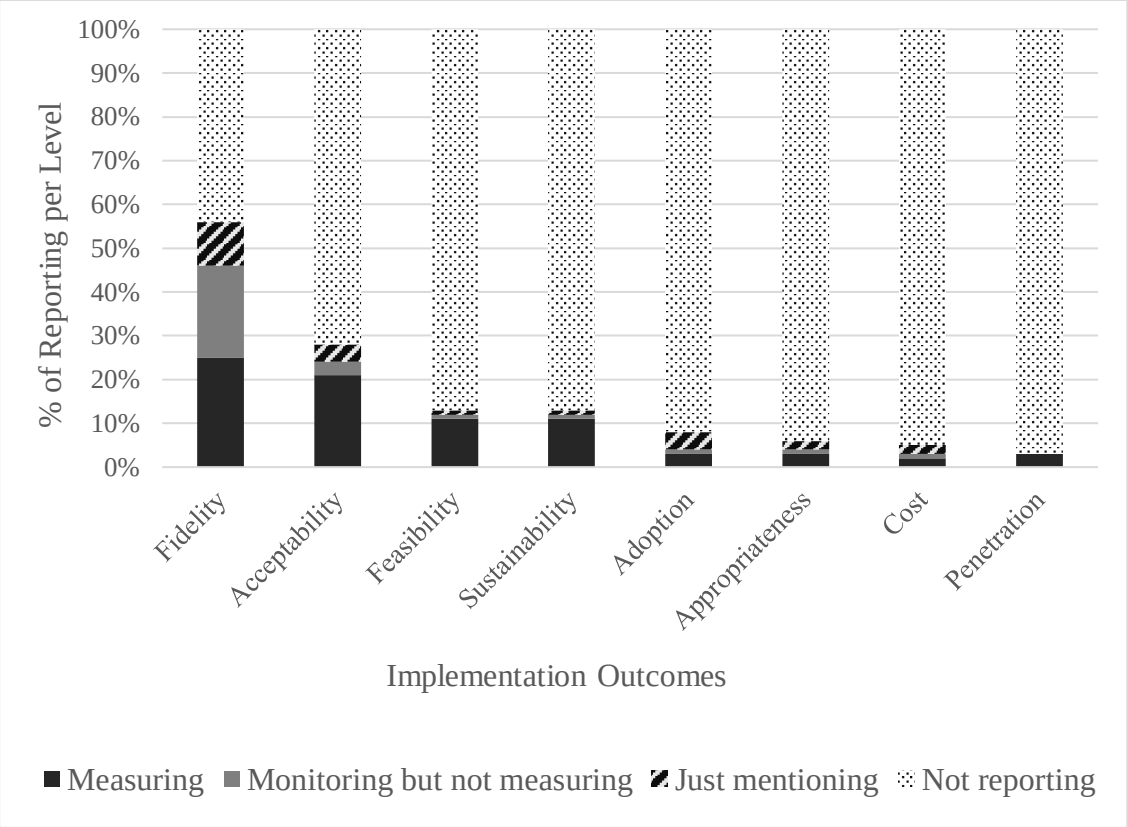
Of the included studies, 41 (28%) stated that the program was delivered in a community setting without further specification. In the studies that specified the type of agency, most programs were offered in mental health (n = 29) and child welfare organizations (n = 26). In most of the remaining studies, the programs were delivered simultaneously in a variety of settings (e.g., social services, clinics, schools, non-profit organizations, and churches).

What Implementation Outcomes Were Reported?

Most of the studies (n = 111) reported one or more implementation outcomes from the Proctor et al. (2011) framework (M = 1.68 [1, 6]; SD = 0.97). Almost a quarter of studies (n = 34) did not report implementation outcomes (See Figure 2).

Figure 2

Studies' percentage of reporting per level: Mentioning, monitoring, and measuring



Fidelity. Fidelity was the most reported implementation outcome. 56% of the studies mentioned fidelity (n = 81), of which 81% (n = 66) monitored this implementation outcome employing the following methods: observation (through

video- or audio-recording; 41%, *n* = 27), self-report fidelity checklists (36%, *n* = 24), and both practitioners self-report in checklists and observation (20%, *n* = 13). Two studies did not report which method was used. Interestingly, five of the studies that used self-report checklists also measured fidelity from the perspective of those receiving the intervention (e.g., parents reported how often they had discussed each of the program's topics with the provider). We noticed that most studies assessed fidelity in terms of how close the content and delivery methods conformed to the program's manual (i.e., adherence to content). Of these, 23% (*n* = 15) also monitored how well the program was being delivered (i.e., the competence of delivery, such as the provider's rapport, preparedness, and encouragement of participation). Of the 66 studies that used measures to monitor implementation fidelity, 55% (*n* = 36) reported the level of fidelity obtained. Fidelity ranged from 49.6% to 100%. On average, programs were implemented with a high level of fidelity (on average 82%). In four studies, fidelity was less than 60%.

Acceptability. The second most common implementation outcome in the studies was acceptability, being mentioned in 27% of the studies (*n* = 40). This includes five studies that, despite not using the term acceptability, measured parents' and practitioners' satisfaction with the program (e.g., its content and delivery) as an indicator of acceptability. Contrary to fidelity, which was defined relatively often, only seven studies reporting acceptability provided the operational definition for it. Of the 40 studies that mentioned acceptability, 82% (*n* = 33) monitored this implementation outcome, mostly through questionnaires and interviews on parents' satisfaction with the program. Most of these studies (75%; *n* = 30) also measured acceptability, providing results on the level of acceptability obtained. Parents reported high overall satisfaction with the program. For example, all parents rated the program as acceptable, with scores above 3 out of 4, in Dababnah and Parish (2014); and satisfaction with the program with a mean of 94.22 out of 100 in Lachman et al. (2016).

Sustainability. Sustainability was mentioned in 18 studies (12%). The studies were consistent in how they defined and monitored this implementation outcome. Sustainability was monitored in 94% of the studies (*n* = 17) in terms of: continuation of program's use (*n* = 14), maintenance of program results (*n* = 2), or both (*n* = 1). Most of these studies (94%, *n* = 16) also provided the results obtained. The percentage of practitioners that maintained the use of the program varied substantially across studies (e.g., in Frantz et al.,2015, it was 82%; in Hodge et al. (2017), it was 48.6% of practitioners). One study reported that approximately 70% of the practitioners had

discontinued the delivery of the program (Barnett et al., 2021). In this case, the authors emphasized the need for someone within the organization who is certified to train colleagues in facilitating the program (commonly known as the train-the-trainer model) to overcome the staff turnover barrier.

Feasibility. Similar to sustainability, 18 studies mentioned feasibility. However, while sustainability is consistent in how it was defined and monitored, feasibility was described and assessed differently across studies. Feasibility was often examined in combination with other outcomes. For instance, one study (Lachman et al., 2016) defined feasibility as participant involvement, fidelity, and acceptability. Another (West et al., 2022) referred to feasibility as to resources, training requirements, logistics, sustainability, and implementation challenges. Of the studies that mentioned feasibility, all but one showed evidence of monitoring this implementation outcome, and almost all reported the data obtained on this. The nature of these data varied between studies. For example, one study (Dawson-Squibb et al., 2022) concluded that the program was feasible based on an examination of barriers and facilitators to implementation; another study (Yingling et al., 2020) inferred program feasibility from family completion and engagement rates.

Adoption. Substantially less frequently reported were adoption and appropriateness. Adoption was mentioned in 8% (n = 12) of the studies, including two studies that used the term uptake. In all but one study, adoption was monitored prior to program implementation, in contrast to the other implementation outcomes, which were all assessed during and after implementation. Of the studies that monitored adoption (n = 6), the one that did it post-implementation inferred it from implementation fidelity and family engagement rates; the remaining studies based their judgment of adoption on the perspectives of the practitioners and organization. Results were reported in 67% of the studies, with substantial variability in how adoption was measured. For instance, while Akin et al. (2016) stated that adoption was mainly successful across all five sites implementing the program, Asgary-Eden and Lee (2011) assessed adoption based on agencies' readiness, openness, and resistance to implementation and presented ratings on a 5-point scale.

Appropriateness. Appropriateness was mentioned in 6% of the studies (n = 9), including three studies that used the term perceived fit. Of the nine studies identified, six monitored this implementation outcome, and four presented the results obtained. For instance, Lewis et al. (2016) assessed parents' perceptions of the program's

appropriateness, reporting that most parents found the intervention to be useful and relevant; West et al. (2022) stated that six of the seven practitioners perceived that the program was a good fit and beneficial for Latino families. All studies defined appropriateness as the perceived fit of the program for parents and practitioners and monitored it through interviews with practitioners (n = 4) or parents (n = 2).

Cost and Penetration. The least reported implementation outcomes were cost and penetration. Cost was mentioned in 5% of the studies (n = 7). Of these, four studies reported that monitored the implementation costs and three also presented the costs obtained. These studies described the direct costs associated with the program's implementation. For instance, Herschell et al. (2021) described payments to external trainers and payments to the provider agencies that compensated them for staff time away from service delivery to participate in training. In turn, Quetsch (2019) provided an analysis of cost incentives to increase retention and homework adherence and all costs incurred by the agency for irregular attendance. Any cost savings or long-term financial benefits were analyzed in these studies.

None of the studies mentioned the term penetration, but five studies (3%) monitored this implementation outcome using the term reach, which is a similar construct to penetration. These studies monitored the program's reach and presented the results obtained (e.g., Hodge et al. (2017) described that the reach of the program was 73.3% of the projection per provider; Polaha et al. (2018) described the number of families reached over two years of program's implementation).

What Other Implementation-Related Information Were Reported?

Adaptations. Parenting programs were adapted for real-world community settings in 40% of the studies (n = 58). Most studies (54 out of 58) reported changes in the way the program was delivered, either at the structural level (e.g., reordering the program's sessions, lengthening or shortening the pace and timing of the program's sessions) or procedural adaptations. Common procedural adaptations were, for example, language changes, including using simpler and more familiar terms for the families, and translation of materials when transferring the program from one country to another; and modifications in the examples used to match them with the realities of the families. Fewer studies (n = 31) reported adaptations in the program's content. When this happened, it was mainly to add activities and topics believed to be helpful to the families or requested by them. Although the least frequently described adaptation, 10 studies mentioned removing content, materials, and activities from the original program,

with time-out being a strategy often removed. The main reason for the adaptations described was to improve the program's fit for the context and families. For example, delivering sessions out of order to make them relevant to the family's circumstances; adding pictures, or simplifying the program's terms to make them more easily comprehended for parents with language barriers or low literacy. Three studies mentioned that practitioners made modifications to the program but did not specify these modifications.

Barriers and Facilitators. Most studies (74%, n = 108) provided an analysis of barriers and facilitators to the program's implementation. The synthesis identified barriers and facilitators related to all the six key implementation factors proposed by Akin et al. (2014): influences at the client, provider, organization, program, process, and structural levels.

At the level of the client, the most reported barriers and facilitators were related to 1) logistical issues (e.g., scheduling sessions, transportation to the program's local delivery, and childcare while the parent was participating in the program) and 2) parents' engagement and their life circumstances, which could make it easier or harder for parents to get involved with the program (e.g., family income, single versus two-parent families, and the involvement or not with child protective services). Most studies emphasized the development of a strong therapeutic alliance with the provider within a destigmatizing context as key to parents' engagement. At the practitioner level, the most reported barriers and facilitators were their workload, self-efficacy, and attitudes toward the program.

The program's adaptability, the duration of sessions, and the level of language and terminology were the barriers and facilitators reported the most at the program's level. For instance, the programs being manualized and their adaptability were reported as allowing the provider to run sessions in a structured manner while using the flexibility to increase the program's fit to the family's needs. At the process level, most studies highlighted training and ongoing supervision as determinants for practitioners' ability to deliver the program. Specifically, a time lag between training and the first in-field implementation was described as hampering the program's implementation. How the program was introduced to families was also a process-related factor described as key to improving their willingness to participate, identifying what the parents consider attractive in the program, and highlighting these aspects to them in the family's recruitment.

The support practitioners received from their leadership and the organization's readiness (e.g., the availability of resources such as space and staff; the organization's capacity to match the program with their existing services and practices) were reported as organization-related factors that could either facilitate or hinder the program's implementation. At the structural level, funding and the number of families referred to these parenting programs were pointed out as crucial factors that could act as a barrier or facilitator to the program's implementation. Specifically, some studies highlighted the need to improve inter-organizational networks and cross-system collaborations (e.g., finding key community partners to donate space) to ease the implementation of parenting programs in real-world community settings.

5. Discussion

Understanding how parenting programs are implemented in real-world settings is essential for improving programs, family-support services, and outcomes for children and families. Despite recommendations that the implementation process should be adequately evaluated and reported, most of the information about the implementation process of parenting programs in real-world community settings remains underreported. This scoping review synthesized the reporting of implementation in parenting programs delivered in settings of routine practice with families. It illustrates that different parenting programs are implemented in diverse settings worldwide. However, we found a paucity of implementation details in the included studies, and when this information was reported, it occurred with high inconsistency in the terminology and measures used.

This scoping review synthesized evidence on the implementation of 53 parenting programs, implemented in 21 countries across the globe. Most of these programs are based primarily on social learning theory and cognitive–behavioral principles, focused on promoting child development (e.g., improving children's adjustment across settings, reducing children's emotional and behavioral problems, preventing child maltreatment) through enhanced parenting skills and family environments. Parents participating were mostly mothers of pre- to school-aged children. Most families were engaged with family-support agencies (whether mental health institutions or social services) due to being in situations of psychosocial risk. In most of the studies, the parenting programs were implemented with a selective prevention effort of child maltreatment (i.e., families in which maltreatment has not already occurred but was at high risk). Considering that previous studies have indicated the scarcity of parenting programs available in family-support services (Axford & Morpeth, 2013; Forgatch et al., 2013), this finding suggests

that some progress has been made over the last decade, with more parenting programs implemented in settings of routine practice. The target population reached in most of these settings are at-risk families who suffer from multiple psychosocial stressors that make participation more difficult. Implementing parenting programs on a population level could be a promising approach to reach more families and normalize parents' participation in these programs. For instance, the included study from Frantz et al. (2015) conducted a community-wide implementation of Triple P and described an increase of families reached over time.

Most studies (n = 94, 65%) reported a maximum of two implementation outcomes. Implementation outcomes are often difficult to assess due to the complexity of implementing parenting programs in real-world community settings, which may explain why they remain underreported. This finding is consistent with previous research specifying reporting issues of implementation outcomes (Lengnick-Hall et al., 2022). Fidelity was the most reported implementation outcome in the included studies, followed by acceptability. The remaining implementation outcomes were substantially less reported. Sustainability and feasibility had similar percentages of reporting, followed by adoption, appropriateness, cost, and penetration. Interestingly, in studies where the implementation outcomes were mentioned, they were almost always monitored, and the results obtained were presented. For example, of the nine studies that reported appropriateness, three just mentioned, two just monitored and four measured this implementation outcome. It suggests that, when the studies paid attention to the implementation outcomes, they did it thoroughly (mentioning, monitoring, and measuring).

A small majority of the studies reported fidelity, which shows a good awareness of the importance of implementation fidelity. It is only by making an appropriate evaluation of the fidelity with which an intervention has been implemented that an assessment can be made of its contribution to the program's outcomes (Ginsburg et al., 2021). Without addressing fidelity, it is uncertain that the changes observed are due to the influence of the program being delivered and not due to variability in its implementation (e.g., elements that may have been added or essential elements of the program that were omitted). Notable is the reported process of fidelity monitoring in some studies, reconciling the use of self-report tools (fidelity checklists) and independent observation (video and audio recordings). There are advantages and disadvantages of both methods (e.g., there is a risk of desirability bias when using self-

report measures, but practitioners may also act differently if they know they are being recorded); thus, combining both methods may be a strategy to obtain more accurate data. For example, in Lachman et al. (2016), video recordings of a random sample of four sessions per parent group were examined to verify the accuracy of self-report data. Independently of the chosen method, an essential factor is the content of the fidelity instrument. An adequate measure needs to capture behaviors and processes that are consistent with the program's core functions, as well as it should assess both practitioners' adherence to these core functions and their competence in delivering them. Most of the included studies that did monitor fidelity have tended to focus exclusively on adherence to the protocol, with less attention given to the practitioners' competence in implementation. Previous studies suggested that the overall quality of program delivery is dependent upon both adherence and competence and that assessments of each provide different information and should be included (Fairburn & Cooper, 2011).

Sustainability is a key implementation outcome and a priority topic in implementation research (Walugembe et al., 2019), but most of the included studies did not report it. When this occurs, our understanding of factors that influence the maintenance of parenting programs in real-world settings is jeopardized. Failure to sustain parenting programs in routine services means that the intended benefits are short-lived and that real losses are incurred on research investment, time, and resources. Therefore, evaluating the cost-effectiveness and sustainability of parenting programs when they are transferred to real-world community settings should also be of interest to future research.

The analysis of the studies included in this review showed that practitioners frequently made adaptations. Most adaptations were changes in the way the program was delivered (e.g., in structure and language), though some studies also reported changes to the program's content (e.g., adding topics). When we compare the adaptations reported and the barriers described, we realize that these adaptations were mainly to bring down faced or predicted barriers, tailoring the program to improve its fit and engage parents. For instance, the program was delivered at the family home to address parents' lack of transportation as a barrier to their attendance (Gomi, 2015); the program materials were simplified to decrease the risk of alienating parents (Zerón, 2017); the order of modules differed between participants and new topics were incorporated to satisfy the families' needs and requests (Oppenheim-Weller & Zeira,

2018). Even though tension exists between fidelity and adaptations (Theobald et al., 2018), contemporary conceptualizations support that both can coexist. In fact, we found a high level of fidelity described in the included studies and a high reporting of adaptations. We recognize that fidelity and adaptation are connected and, likely previous studies highlighted, it is challenging to balance these dimensions when implementing a parenting program under real-world conditions (Pérez et al., 2016). Maintaining high implementation fidelity preserves the program's core elements that initially demonstrated effectiveness but with the risk of being a poor fit for the new population or setting. We encourage studies to assess and report the impact of adaptations (e.g., instances where an adaptation may help improve acceptability, but may decrease fidelity). Examining adaptations' impact will provide greater insight into how adaptations function, including what adaptations have positive, negative, or neutral impacts on both implementation and intervention outcomes (Kirk et al., 2020).

Implications

The importance of parenting programs' implementation in real-world community settings has been well-documented, but achieving implementation quality is a complex and demanding process. However, this is possible, and we found studies that are examples of good practices when reporting implementation. For instance, Akin et al. (2016b) and Mathias et al. (2022) examined the parenting program's implementation and reported three implementation outcomes and adaptations, barriers, and facilitators. In Hodge et al. (2017), the authors assessed factors that are associated with program delivery and discussed five implementation outcomes. Other studies, even reporting less implementation outcomes, reported them in a complete way, not only monitoring but also presenting the results (e.g., Dawson-Squibb et al., 2022; Lachman et al., 2016; West et al., 2022). The attention paid to the implementation process, such as what happened in these studies, facilitates better real-world implementation of parenting programs in the future. It is also important to highlight the hybrid studies included in our review, with a dual focus on examining the intervention's effectiveness and implementation (Herschell et al., 2021; Norton et al., 2021; Smith et al., 2015). This typology of studies should be encouraged as they inform about meaningful effectiveness-implementation interactions, which may speed up the translation of research findings into routine practice and improve the dissemination and implementation quality of parenting programs in real-world community settings (Curran et al., 2022; Landes et al., 2019; Shepardson & Polaha, 2023).

Key efforts were described in the included studies to improve the quality of the program's implementation, such as elaborating an implementation plan and establishing an implementation team (e.g., Odgen et al., 2005; Yingling et al., 2020). Proctor et al.'s taxonomy was a useful framework to guide the synthesis of key implementation outcomes in this review, and it is encouraging to see that some of the included studies also used it to guide the assessment of implementation (e.g., Jackson et al., 2017; Lewis et al., 2016). A recommendation would be to provide more clarification of feasibility, as each study included in this review conceptualized this implementation outcome differently. Proctor et al. (2011) encouraged future studies to extend this taxonomy and include other concepts. In this sense, another recommendation would be to add the program's adaptability as an implementation outcome.

Due to the need for more consistency in terminology, operationalization, and measurement of implementation outcomes across the included studies, analyzing and synthesizing data from this review was challenging. Further efforts are needed to standardize the conceptualization of implementation outcomes. Over the years, several authors have independently developed conceptual models, frameworks, and guidelines regarding how implementation can be carried out, assessed, and reported effectively (e.g., Berkel et al., 2011; Damschroder et al., 2022; Fixsen et al., 2009; Pinnock et al., 2017; Proctor et al., 2011). Reaching sufficient consensus across these different tools (e.g., common language, definitions, foundations for measurement, and reporting) is essential to increase the capability of other researchers, program developers, and practitioners to take advantage of it. Adequate reporting of implementation is crucial not only because it contributes to shared knowledge and language among researchers. It also provides the information required by both agency leadership to consider which interventions to adopt in their settings and professionals to determine how to implement the intervention (Premachandra & Lewis, 2022; Rudd et al., 2020). Improved reporting of implementation outcomes would also facilitate the inclusion of this information in future scoping and systematic reviews and meta-analyses (Rudd et al., 2020). Establishing reliable methods, tools, and indicators for the adequate measurement of the implementation outcomes should be the next step. Taken together, conceptualization uniformity and instrument reliability will promote a more transparent, consistent, and accurate evaluation and reporting of implementation and increase the public health impact of parenting programs.

Strengths and Limitations of the Study

Following a strong scoping review process and adhering to established reporting guidelines enhanced the rigor of our review design and the trustworthiness of our findings about the state of knowledge on the implementation of parenting programs in real-world community settings. This review mapped the evidence on the implementation of parenting programs in a broad range of settings and interventions, as well as synthesized the report of several implementation outcomes, which provides a more comprehensive understanding of this field. Another strength of this review is that we conducted a comprehensive search of relevant studies to be included across a considerable number of databases, with no limitation on publication dates. This scoping review was based on a rigorous methodological framework previously published in its protocol (Pinto et al., 2021), following the principles of open science such as transparency and reproducibility. The results of the scoping review were presented following the PRISMA-ScR, which allowed for complete reporting. To achieve a comprehensive review, we used systematic search, screening, and eligibility procedures to synthesize not only peer-reviewed but also grey literature, which is one of the strengths of this scoping review.

In addition to these strengths, some limitations must be considered. The included studies derived from the implementation of parenting programs with research support that may not be representative of community practice without researchers' supervision. Looking at studies that examine agency-based data sources or perspectives of organization's practitioners, supervisors, or administrators would likely provide a closer approximation of usual practice for examining the extent to which parenting programs are sustained by the organization resources following the research study. By following the criteria for a scientific and grey literature search made in international databases, we might have missed work from countries that may be underrepresented in international literature, as well as other studies that are still ongoing and not yet published. Additionally, to ensure comparability of the included studies, we excluded studies only targeting foster or adoptive parents, or children in extended family placements, not characterizing the evidence on implementation of the studies targeting these types of families.

Conclusion

Documenting the implementation of parenting programs in real-world community settings builds a bridge between the controlled settings where programs are

developed and the real-world community settings where they are delivered. This scoping review identified implementation reporting issues that, if addressed, will help enhance the quality of scientific reporting and transparency of research. In addition, improving the reporting of implementation is essential to assist practitioners and host organizations in selecting and delivering the programs effectively. By increasing our understanding of how, why, and under what conditions a parenting program does or does not work, we maximize the chances that these programs will be effectively implemented to benefit children and their families successfully.

Chapter IV. Study 2 - Practitioners' Experiences in Implementing an Evidence-Based Parenting Program With Families Attending Child Protection Services

Manuscript under review:

Pinto, R., Canário, C., Rodrigo, M. J., & Cruz, O. (May, 2024). Practitioners' experiences in implementing an evidence-based parenting program with families attending child protection services [Manuscript under review]. *Child Care in Practice*.

1. Abstract

Implementing evidence-based parenting programs in real-world settings is essential to making effective interventions widely available and improving services and outcomes for children and families. However, little is known about how practitioners experience the implementation of these programs in the context of child protection services. To address this knowledge gap, we examined the experiences of 10 practitioners implementing the 10-session Standard Triple P parenting program with 69 families involved with child protection services in Portugal as part of their routine care practice, of which 34 families completed the program, and 35 did not. This study aimed to characterize 1) the level of implementation fidelity (adherence and dosage), 2) how and why program modifications are made and their impact on the implementation fidelity, and 3) the practitioners' perceived barriers and facilitators to implementation in these services. We evaluated fidelity using the Standard Triple P session summary checklists completed by the practitioners at the end of each session. Discussion sessions were conducted with the practitioners to collect data on the program modifications and implementation barriers and facilitators. Results showed that Standard Triple P was implemented with high fidelity, with practitioners reporting 96% adherence to intervention content and 76.5% of families attending the full program dosage. Additionally, practitioners reported modifications made at the content level and to the format of program delivery. Practitioners described the implementation of Standard Triple P in child protection services as shaped by facilitators and barriers at the client, practitioner, process, innovation, organization, and structural levels. They emphasized the need to balance fidelity with modifications to overcome barriers and increase fit with families' characteristics and needs. Our findings highlight the role of practitioners' experience in the implementation process and its relevance to inform evidence-based practice with families involved with child protection services.

Keywords: evidence-based parenting program, modifications, fidelity, barriers and facilitators, real-world practice settings, child protection services

2. Introduction

To ensure the child's right to quality parenting and create the conditions within which all children can reach their full developmental potential, there is a call for the provision of services oriented to increasing parents child-rearing competencies,

particularly among those living in at-risk circumstances (Devaney & Crosse, 2024; Rodrigo et al., 2023; Winter et al., 2022). Parenting support in the form of EBPPs is a recognized strategy to help parents adopt positive and non-violent parenting practices, reducing the risk of child maltreatment (Backhaus et al., 2023; Buston et al., 2022). Some of the EBPPs that are widely disseminated are part of the Triple P – Positive Parenting Program system. Triple P is a comprehensive, evidence-based support system for parents. It incorporates five levels of programs on a tiered continuum of increasing intensity, aiming to prevent and treat behavioral and emotional problems in children by enhancing parents' knowledge, skills, and confidence (Sanders & Turner, 2019).

The successful delivery of EBPPs in real-world settings depends not only on the program's effectiveness but also on how it is implemented. Implementation refers to a specific set of activities to integrate an intervention into practice (Lansford et al., 2022). A critical issue is the gap in knowledge between how EBPPs are intended to be implemented and how they are implemented in real-world settings, especially with vulnerable populations such as parents involved with the CPS (Bromley, 2023; Pinto et al., 2024).

An assumption when an EBPP is put into practice is that it should be delivered with high fidelity to replicate the desired outcomes (Sigmarsdóttir et al., 2023; Zetterlund et al., 2022). Fidelity is defined as the degree to which a program is delivered as intended by its developers. Fidelity is a multidimensional construct, typically including dimensions such as i) adherence, i.e., whether program content has been fully implemented; ii) dosage, i.e., the quantity of a program; and iii) quality of delivery, i.e., practitioners' skillfulness in the process of program's delivery (Carroll et al., 2007; Finney et al., 2021). The need to monitor and report fidelity is increasingly recognized, but it is not yet a routine practice, and the results are often not reported in research studies (Pinto et al., 2024). In the few studies reporting fidelity, self-report checklists, and observation are the most common techniques used to collect data on fidelity (Pinto et al., 2024).

Although fidelity is important, an increasing amount of literature recognizes that changes in EBPPs are inevitable when programs are implemented under real-world conditions. Changes to EBPPs can be either planned before implementation or made spontaneously by practitioners during implementation in response to unanticipated challenges. The former category of planned changes is labeled adaptations, and the latter category of unplanned changes is labeled modifications (Barnett et al., 2019;

Stirman et al., 2019). Most of the existing literature has focused on adaptations despite some evidence that modifications occur more often (Kaiser et al., 2023; Moore et al., 2013; Movsisyan et al., 2021). For example, recent scoping reviews examining the literature on the implementation of EBPPs found that the changes most frequently described in studies were planned before implementation, and modifications were scarcely reported (Pinto et al., 2024; Strehlenert et al., 2023). Despite few empirical studies looking into modifications (e.g., Pettersson et al., 2024), understanding what, how, and why they occur is crucial because delivering EBPPs in real-world settings is a dynamic process, and modifications may occur for various purposes and with different implications.

A useful tool for systematically organizing and reporting modifications is the updated Framework for Reporting Adaptations and Modifications to Evidence-Based Interventions (FRAME; Stirman et al., 2019). FRAME is comprised of eight elements: 1) when the change occurred; 2) whether it was planned or unplanned; 3) who was involved in the decision to adapt; 4) to whom the change was made; 5) a description of what was changed; 6) the nature of the adaptation/modification (e.g., reordering sessions and tailoring aspects of the program); 7) adaptation/modification goal(s); and 8) whether or not the adaptation/modification was fidelity-consistent. Stirman et al. (2015) defined fidelity-consistent modifications as those surface changes in peripheral elements that could be made without altering the core functions of the program, such as tailoring and changing the session length without removing core elements. In turn, fidelity-inconsistent modifications are those deep changes that involve alteration or non-delivery of core elements of the program (e.g., removing contents).

Balancing fidelity and modifications is one of the most challenging implementation tasks (Anyon et al., 2019; Movsisyan et al., 2021; von Thiele Schwarz et al., 2019). EBPP's developers and practitioners increasingly recognize the need for flexibility within fidelity, which refers to practitioners delivering the program, preserving the core functions while doing it in a client-specific fashion to guarantee the program's fit without jeopardizing effectiveness. This argument has been primarily theoretical, so empirical research is needed to understand how practitioners manage flexibility within fidelity in real-world settings (Bromley, 2023; Kendall & Frank, 2018; Perez Jolles et al., 2019).

In the current study, we follow the framework developed by Akin et al. (2014) to characterize the factors that hinder or facilitate the implementation of EBPPs by CPS

professionals, which includes: 1) characteristics of clients (i.e., the families receiving the program); 2) characteristics of practitioners; 3) process factors; 4) characteristics of the innovation (i.e., the EBPP); 5) characteristics of the organization; and 6) structural factors. Increasing our understanding of which factors have shaped the implementation of EBPPs in the CPS will assist practitioners in knowing what to avoid and what to replicate to achieve favorable outcomes (Cooper et al., 2022; Goddard et al., 2017).

Despite being acknowledged that CPS professionals' perspectives on EBPPs' modifications, how they balance them with fidelity, and what barriers and facilitators they encountered are critical aspects to consider in evaluating EBPPs, research combining them all is still lacking. To address this knowledge gap, the current study aims to examine practitioners' experiences in implementing Standard Triple P with CPS-involved families. Specifically, this study aims to characterize: 1) How and to what extent the implementation occurred with fidelity (adherence and dosage), according to the practitioners' responses in the Standard Triple P sessions summary checklists; 2) Whether and to what extent modifications occurred, why, and how they impacted fidelity, according to the practitioners' responses in the discussion sessions, analyzed within the framework proposed by Stirman et al. (2019); and 3) What barriers and facilitators were perceived by the practitioners implementing Standard Triple P with families involved with the CPS, according to the practitioners' responses in the discussion sessions, analyzed within the framework proposed by Akin et al. (2014).

3. Materials and Methods

Study Procedure

This study used secondary data and extended the data collection procedures from two research projects (PTDC/SOC-ASO/31727/2017, 2022.04975.PTDC) aimed at evaluating the implementation, effects, and cost-effectiveness of Standard Triple P when delivered in real-world settings to families involved with the CPS. Ethical approval was provided by the Ethics Committee of the Faculty of Psychology and Education Sciences at the University of Porto (Ref. 2021/10-07).

Within these research projects, Standard Triple P was implemented in the services that support families with children and adolescents in the district of Porto (Portugal), which were Centers for Family Support or Social Services and Local Child Protection Services. Parents assisted in these services, with at least one 6-to-12-year-old child and referred by the CPS to parenting support, were invited to participate in the research project (Canário et al., 2021).

Sixteen professionals became accredited practitioners of Standard Triple P as part of developing their professional practice in parenting education at these family support services. They completed four and a half days of face-to-face training. Of the 16 practitioners trained, two had not started implementing Standard Triple P by the time of our data collection. Of the 14 invited to participate in this study, 10 agreed, three did not reply, and one declined participation due to time constraints.

Participants

This study focuses on the experiences of 10 practitioners implementing Standard Triple P with 69 families involved with the CPS, of which 34 families completed the program, and 35 did not. The main known reasons for families not completing the program were the lockdown during the COVID-19 pandemic, relocation to different cities, and logistical issues (e.g., transportation). Families were referred by the CPS to receive parenting support through Standard Triple P due to inadequate parenting skills and practices, difficulties in the parent-child relationship, and in managing the child's behavior. Table 1 presents the sociodemographic characteristics of the practitioners, and Table 2 presents the sociodemographic characteristics of the families referred to receive this program. The socio-demographic characteristics were similar across families regardless of whether or not the program was completed.

Table 1

Sociodemographic Characteristics of the Practitioners Implementing the Program

Practitioners' characteristics (N = 10)	
	n (%)
Gender	
Female	10 (100)
Education level	
Master's degree	7 (70.0)
Bachelor's degree	3 (30.0)
Profession	
Psychologist	5 (50.0)
Social worker	5 (50.0)
Workplace	
CFS	8 (80.0)
LCPS	2 (20.0)
	M (*SD*)
Age	38.30 (6.29)
Working with families (years)	9.10 (5.65)

Note. CFS = Centers for Family Support; LCPS = Local Child Protection Services.

Table 2

Sociodemographic Characteristics of the Families Referred to Standard Triple P

Families' characteristics	Completed STP (*n* = 34)	Not completed STP (*n* = 35)
	n (%)	*n* (%)
Parents' participating		
Mothers	27 (79.4)	33 (94.3)
Fathers	3 (8.8)	2 (5.7)
Both	4 (11.8)	
Professional status		
Unemployed	17 (50.0)	21 (60.0)
Employed	17 (50.0)	14 (40.0)
Family structure		
Single-parent	27 (79.4)	26 (74.3)
Two-parent	7 (20.6)	9 (25.7)
Children's sex		
Boys	23 (67.6)	26 (74.3)
Girls	11 (32.4)	9 (25.7)
	M (*SD*)	*M* (*SD*)
Children's age	8.52 (1.56)	8.65 (1.77)
Parents' age	36.76 (7.44)	36.0 (7.24)
Parents' schooling (years)	8.48 (3.07)	7.88 (2.49)

Note. STP = Standard Triple P.

Standard Triple P

Standard Triple P is a level 4 parenting program of the Triple P System for parents of children aged 2 to 12 with moderate to severe behavioral problems. It consists of a one-to-one 10-session program, delivered weekly and face-to-face. Session 1 focuses on intake interview and assessment protocol, and session 2 includes family observation, sharing assessment findings, and setting goals for change. Sessions 3 and 4 teach strategies for promoting children's development, building positive relationships, and managing misbehavior. Sessions 5 to 7 are practice sessions and include parents interacting with their child and implementing target parenting skills, followed by feedback from the practitioner. Session 8 teaches parents planned activities skills, and session 9 involves parents practicing these skills with the target child with minimal assistance from the practitioner. Session 10 focuses on progress review and program closure. Parents are encouraged to complete homework tasks between sessions to consolidate behavioral change. Standard Triple P parent resources include the *Every Parent's Family Workbook* and video segments to demonstrate parenting strategies.

Practitioners' resources include the Practitioner's Manual, which describes the sessions' contents and activities; a practitioner profile on the Triple P network website, where they can access evaluation resources for families and the sessions summary checklists; and a practitioner profile at the Triple P Online Scoring Application, where they can obtain the results for the evaluation protocol. Further resources and support to the practitioners were provided by the research team, with whom the practitioners had monthly Peer-Assisted Supervision and Support (PASS) sessions.

Measures

For the current study, we used the Standard Triple P sessions summary checklists completed by the practitioners at the end of each session delivered. We also held three discussion sessions (with durations ranging from 40 minutes to 1 hour 19 minutes) where the practitioners took part through videoconference.

Standard Triple P Sessions Summary Checklists. Fidelity (adherence and dosage) was assessed using the Standard Triple P sessions summary checklists. Each one of these 10 checklists comprehensively summarizes the topics to be covered during the respective session as an instrument to assess whether the program is being delivered as described in the manual (Sanders et al., 2013). Fidelity was operationalized as adherence to the Standard Triple P content and whether the program dosage was as full as prescribed. The checklist for each session includes topics such as agenda setting, reviews, skill teaching and exercises, goal setting, practice tasks, and session closing. In the current study, we made minor adjustments to the checklists to capture greater variability in the practitioners' responses. As such, instead of merely ticking the box when they covered the session topic, we asked practitioners to register whether they delivered the session (which allowed the research team to assess the program dosage) and, if yes, to rate their adherence to each session topic on a 3-point scale: 0=Did not address the topic, 1=Covered the topic partially or with some difficulty, and 2=Fully covered the topic. Once the program was completed, a mean adherence score was estimated per session, with scores closer to 2 indicating higher adherence. We obtained the percentage of session topics for which practitioners choose the options 0, 1, and 2. For each program delivered, dosage was estimated by summing up the number of sessions delivered per family (from one to 10). In addition, the practitioners reported on whether the session was held in person or online.

Discussion Sessions. For an in-depth exploration of the modifications that practitioners made when implementing Standard Triple P and the barriers and

facilitators they encountered, discussion sessions were conducted to stimulate conversations among the practitioners. Three discussion sessions were held, where five, three, and two practitioners participated, respectively. The script included questions on 1) practitioners' overall experience implementing Standard Triple P; 2) whether modifications were made during implementation, describing which modifications, the reasons for their occurrence, and the perceived impact of these modifications on fidelity; and 3) the barriers and facilitators they encountered when implementing Standard Triple P with families involved with the CPS (see Appendix B, Supplemental Material 1). The moderator of the discussion sessions was a psychologist who was not acquainted with EBPPs' implementation and did not have a prior relationship with the practitioners or the current research. Following the practitioners' informed consent, discussion sessions were video-recorded and transcribed verbatim.

Data analysis

Quantitative analyses of the data provided from Standard Triple P sessions summary checklists were performed using the software IBM SPSS Statistics. We present descriptive statistics on the mean adherence to the sessions' summary checklists, the practitioners' adherence to the individual items covered across all sessions, and the mean dosage of each program completed.

Qualitative data on modifications, barriers, and facilitators obtained through the discussion sessions were analyzed using thematic analysis (Braun & Clarke, 2012). The transcripts were coded line-by-line and then systematically indexed into tables in an Excel file to generate descriptive themes. In the current study, themes were identified deductively, applying codes and themes derived from existing conceptual frameworks in literature. The first author served as the primary analyst for each data source, and then, the work was discussed with the second and fourth co-authors and revised when consensus was not reached. The discussion of the themes attributed to the different excerpts revealed high agreement among the authors.

To analyze practitioners' reports on discussion sessions regarding whether and to what extent modifications occurred, under which circumstances, and their consistency with fidelity, we used FRAME (Stirman et al., 2019). In line with this framework, each modification was identified and coded in terms of type (i.e., content-level modification vs. context-level modification), nature (e.g., adding elements, reordering sessions, and tailoring aspects of the program), goal (e.g., increase engagement and improve fit with recipients), and impact on fidelity (i.e., fidelity-consistent vs. fidelity-inconsistent).

To analyze practitioners' reports on discussion sessions regarding the implementation barriers and facilitators, we defined the themes deductively, according to the six implementation factors from Akin et al.'s framework (2014). Therefore, codes related to participants' perceptions of barriers and facilitators were grouped according to whether they were associated with 1) client factors, 2) practitioner factors, 3) process factors, 4) innovation factors, 5) organizational factors, and 6) structural factors. Each theme corresponds to a factor in the framework. Our approach to reporting qualitative data collection, coding, and analysis was guided by the Journal Article Reporting Standards (JARS-Qual; APA, 2020).

4. Results

How and to What Extent the Implementation Occur with Fidelity

Adherence and dosage scores are presented in Table 3. Results showed that Standard Triple P was implemented with high content fidelity (96%, $M = 1.92$, $SD = 0.10$). When we analyzed the mean adherence score for each family, we found that it ranged from 81.5% to 100%. The sessions with the lowest level of adherence (scored below the mean) were session seven (a practice session), followed by session two (includes family observation) and session nine (practicing of planned activities).

Practitioners' adherence to each session topic was also examined. Across sessions, topics with low rates of adherence (i.e., were not covered or were covered partially or with difficulty) included aspects of agenda setting, reviewing the session (e.g., reviewing homework tasks of readings and monitoring), and the session closing (e.g., explaining homework assignments) (see Appendix B, Supplemental Material 2). The topics regarding specific contents addressed in the sessions related to specific skills that parents should be taught were fully covered by the practitioners.

Regarding dosage, the families who completed the program attended 9.71 sessions, on average ($SD = 0.58$; [8, 10]). When we examined whether the full dosage of the program was given, we found that 76.5% ($n = 26$) of families attended all 10 sessions, followed by 17.6% ($n = 6$) of families who attended nine sessions, and 5.9% ($n = 2$) of families who attended eight sessions. Analyzing the dosage by session for the 34 families who completed the program (see Table 3), we found that session seven was implemented with the fewest families ($n = 25$; 73.5%), followed by session nine ($n = 31$; 91.2%), session six ($n = 32$; 94.1%), and session eight ($n = 33$; 97.1%).

Table 3

Adherence and Dosage Scores per Session Obtained from Practitioners' Self-Report in the Sessions Summary Checklists

	Adherence proportion				Dosage
S	*M* (*SD*)	% session topics NC (0)	% session topics PC (1)	% session topics FC (2)	The frequency of each session delivered
1	1.94 (0.14)	1.56	2.51	95.93	34
2	1.90 (0.32)	3.77	2.30	93.93	34
3	1.92 (0.20)	1.71	4.65	93.64	34
4	1.94 (0.11)	0.09	5.62	94.29	34
5	1.91 (0.17)	2.01	5.48	92.51	34
6	1.92 (0.14)	1.70	4.97	93.33	32
7	1.80 (0.30)	2.55	14.73	82.72	25
8	1.94 (0.19)	0.27	5.10	94.63	33
9	1.90 (0.22)	1.12	8.00	90.88	31
10	1.98 (0.03)	0.29	0.98	98.73	34
Total	1.92 (0.10)	1.51	5.43	93.06	

Note. S = Session; NC = Topics Not Covered; PC = Topics Partially Covered or With Difficulty; FC = Topics Fully Covered. The frequency of delivery for each session corresponds to the number of families that received that same session.

Whether and to What Extent Modifications Occurred, Under Which Circumstances, and how They Impacted Fidelity

Through analysis of the discussion sessions, we found that practitioners frequently made modifications during the implementation process. They considered modifications as inevitable and a matter of experience. As practitioners gained experience implementing the program, it became increasingly natural to make modifications according to family needs. All changes were unplanned, and decisions to modify involved only the practitioners. From the Stirman et al. (2019) framework, this

study identified one category of contextual-level modifications and eight categories of content-level modifications (see Appendix B, Supplemental Material 3).

Of the contextual modifications, defined by Stirman et al. (2019) as changes made to the way the overall EBPP is delivered, we only identified modifications to the format of program delivery (e.g., "I had to do online sessions, especially because I have families who live far away"). Although Standard Triple P is prescribed as a program to be delivered in person, an analysis of the session summary checklists revealed that 18.23% of the sessions (59 out of the total 325 sessions delivered to the 34 families) were delivered through videoconference.

Changes at the content level were those affecting the way contents were delivered (e.g., "There may be changes to the structure of the session or the order in which the contents are presented."). Table 4 shows the identified content-level modification categories, their definitions according to the Stirman et al. (2019) framework, and examples from practitioners' reports in the discussion sessions.

Table 4

Characterization of the Content-Level Modifications Identified Using Stirman et al. (2019) Framework

Modification nature (theme)	Description	*n*	Example (code)	Practitioners' quotations
Lengthening/ extending (pacing/ timing)	A longer amount of time than prescribed is used to complete the program or the program sessions.	8	Increasing space between sessions	"Some sessions were very spaced out in time. (…) The program did not run weekly as it was supposed to. I would like it to be weekly, and I think it would have a lot of impact. But I can't do it. I have many [parents] to do skills training, and I have other associated functions in my workplace. I can do it [program delivery] every fortnight and with a lot of effort in my schedule." (P8)
			Delivering more sessions	"Sometimes, it is not even possible to obtain some of the answers from the interview itself in the same session. Because they often never looked at themselves and never did the introspection

Modification nature (theme)	Description	*n*	Example (code)	Practitioners' quotations
				that we try for them to do. How are they as parents, how do they act, and what difficulties are there? If they really see difficulties in themselves. So, this is the situation that leads us to need to do more sessions." (P9)
			Extending sessions	"Instead of taking 60 minutes, sometimes it had to be 90 minutes or more." (P5)
			Spending more time on one or more modules or concepts	"The focus of attention may be greater on some content than others, also depending on the family." (P2)
Spreading	Breaking up session content over multiple sessions.	8	Splitting content due to its excess	"There is a session that we need to spread. I think it is the first one that involved a series of questionnaires and is too extensive to be done in just one session." (P10)
			Avoiding fatigue	"Sessions are also split up so as not to prolong the duration of the session too much. (...) because families get tired (...) they lose interest." (P1)
Tailoring/ tweaking/ refining	Minor changes to the program that leave the core functions intact while making the program more appropriate or acceptable to the target population.	6	Simplifying language	"What I tried to do was adapt the content of the sessions to the families' language, to what they could understand. It worked better when I changed those bigger and more complicated names [jargon]." (P4)
			Suiting examples	"I tried to find very practical examples for everything that was said and described so that they could also identify with it." (P8)
			Creating space for personal sharing at the	"Before introducing the session, I am always available to listen to what they bring to

Modification nature (theme)	Description	*n*	Example (code)	Practitioners' quotations
			beginning of the session	me (...) The focus is on the program content, but I try to give space for the family to actually share. The family talks a little about their worries during the week (…) if they don't have this space, they won't be paying attention to what we want to present." (P1)
			Finding alternatives to manual delivery	"I tried, for example, in each session to take a photocopy of that session and give it in along with the diagram (…) a kind of summary in a diagram with keywords just for them to look at and situate themselves. (...) So that they could also guide themselves instead of seeing 4 or 5 pages of text [in the manual]." (P3) "I took, via WhatsApp, photographs of the most important parts of the book and sent them." (P2)
			Replacing homework	"Either we tried to turn the homework into an exercise within the session, or it wasn't worth it, because in my experience, no matter how much I tried, how much I talked, how much I asked... either it [the homework assignments] would fall on the dishwasher, or they would lose, or the week had been very chaotic and they hadn't had time. There was always some problem." (P3)
Reordering elements	Sessions or modules are completed in a different order from what is	5	Ordering sessions or modules differently between	"I changed the order of the sessions (…) to apply another strategy that I know I will talk about later, but I will talk about it in that session." (P7)

Modification nature (theme)	Description	*n*	Example (code)	Practitioners' quotations
	prescribed in the manual.		participants to adhere to their needs	"I'm not going to say "Look, let's not talk about this now, because in three or four sessions we're going to talk about this", right? I think that reversing the order of content or sessions can be important for the family. And, in this way, to respond to the family needs at that moment." (P1)
Repeating elements	Modules, sessions, or activities that are normally conducted once during the program are used more than once.	4		"I had to recap the 3rd session because too much time had already passed." (P4) "I also took advantage of the practical sessions to repeat some content and work on them a little more." (P5)
Removing elements	Elimination of particular elements of the program.	3	Not covering strategies or using program resources that were considered inappropriate and useless for that family	"Because we know that we should work on more strategies and provide more content, but we also know that the family cannot assimilate so much. I selected one or two strategies that I knew made the most sense for that family." (P7) "The videos, for example (...) they [the parents] don't understand them. (…) The videos do not bring any added value, and therefore, it is better not to show it." (P6)
Departing from the program	The program is not used in a particular situation, or the program is stopped, whether this stoppage was	3	Interrupting the session to assist parents with emerging crises	"When they [the parents] bring up other concerns, I cannot ignore and explore the content of the session. So, I take up session time to try to guide the family to solve these emerging issues." (P4)

Modification nature (theme)	Description	*n*	Example (code)	Practitioners' quotations
	part of the session or a decision to discontinue the program altogether		Stopping the program because parents' life circumstances make involvement difficult	"Stopping the program because parents' life circumstances make involvement difficult." (P2)
Adding elements	Additional activities/materials that complement and are consistent with the fundamentals of the program	1	Parenting strategies not covered by the program	"For example, a mother often brings me a problem that has to do with another daughter [not the target child]. And the strategy given to a three-year-old child will not be the same as the strategy given to an 11 or 12-year-old teenager, right? So sometimes we must add something more than what is already in the program." (P9)

Note. *n* = number of practitioners who reported the modification; Practitioners are identified as P# in the quotations provided.

The content modifications reported by most practitioners in the discussion sessions were lengthening/extending (*n* = 8), spreading (*n* = 8), and tailoring/tweaking/refining (*n* = 6). Due to parents needing more time to assimilate the content or because parents brought other topics to the session, the practitioners reported extending the program time and spreading the session's content into more sessions/encounters. Tailoring/tweaking/refining was also a common modification, such as adjusting the language and the examples presented to what was most familiar to the parents and common in the family life. Reordering sessions (*n* = 5) and repeating contents (*n* = 4) were modifications also reported by practitioners. Specifically, the need to repeat content occurred when parents missed appointments, or the practitioners' workload did not allow them to deliver the program weekly. The main goals of these types of modifications were to deliver all the contents described in the manual, to prevent parents from getting tired and losing interest in the session, and to improve Standard Triple P fit with the characteristics of these parents (generally with low literacy) and respond to their needs.

The less reported content-level modifications were removing elements (n = 3), departing from the program (n = 3), and adding elements (n = 1). Practitioners reported having chosen to remove some content. They focused only on those strategies considered relevant to that family when they realized that parents' low literacy hampered their ability to assimilate all the content taught. Practitioners expressed some difficulty getting parents to focus only on their parental abilities when other concerns emerged, often leading them to depart from the scheduled agenda to take charge of pressing needs. One practitioner mentioned having added strategies that were not included in the program's manual but were necessary to respond to the needs of parents, namely to manage the behavior of children in a different age group than the target child.

Examining the impact of the modifications reported on fidelity, we found that these were mostly fidelity-consistent (e.g., lengthening and tailoring the program). Modifications considered fidelity-inconsistent, according to Stirman et al. (2015), such as removing elements, were rarely reported by practitioners in the discussion sessions. Indeed, when asked about the impact of these modifications on fidelity, practitioners demonstrated awareness and reflection on this issue (e.g., "When I make changes, I always consider that it will not have an impact on fidelity or on what is supposed to be the program outcomes."). The strategy that practitioners used to achieve flexibility within fidelity was to maintain the content itself and change the structure of the program and the strategy used to deliver the content so that it adjusts to the families' idiosyncrasies and current needs (e.g., "This balance [fidelity-modifications] was relatively simple to achieve because we did not change the content. We could make some changes to the structure.").

What Barriers and Facilitators Were Perceived by the Practitioners Implementing Standard Triple P with Families Involved in Child Protection Services

Overall, the practitioners considered implementing a structured EBPP, such as Standard Triple P, in real-world settings with CPS-involved families as a challenging task. We organized the practitioners' responses about the implementation barriers and facilitators according to the six key implementation factors proposed by Akin et al. (2014): influences at the client, practitioner, process, innovation, organization, and structural levels. A detailed description of the barriers and facilitators perceived by the practitioners, illustrated with excerpts, is presented in Supplemental Material 4 (see Appendix B).

At the level of the client (i.e., the families receiving the program), our findings showed that the fact that practitioners were serving a vulnerable and multi-challenged population was the main factor affecting implementation. Parents' engagement was the main facilitator, and perceiving participation as mandatory was considered a barrier to program implementation. Issues such as emerging crises and concurrent demands prompted parents to bring other topics to the session, which was also described as an aspect that undermined the implementation of sessions as described in the manual. In turn, progressively observing the change that the program was causing in children's behavior was an aspect that facilitated implementation, leading to greater parental engagement.

At the practitioner level, their attitudes about using the EBPP (e.g., considering Standard Triple P as an added value to their work with families) and how competently the practitioners were able to deliver the program (e.g., redirecting the focus of parents to the content; promoting parents' self-regulation, and creating an empathetic and trusting relationship), were identified as facilitators of implementation. As a barrier, practitioners reported a feeling of ambivalence between the desire to maintain high fidelity and the need to make modifications so that the program could adjust to each family's characteristics and current needs. Practitioners felt guilty whenever they made modifications due to not knowing whether they would be decreasing the effectiveness of the EBPP, which hindered the program implementation.

At the process level, training and supervision were the main facilitators. For those practitioners with less implementation experience, the time elapsed since training was a barrier to implementing the program. These practitioners suggested the need for a recap after training and the inclusion of more roleplaying in supervision sessions.

At the innovation level, the program being manualized and their adaptability were reported as facilitators, which allowed practitioners to run sessions in a structured manner while using flexibility to increase the program's relevance to the family's needs. Practitioners considered Standard Triple P as having strategies that are easily transferred to families' daily lives and were considered facilitators of parents' engagement. The complexity of the program's implementation with CPS-involved families due to its extended duration, parents' lack of familiarity with the EBPP terminology, and lack of feasibility to be implemented with strict fidelity were the most reported barriers at this level.

At the organizational level, practitioners' workload was described as a barrier, leading to insufficient time to deliver Standard Triple P and constraining the practitioners' ability to maintain fidelity. Training more professionals to implement the EBPP in the same organization was described as facilitating the implementation and an added value for improving family support services. Finally, at the structural level, as one of the factors hampering implementation, practitioners reported not having enough families referred to the program by the CPS.

5. Discussion

Literature recognizes that EBPPs are effective in helping parents better care for their children. However, how these programs are implemented in child protection services remains scarcely understood. The present study sought to fill this gap by examining practitioners' experiences in implementing the Standard Triple P parenting program in real-world settings with CPS-involved families. Specifically, we investigated the level of implementation fidelity, how and why practitioners modified the program, the modifications' impact on fidelity, as well as practitioners' perceived implementation barriers and facilitators.

Our findings showed that Standard Triple P was implemented with high fidelity, suggesting that practitioners consistently delivered the program as intended by its developers. The overall mean adherence was above the benchmark designated by previous studies (Borrelli et al., 2005; Sanders et al., 2020). Additionally, most families received the full dosage of the program. The sessions with the lowest adherence and dosage were sessions that involved a practical component. According to the program manual, the number of practice sessions for participating families may vary, meaning that delivering fewer practice sessions is possible without decreasing fidelity. In addition, as suggested by previous studies, these sessions are less structured and more tailored to each family, allowing more flexible delivery (Sanders et al., 2020). Practitioners' adherence scores for each session topic showed that homework-related items were completed less often. These topics may be harder to cover with multi-challenged families who face different daily constraints and tend to have low literacy levels (Ros et al., 2017). In future studies, researchers, practitioners, and parents should work together to investigate how to increase homework completion and facilitate skills acquisition in a more naturalistic context.

Our findings also identified that practitioners frequently modified the program. Our analysis, underpinned by the framework of Stirman et al. (2019), showed that the

most frequently cited modifications were at the content level, such as lengthening Standard Triple P pacing and timing and tailoring the program by introducing minor changes, which is in line with previous studies (Barnett et al., 2019; Pettersson et al., 2024). These findings are supported by literature emphasizing that modifications are the rule rather than the exception when EBPPs are used in real-world practice (Hasson et al., 2023; Kaiser et al., 2023; Movsisyan et al., 2021).

In contrast to previous studies, we found that most modifications were fidelity-consistent (Cooper et al., 2016; Moore et al., 2013). Additionally, the current study does not support previous studies suggesting that decisions regarding modifications are frequently made without consideration of how the change will affect the outcomes (Cooper et al., 2016). Results suggest that practitioners carefully considered the impact of modifications on fidelity and outcomes, showing that changes during implementation can result from a thoughtful and intentional decision-making process and might not represent a drift from fidelity. Therefore, this study corroborates research highlighting that fidelity and modifications can co-exist (Anyon et al., 2019; von Thiele Schwarz et al., 2019). Part of the reason for practitioners retaining fidelity while making modifications may be that these were not changes in the content itself but in how content was delivered, which has less influence on fidelity, according to the literature (Perez Jolles et al., 2019). EBPPs' developers must invest in clarifying the EBPP central and peripheral elements, thereby allowing practitioners to modify the program to ensure it matches its recipients without tampering with core elements, resulting in flexibility within fidelity (Bromley, 2023; Kendall & Frank, 2018). Rigid fidelity to a manualized program is unlikely to be sustained in real-world settings, and flexibility within fidelity may increase the likelihood of the program becoming integrated into routine care practice. Determining the impact of modifications on the program's effectiveness and implementation outcomes (e.g., sustainability) is an important aim for further study.

Our findings regarding implementation barriers and facilitators showed that implementing EBPPs in real-world settings, especially with families involved with the CPS, places considerable demands on the practitioners. Despite most practitioners describing Standard Triple P as a highly useful tool, they were challenged by implementing a mandated EBPP within CPS's complex and overloaded context. This study identified multiple characteristics related to the families, the practitioner, and the program, as well as organizational-, process-, and system-level factors as important influencers in facilitating or hindering success in implementing Standard Triple P with

CPS-involved families. Comparing the barriers and facilitators described with the modifications reported, we realized that modifications were the strategies practitioners employed to address implementation barriers and enhance the program's fit with the families' characteristics and needs. For instance, practitioners delivered the program online to address parents' lack of transportation as a barrier to their attendance; they simplified the language to decrease the risk of alienating parents and adjust to parents' literacy; and the order of modules differed between participants to address, in real-time, the family's needs. Identifying how different factors can enable or hinder the implementation process is critical to inform EBPPs' development and refinements and replicate positive outcomes.

Strengths and Limitations

This study explored the implementation of an EBPP with families involved in the CPS through the perspective of practitioners, which has undergone relatively little examination in previous literature. It provided real-world evidence and investigated how practitioners attained flexibility within fidelity, which until now has been a largely theoretical debate. We used well-supported frameworks to systematically and rigorously organize and report program modifications and implementation barriers and facilitators. Specifically, the current study is an early effort to document unplanned modifications and apply FRAME in the context of CPS research.

Some limitations of this study must be considered. We relied on practitioners' self-reports, which are subject to memory bias and may have hindered us from better capturing implementation fidelity and modifications. We proposed to practitioners to record the audio of some sessions. However, this was not possible either because practitioners did not obtain parents' permission to record the sessions or the organization's leadership did not allow it. It is worth mentioning that all practitioners reported having made modifications in their delivery of Standard Triple P even though reporting it would be socially undesirable due to modifications tension regarding fidelity, which suggests that practitioners were providing accurate assessments of their implementation performance.

Conclusion

This study is a step forward in our empirical understanding of how EBPPs are implemented, modified, and experienced by end users in real-world practice settings, which is crucial to the future development, refinement, and dissemination of these programs. Supporting practitioners in achieving flexibility within fidelity is essential to

guarantee that programs are delivered responsively to participants and in a contextually sensitive way. Even with the results of this study being about implementing a specific EBPP in a particular context, the insights gained might be useable in other contexts in which parenting programs are implemented, and the balance between modifications and fidelity is managed by professionals, such as in schools and healthcare settings (Moller et al., 2024).

Chapter V. Study 3 - The Sustained Use of an Evidence-Based Parenting Program Delivered to Families Involved With the Child Protection System

Manuscript under review:

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1. Abstract

While there is increasing emphasis on initial implementation efforts, few studies have investigated the extent to which EBPPs are still in use over time. Addressing this gap, this study examines the sustained use of an EBPP five years after the professionals became accredited program practitioners. Through individual semi-structured interviews, we sought to 1) assess the extent to which the practitioners sustained or not sustained Standard Triple P use over time in the CPS in Portugal and what factors influenced it and 2) explore the perspectives of practitioners, organizational managers, and system-level representatives of CPS bodies on the characteristics of this system that may be influencing the sustained use of EBPPs, analyzed with the framework of strengths, weaknesses, opportunities, and threats (SWOT).

Results showed that approximately one-third of practitioners sustained Standard Triple P use up to five years post-accreditation. Our thematic analysis, underpinned by the Integrated Sustainability Framework, found that organizational factors played a stronger influence on both practitioners sustaining implementation and those who were non-sustainers. In addition, we identified several strengths, weaknesses, opportunities, and threats that practitioners, organizational managers, and system-level representatives perceived to be either promoting or limiting the sustained use of EBPPs in this system.

This study contributes with practical considerations into the sustained use of EBPPs in real-world settings and underscores the importance of planning for sustainability to support program delivery over time, which is key to guaranteeing that EBPPs will reach the families that would benefit from them the most.

Keywords: implementation, sustained use, evidence-based parenting programs, perspectives, child protection system

2. Introduction

There is limited evidence on the delivery of EBPPs in real-world service delivery systems, such as the CPS. Even though the effectiveness of EBPPs has been ascertained in several studies, more attention should be given to the practice of implementation to address the gap between what we know from research and what we do in real-world practice (Pinto et al., 2024). While increasing emphasis is placed on initial implementation efforts, evaluating the extent to which an EBPP continues to be used over time is often neglected (Chambers et al., 2013; Dakof et al., 2022; Margolies et al., 2023). The present study addresses this gap by examining the sustained use of an EBPP in real-world settings delivered to families involved with child protection services in Portugal, interviewing practitioners, organizational managers, and system-level representatives of CPS bodies.

The range of terminology presented in the literature related to sustainability has challenged the field with several conceptualizations. Building on existing research, recommendations, and definitions already used in the literature, Moore et al. (2017) comprehensively describe sustainability as the continued delivery of a program after a defined period of time, potentially after adaptation, at a sufficient level to ensure the continued benefits of the intervention for individuals and systems. In line with this definition, recent studies recognize two key sustainability dimensions: the sustained benefits (i.e., the program outcomes are maintained over time) and the sustained use or sustainment (i.e., a program continues to be implemented over time) (Berta et al., 2019; Song et al., 2022). In our study, we adopted the definition of Moore et al. (2017), and we will address the latter dimension – the sustained use of an EBPP.

Sustainability is a key implementation outcome, intrinsically linked to the quality of implementation (Byrne et al., 2023; Proctor et al., 2011). However, it has received too little attention from most empirical studies, and a gap remains between implementation science and practice (Westerlund et al., 2019). For instance, Greenhalgh et al. (2004) systematic review noted the near absence of studies focusing on the sustainability of interventions in service delivery organizations. Twenty years later, Pinto et al. (2024) scoping review on the implementation of EBPPs under real-world conditions found that only 12% (18 out of 145) of the included studies from 2005 to 2022 reported program sustainability. Additionally, existing literature primarily focuses on predictors of sustained implementation of EBPPs at a future time (e.g., Ma et al., 2023). Fewer studies have investigated the extent to which an evidence-based program

is still in use beyond initial training, so many questions remain regarding what influences the program's sustained use over time (Aarons et al., 2016; Byrne et al., 2023; Dakof et al., 2022; Reardon et al., 2023).

Literature suggests multilevel and dynamically related factors influencing the extent to which evidence-based programs are sustained across settings, and several conceptual frameworks in this regard have emerged over the years. Developed to organize these influential multi-level factors, the Integrated Sustainability Framework proposes five domains: 1) outer contextual factors (e.g., policy/legislation, sociopolitical context, funding environment, external partnerships), 2) inner contextual or organizational factors (e.g., financial resources, leadership support, climate/culture, staff stability), 3) intervention characteristics (e.g., adaptability, fit with context and population, benefits/effectiveness), 4) process factors of intervention delivery (e.g., training, strategic planning, and supervision), and 5) practitioner and population characteristics (e.g., skills, attitude, motivations, literacy) (Shelton et al., 2018). Despite its relevance, the five-domain categorization, which is generally consistent across different implementation frameworks, has mainly been theory-driven and based on reviewing prior literature without being comprehensively used and evaluated in empirical studies (Hailemariam et al., 2019; Ma et al., 2023; Proctor et al., 2015; Tricco et al., 2015).

Along with assessing whether a program is still being delivered and evaluating the processes and factors that may facilitate or hinder the program's continuation, the literature highlights the importance of providing additional information on the level of the program's institutionalization. Institutionalization is conceptualized as a deeper form of sustained use. It occurs when the program is not just being used but is fully routinized and embedded into the organization's service delivery processes and practices (Rabin et al., 2008; Reardon et al., 2023).

Sustained implementation is required for EBPPs to promote children and their families' well-being, and such programs also showed good value for money in a recent systematic review of economic evaluations (Sampaio et al., 2024). The good return of EBPPs' sustained use spans a wide range of stakeholders involved, including 1) researchers who develop, test, and disseminate interventions and programs expecting to see them sustained in real-world practice; 2) organizations' managers who seek a return on their provider training investments; 3) professionals who are wary of researchers who bring new interventions to their services only for the duration of grant funding and

leave little sustainable change at study's end; and 4) funders whose grants support research and want sustained impact from those discoveries (Proctor et al., 2015; Shelton et al., 2018). With the current study, we give voice to CPS professionals from the practice, organizational, and system levels to improve our understanding of EBPPs' sustained use.

In our previous research, we addressed the effectiveness of Standard Triple P delivered in real-world settings to Portuguese parents of children involved with the CPS (Canário et al., 2021; Canário et al., 2023). Standard Triple P is a level 4 parenting program of the Triple P – Positive Parenting Program System suitable for parents of children aged 2 to 12 with moderate to severe behavior problems. It includes 10 sessions delivered in an individual format, in person, and on a weekly basis. Through the program, parents identify the causes of their child's behavior problems, set their own goals for change, and learn a range of parenting strategies to promote and develop positive behavior for their child (Sanders et al., 2013). Within our work, family support professionals became accredited practitioners and started delivering the program as part of the routine care practice delivered in their organizations. However, over time, it became evident that the professionals displayed different patterns regarding the use of the program. To better understand these, the current study sought to 1) identify the practitioners who have sustained and did not sustain Standard Triple P use as part of their routine care practice in child protection services, five years after completing the program's accreditation process; 2) examine what factors influenced practitioners to sustain or not sustain the use of Standard Triple P, analyzed within the Integrated Sustainability Framework (Shelton et al., 2018); and 3) explore the perspectives of practitioners, organizational managers, and system-level representatives of CPS bodies on the characteristics of this system that may be either promoting or limiting the sustained use of EBPPs, placed within the framework of a strengths, weaknesses, opportunities, and threats (SWOT) analysis (Puyt et al., 2023).

3. Materials and Methods

Participants

The participants of this study are professionals at the practice, organizational, or system levels of the CPS in Portugal. At the practice level, participants are the 16 frontline practitioners who became Standard Triple P accredited practitioners (See Table 1 for practitioners' characteristics). At the organizational level, participants are three organizational managers of CPS local bodies, specifically Centers for Family Support

and Parental Counselling, where Standard Triple P was currently being implemented. At the system level, participants are three key actors, i.e., system-level representatives, at the CPS national coordination bodies. Specifically, one is a representative of the National Commission for the Promotion of the Rights and the Protection of Children and Young People, another is a representative of the Social Security Institute, and the other one is a representative of the National Network of the Centers for Family Support and Parental Counselling.

Procedure

The present study received approval from the Ethics Committee of the Faculty of Psychology and Education Sciences at the University of Porto (Ref. 2021/10-07). This study extended the data collection procedures from two prior research projects (REUNIRmais, PTDC/SOC-ASO/31727/2017 and RealFamilies, 2022.04975.PTDC) aimed at evaluating the implementation, effects, and cost-effectiveness of the Standard Triple P parenting program when delivered in real-world settings to families involved with the Portuguese CPS.

In 2019, in the scope of the REUNIRmais project, 16 professionals from local CPS bodies in the district of Porto (Portugal) completed four and a half days of the Standard Triple P's in-person training and accreditation process, which officially recognized them as practitioners of this EBPP. The aim was for these practitioners to deliver Standard Triple P to parents served in their work settings with a child between 6 and 12 years old and referred to these services to receive parenting support (Canário et al., 2021; Canário et al., 2023). The research team facilitated Peer Assisted Supervision and Support sessions with the practitioners to support implementation over time. The current study was conducted five years after the professionals became accredited practitioners of Standard Triple P to evaluate the extent to which practitioners sustained program implementation as part of their routine care practice.

Data Collection

We conducted individual semi-structured interviews with the 16 practitioners, the three organizational managers, and the three system-level representatives. The interviews were carried out between March and November 2024. The duration of the interviews ranged between 30 and 60 min. All interviews were carried out through videoconference. Following the participant's informed consent, interviews were recorded and transcribed verbatim. The questions of the interviews script are provided in Appendix C, Supplemental Material 1.

Materials

Interviews With the Practitioners. Regarding practitioners, each interview was divided into two parts. The first part aimed to assess the extent to which practitioners sustained or did not sustain Standard Triple P use over time and to examine the factors that influenced it. Taking the same initial question as a starting point, the interview with each practitioner was conducted according to their answer to this question (i.e., "Do you currently use Standard Triple P in your Organization?"). In the case of practitioners that sustain the use of Standard Triple P, given the importance of assessing more than whether the program was in use but also the status of use, the interview script included a question about the level of the program institutionalization (i.e., "Is Standard Triple P fully routinized and embedded into your organization's service delivery?").

The second part of the interviews with the practitioners aimed to explore their perspectives on the characteristics of the CPS that may be either promoting or limiting the sustained use of EBPPs in this system in Portugal. The questions were based on the SWOT format, i.e., we inquired them about 1) Strengths ("What are the characteristics of the CPS that facilitate the sustained use of EBPPs in services provided to families?"), 2) Weaknesses ("What are the characteristics of the CPS that make it difficult to sustain EBPPs in services provided to families?"), 3) Opportunities ("What factors external to the CPS can it leverage to improve the sustained use of EBPPs?"), and 4) Threats ("What external factors to the CPS pose potential problems/risks to the sustained use of EBPPs?"). While the SWOT format provides an organizing structure, it is open and flexible enough to support free discussion and the generation of ideas (Vonk et al., 2007).

Interviews With the Organizational Managers and System-Level Representatives. Regarding interviews with the organizational managers and the system-level representatives, they were asked the same four questions based on the SWOT format described above. By addressing the same questions to the participants at the practice, organizational, and system levels, we can compare and contrast the perspectives of workers from different levels of the social ecology of the child protection system, obtaining a more comprehensive picture of the topic.

Data Analysis

To characterize the professionals participating in this study and obtain the frequencies of the sustained use influencing factors, we conducted descriptive statistics using the software IBM SPSS Statistics.

We used thematic analysis to analyze the qualitative data obtained from interviews with the practitioners, the organizational managers, and the system-level representatives (Braun & Clarke, 2012). First, the transcripts were reread several times to gain familiarity with the data. Once the overall impression had been obtained, the transcripts were coded line-by-line and analyzed using an Excel file to generate descriptive themes. The first author served as the primary analyst for each data source, and then the work was discussed with the second and fourth co-authors. Discussing the themes attributed to the different excerpts revealed high agreement among the authors. In the current study, themes were identified deductively from existing frameworks in the literature, as described above.

To analyze practitioners' perceived factors that influenced them to sustain or not sustain the use of Standard Triple P over time, we used the Integrated Sustainability Framework (Shelton et al., 2018). In line with this framework, the reported factors were grouped in themes according to whether they were associated with 1) outer contextual factors, 2) inner contextual or organizational factors, 3) processes (i.e., process factors of intervention delivery), 4) intervention characteristics, and 5) practitioner and population characteristics. Each theme corresponds to a domain in the framework.

Regarding the study aim focused on the perspectives of Standard Triple P practitioners, organizational managers, and system-level representatives on the characteristics of the CPS that may be either promoting or limiting the sustainability of EBPPs in this system in Portugal, the data obtained were categorized under four main themes: strengths, weaknesses, opportunities, and threats (SWOT format). Within each theme, the respondents' statements were examined and sorted into categories (sub-themes) according to their similarities and differences.

4. Results

Characteristics of Practitioners That Sustained or not Sustained Standard Triple P

Table 1 presents the characteristics of the 16 Standard Triple P trained practitioners, presented according to three groups: current users (CU), stopped users (SU), and practitioners who have never implemented the program (NI). Of the five CU, four (80%) work in Centers for Family Support and Parental Counselling. Of the 11 practitioners not currently using Standard Triple P in their practice, five (45%) are working in the Local Commissions for the Protection of Children and Young People.

Table 1

Characteristics of Practitioners as Current Users, Stopped Users, and Never Implemented Standard Triple P

Practitioners' characteristics	CU (n = 5)	SU (n = 3)	NI (n = 8)	Total (N = 16)
	M (*SD*)	*M* (*SD*)	*M* (*SD*)	*M* (*SD*)
Age	39.20 (6.22)	35.67 (9.07)	34.50 (4.24)	36.19 (5.86)
	n (%)	*n* (%)	*n* (%)	*N* (%)
Education Level				
Master's degree	4 (80)	3 (100)	1 (12.5)	8 (100)
Bachelor's degree	1 (20)	0 (0)	7 (87.5)	8 (100)
Profession				
Psychologist	1 (20)	3 (100)	2 (25)	6 (37.5)
Social worker	4 (80)	0 (0)	5 (62.5)	9 (56.3)
Early Childhood Education	0 (0)	0 (0)	1 (12.5)	1 (6.2)
Workplace				
CAFAP	4 (80)	0 (0)	2 (25)	6 (37.5)
CPCJ	0 (0)	2 (66.7)	3 (37.5)	5 (31.3)
IPSS	1 (20)	1 (33.3)	1 (12.5)	3 (18.8)
School	0 (0)	0 (0)	1 (12.5)	1 (6.3)
GOV	0 (0)	0 (0)	1 (12.5)	1 (6.3)
	M (*SD*)	*M* (*SD*)	*M* (*SD*)	*M* (*SD*)
Working with families (years)	10.20 (7.40)	7.33 (5.03)	4.50 (3.89)	6.81 (5.64)

Note. CAFAP = Centre for Family Support and Parental Counselling; CPCJ = Local Commissions for the Protection of Children and Young People; IPSS = Private Non-Profit Social Solidarity Institutions; GOV = Local Government Body.

From the 16 trained practitioners, we found that five CU (31.3%) sustained the use of the program five years after completing training and accreditation, and 11 (68.8%) did not sustain the program's use over this period. From these 11 trained practitioners but who were not currently using the program, we can distinguish two groups: 1) stopped users (SU), i.e., trained practitioners who had initiated the use of Standard Triple P and completed this intervention with several families, but discontinued the program's use after some time (n = 3); and 2) trained practitioners who did not implement Standard Triple P or only performed the two initial assessment sessions (NI) (i.e., they had never implemented the full program) (n = 8).

Regarding the program's institutionalization level, of the five practitioners currently using Standard Triple P in their practice, four considered that this intervention is fully routinized and embedded into their organization's service delivery. They stated that this program is a priority in their organization and is always used when appropriate. For example, one reported: "It completely replaced the other program we implemented. Regardless of the nature of the process, be it reunification, preservation, or family meeting point, parents will participate in Standard Triple P. It is implicit in the intervention plan" (CU4). Similarly, another practitioner reported, "Yes. I use it whenever I feel it is important to the family and the eligibility criteria are met. Sometimes, it does not fit due to the children's age. However, whenever it fits, Standard Triple P is always delivered" (CU2). One practitioner considers that Standard Triple P is not institutionalized into her organization's service delivery and justifies this by the fact that it is mainly used in families referred by other services and is not part of the range of services available to families served in her organization.

Among the practitioners who were trained but did not implement Standard Triple P or only performed the two initial assessment sessions (n = 8), three reported a customizing use of Standard Triple P, i.e., not using the intervention as they had been trained but using specific parenting strategies derived from program materials. For instance, one reported, "Although I do not use the entire program, I use some strategies that I learned when I completed the training (…) I think the program materials allow us to approach parenting strategies in a completely different way." (NI4)

Practitioners did not perceive any specific criteria for being selected to receive training to implement the Standard Triple P program in their organization. Instead, practitioners and their organization decided it for the convenience of both the functions already performed within the organization and the availability of time to carry out the training when it occurred. Two practitioners also reported personal/professional interest. For instance, "I expressed interest in attending the training because I thought, and continue to think, that it would be an added value for me in acquiring knowledge for my professional practice" (NI2).

Factors That Influenced Practitioners to Sustain or not Sustain Standard Triple P

Analyzing the interviews with the current users, the stopped users, and the practitioners who never implemented Standard Triple P about the reasons that influenced them to sustain or not use the program, we found factors covered by the five domains outlined in the Integrated Sustainability Framework (Shelton et al., 2018).

Below, we present the factors reported by each of the three groups. Table 2 presents the influencing factors that emerged from the interviews with the current users, stopped users, and practitioners who never implemented Standard Triple P, according to the domains from the Integrated Sustainability Framework (Shelton et al., 2018). A more detailed description of the factors perceived by the three groups of practitioners, illustrated with excerpts, is presented in Appendix C, Supplemental Material 2 (See Table S2.1 for current users, Table S2.2 for stopped users, and Table S2.3 for practitioners who have never implemented Standard Triple P).

Table 2

Emerged Influencing Factors From the Interviews With the Practitioners, According to the Integrated Sustainability Framework's Domains (Shelton et al., 2018)

Domains from the ISF	Factors emerged from the interviews	Practitioners		
		CU (N = 5)	SU (N = 3)	NI (N = 8)
Inner context	Leadership support	reported	reported	
	Organization's capacity	reported		reported
	Organization stability		reported	
		n = 5	*n* = 3	*n* = 7
Intervention characteristics	Perceived fit	reported		reported
	Perceived benefits	reported		
	Perceived need			reported
	Adaptability	reported		
		n = 5	*n* = 0	*n* = 2
Outer context	External partnerships	reported	reported	
	Pandemic		reported	reported
		n = 3	*n* = 3	*n* = 4
Practitioner/ population characteristics	Attitudes of the practitioner	reported		
	Practitioner personal circumstances			reported
	Parents' engagement	reported	reported	reported
	Families' eligibility criteria			reported
		n = 3	*n* = 2	*n* = 3
Processes	Supervision	reported	reported	
		n = 1	*n* = 1	*n* = 0

Note: ISF = Integrated Sustainability Framework; CU = Current Users; SU = Stopped Users; NI = Practitioners who never implemented Standard Triple P; reported = The factor was reported by this group of practitioners; N = Total number of practitioners in each group (i.e., CU, SU, and NI); n = Number of practitioners from each group who reported that domain.

The current users most frequently identified *inner contextual factors* and *intervention characteristics* as influencing them to sustain Standard Triple P over time

(all five practitioners reported factors covered by these domains). Within the inner contextual factors, the current users reported that organizational leadership support (e.g., providing autonomy and trust) and adequate resources for the ongoing delivery of Standard Triple P (e.g., adequate space and time) facilitated its sustained use. Regarding the intervention characteristics, the current users mentioned the fit of Standard Triple P with the organization's mission, the perceived impact and benefits of the program to address the families' needs, and Standard Triple P adaptability as determinant factors to sustain the use of this program.

The *outer contextual factors* (e.g., partnerships with academia and parents' referral from other community services) and *provider and target population characteristics* (e.g., commitment and positive attitude toward Standard Triple P and parents' engagement with the intervention) were mentioned by three practitioners. *Process factors* of intervention delivery were less reported, with one practitioner pointing out the Peer Assisted Supervision and Support sessions as facilitating the program's sustained use.

Concerning the stopped users, all three practitioners reported factors covered by the inner and outer context domains. Within the inner contextual factors, the stopped users reported that during the period they implemented Standard Triple P, their leadership allowed a flexible working schedule, provided the facilities, and allocated time blocks specifically for them to deliver the program, as well as their team members supported the logistics (e.g., families' transportation and childcare). However, at some point, two practitioners started working in a different organization, and the leadership of the other practitioner's organization changed. These practitioners stated that their new leadership prioritized other projects over the use of Standard Triple P, which led them to discontinue Standard Triple P implementation. Regarding the outer context factors, like current users, the stopped users also emphasized that partnerships established with other community services to refer families to attend Standard Triple P facilitated the use of the program.

Two stopped users reported *characteristics of the target population* as hindering them from sustaining Standard Triple P (e.g., lack of parents' engagement). The *processes* domain was reported less by stopped users (only one practitioner mentioned the supervision sessions as promoting the program's use).

In relation to the never implementers of Standard Triple P, seven of the eight trained practitioners attributed it to impediments within the *inner context*, specifically a

lack of the organization's capacity. Staff shortages and time constraints to face high caseloads turned the use of the EBPP into a burden, and these professionals prioritized other tasks.

In terms of the *outer context* domain, four practitioners mentioned the pandemic as having influenced them not to initiate the use of Standard Triple P. Factors within the domain of *practitioner and population characteristics* (e.g., practitioners' personal circumstances and parents' engagement and eligibility criteria) were reported by three practitioners. Only two practitioners described *intervention characteristics* as influencing them not to initiate the EBPP use. Specifically, one practitioner perceived a lack of need for Standard Triple P in the organization, and another stated that this program did not fit the organization's priorities.

Perspectives of the Standard Triple P Practitioners, the Organizational Managers, and the System-Level Representatives on EBPPs' Sustained use in CPS

Analyzing the interviews with the practitioners, the organizational managers, and the system-level representatives, we realized that they have a shared vision about the characteristics of the CPS that may be promoting or limiting the sustained use of EBPPs. Table 3 presents the sub-themes that emerged from analyzing the strengths, weaknesses, threats, and opportunities perceived by these participants. A more detailed description, illustrated with excerpts, is presented in Appendix C, Supplemental Material 3 (See Table S3.1 for strengths, Table S3.2 for weaknesses, Table S3.3 for opportunities, and Table S3.4 for threats).

Table 3

The Subthemes That Emerged From the Interviews With the Participants, According to the SWOT Format

SWOT format	Sub-themes
Strengths	Specialized support services for families
	Increased awareness of EBPPs
	Intervention frame and guiding principles
Weaknesses	Lack of organizational capacity and workforce stability
	Overfocus on remediation
	Lack of organizational culture/readiness for evidence-based practice
	Setting and target population characteristics
Opportunities	A prevention approach to child protection
	A participatory approach
	Partnerships with academia
Threats	Lack of inter-agency collaboration
	Trends in family support policy and provision
	Lack of funding

In relation to *Strengths*, all participants pointed out that the most positive attribute of the CPS that facilitates the sustained use of EBPPs is the existence of specialized support services for families. Specifically, they emphasized the Centers for Family Support and Parental Counseling, which assists parents in developing parenting skills. Practitioners and organizational managers highlighted the leadership support in these organizations, which encourages and provides the conditions for the sustained use of the programs being delivered. Along with this, all participants highlighted the organizations' and professionals' increased awareness of the importance of using EBPPs in their practice, namely favoring the adoption of programs that were shown to be effective instead of developing new ones.

All participants emphasized that the Portuguese CPS's intervention frame and guiding principles promote the sustained use of EBPPs as it is focused on family preservation. Specifically, they highlighted the principles of parental responsibility and subsidiarity. With this frame, the intervention is carried out so that the parents undertake their duties in relation to the child, and, in the first place, the situation is solved by the family's closest institutions, and the child's out-of-home placement is the last resort.

In relation to *Weaknesses*, all participants reported the lack of organizational capacity and workforce stability as the main weaknesses of the CPS that may be limiting the sustained use of EBPPs. Scarce human and material resources, combined with the high case workload, make it challenging to integrate manualized and structured parenting programs into services provided to families. Additionally, the precarious and scarce employment contracts and staffing and leadership turnover exacerbate workplace tiredness and hinder the sustained use of EBPPs.

The practitioners and the system-level representatives also highlighted the overfocus on remediation as a weakness of the CPS. These participants perceived a crisis-oriented work in child protection practice in Portugal, which hinders the sustained use of EBPPs because families, in these late interventions, are more likely to face several adversities, decreasing their availability for attending and the availability of professionals for delivering an EBPP. Along with this, the participants in this study highlighted that the setting and the target population characteristics of the CPS are, in themselves, factors that weaken the sustained use of EBPPs. They argued that the involuntary nature of child protection services leads to parents' resistance to EBPPs as they consider their participation in these programs mandatory.

Finally, all participants in this study pointed out the lack of organizational culture and readiness for evidence-based practice in the CPS at the national level, characterized by an insufficient number of professionals qualified to deliver EBPPs, considering the workload and demand of this system.

In relation to *Opportunities*, practitioners, organizational managers, and system-level representatives identified a prevention approach to child protection as the most significant opportunity the CPS can harness to strengthen its capacity to sustain EBPPs' use. Within this sub-theme, they highlighted the importance of early intervention and the implementation of these programs at the population level, suggesting greater involvement of agencies, public or private, with competence in matters of childhood and youth (e.g., schools, health centers, and NGOs) that, by virtue of their functions, are privileged to refer parents to an EBPP at an early stage when problems arise.

The organizational managers and the system-level representatives highlighted that an opportunity to promote the sustained use of EBPPs in the CPS is through a participatory approach, through the involvement of professionals and families since the design of the EBPP and through participatory policy making, in which professionals and agency directors are involved in planning and policy development. Additionally, these participants highlighted that partnerships with academia are an opportunity that organizations can exploit to their advantage in improving the uptake and sustained use of EBPPs, particularly through program evaluation and knowledge dissemination to encourage a culture of evidence-based practice.

Finally, in relation to *Threats*, the practitioners and the system-level representatives perceive a lack of inter-agency collaboration as threatening the sustained use of EBPPs, mainly due to insufficient and untimely communication and articulation between professionals from different service sectors and levels (e.g., regarding family referrals).

All system-level representatives also pointed out some trends in family support policy and provision in Portugal that threaten the integration and sustained use of EBPPs, such as fragmented and reactive measures to address child protection and with particular emphasis on approaches to poverty and providing monetary support for families. A system-level representative also perceived the lack of funding to train professionals and invest in disseminating EBPPs as a threat to the sustained use of such programs.

5. Discussion

While there is increasing attention placed on initial implementation efforts, little empirical work has examined factors that facilitate or limit the sustained use of such programs within real-world service systems (Pinto et al., 2024). The present study sought to fill this gap by examining to what extent practitioners sustained or did not sustain Standard Triple P use over time in the CPS in Portugal and the factors that influenced it. We also collected their perspectives and the perspectives of other representatives of the CPS at the organizational and system levels on the factors that promote or limit the sustained use of EBPPs in this system.

Over the five-year time frame included in this study, our results indicated that approximately one-third of practitioners sustained Standard Triple P use over time. This is somewhat different from the usage rate found in a population trial of another level 4 program of the Triple P system, which reported a higher rate of the program's sustained use (Sanders et al., 2009). This supports previous literature highlighting that implementation and context are inextricably linked and attests to the persistent challenge of sustaining the use of EBPPs as part of routine care practice in social services (Aarons et al., 2011; Byrne et al., 2023). However, it also represents an advance in the provision of EBPPs in the CPS, as previous studies reported that most child protection services do not incorporate empirically supported interventions (Barth et al., 2005; Cruz et al., 2024; Weeks, 2021). Specifically, Cruz et al. (2024) characterized the panorama of parenting support interventions delivered by community services in Portugal, including child protection. They found that more than half of the practitioners reported using programs designed by them or their teams and that structured manualized parenting programs were the type of parenting support intervention least frequently indicated. Therefore, we consider that the five practitioners who sustained the use of Standard Triple P can be a step further towards improving this reality.

Our results also indicated that of the eight practitioners who started implementation after training (i.e., current users and stopped users), the majority maintained the usage over time. In addition, we found a high level of concordance between sustained use and institutionalization in that of the five practitioners who are currently using Standard Triple P, four perceived it as institutionalized within their organization. These findings are supported by previous studies (e.g., Reardon et al., 2023; Sanders et al., 2009). As such, further research is needed on the practices of organizations with high degrees of institutionalization, which could improve our

understanding of the organizational attributes impacting the institutionalization of programs and the fundamentals for achieving long-term EBPPs' sustained use.

Our study also found that half of the 16 professionals trained in Standard Triple P had never used the program (or at least did not deliver all the sessions). The high non-usage rate found in our study suggests the potential importance of the immediate post-training time period. Previous studies argued that the balance of barriers and facilitators in the post-training environment may be one of the most critical aspects that influence the success of implementation efforts (Shapiro et al., 2012). Future studies should evaluate how strengthening implementation support and supervision during this period may facilitate the use of EBPPs, especially to promote the use of the program by trained professionals as soon as possible after training. We also suggest that to become an accredited practitioner, professionals should not only complete the training but also complete, under supervision, the delivery of one program with a family, which could help to anticipate barriers. Further research is also needed to examine to what extent methods to promote the adoption and effective use of EBPPs immediately after training may differ from strategies needed to promote sustained use over time, as well as the potential impact of early success on program use and early failures as a barrier to ongoing implementation (Shapiro et al., 2015).

Interestingly, most of the trained practitioners perceived no specific criteria for them to receive training to implement the Standard Triple P program in their organization. Additionally, practitioners perceived a lack of organizational capacity and leadership support hindering them from sustaining the use of Standard Triple P. These findings suggest that a more thoughtful analysis should be conducted in order to determine criteria for selecting the best practitioners to receive the training and the best leaders in organizations, which should include knowledge, abilities, attitudes, and other characteristics necessary for employees in general and for effective learning, delivery, and overseeing of EBPPs in particular (Aarons et al., 2011; Patterson et al., 2008).

Non-usage by trained professionals has many consequences in terms of evidence-based program impact and costs. First, discontinuation of evidence-based programs means that the potential benefits cannot be optimally achieved or will not be maximized to their fullest potential and may not reach the families that would benefit from them the most (Shapiro et al., 2012). Second, failing to sustain EBPPs squanders the investment of time and resources made by funders, delivery organizations, and staff, which may contribute to making them wary of future implementation efforts (Asgary-

Eden & Lee, 2012; Sanders et al., 2009; Shelton & Nathan, 2023). Additionally, the lack of evidence-based programs' sustained use may exacerbate social inequalities, particularly if the programs' discontinuation occurs more often in organizations and settings that serve populations that experience vulnerability, such as children receiving child protection services as those in the current study. Training a workforce in the use of EBPPs is a necessary but not sufficient condition to guarantee sustained implementation. It is, therefore, valuable to understand factors associated with the successes and failures of EBPPs' utilization and find ways to increase usage rates (Dakof et al., 2022).

Our analysis, underpinned by the Integrated Sustainability Framework of Shelton et al. (2018), found that the most frequently identified influences among both practitioners sustaining implementation and those who were non-sustainers were within the domain of the inner context. This finding is consistent with previous studies conducted in different settings, which found that although individual factors were also important, organizational factors played a stronger influence on the sustained implementation of evidence-based practices (e.g., Beidas et al., 2015; Jacobs et al., 2010; Shoesmith et al., 2021). Given this consistency in findings, we suggest that barriers and facilitators addressing inner contextual factors should be of specific focus when developing sustainability strategies. Specifically, the development of leaders advocating EBPPs' implementation and facilitating the provision of adequate resources and infrastructure where such programs can thrive may be transversal strategies in supporting EBPPs' sustained delivery across contexts. For instance, Schein (2004) identified several strategies through which leaders and organizations can support the use of evidence-based programs, such as what leaders pay attention to on a regular basis, budgeting and resource allocation, rewards in the organization, how employees are selected and promoted, and design of physical space. Using these types of strategies can promote organizational values and actions that support the continued use of evidence-based programs.

Outer contextual factors (e.g., external partnerships) were more prevalent influences on Standard Triple P discontinuation, whereas intervention characteristics were mostly described by practitioners who are still currently using the program. Regarding the latter, practitioners highlighted the program's adaptability, adjusting the delivery strategy without removing content. This finding is consistent with literature highlighting that flexibility is necessary for programs to be successfully sustained by

maximizing the fit between interventions, individuals, and settings (Chambers et al., 2013; Shelton et al., 2018). Future studies should determine what types of changes may enhance sustained use while maintaining the program's fidelity. As some non-users described a nonsystematic and nonstructured application of the EBPP contents, which was also found in previous studies, it shows that organizations with professionals trained in EBPPs should have requirements and mechanisms for ongoing implementation monitoring to maintain the program's integrity and effectiveness (Shapiro et al., 2015).

Our study also identified several strengths, opportunities, weaknesses, and threats of the CPS that professionals at the practice, organizational, and system levels perceive as promoting or limiting the use of EBPPs in this system. We found that perceptions were common across stakeholder groups, which is consistent with previous literature (e.g., Asgary-Eden & Lee, 2012) but differed from other studies (e.g., Aarons et al., 2009). In our study, we suggest that practitioners, organizational managers, and system-level representatives have similar perspectives because each of them reflected not only on their specific level of action but adopted a more systemic view.

Considering the perspectives of professionals at the practice, organizational, and system levels in this study, we can suggest that the main characteristic of the CPS in Portugal that strengthens the sustained use of EBPPs relates to its alignment with international recommendations in child protection and family support. Specifically, the State's provision of specialized support services to families, particularly those considered to be at psychosocial risk, helps to prevent unnecessary child out-of-home placement. It also illustrates the increased awareness of the evidence base as an underlying principle of interventions delivered in services providing family and parenting support (e.g., Council of Europe, 2006; WHO, 2022). However, there are several gaps in how this is transferred and applied in practice (e.g., the lack of workforce resources and stability within organizations and intervention overfocused on remediation), which is a significant weakness of the CPS in Portugal that hinders the sustained use of EBPPs. This perspective aligns with previous research highlighting that, although children's rights are recognized in law, in practice, social policies often do not reflect a commitment to these rights (e.g., Frazer & Marlier, 2014). Commitments to children's rights should not only be stated in legislation or policy plans, but they also need to be materialized in the actual provision of resources. The proportion of budgets

that are destined to achieve these rights shows whether they are considered a priority in fact (Piachaud, 2007).

As the participants in this study pointed out, a prevention rather than remediation approach is key to promoting the sustained use of EBPPs in the CPS. This is consistent with authors emphasizing that EBPPs have a preventive nature, which can be used both universally (primary prevention) and with families in which some risk or difficult situation has been detected (secondary prevention), but they are not designed to treat families in situations of severe crisis or with very crystallized problems (Hidalgo & Jiménez, 2018). In addition, partnerships with academia were identified by this study's participants as a key opportunity for the sustained use of EBPPs, which is in line with previous studies highlighting that community-academic partnerships can be critical in the successful translation of research findings into clinical practice (Isokuortti et al., 2024; Jiménez, Antolín-Suárez, et al., 2019). Such partnerships can improve the chances of the program's sustained use, for instance, by providing a mechanism for the continued involvement of multiple stakeholders, problem-solving, procurement of funds, and ongoing technical support (Aarons et al., 2011). Further evaluation of the key characteristics and effectiveness of community-academic partnerships would be of value to understand how it can improve organizational decision-making and service provision and how it influences public debate or political agenda with the ultimate goal of promoting the successful implementation and sustained use of EBPPs.

The main recommendation that derives from the current empirical study is that it is critical to plan for sustainability as it would allow facilitators and barriers to be identified earlier, which involves more than predicting the likelihood of sustainability. For future studies, we suggest developing a comprehensive plan informed by multiple stakeholders that identifies the changes needed and the priority strategies to support and sustain the EBPP, with specific details of who is doing what, when, and how. Then, organizations can systematically work through this plan for continuous monitoring and quality improvement to sustain evidence-based programs (Shelton et al., 2018; Walugembe et al., 2019). Developing a plan for sustainability and identifying sustainability strategies is still an emerging area within the field and a key topic for future empirical studies. Service delivery systems, such as the CPS, should also adopt a specific policy of supporting EBPPs, not only at the legislative and system levels but also at the organizational level, that specifies actions to be internally undertaken to promote the use of EBPPs.

Strengths and Limitations

This study brings attention to the sustained use of an EBPP, a topic sparsely addressed by previous research, particularly with families involved in the CPS. This work is unique in that it incorporates the perspectives of multi-informants of the CPS, not only the views of those most proximal to program delivery, such as practitioners and organizational managers but also CPS professionals at the system level. Furthermore, we used established definitions and well-supported frameworks in the field of sustainability of evidence-based programs. This makes our data more rigorously, systematically organized, and reported, contributing to a common language in the field.

Some limitations of this study must be considered. First, this study is about the implementation experience of only one EBPP with a limited number of participants. Although, in this study, we had interviewed key actors of the Portuguese CPS, future studies should include the views of more CPS professionals at the national level, including government bodies and other professionals from local family support services, as well as those frontline professionals without training in EBPPs. A second limitation is that this study relied on CPS professionals' self-reports. Future studies should ideally move beyond the perspectives of professionals and include those from parents' and children's perspectives within a participatory research approach, as they are social actors in their own rights and active recipients of support.

Conclusion

This study contributes insights into the practice of implementation and provides an initial step further in understanding the multi-level factors that impact the long-term sustained use of an EBPP in real-world settings. Elucidating key factors associated with sustained use has strong implications for channeling resources and tailoring training programs accordingly (Dakof et al., 2022).

Making EBPPs' delivery sustainable in the real world, particularly in the CPS, is complex and full of challenges, but this study showed that this is possible with the appropriate ongoing support. Our findings underline the importance of planning for sustainability at the practice, organizational, and system levels to support program delivery over time, which is key to making the best use of public funds and resources and for EBPPs to promote children's and their families' wellbeing.

Chapter VI. Study 4 - Families' Involvement With the Child Protection System in Portugal: A One-Year Follow-Up Study on Case Closure After Attending an Evidence-Based Parenting Program

Manuscript under review:

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1. Abstract

Parenting programs can improve parenting practices and children's behavior and are a key strategy in child protection services. Yet, little is known about the role of completing these programs in changing the families' recurrence in child protection services over time. We examined whether families who completed the Standard Triple P parenting intervention are more likely to have their child protection case closed up to 12 months later than families who dropout; and whether program dosage predicts case closure. Participants are 74 Portuguese families with children aged 6 to 12 involved with the Child Protection System (CPS). Families were referred to receive Standard Triple P, of which 30 families (41%) completed it and 44 (59%) did not complete this intervention. Families who completed the intervention were 6.26 times more likely to have their child protection case closed one year later (63.3% case closed) than families who did not complete the intervention (21.6% case closed). Similar rates were found at 3-, 6-, and 9-months post-intervention. In addition, the parents who attended more sessions were 1.24 times more likely to have their case closed 12 months after the intervention completion or dropout. Our findings show that evidence-based parenting programs' completion and dosage predict successful case closure in child protection services. This may guide decisions within the CPS about which approaches are more likely to provide effective support to children and families.

Keywords: child protection system, evidence-based parenting program, case closure, intervention completion, dropout, program dosage

2. Introduction

According to the CPS, children have a right to public services that ensure their well-being and protection from any form of violence (UN Committee on the Rights of the Child, 2011). The United Nations Children's Fund (UNICEF) defines the CPS as the set of laws, policies, regulations, and services needed across all social sectors to support prevention and response to protection-related risks. At the prevention level, their aim includes supporting and strengthening families to reduce social exclusion and to prevent violence and unnecessary separation from family (UNICEF Child Protection Strategy, 2008). Across countries, laws were established that require child protection agencies to make reasonable efforts to provide services that will help families change the conditions that brought the child and family into the CPS (Child Welfare Information Gateway,

2019). In the present study, we examine how receiving the Standard Triple P parenting program predicts the likelihood of a CPS case being closed in Portugal.

The Portuguese CPS Context

In Portugal, the CPS has been available since the late 1990s. Their work is framed within the Law of Protection of Children and Young People at Risk (Lei n.º 147/1999), subject to continuous amendments (e.g., Decreto-Lei n.º 26/2018). The Portuguese CPS is embodied in the Local Commissions for the Protection of Children and Young People (CPCJ), organized on a municipal basis. The operationalization of the CPCJ intervention among children and young people in danger is reflected in applying the measures established in the law, referred to as promotion and protection measures, which include supporting the child in parental care. When the child is deemed safe and no longer at risk of harm, the CPS discharges the case, and the measure applied ceases.

An increasing number of children are referred to CPS every year. According to the annual report on CPS referral, in 2022, there were 74,191 children referred to the CPS in Portugal, 6.4% more than in 2021 (Comissão Nacional de Promoção dos Direitos e Proteção das Crianças e Jovens [CNPDPCJ], 2022). The most prevalent categories of referral are exposure to domestic violence (32%), neglect (28%) (e.g., lack of parental supervision), and dangerous behaviors in children and youth (18%) (e.g., serious antisocial and indiscipline behaviors). Despite the families perceiving the initial referral to the CPS as a traumatic experience, families are often referred again over time (Esposito et al., 2021; Jonson-Reid et al., 2019; Palmer et al., 2023; Smithson & Gibson, 2016). Of the child protection cases followed by the CPS in Portugal in 2022, 11% were reopened cases (CNPDPCJ, 2022). This recurrent involvement of families in child protection services illustrates the need to identify effective ways to break cycles in CPS involvement, preventing families' long-term use of social services and improving children's well-being and life opportunities.

Over the last decades, the Portuguese CPS framework, like those from other European countries, has progressed towards a family preservation approach. The majority of the cases are treated by the CPS within a family preservation approach, working to support child development, assist parents in their role as caregivers, and avoid family breakdown (Gilbert et al., 2011; Rodrigo et al., 2023). According to Portuguese law, the measure of "parenting support" usually prevails to keep the children in their natural living environment, with their families of origin. However, if the child's integrity is in danger, other possibilities, such as kinship, foster or residential care, are

considered. The 2022 national CPS report indicates that 82.5% (24,259 out of 29,407) of the promotion and protection measures applied were referrals to parenting support in community services (CNPDPCJ, 2022), which is in line with international recommendations that point to the reduction of residential care as a priority (Committee on the Rights of the Child, 2011).

Supporting Families with Child Protection Concerns

International research on child and family services has consistently shown that children with an open case in the CPS, particularly those who are placed in out-of-home care, have experienced adversities that put them at an increased risk of detrimental outcomes. For instance, Evangelist et al. (2023) compared CPS-involved and uninvolved children in the United States of America and reported worse outcomes for CPS-involved children, which included higher levels of smoking, internalizing and externalizing behaviors, and school suspensions. Likewise, a systematic review and meta-analysis of 3,104 children and adolescents suggested that mental disorders affect a substantially greater proportion of children and adolescents involved with the CPS than in the general population (Bronsard et al., 2016).

The best-recognized human rights treaties, such as the United Nations Convention on the Rights of the Child (United Nations General Assembly, 1989), document that children's rights are best met in the family environment. Later, the Council of Europe's Recommendation (Rec 2006/19) to promote positive parenting establishes that all parents need support in the upbringing and safeguarding the well-being of children, especially those families experiencing adverse psychosocial conditions (e.g., domestic violence, poverty, low educational background, substance abuse, and families involved with social services) (Daly, 2007; Rodrigo et al., 2016). This Recommendation encourages countries to undertake efforts to maintain children with their parents whenever safely possible. It emphasizes the responsibility of the state to provide families with sufficient and adequate support for this. Family support encompasses resources and services provided to promote parenting competences, strengthen parents' existing skills, improve the climate of family relationships, and enhance families' resilience to cope with adversity (Dolan et al., 2020; Rodrigo et al., 2016). The support in the form of an EBPP is a recognized strategy to help parents adopt effective positive and non-violent parenting practices to reduce the risk of child maltreatment and prevent out-of-home placement (WHO, 2022).

Despite the increased family support initiatives in the last decades, there are fewer initiatives of EBPPs targeted to families at psychosocial risk that examine their impact on CPS involvement. Existing literature typically focused on the impact of these programs on childrearing attitudes, parenting competences, and behavioral change in parents (e.g., improving parenting practices) and children (e.g., decreasing behavioral problems) and participants' satisfaction with the program (Callejas et al., 2021; Criss et al., 2021; Karjalainen et al., 2021; Lewis et al., 2020; Rodrigo et al., 2023). Few studies examined whether receiving a parenting program reduced future rates of child abuse and neglect, with inconsistent findings. While some studies report an association between the implementation of the EBPP and a decrease in child abuse, neglect, and maltreatment rates, others report small or no effects from the EBPP (e.g., Backhaus et al., 2023b; Schilling et al., 2020; Whitcombe-Dobbs & Tarren-Sweeney, 2019).

Within the scant evidence on the use of EBPPs and the impact on substantiated cases in the CPS, it is crucial to examine whether families who participate in these programs have more favorable trajectories in the CPS (e.g., with their CPS case being closed) than families that did not complete the program. Leclair Mallette et al. (2021), retrospectively analyzing administrative data in the CPS in Canada, examined whether participation in the Incredible Years parenting program increased the likelihood that the family's CPS case would be closed. They found that, from the moment a parent attended the program, the probability of case closure was 43% greater than that for parents receiving services as usual. Unlike our study, which evaluates an individual format EBPP, Leclair Mallette et al. (2021) evaluate an EBPP in a group format.

Many families who engage in an EBPP drop out of the program. Program dropouts refer to those participants who discontinued participation before the program began or attended at least one session but did not complete the full program (Chacko et al., 2016). Dosage describes the amount of a specific program delivered, often measured in terms of the number of sessions completed (Carroll et al., 2007). Insufficient dosage in a parenting program threatens its effectiveness and success (Zhou et al., 2017). Especially in the CPS, keeping families involved in an EBPP is challenging because of the often multiple and intense stressors that families face (e.g., competing commitments, numerous service needs, logistical issues, family income, parents' attitudes towards the program) (Lewis et al., 2020; Rostad et al., 2018). Not surprisingly, dropout rates are highest in parenting programs implemented in the CPS, ranging from 30% to 70% (Chacko et al., 2016; Ufford et al., 2022). Previous studies examining program dropouts

have mainly focused on dropout predictors (e.g., Abrahamse et al., 2016; Ozbek et al., 2019; Shenderovich et al., 2018). Less is known about program outcomes for families who drop out and, in particular, how these families progress in the CPS over time (Danko et al., 2016; Leclair Mallette et al., 2021; Masiran et al., 2023).

Related to this issue, since parental skill acquisition is expected to occur session-by-session, we would intuitively expect that the more sessions parents attend, the more favorable their outcomes are (Johnson, 2019). A study by Johnson (2019) sought to better understand parent skills changes during the Parent-Child Interaction Therapy parenting program for CPS-involved families and found significant increases in parenting skills across this program. Previous studies on eating disorders, depression, and smoking cessation examined the relationship between program dosage and outcome (also known as the dose-response effects) and found that an increase in program dosage led to improved outcomes (e.g., Donkin et al., 2013). Existing literature about dose-response effects is inconsistent. While some studies on family interventions do not show dose-response effects (e.g., Nix et al., 2009), others suggest that dosage might play a role in the effectiveness of programs (e.g., Joseph et al., 2019). For instance, a study by Berry et al. (2022) found that parents who attend 50% more sessions showed increased program benefits (e.g., decreased children's disruptive behavior, according to parents' reports). Understanding if such dose-response effects exist in EBPPs implemented with parents involved with the CPS can help inform future program design and provide for a more effective use of resources (Payne & McDonald, 2014).

The use of Triple P-Positive Parenting Program to Support Families

The Triple P-Positive Parenting Program is a comprehensive, evidence-based support system for parents designed to strengthen families by promoting positive relationships. The Triple P system includes different well-established EBPPs that have been found to be effective over many years of evaluations, both in their country of origin and when implemented in other countries (Sanders et al., 2014; Turner et al., 2020). The Triple P programs are based on social learning and cognitive-behavior theory. They aim to reduce social, emotional, behavioral, and developmental problems in children and adolescents and prevent child maltreatment by enhancing the knowledge, skills, and confidence of their parents (Sanders et al., 2002). The Triple P system incorporates five levels of intervention on a tiered continuum of increasing strength for parents of children from birth to age 16 (Sanders et al., 2002).

The core parenting skills taught through the Triple P programs are either child-focused skills (e.g., to promote a positive relationship with the child, teach children new skills and behaviors, encourage desirable behavior, and manage problem behavior), as well as parents' self-management skills (e.g., goal setting, self-monitoring and self-evaluation of strengths and challenges, setting personal goals and a parenting plan for change and preparing for high risk or challenging parenting situations). The Triple P system has been featured in various systematic reviews and meta-analyses that have concluded the programs are effective in improving children's social, emotional, and behavioral outcomes; parenting practices; parenting satisfaction and efficacy; parental adjustment; parents' couple relationship; and observed child and parent behavior (e.g., de Graaf et al., 2008; Li et al., 2021; Nogueira et al., 2022; Wilson et al., 2012). The programs available in levels 4 and 5 of the system (i.e., where the program is more intense) have demonstrated larger effect sizes, suggesting that children with more severe problems benefit more from the program (Nowak & Heinrichs, 2008; Sanders et al., 2014).

The Current Study

The present study uses the Standard Triple P as one of the programs available at level 4 of the Triple P System, which consists of 10 weekly sessions in a one-to-one format, typically delivered over 3 months. This program targets indicated populations of children with moderate to severe behavioral problems and parents who are struggling with parenting challenges (Sanders et al., 2007). Standard Triple P provides parents with key parenting strategies for a broad range of child problem behaviors, and the practitioner's focus (i.e., who delivers the program) is on promoting the generalization of skills across different settings and parental autonomy throughout the intervention process.

To better understand the role that receiving the Standard Triple P plays in the involvement of families with the CPS over one year, the present follow-up study assessed the family's CPS case status at baseline (i.e., pre-intervention, when the CPS referred the family to receive the Standard Triple P program) and at five later time points: immediately after the program or the dropout of the program, and 3, 6, 9, and 12 months after program completion or dropout of the program. The aims of the current study were to 1) examine if families who completed the Standard Triple P program have more favorable trajectories in the CPS (i.e., with their CPS case being closed) up to one year after than families that did not complete the program; and 2) explore whether

program dosage predicts families' trajectories. Specifically, two research questions were addressed in the present study: 1) Are families that completed Standard Triple P more likely to have their CPS case closed one year after the program? and 2) Is the number of sessions received, regardless of completing Standard Triple P or dropping out, related to CPS case closure one year after?

3. Materials and Methods

Participants

Participants are 74 families who were involved with the CPS, having family preservation measures applied. All the participants have been referred by the CPS to receive the Standard Triple P program in community-based services due to a lack of parents' caregiving skills, inadequate parenting practices, and difficulties in the parent-child relationship and in managing the child's behavior. Of these 74 families, 30 completed (41%), and 44 did not complete (i.e., dropped out of) (59%) the Standard Triple P program. The families who completed the program attended nine sessions, on average (M = 9.27; SD = 1.14; [7−10]). The families who dropped out of the program attended one session, on average (M = 1.0, SD = 1.99; [0−7]). All practitioners delivering Standard Triple P in the current study had minimum qualifications equivalent to a bachelor's degree in Portugal in social work (n = 10) and psychology (n = 6). On average, when they started delivering the Standard Triple P program, they were 36 years old (M = 36.20, SD = 6.56, [26−51]) and had eight years of working experience with families (M = 7.80, SD = 8.00, [1−21]).

All families participating in this study had a measure of parenting support within a process of family preservation applied by the CPS. This means that the level of danger that children were exposed to was low and that it was appropriate for children to be with their original family, as long as the parents received parenting support in community-based services and the child's safety was not compromised. The most common reasons for referral to the CPS were neglect (36%, n = 25) and exposure to domestic violence or other behaviors that affect the child's well-being and development (32%, n = 22). Table 1 presents the sociodemographic characteristics of the families at baseline. Parents mainly were mothers who had no prior contact with parenting programs. Children were primarily boys living in single-parent households. Most families received social support, mostly financial support (n = 71) and food assistance (n = 32). Regarding the families' previous experiences with the CPS, most children had no previous referrals but had siblings also referred to the CPS. The majority of children were never placed in out-

of-home care. The socio-demographic characteristics were similar across families regardless of completing or dropping out of the program (see Table 1).

Table 1

Sociodemographic Characteristics of the Families at Baseline

	STP completed $n = 30$	STP dropout $n = 44$	Total $N = 74$
	M (SD)	*M (SD)*	*M (SD)*
Parents' age	37.1 (1.4)	35.5 (1.1)	36.2 (7.4)
	t (72) = -0.93, p = .70		
Children's age	8.6 (0.3)	8.8 (0.3)	8.8 (1.8)
	Mean Rank = 35.83	*Mean Rank* = 38.64	
	U = 610.0, z = -.56, p = .58		
Parents' years of schooling	8.3 (0.7)	8.1 (0.4)	8.2 (3.1)
	Mean Rank = 38.82	*Mean Rank* = 36.60	
	U = 620.5, z = -.45, p = .66		
Children's years of education completed	3.3 (0.3)	3.4 (0.3)	3.3 (1.7)
	Mean Rank = 36.53	*Mean Rank* = 38.16	
	U = 631.0, z = -.32, p = .75		
No. of children in the household	2.5 (0.2)	2.7 (0.2)	2.6 (1.1)
	Mean Rank = 35.15	*Mean Rank* = 39.10	
	U = 589.5, z = -.81, p = .42		
No. of social supports received	2.5 (0.2)	2.2 (0.2)	2.4 (1.4)
	Mean Rank = 41.10	*Mean Rank* = 35.05	
	U = 552.0, z = -1.24, p = .22		
No. of previous referrals	0.4 (0.1)	0.4 (0.1)	0.4 (0.6)
	Mean Rank = 39.13	*Mean Rank* = 36.39	
	U = 611.0, z = -.65, p = .52		
	n (%)	*n* (%)	
Children's sex			
Boys	21 (70.0)	30 (68.2)	51 (68.9)
Girls	9 (30.0)	14 (31.8)	23 (31.1)
	Fisher's exact test p = 1.00		
Parents' gender			
Mothers	28 (93.3)	42 (95.5)	70 (94.6)
Fathers	2 (6.7)	2 (4.5)	4 (5.4)
	Fisher's exact test p = 1.00		
Professional status			
Unemployed	17 (56.7)	26 (59.1)	43 (58.1)
Employed	13 (43.3)	18 (40.9)	31 (41.9)
	Fisher's exact test p = 1.00		
Family structure			
Single-parent	18 (60.0)	22 (50.0)	40 (54.1)
Two-parent	12 (40.0)	22 (50.0)	34 (45.9)
	Fisher's exact test p = .48		
Area of residence			
Urban	19 (63.3)	30 (68.2)	49 (66.2)
Semi-urban	5 (16.7)	5 (11.4)	10 (13.5)
Rural	6 (20.0)	9 (20.5)	15 (20.3)
	χ^2 (2) = 0.44, p = .80		
Previous contact with parenting programs			
No	28 (93.3)	38 (86.4)	66 (89.2)

	STP completed $n = 30$	STP dropout $n = 44$	Total $N = 74$
Yes	2 (6.7)	6 (13.6)	8 (10.8)
	Fisher's exact test $p = .46$		
Other children referred to CPS in the household			
No	12 (40.0)	22 (50.0)	34 (45.9)
Yes	18 (60.0)	22 (50.0)	40 (54.1)
	Fisher's exact test $p = .48$		
Out-of-home care placement			
No	23 (76.7)	36 (81.8)	59 (79.7)
Yes	7 (23.3)	8 (18.2)	15 (50.3)
	Fisher's exact test $p = .77$		

Note. STP = Standard Triple P; M = Mean; SD = Standard Deviation.

The Delivery of Standard Triple P

Standard Triple P is an individual format positive parenting program delivered to parents of children aged two to 12. It includes 10 sessions delivered in person and on a weekly basis. The sessions are provided by a Standard Triple P practitioner who completed three days of training, plus a pre-accreditation workshop and accreditation, approximately five days total. The first two sessions include a comprehensive and multi-informant evaluation protocol. The parent receives feedback from the evaluation made and then decides if they want to move forward with the program. From here, the parent set goals for their own and their child's behavior changes. Sessions 3 and 4 focus on positive parenting strategies (e.g., fostering a nurturing environment of encouragement and positive attention and managing misbehavior). In sessions 5 to 7, parents practice the learned positive parenting strategies with their children and receive feedback from the practitioner. Sessions 8 and 9 focus on planned activities and routines. Finally, in session 10, the practitioner provides a progress review and discusses how to keep the changes made; any referrals to further interventions are also suggested in this session.

Procedure

This study received approvals from the Ethics Committee of the Faculty of Psychology and Education Sciences at the University of Porto (Ref. 2020/04-2, Ref. 2021/10-07, Ref. 2023/02-10). The current study uses and extends secondary data from prior research (Canário et al., 2021; Canário et al., 2023) in progress to evaluate the implementation, effects, and cost-effectiveness of the Standard Triple P program when delivered in real-world settings to families involved with the CPS. In the scope of this research, 16 professionals became accredited practitioners of Standard Triple P as part

of developing their professional activities in parenting education at the local community services or child protection services.

Parents with at least one 6-to-12-year-old child referred by the CPS to parenting support services in the district of Porto, Portugal, were invited to participate in the study. Exclusion criteria were applied when (a) the child or the parent suffered from developmental disorders, severe cognitive disability, or severe mental disorder; (b) the parent was recovering from drug addiction in the past year; or (c) the child or the parents were unable to understand European Portuguese (Canário et al., 2021; Canário et al., 2023). In the broader research projects, of the invited families, 85.4% (n = 140 out of 164) agreed to participate (Canário et al., 2021; Canário et al., 2023). The current study reports data on participants referred to the Standard Triple P program. Among these, the main reasons for program dropouts were families changing residence and logistical issues (e.g., transportation and concurrent demands).

Measures

Sociodemographic Profile of the Families and Practitioners. Information about the families was collected using a Sociodemographic Questionnaire, which included information on children and parents age and sex, educational level, occupational status, household structure (e.g., number of children, single- or two-parent families), area of residence, number of social supports received by parents, and their previous contact with parenting programs. Regarding CPS involvement, this questionnaire included the number of prior referrals to CPS, the number of children in the household involved with the CPS, and previous placement of children in out-of-home care.

Regarding the sociodemographic profile of the practitioners, the information collected included age, educational level, profession, and number of years of working experience with families.

CPS Case Status. We collected data on the families' CPS case status from the case managers' records. Each case manager reported, at each assessment point, whether the family continued receiving support from CPS with a promotion and protection measure applied or whether the case was closed, and the family was discharged from the CPS. Case closure is the final step in the continuum of services provided to CPS-involved children and families. Just like other phases of casework, case closure is a carefully planned process, with information gathered from different professionals involved with the family, such as caseworkers, supervisors, and teachers. This process is

guided by a clear understanding of what needs to be accomplished, and decisions about case closure require a review of the case plan progress to make an appropriate determination of whether the case meets the criteria for closure. Ideally, case closure occurs when all the goals of the case plan have been accomplished, the desired client-change outcomes are achieved, and a determination has been made that the closure will result in the safety, permanency, and well-being of the child (Child Protection Working Group, 2014; Lei n.º 147/99). The decision to close a case is not taken by the caseworker but by a team of professionals who manage the case within the CPS.

Program Dosage. Dosage represents the amount of program received by a participant. In this study, we operationalized program dosage as the number of sessions attended by each family, and we retrieved this information from the Standard Triple P Session Summary Checklists. These checklists are part of the package of materials available to practitioners. There is one checklist for each one of the 10 sessions of Standard Triple P, and the practitioner completes them at the end of each session to monitor fidelity to the Triple P model.

Program Dropouts. Families were coded as dropouts when they completed the recruitment process and met with the practitioner but discontinued participation either before the program began or when they attended at least one session but did not complete the full program, in line with the definition by Chacko et al. (2016). This information was obtained from the practitioner implementing the program with each family.

Analysis Plan

First, we conducted descriptive statistics to describe the parents and children participating in this study. As preliminary analysis to examine if the families who completed the Standard Triple P and those who did not have similar demographic characteristics, we ran an independent sample t-test to compare parents' ages at baseline, and then the non-parametric Mann-Whitney U test for independent samples to compare them regarding children's age, number of previous referrals, parents' educational level, number of social supports received, and number of children in the household. We used non-parametric tests when the normality assumptions were unmet for the variables under analysis. To compare the families across program completion and dropout regarding children's sex, parent's sex and professional status, family structure, area of residence, previous contacts with parenting programs, other CPS

referrals, and child out-of-home placement, Chi-Square association tests were performed since the variables were categorical.

We ran Chi-Square association tests to evaluate the association between STP completion and CPS case status at each assessment point. Results were interpreted according to Fisher's exact test, as the variables included were dichotomous. Furthermore, to compare the CPS case status in each group (families who completed Standard Triple P vs families who dropped out of this program), we ran McNemar's tests, comparing the CPS case status of participants (case closed vs still receiving support) in each group from one assessment point to the next one. We used McNemar's tests also because the variables in the analysis were dichotomous.

A Pearson's correlation revealed that the variables Standard Triple P completion and program dosage were highly correlated, $r = .92$, $p < .001$, showing multicollinearity among our explanatory variables. To address this, we ran two logistic regression models (forced entry method), one for each predictor variable, including the binary variable CPS case closed 12 months after the program (1 = yes; 0 = no) as the outcome variable. The data met the assumptions inherent to conducting logistic regressions (Field, 2013). We performed a binary logistic regression to determine if the completion of the Standard Triple P program (1 = yes; 0 = no) predicted the CPS case closed 12 months after the program. Then, we performed a second binary logistic regression to investigate if program dosage (ranging from 0 to 10 sessions) predicted the CPS case closed 12 months after the program. The results of the logistic regressions are presented through odds ratios and tested the significance at a 95% confidence interval. Statistical analyses were performed using IBM SPSS Statistics (Version 27).

4. Results

Families' Involvement With the CPS Over Time

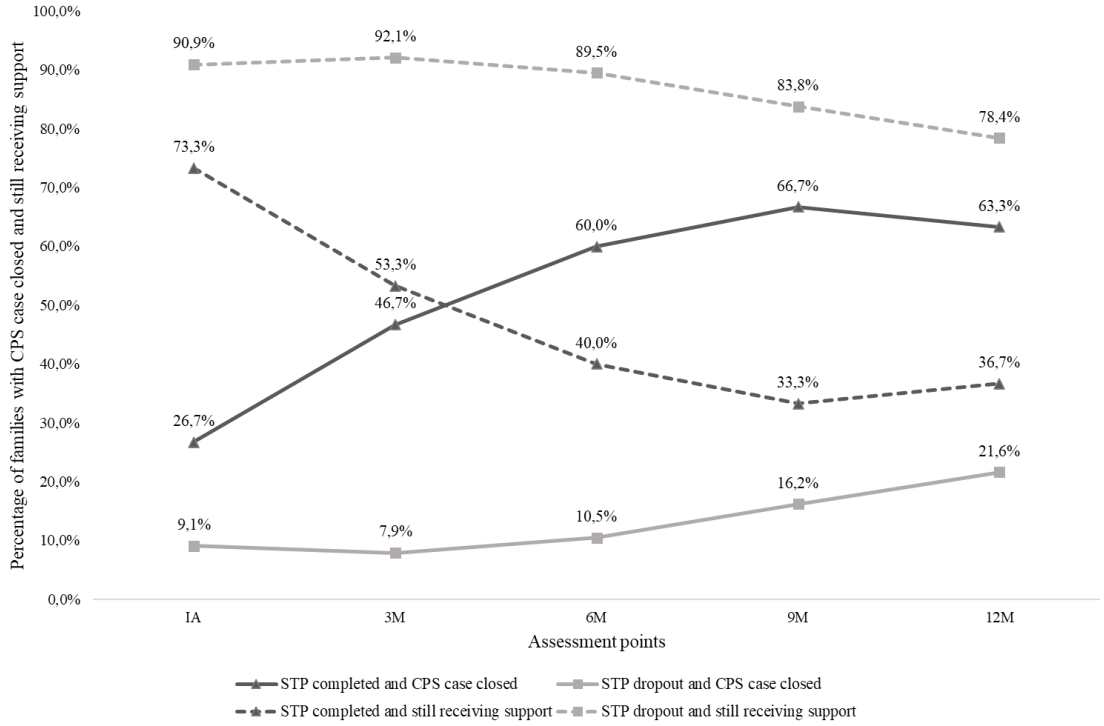
An analysis of the missing data in the dataset identified that the information on CPS involvement overtime was not available for seven families who dropped out of the program; six of these moved to different countries and were no longer involved with the Portuguese CPS, and for one family, no data was available for the CPS involvement at 9- and 12-months post-dropout.

By monitoring the CPS case status at each assessment point, we determined the frequencies of families that completed the program and had the CPS case closed or were still receiving support, and of families that dropped out of the program and had the CPS case closed or were still receiving support at each assessment point. These frequencies,

depicted in Figure 1 and displayed in Table 2, reveal that the proportion of closed cases is higher across time for those families who completed the Standard Triple P program. The test of association at each time point determined statistically significant associations between having completed the program and having the case closed at 3, 6, 9, and 12 months after the Standard Triple P completion, as well as between having dropped out of the program and maintaining CPS support at the same assessment points.

Figure 1

Percentage of Families That Have the CPS Case Closed or are Still Receiving Support at Each Assessment Point



Note. Assessment points after Standard Triple P (STP) completed or dropout. IA = immediately after program completed (n = 30) or dropout (n = 44); 3M = 3 months after program completed (n = 30) or dropout (n = 38); 6M = 6 months after program completed (n = 30) or dropout (n = 38); 9M = 9 months after program completed (n = 30) or dropout (n = 37); 12M = 12 months after program completed (n = 30) or dropout (n = 37).

Table 2

Frequencies of Families That Have a Closed CPS Case or are Still Receiving Support at Each Assessment Point

AP	AP1 $n = 74$		AP2 $n = 68$		AP3 $n = 68$		AP4 $n = 67$		AP5 $n = 67$	
CPS case status	CC *n* (%)	SRS *n* (%)	CC *n* (%)	SRS *n* (%)	CC *n* (%)	SRS *n* (%)	CC *n* (%)	SRS *n* (%)	CC *n* (%)	SRS *n* (%)
STP completed	8 (26.7)	22 (73.3)	14 (46.7)	16 (53.3)	18 (60)	12 (40)	20 (66.7)	10 (33.3)	19 (63.3)	11 (36.7)
STP dropout	4 (9.1)	40 (90.9)	3 (7.9)	35 (92.1)	4 (10.5)	34 (89.5)	6 (16.2)	31 (83.8)	8 (21.6)	29 (78.4)
Fischer's exact test	$p = .06$		$p < .001$		$p < .001$		$p < .001$		$p < .001$	

Note. AP = Assessment point; AP1 = Immediately after Standard Triple P completion; AP2 = 3 months after Standard Triple P completion; AP3 = 6 months after Standard Triple P completion; AP4 = 9 months after Standard Triple P completion; AP5 = 12 months after Standard Triple P completion; STP = Standard Triple P; CC = Case closed; SRS = Still receiving support.

Further analyses were performed on the proportion of families with the CPS case closed and still receiving support, from one assessment point to the next. For the participants who completed the Standard Triple P program, from immediately after to 3 months after the program, the McNemar test revealed an increase in the proportion of families who have a closed CPS case across time points ($p = .03$); this proportion then remains stable, with small non-significant increments ($ps \geq .13$), up to 12 months after the program. For the participants who dropped out of the Standard Triple P program immediately after the dropout, the highest proportion of families is still involved with the CPS, and this proportion remains stable, with small, non-significant decreases ($ps \geq .50$), up to 12 months after the dropout.

Are Families That Completed the Standard Triple P More Likely to Have Their CPS Case Closed 12 Months After the Program?

Table 3 describes the results from the first binary logistic regression model, which tested the predictive role of the Standard Triple P completion in the CPS case status 12 months after the program. Completing Standard Triple P was significantly associated with families having their CPS case closed 12 months after this program ($OR = 6.26$,

95% CI [2.13, 18.42]). Specifically, the odds for families to have their CPS case closed one year later were more than six times greater for families who completed the program than for families that dropped out.

Model 1 presents an accuracy rate of 71.6%, specificity of 72.5%, and sensitivity of 70.4%. The Area Under the Curve in the ROC curve was .71 (*SE* = .07, *p* = .003, 95% CI .59–.84). The model explained 23.0% (Nagelkerke R^2 = .23) of the variance in the CPS case status. The overall model was significant at the $p < .001$ level.

Table 3

Model 1: Completing the Standard Triple P Program Predicts Whether Families' CPS Case is Closed at 12 Months After the Program Completion

Predictor	*B* (*SE*)	Wald χ^2 (df)	*OR*	95% CI
Constant	−1.29 (0.40)	10.40 (1)	0.28	
STP Program	1.83 (0.55)	11.11 (1)***	6.26	2.13, 18.42

SE = standard error; OR = odds ratio; CI = confidence interval; STP = Standard Triple P.
***$p < .001$.

Is the Number of Sessions Received, Regardless of Completing the Standard Triple P or not, Related to CPS Case Closure one Year After?

Table 4 presents the results from the second binary logistic regression, which tested the predictive role of the program dosage in the CPS case status 12 months after the program or the dropout. Attending more Standard Triple P sessions was significantly associated with having the CPS case closed 12 months after the program or the dropout (*OR* = 1.24, 95% CI [1.09, 1.42]), indicating that an increase in program dosage (i.e., in the number of sessions attended) significantly increases the odds of a CPS case closed one year later. Specifically, for every additional session attended, the odds that families had their CPS case closed 12 months after the program or the dropout was 1.24 times larger. This means, for example, that for the odds of having their CPS case closed to be two times larger, families had to attend an additional four sessions.

Table 4

Model 2: The Program Dosage as Predictor of CPS Case Closed at 12 Months After the Program Completion or Dropout

Predictor	*B* (*SE*)	Wald χ^2 (df)	*OR*	95% CI
Constant	−1.54 (0.48)	10.29 (1)	0.22	
Program's Dosage	0.22 (0.07)	10.13 (1)**	1.24	1.09-1.42

SE = standard error; OR = odds ratio; CI = confidence interval.

** $p < .01$.

Model 2 presents an accuracy rate of 71.2%, specificity of 76.9%, and sensitivity of 63.0%. The Area Under the Curve in the ROC curve was .69 (*SE* = .07, $p = .008$, 95% CI .56–.83). The model explained 22.0% (Nagelkerke $R^2 = .22$) of the variance in CPS case status. The overall model was significant at the $p < .01$ level.

5. Discussion

Preventing the long-term use of social services is crucial to improve children's and families' well-being. Extensive literature establishes that EBPPs can change parenting practices and children's behavior, but there remains a gap in knowledge about how completing these programs predicts families' discharge from CPS. This study examined to what extent families who completed the Standard Triple P program are more likely to have their CPS case closed up to 12 months after program completion, and whether program dosage predicts case closure.

We found that a higher proportion of families who completed the program had the case closed immediately after and at 3-, 6-, 9- and 12-months after the program completion (63.3%). In contrast, for those who dropped out, the highest proportion was still receiving support at the same assessment point (21.6%). Importantly, the socio-demographic characteristics of the families who completed the program were in no way different from those of families who dropped out of the program, meaning that it was not the case that those with fewer disadvantages (e.g., less poverty) were both more likely to complete the program and to have their case closed 12 months post-intervention.

Our findings suggest benefits of completing the program for both the participating families, who spend less time being involved with the CPS, and for the CPS professionals, who achieve their goals of supporting parents effectively. Although

we cannot draw causal conclusions from our study design, considering the high workloads of the CPS professionals, our results suggest that training more family support practitioners to deliver EBPPs in real-world settings should be encouraged. This could potentially reduce the time needed to intervene with each family, allowing the professionals to reach more families.

Our result is concordant with the study by Leclair Mallette et al. (2021), showing that parents who participated in an EBPP had a higher probability that their CPS case would close compared with the group who received only the usual services. It is possible that completing Standard Triple P helped parents change the parenting practices that were the reason why they became involved with the CPS. Previous research indeed finds reductions in the endorsement of harsh parenting among parents involved with child protection services who completed Levels 4 and 5 Triple P (e.g., Ozbek et al., 2019; Zhou et al., 2017). Still, the regression models presented in the current study explained only 23% of the variance in whether families' cases were closed. This means that there are, in fact, other factors contributing to the CPS case closure one year after the program completion.

Also, the evaluation of the role of Standard Triple P on CPS case closure needs to be viewed in the broader context of research into the effects of behavioral family interventions based on social learning principles. There is consensus that behaviorally oriented parenting programs are the most effective in reducing negative parenting behaviors, including maltreatment, and improving positive parenting behaviors, such as using consistent, predictable, and assertive discipline (Backhaus et al., 2023a; Högström et al., 2017). The positive association between completing this parenting program and the CPS discharge confirms the potential of parenting programs based on social learning theory models (Sanders et al., 2002). In line with this, the World Health Organization recommends that EBPPs, informed by social learning theory, should be made readily accessible to all parents to prevent child maltreatment and enhance the overall quality of parenting that children receive (WHO, 2022).

We also found an incremental dosage effect, accumulating with each additional program session parents attended. Parents who attended more sessions were more likely to have their CPS case closed one year after the program completion or drop out. This finding is concordant with previous studies showing dose-response effects in parenting programs (Berry et al., 2022; Johnson, 2019; Leijten et al., 2015). Our study adds to the existing literature by showing that dose-response effects might exist beyond symptom

improvement and spill-over to families' trajectories in the CPS. Our finding that incremental dosage predicts CPS discharge suggests that attending more sessions relates to a greater probability of case closure. However, it also indicates that it is not an "all or nothing" dosage effect. Few sessions attended are apparently better than none. Our results suggest that when it is not possible for families to complete all the sessions in the program, the more Standard Triple P sessions families receive, the more beneficial it is for their trajectory in the CPS.

We speculate that this association between incremental dosage and the CPS discharge mainly reflects the importance of parents receiving all intended content rather than the importance of many sessions, which aligns with the studies reporting brief programs' promising effects. A systematic review by Tully and Hunt (2016) synthesized the evidence for the effectiveness of brief parenting programs, defined as less than eight sessions in duration, and found them to be effective in reducing dysfunctional parenting and emerging child behavior problems. Indeed, full dosage is recognized as a key element of implementation fidelity (i.e., the extent to which delivery of an intervention adheres to the protocols and program model originally developed), which in turn has been related to higher quality of program delivery and better program outcomes (Durlak & Dupre, 2008; Lemire et al., 2020). Accordingly, Álvarez et al. (2018) analyzed the effect of implementation components, including program dosage, on parenting outcomes in families involved with family preservation services and found that full dosage predicted less parent-child role reversal, less oppression of the child's independence, less dysfunctional parent-child interactions, and less perception of the child as difficult.

Implications

Although our study, as well as previous literature, have shown that EBPPs have the potential to improve outcomes for families in the CPS, services provided by child protection agencies in several countries still do not incorporate empirically supported interventions (Almeida et al., 2022; Rodrigo et al., 2023). The findings of our study might positively affect agency administrators, CPS service providers, and policymakers in their attitudes and openness to EBPPs and ultimately encourage them to incorporate these empirically supported interventions in their practices and policies. We recognize that delivering the best family support service includes but is not limited to providing evidence-based structured parenting programs within a theoretical framework supported by evidence. Family and parenting support encompasses a range of interventions

according to families' more or less complex needs. Therefore, programs such as Standard Triple P should be integrated into the services delivered to families involved with the CPS as part of the work plan and complementary to other interventions.

The result that the completion of an EBPP predicts CPS discharge seems fundamental to proactive policy and services planning. Our findings support the increase of EBPPs' delivery in the CPS and the assurance that professionals have the necessary training and support to carry out this program to work toward the best possible outcomes for children and parents, namely preventing recurrent involvement in CPS. Despite this, a better understanding of the relationship between service delivery and recurrence requires further research with a more comprehensive view of how the CPS makes decisions about referral, substantiation, and further service delivery during case management.

Engaging and retaining families in EBPPs is a critical translational issue for evidence-based programs and an important issue to address for interventions already available in CPS settings. Our findings may raise questions about how attendance rates can be optimized if increased attendance predicts better CPS outcomes. Parents involved with the CPS often cannot complete the full program, as many of the stressors that place families at risk may also interfere with program participation (Lewis et al., 2020; Rostad et al., 2018). Some literature stated that addressing families' practical (e.g., schedules, transportation) and psychological (e.g., family members' resistance, beliefs about the program) barriers were effective in improving engagement and retention (e.g., Hackworth et al., 2018); other studies found that 30% to 80% of participants do not complete the full program despite the provision of transportation, financial incentives, or childcare (e.g., Baker et al., 2011; Duppong Hurley et al., 2017). It suggests the importance of research and practice in this field, considering systemic implementation factors to keep participants attending and completing the programs (Álvarez et al., 2018). The association shown in our study between dosage and program outcomes may encourage program developers to improve implementation training efforts to maximize implementation quality and thereby increase program completion rates. More research is needed to explore further the amount of intervention sufficient for given parents in particular contexts. Additionally, future studies should address the changes in parents' behavior patterns and their relationship with program dosage to ascertain the impact on CPS case status over time.

In an era where increasing emphasis is being placed on implementation quality to improve the use of effective programs in real-world settings (Lansford, 2022; Rodrigo et al., 2023), more research is needed about the dosage of parenting program required to achieve optimal outcomes, for whom, and what cost. Future studies examining EBPPs in the CPS should conduct dose-finding trials by escalating the number of sessions (dose) until response (desired program outcomes) occurs. In this way, program benefits can be observed on a session-by-session basis rather than depending on pre-post assessments. Knowing about each session's unique contribution and determining how much intervention is enough to produce meaningful change should be among the most critical decisions program developers must make when designing an EBPP. Assessing the appropriate amount of an intervention optimal for reaching desired outcomes can help inform program development and provide more efficient use of resources in the CPS.

Strengths and Limitations

In addition to targeting the delivery of an EBPP with families involved in the CPS, which has undergone relatively little examination in previous literature, our study analyzed the impact of an EBPP on families' trajectories in the CPS, examining changes in CPS case status of families who completed and families who dropped out of the Standard Triple P program. Moreover, it provides an initial understanding of how variation in program delivery, specifically the program dosage received, affected the CPS case status.

Our results should also be interpreted in the context of its limitations. The small sample size limits the generalizability of the results. Moreover, in the services provided in real-world settings, it is acknowledged that CPS involvement does not represent the totality of child abuse and neglect cases in a given population, as prior research states that a proportion of child maltreatment cases is never reported and several cases reported to child protection authorities are not substantiated (Jenkins et al., 2017). In our study, we would, of course, ideally have had a control group in which the parents were monitored but not referred to the Standard Triple P program (i.e., receiving care as usual). This was simply not possible in the regular care setting that we studied. It was reassuring to see that no sociodemographic characteristics or factors associated with families' experience with CPS (e.g., number of previous referrals) were found to distinguish the families who completed the program or dropped out. Therefore, using each group (program completers and program dropouts) as the control for the other in

this study was considered acceptable. That said, using a correlational design rather than an experimental design prevents us from drawing causal conclusions about the effects of program completion and dosage.

Conclusion

This study provides an initial step forward in understanding the role of an EBPP, the Standard Triple P parenting program, in improving the families' trajectories in the CPS. It supports the need for child protection agencies to reconcile the duties of protecting children and helping their parents, creating the conditions within which all children are given sufficient opportunities to reach their full developmental potential (Almeida et al., 2022; Gilbert et al., 2011). If CPS practices are increasingly based on a family preservation approach, with parenting training being the primary intervention provided in trying to preserve or reunify families, it is critical to enhance the capacity of parenting training to fulfill their role. Our findings provide valuable insights into the relevance of including an evidence-based practice framework as the modus operandi within CPS agencies, aiming to promote effective change for parents and safety, well-being, and nurturing family environments for children. This study can contribute to reducing the distance between research and local decision-making and build on the commitment of those working in child protection agencies to support families effectively. Ultimately, our findings help to improve the quality of research in the field of child and family services, the professional work in the CPS, and the establishment of policies to increase the reach and impact of evidence-based parenting support.

Chapter VII. Integrated Discussion

This chapter synthesizes, integrates, and raises the discussion to a higher level of abstraction of the most important results of this research project, which aimed to understand better how an EBPP gets implemented and sustained in real-world settings as part of the routine care practice with families involved with the CPS. This chapter intends to show the coherence between all studies reported and how they address the research project's overall purpose, including implications for research, practice, and policy, and suggestions of topics possibly of interest for future studies. Finally, this chapter identifies strengths and limitations and includes conclusions summarizing the entire work across all elements of the research project and stating the original contributions to the advancement of knowledge in the fields of implementation science and parenting support.

1. Building the State of Knowledge

The first purpose of this research project was to assess what was already known about the practice of EBPPs' implementation in real-world settings and build the state of empirical knowledge on this topic. Hence, the first study consisted of a scoping review with the aim of mapping the available evidence on how EBPPs have been implemented under real-world conditions and identifying knowledge gaps.

This study, *Implementation of Parenting Programs in Real-World Community Settings: A Scoping Review*, synthesized evidence described in 145 studies on the implementation of 53 EBPPs implemented in 21 countries across the globe. Although these numbers are expressive, the information we were able to identify about how these programs were implemented is scarce. This is consistent with previous literature emphasizing that, even if well-established EBPPs exist, implementing them in real-world settings requires different processes that are less well-studied and understood (Lansford et al., 2022).

Results also found that when implementation outcomes were examined, there was a high inconsistency in conceptualization and measurement across studies. These align with existing literature pointing out that, too often, implementation does not include robust monitoring and evaluation (Baumann et al., 2016; Lansford et al., 2022). Therefore, findings from Study 1 bolster previous calls for increased explicit and detailed reporting in empirical studies of the process of implementing EBPPs in real-world settings, with greater consistency in terminology, operationalization, and measurement of implementation outcomes. An important implication for research that

follows is the need for further dialogue between journal editors and authors on how to report the implementation process. International guidelines for reporting program evaluation should be updated to consider specific recommendations for improved implementation outcomes reporting (e.g., Lengnick-Hall et al., 2022).

Guided by the Implementation Outcomes Framework, our results found considerable variation in the degree to which different implementation outcomes have been studied, with a stronger emphasis on fidelity and acceptability. Fidelity has been reported extensively more often than the other implementation outcomes, which is consistent with other recent reviews (e.g., Proctor et al., 2023). This attests to the widespread agreement regarding the importance of considering fidelity in the program's evaluation, a vision that we also share, and thereby, this implementation outcome was also the focus of analysis in this research project, specifically in Study 2. The stronger emphasis on fidelity may also have occurred because fidelity has been the overriding concern of program developers who strive to move their programs from research contexts to real-world delivery systems. Thereby, EBPPs usually have fidelity checklists to be completed by practitioners at the end of each session, making fidelity assessment more straightforward and often used as a primary outcome in implementation studies (Proctor et al., 2011).

Other implementation outcomes like sustainability were reported less frequently in our review sample, which aligns with previous studies emphasizing that sustainability appears more frequently in conceptual papers of evidence-based programs rather than empirical articles measuring this implementation outcome (Margolies et al., 2023; Reardon et al., 2023; Shelton et al., 2018). These findings suggest that, to date, implementation research, along with fidelity data, reveals more about the satisfaction of parents and practitioners with the intervention (which is, of course, important for refining programs and supporting their adoption) but less about the degree to which these programs actually stay in the communities to benefit children and their families. Previous research highlighted that building strong evidence about sustainability is critical for supporting practitioners, organizations' managers, and policymakers as they make decisions about priorities and resource allocation to deploy and sustain interventions that will reach an adequate number of users equitably (Proctor et al., 2023).

Previous literature in implementation science has confirmed the fundamental importance of program implementation. As highlighted by Durlak (2015), for a variety

of reasons, there are often differences between the conceptualization of a program and its subsequent day-to-day operations and delivery. Therefore, we suggest that the scant reporting of implementation found in Study 1 even further lengthens the gap between what is known from research and what gets done in practice, the well-recognized research-to-practice gap (Fixsen & Ogden, 2012; Fixsen et al., 2019; Green et al., 2009; World Health Organization, 2006). How can researchers maximize the chances that EBPPs will be effectively delivered in more settings so that more families can benefit if their research neglects implementation evaluation? In our opinion, they are unlikely to succeed. To contribute to filling the knowledge gap regarding the real-world dynamics of EBPPs' implementation, the second purpose of the current research project was to monitor, evaluate, and report the implementation process and sustained use of an EBPP in real-world settings delivered to families involved with the CPS.

2. Evaluating the Process: From Implementation Dynamics to Sustained use

Evaluating the process of implementation is an essential aspect of all program evaluations to capture the detail and complexity of intervention delivery (Durlak, 2015). Through two empirical studies, this research project assessed the implementation process of Standard Triple P by measuring two implementation outcomes: 1) fidelity, also exploring the ways practitioners modified the intervention, and 2) sustainability, evaluating the extent to which practitioners have sustained the use of Standard Triple P over time. Additionally, these studies explored the factors affecting implementation and sustained use.

2.1. Implementation Outcomes

Studying implementation outcomes helps disentangle the complex process of implementation so we can identify what may influence a program's success in context and advance an evidence base around high-quality implementation (Proctor et al., 2011). In this research project, we assessed the implementation outcome more frequently reported by previous literature (i.e., fidelity) and one of the implementation outcomes that has received less empirical attention (i.e., sustainability), according to the findings of Study 1. By evaluating the implementation process, as we highlighted in Chapter I, this research project opened the black box of the program's operationalization and internal workings, providing a better picture of what happened during its delivery.

2.1.1. Fidelity. Study 2, *Practitioners' Experiences in Implementing an Evidence-Based Parenting Intervention With Families Attending Child Protection Services*, aimed to detail the process of implementing an EBPP in real-world settings with CPS-involved families through the lens of practitioners, by evaluating the implementation fidelity and deepening our knowledge of modifications made and of the barriers and facilitators practitioners perceived as influencing the implementation process.

There is consensus in the literature that implementing an EBPP with fidelity is a key feature of a quality implementation of the program (Breitenstein et al., 2010; Carroll et al., 2007). This research project found that Standard Triple P was implemented with high fidelity, based on high rates of adherence to the program content and in accordance with dosage requirements regarding the number of sessions. This result shows that the program that is described in the manual was the program that was actually provided to parents, which suggests that Standard Triple P was replicated with the quality intended by the program developers.

Past fidelity research found adherence and dosage as key determinants for the effectiveness of interventions (e.g., Fagan et al., 2008). Therefore, our high fidelity result in the implementation of Standard Triple P will be crucial to interpreting the outcomes obtained in this program's effectiveness research, ongoing within the scope of the REUNIRmais and RealFamilies projects. If all participants receive Standard Triple P in the prescribed manner, outcomes will be attributed to the program with greater confidence as we found evidence that it was actually implemented as intended. Without this assurance, the connection between the results and the program would be unclear. Considering what was already said in Chapter I, exclusively evaluating program outcomes fails to capture the features of intervention delivery and can lead to imprecise claims about the program's contributions to produce the observed outcomes (Carroll et al., 2007; Durlak & DuPre, 2008; Fixsen et al., 2005). Therefore, the high fidelity to the original program found in the current research project informs on the reliability and validity of the program's results in its effectiveness research.

The high fidelity we found in the implementation of Standard Triple P is consistent with the results reported by the studies included in our scoping review published from 2005 to 2022, which, on average, reported fidelity above 80%. On the other hand, this is something different from some previous literature, which found that programs have not been implemented according to the standards delineated by program developers, such as

content fidelity and dosage, when replicated by community-based organizations (e.g., Ennett et al., 2002; Gottfredson & Gottfredson, 2002). This suggests that awareness of the importance of fidelity has been progressively translated into the practice of implementing programs with higher quality, as more recent studies, like ours and those included in our scoping review, showed better implementation fidelity.

Although fidelity is the most studied implementation outcome, there is room for improving conceptual and methodological approaches to fidelity assessment. To improve conceptual approaches to fidelity assessment, future research should focus on strengthening theoretical models of fidelity through empirical work on fidelity measurement and examining its relationship to the program's effectiveness. As EBPPs have multiple core components, future studies should also assess the fidelity of each core component of a program. Component-based fidelity measures can be entered as covariates in models examining program outcomes to provide critical information on the particular mechanisms within EBPPs that impact effectiveness most (Ginsburg et al., 2021). Similarly, we encourage parenting education program developers to consider evidence syntheses. For instance, existing meta-analyses of EBPPs that target specific groups (e.g., parents of children with behavioral problems) and specific delivery formats (e.g., online interventions) identified the shared core components of effective programs and those that are most and least related to improving outcomes. Informed by these studies, program developers can better understand which program components may contribute significantly to their programs' effectiveness (Canário et al., 2024; Leijten et al., 2019; Wyatt Kaminski et al., 2008). Furthermore, these analyses should integrate fidelity data with the program's outcomes evaluation, thus helping to improve understanding of how and why a program works or fails to work.

For improving fidelity assessment methodology, considering fidelity as a multi-dimensional construct, program developers and researchers should attempt to combine measures of content-, quantity-, and process-related dimensions (i.e., adherence, dosage, and quality/competence) into a single or smaller number of more global fidelity measures (Ginsburg et al., 2021). When implementing EBPPs in real-world settings, it may be difficult to incorporate many fidelity measures. For instance, our fidelity assessment did not include a form of independent observation because practitioners did not obtain parents' permission to record the sessions or the organization's leadership did not allow it. In Study 1, we also found that most of the included studies that monitored fidelity did it exclusively through adherence to content, which attests to the challenge of

having an observation measure in real-world implementation evaluations to capture the practitioners' competence in program delivery. Therefore, global fidelity measures would help researchers tackle the practical and methodological issues that continue to pose challenges of conducting a detailed and rigorous fidelity assessment in real-world settings.

Flexible Delivery: Tailoring to the Needs of Families. Notwithstanding fidelity's pervasive role, the literature recognizes that it is not a sufficient condition for successfully translating evidence-based programs into practice and that implementation should involve some tailoring to context (Albers et al., 2024; Anyon et al., 2019; Chambers et al., 2016). However, documenting the changes that practitioners make throughout the implementation process and reporting their impact on fidelity is not a common practice in empirical studies, as shown in the scoping review described in this dissertation (Study 1). This scoping review revealed that changes most frequently described in studies were planned before implementation and that modifications (i.e., changes made to interventions in reaction to unanticipated challenges that arise in a given session) were scarcely reported. A study evaluating an EBPP's effectiveness can report excellent results, but if the changes that the program undergoes during the implementation process are not observed and understood, then the essential knowledge necessary to translate interventions into practice is lacking (Cohen et al., 2008). Likewise, if the program does not deliver the results it was supposed to, knowing how it was implemented can shed light on why.

Addressing this knowledge gap, the current research project analyzed and documented, through practitioners' reports, the modifications made throughout Standard Triple P delivery, why these modifications occurred, and their impact on the implementation fidelity (Study 2). Guided by FRAME (Stirman et al., 2019), we found that practitioners made several thoughtful modifications in the contents' strategy of delivery to improve the program's fit and increase parents' engagement without affecting fidelity. This result on fidelity and modifications coexistence aligns with other literature highlighting the importance of employing flexibility within fidelity to the successful translation of evidence-based programs into practice (Bromley, 2023; Kendall & Frank, 2018). In fact, flexibility is contemplated in the Triple P training course, in which practitioners are instructed to adhere to the framework and principles that underpin the program but to be flexible as to how this content is delivered (Mazzucchelli & Sanders, 2010). The intent of implementation research is to understand

why and how interventions work in real-world settings and to test strategies to improve them (Huebschmann et al., 2019). Based on this PhD research project's findings, we can suggest that flexibility within fidelity is one of those strategies.

This finding on the flexible delivery of an EBPP provides an alternative approach for addressing some of the problems pointed out in literature regarding the use of evidence-based programs with fidelity in real-world settings, particularly in social services. First, evidence-based programs have been criticized for their perceived inflexibility due to the concern that practitioners must rigidly adhere to the program manual. Second, previous research argued that evidence-based programs seldom fit into a real-world setting because the context in which such programs are developed and tested often substantially differs from the context in which it is applied under real-world conditions. Third, and in consequence of the previously stated, previous literature has raised concerns over the fit of manualized programs as a framework for practice within social services considering the heterogeneous population that professionals serve in these settings (La Bash et al., 2023; Hasson et al., 2020). In contrast to these (mis)conceptions, our findings suggest that rigid fidelity to a manualized program may not be necessary nor lead to optimal delivery. Rather, it advocates that in the real-world implementation of an EBPP, it is essential that practitioners tailor the program to adjust to the context circumstances and to meet the diverse needs of families.

This is consistent with the APA Task Force on Evidence-Based Practice with Children and Adolescents, which states that proper implementation involves a flexible application of manual-based procedures in which the professional is sensitive and adaptive to client characteristics and needs. Thus, when implemented flexibly, evidence-based programs provide an ideal opportunity to cultivate an evidence-based orientation to practice, including in social services (APA, 2008). In Chapter I, we highlighted that evidence-based practice is defined as the integration of the best available research with professionals' expertise in the context of families' characteristics (APA, 2006; Asmussen, 2011). Based on our research findings, we suggest that the flexible delivery of Standard Triple P is consistent with the definition of evidence-based practice and includes making appropriate changes to the program delivery based primarily on the available research evidence but also on parents' features and practitioners' expertise. With this, practitioners provided responsive and tailored support to parents whilst offering a service that is in line with the best available evidence (Mazzucchelli & Sanders, 2010). In addition, when implemented flexibly, EBPPs take a rights promotion

perspective framed within a person- and family-centered approach, which recognizes diversity in the process of change that requires tailoring strategies and flexible implementations and focuses on the families' and children's values, needs, goals, and preferences, considering them as rights holders (Dolan et al., 2020; Jiménez & Maya, 2024). Future studies should explore the impact of flexible delivery in stimulating participant motivation and fostering a therapeutic alliance.

This result on flexible delivery also leads us to reflect on the usefulness of the EBPPs' manuals. From the practitioners' reports, we found that two of the program implementation enablers at the innovation level were the fact that Standard Triple P is a manualized program and its adaptability, which provided practitioners with guidance and structure in their work with families while allowing them to run sessions with the flexibility needed to increase the program relevance to the family's needs. For example, practitioners reported that when a parent brought a particular concern to a session, the practitioner did not ignore the issue to focus on the manual-based topic/procedures but addressed the parent's concern while using the program's goals to guide the session. This is supported by previous literature emphasizing that manuals are not meant to be used in a cookie-cutter fashion as a set of strict requisites to which the practitioner is expected to adhere rigidly. When properly implemented, manuals act as a guide, with the practitioner taking into account the parent's needs (Anyon et al., 2019; Kendall & Frank, 2018). We suggest that following the program's manual allows for a higher degree of standardization. In addition, if it is used flexibly, practitioners achieve a more thorough understanding of the lives and needs of parents and the family as a whole, which leads to a more personalized approach to service provision and helps to identify more targeted supports for families at psychosocial risk.

Translating evidence-based programs to real-world settings involves efforts on multiple sides, but program developers have a critical role in smoothing this process if they prepare program manuals that accurately reflect, within fidelity, flexible applications (Kendall & Beidas, 2007). In fact, the main argument of the advocates of strict fidelity is that virtually no prevention programs, even those considered evidence-based, have established which components are core and which, if any, are optional. They argue that researchers' knowledge about core components is simply inadequate to make this distinction, and any negotiation with practitioners about what can be deleted or modified on these grounds is highly problematic (Elliott & Mihalic, 2004). Recent literature emphasizes that it is more important that an EBPP component is serving its

core purpose (i.e., its intended function is preserved) than whether it looks the same as it did originally (i.e., its delivery has the same form) (La Bash et al., 2023). Taking this into consideration, we suggest that program developers should invest in careful delineation not only of the core components but also of their respective intended functions.

Furthermore, program developers should include callouts in the manuals to encourage and facilitate flexibility (within fidelity), where flexible applications can be identified and suggested. For instance, manuals can incorporate negative examples, which describe certain practitioner behaviors that should not be performed, mixed with positive examples, which will support practitioners' understanding of inappropriate and appropriate program delivery variations (Mazzucchelli & Sanders, 2010). These recommendations may be crucial to guide practitioners in outlining the boundaries of what constitutes fidelity failures and help researchers understand and measure flexibility once EBPPs are scaled within complex systems, such as the CPS, impacted by numerous contextual influences.

Additionally, trainers should provide training in EBPPs with both fidelity and flexibility in mind. This will stimulate future practitioners to approach the manuals from the perspective of learning the program that was tested and critically think about how they would flexibly use the manual considering the particular parents and families they serve. It should be recognized that practitioners handle personal constructions of the theoretical and methodological intervention models. This valuable knowledge has a distinctive nature in relation to that generated in theoretical discourse and will also guide the implementation (Jiménez, Antolín-Suárez, et al., 2019). Such a training approach, placing more emphasis on flexibility within fidelity, provides opportunities early in training to experiment with flexibility utilizing the manual while obtaining supervision and feedback, as well as may enhance newly trained practitioners' motivation to use EBPPs and thereby enhance the likelihood of such programs reaching more families (Forehand et al., 2010; Kendall & Beidas, 2007). This is in line with an equity perspective pointed out by Baumann and Cabassa (2020), who argue that evidence-based programs should be developed with implementation in mind, particularly when it comes to evidence-based programs for vulnerable populations.

2.1.2. Sustainability. Study 3, *The Sustained use of an Evidence-Based Parenting Program Delivered to Families Involved With the Child Protection System*, aimed to assess the extent to which practitioners sustained or not sustained Standard Triple P use over time and what factors influenced it, and to explore the perspectives of practitioners, organizational managers, and system-level representatives of CPS bodies on the characteristics of this system that may be either promoting or limiting the sustained use of EBPPs.

In this research project, sustainability was assessed by exploring the sustained use of Standard Triple P over time. We found that approximately one-third of practitioners continued Standard Triple P delivery five years after having completed this EBPP's accreditation process. In turn, half of the professionals trained in Standard Triple P have never systematically used this program after training. This finding has important implications for practice and research, more specifically for workforce development and training. For practice, this finding is a call for the fact that a workforce should be adequately prepared to successfully take on the challenges of evidence-based practice (Zegarac et al., 2024). This can start in academia teaching a common framework based on the positive parenting approach and evidence-based practices and programs. For research, training issues (and what happens after the initial training) should gain more attention, including determining the most effective approaches to training/supervision, the frequency and intensity of training/supervision, and also an increased focus on ongoing professional development (e.g., determining specific needs, developing effective strategies) as a mechanism to improve the competencies of practitioners (Rodrigo et al., 2016).

By integrating the results of our evaluation of Standard Triple P sustained use with our fidelity assessment in Study 2, we can suggest that both current users and stopped users (the latter for as long as they used the program) sustained the implementation of Standard Triple P in their work settings with fidelity. This is an important finding as previous literature emphasized that a program can be considered sustained at a given point in time if delivered at a sufficient level of fidelity to yield the desired outcomes (Stirman et al., 2012). Taken together, the results of our studies add to existing literature not only by exploring if an EBPP continued to be delivered post-initial implementation efforts but also by informing the extent to which this happened with fidelity and what modifications were made. For instance, a systematic review of 125 empirical studies on the sustainability of several interventions found that no studies

revealed the nature of the changes made, the reasons for the changes, or the decisions to discontinue elements of the program (Stirman et al., 2012). Although this review was published over 10 years ago, more recent reviews, such as our Scoping Review (Study 1), reinforce the conclusions of Stirman et al. (2012) that modifications are scarcely reported. It is important to highlight that Stirman et al. (2012) also found that the studies that employed independent fidelity ratings to assess sustainability indicated that less than half of the practitioners continued using the program at high levels of fidelity. As in our study we used only self-report measures in assessing fidelity, more research will be needed to further examine this relationship between fidelity and sustained use of programs over time.

The adaptability of Standard Triple P was one of the factors that practitioners identified as having influenced the program's sustained use, which is consistent with previous studies from other EBPPs implemented in child welfare settings (e.g., Weegar et al., 2018; Weeks, 2021). Therefore, the flexible delivery described in Study 2 may be beneficial and necessary in delivering and ultimately sustaining the program, particularly in settings with limited available resources amidst worker shortages and vulnerable target populations, such as the CPS. This finding may contribute to alleviating the tension described in the literature between the continuation of programs as originally designed and the need to adapt them for use in contexts that may differ from those in which they were originally developed and tested. Our research supports that providing programs that are flexible to the local context seems to be critical to implementing and sustaining EBPPs routinely in real-world settings (Shelton & Nathan, 2023).

Taken together, our results of sustained use with flexible delivery align with current conceptualizations of evidence-based programs' sustainability, which evolved in the past decades away from approaches that indicate that long-term implementation is static and that any modification to the programs is expected to have negative consequences (Chambers et al., 2013; Shelton et al., 2018). In Study 2, we found that practitioners modified the delivery strategy to overcome the barriers they encountered at multiple levels throughout the implementation process and fit the program with parents' needs and local circumstances (in fact, we have already observed this in the analysis of the studies included in our scoping review). This seems to suggest that sustained Standard Triple P implementation over time would have been less likely without this flexible delivery. Therefore, our findings support more recent approaches that place the

successful implementation and sustainability in terms of a program's ability to fit within a practice setting (i.e., the context in which the program is delivered and its target population) (Lau et al., 2016; Weegar et al., 2018). For instance, the Dynamic Sustainability Framework instead of viewing contextual factors as interfering with the delivery of an effective intervention and needing to be controlled, sees the opportunity to learn about the optimal fit of an intervention to different care settings (Chambers et al., 2013).

Our experience in evaluating the sustained use of an EBPP reveals that it is not realistic to think of sustainability as a static end goal, not when the program's implementation occurs in dynamic, complex real-world contexts and is impacted by its influences over time. An implication for practice that follows from our findings is that, for an EBPP to be sustained, it is important to assess and refine the fit of the program within the practice setting over time and use quality improvement processes to refine, optimize, improve, and ultimately sustain EBPPs (Chambers et al., 2013; Fixsen et al., 2005). It is critical to the sustained capacity of responsible organizations to manage the continued implementation of activities in the face of internal change and changes occurring in the larger context (Simmons et al., 2023). For instance, practitioners and managers can do an organizational assessment quarterly or annually to identify if there are any organizational changes made or planned that may have implications for the program's sustained use (e.g., change in staffing/role, loss of funding), and which may require a planned adaptation to the EBPP's implementation. This may involve developing an action plan with specific steps and strategies that prioritize areas where it will be important to build program sustainability capacity. Additionally, along with ongoing consultation and supervision, booster training sessions may be needed to provide feedback about flexible delivery and overcome barriers related to practitioners' knowledge or motivation to keep implementing the EBPP (Shelton & Nathan, 2023).

Most of the existing literature focuses on assessing the capacity for sustainability, but this happens without experience of what occurs in the context of practice. Without a doubt, these studies are relevant because they provide a conceptual framework for empirical studies with several factors to take into account in implementation efforts. However, without direct experience with the program implementation, organizations' managers and practitioners may have difficulty accurately gauging the likelihood of barriers and facilitators to the program's sustained use. Hence, more longitudinal empirical studies exploring the extent to which an EBPP

is sustained over time and characterizing the phenomenon with careful consideration of interactions among influences at multiple levels will enhance the quality of future research and practice. A priority for future studies should also be understanding the relationship between the service system context and sustainability, not only in terms of sustained use but also sustained benefits (Ma et al., 2023; Moore et al., 2017; Proctor et al., 2015; Shelton et al., 2018). Additional work, such as through a systematic review and meta-analysis, evaluating which sustainability strategies are effective, including the costs of such strategies, may be useful to inform research, practice, and policy further.

2.2. Factors Affecting Implementation and Sustained use

As highlighted at the beginning of this dissertation, the overall purpose of our research was to understand better how an EBPP gets implemented and sustained in practice and to propose strategies to improve it, as this will result in better program outcomes and improved benefits for parents, children, and services. To achieve this, and along with assessing implementation outcomes, this PhD research project aimed to identify the key determinants (barriers and facilitators) to EBPP's implementation and sustained use. Therefore, in Study 1, one of the scoping review's research questions intended to identify barriers and facilitators reported in studies implementing EBPPs under real-world conditions; in Study 2, one of the objectives of focus groups with practitioners was to identify what barriers and facilitators they experienced when implementing Standard Triple P as part of their routine care practice with families involved with the CPS; and, in Study 3, when evaluating the extent to which practitioners sustained Standard Triple P use over time, we explored what factors influenced sustained and non-sustained use. Additionally, the latter also gathers the perspectives of practitioners, organizational managers, and system-level representatives about strengths, weaknesses, opportunities, and threats that might be affecting the sustained use of EBPPs in CPS.

Using a combination of published evidence, the experiences and views of stakeholders at practice, organization, and system levels, and well-established frameworks, helped us generate a robust list of barriers and facilitators likely to influence implementation and sustained use. Knowledge of these factors may inform implementation strategies to achieve optimal outcomes, resulting in better implementation and sustained use of new programs and practices that improve children's and parents' well-being and the quality of services they receive.

Guided by conceptual frameworks, the findings of Study 2 and Study 3 have identified a number of factors that played a particular influence on the implementation and sustained use of the EBPP: a) structural or outer contextual factors; b) inner contextual or organizational factors; c) implementation processes; d) characteristics of the program; and e) characteristics of practitioners and target population (Akin et al., 2014; Shelton et al., 2018). This has important implications for the way that implementation research and practice should be conducted and the conclusions that can be drawn. Our findings, consistent with previous literature, suggest that implementation and sustained use of EBPPs in routine care practice occur within a complex network of interactions, and its success or failure is likely to result from a confluence of factors at multiple levels (Akin et al., 2014; Shelton et al., 2018). Consideration of these influences, as well as proactive problem-solving to refine the fit of the program within the practice setting over time, should lead to more effective delivery and maintenance of EBPPs within service delivery systems (Aarons et al., 2011).

Future comparative studies on nationwide implementations of EBPPs should examine which multi-level factors identified previously predict the successful implementation and long-term sustained use of the program across organizations. There is a potential for the transfer of practical knowledge across the European countries that could be facilitated by promoting more comparative research to inform the planning, development, and delivery of implementation and sustainability strategies that work in different settings and across EBPPs. This potential knowledge translation exacerbates the call for increased evaluation and reporting of implementation information in research and the communication of its results to practitioners, policymakers, stakeholders, and the general public. This information can be valuable for informing social actions and social policies (Rodrigo et al., 2016).

With this PhD research project's studies, we opened the black box of program delivery, and by doing so, we contributed to improving understanding of the best strategies for successful implementation and sustained use of an EBPP. We found that most of the practical enablers and challenges that arose in implementing the EBPP also arose in sustaining it. This supports theoretical conceptualizations indicating that some factors that inhibit or promote implementation may predict successful sustained use as well (Shelton & Nathan, 2023). This finding contributes to improving our empirical knowledge about what factors practitioners perceive as being important and may need to be actively addressed early in the implementation period to plan for sustainability. For

example, at the organizational level, workload and staff turnover had implications for implementation and also mattered for sustained use. It is true that EBPPs' implementation and sustained use generally entail a number of costs, including training, materials, fidelity monitoring, and practitioners' time away from other organizational duties, which may deter organizations' managers from adopting such programs. However, staff turnover is also costly, and if turnover can be reduced, there may be important cost savings for service systems and employers. Previous literature found that, among other reasons, practitioners were more likely to stay in the organization when they were more satisfied with the evidence-based program (e.g., perceived that the program facilitated their sense of a distinct professional identity) (Noel et al., 2017). Organizations' managers should consider these benefits when making decisions about EBPPs' implementation and support its sustained use.

In turn, we found that shifting organizational leadership and their priorities seemed specific to sustained use, making it difficult for practitioners to focus on the particular EBPP over time. Therefore, future implementation studies should plan for strategies to prevent program discontinuation due to leadership turnover. This can include supporting the new leadership through the provision of ongoing consultation and orientation sessions about the program, including information about the distinguishing features of the intervention, the potential benefits, the logistics involved for ongoing delivery, and potential barriers and how these might be overcome (Mazzucchelli & Sanders, 2010). Previous research found that prioritization of the program by the organization was related to the commitment and knowledge of the organizational manager, working as a facilitator to program sustained use when present and as a barrier when absent (Noel et al., 2017; Zazzali et al., 2008). So, maximizing organizational managers' understanding and acquaintance with the EBPP delivery can be a key strategy for such programs to be sustained and fully routinized in the organization's service delivery in real-world practice settings. Greater leadership involvement can lead to establishing more specific policies within the organization to deliver EBPPs, facilitating implementation, and contributing to the program's sustained use and institutionalization (Aarons et al., 2011; Reardon et al., 2023). Future studies should examine the impact of an organization's formalized policies supporting the use of EBPPs on practitioners' better adoption, implementation, and sustained use of such programs.

When we interviewed the practitioners, the organizational managers, and the system-level representatives on EBPPs' sustained use, they pointed out the lack of organizational culture and readiness for evidence-based practice in the CPS at the national level, characterized by an insufficient number of professionals qualified to deliver EBPPs. This perception is consistent with the study by Cruz et al. (2024), which found that professionals in community services in Portugal do not have specific training in evidence-based programs and most of the interventions provided are tailored programs designed by the practitioners rather than EBPPs. The professionals interviewed in our study praised the alignment of the CPS in Portugal with international recommendations for child protection and family support. However, they remarked that there are several gaps in how these recommendations are applied in practice. In fact, European policies make a difference, but their success depends on how they are put into practice in different countries (Rodrigo et al., 2016).

An important implication for policy that stands from the findings above is that implementing EBPPs should be part of a broader strategy for supporting families and integrated into a clear policy framework (Rodrigo et al., 2016). In order to create greater pressure and encourage organizations within the CPS to adopt evidence-based programs in their role of supporting families and parenting, one strategy could be to make reference to these programs explicitly in formal national policies and recommendations. For instance, in Portugal, the National Strategy for the Promotion of the Rights of Children and Young People includes as a priority "Supporting families and parenting" and sets as one of its objectives "Fostering skills for positive parenting and sharing parental responsibilities: Developing parenting training and family support" (Resolução do Conselho de Ministros n.º 112/2020). However, it does not set the importance of particular practices to achieve these goals, such as EBPPs. We suggest that integrating an explicit recommendation in this type of national policy directly supporting evidence-based programs can be an important impetus for practice change at the local and system levels as this may lead to EBPPs prioritization and allocation of resources, which in turn can impact implementation success and help create the conditions for sustained use.

Additionally, as per previous literature, politicians responsible for family intervention should build lasting collaborative pathways between researchers and practitioners. A key strategy is the collation of available evidence into user-friendly best-practice manuals, guides, worksheets, or other tools as resources for supporting professional practice. The main objective of these tools is to present lessons learned

from empirical studies into family services, improving the innovative and quality assurance processes through changes in the organizational cultures and professional practices (Jiménez, Astiz, et al., 2019; Rodrigo et al., 2017). Funding opportunities for organizations also have the potential to influence EBPPs' increased use if contracts require the use of a particular type of service approach.

Previous literature stated that an organization where all targeted employees use evidence-based programs consistently is likely to be more successful in its implementation and sustained use than organizations where only some of the targeted employees use such programs (Aarons et al., 2011). In our study, we found that practitioners and organizational managers perceived the ratio of one provider per organization as a barrier to Standard Triple P implementation and sustained use. This aligns well with findings from previous studies. For instance, the study by Patras and Klest (2016) examined the advantage of clustering two or three EBPP practitioners in the same social services agency during a nationwide implementation of the Parent Management Training Oregon model (PMTO). They found that therapists trained in this EBPP who worked in agencies with three trained practitioners rated their workplaces more positively than PMTO therapists who worked in agencies with one or two PMTO therapists. Similarly, Klest (2014) found that PMTO therapists who worked with other PMTO colleagues were likelier to continue working with PMTO, treated more clients, and were less likely to quit using PMTO than other PMTO therapists. These results suggest that investing in training more than one EBPP provider per organization in the CPS will not only improve the program's reach to more families but also have a positive impact on professionals using newly implemented interventions. More research is needed to test the effects of increasing the number of practitioners in an organization working with the same program in an effort to identify the optimal number of EBPP practitioners needed for positive implementation outcomes. Future studies should also directly test program outcomes to determine whether clustering practitioners trained in the same EBPP improves retention rates (both practitioner and parents), implementation fidelity, program effectiveness, and program sustainability (Patras & Klest, 2016).

Increasing EBPPs' use across an entire service delivery system requires appropriate funding and collaboration to build expertise across and between organizations. Indeed, the practitioners and the system-level representatives interviewed in the scope of the current PhD research (Study 3) perceived a lack of inter-agency collaboration (e.g., regarding family referrals to receive Standard Triple P) and scarce

funding threatening the sustained use of EBPPs. Previous literature emphasized that in the CPS, effective inter-organizational networks can facilitate appropriate referrals, training opportunities, and knowledge about EBPPs (Aarons et al., 2011). Inter-organizational networks in the Portuguese CPS should be improved to facilitate information sharing and provide the support required for full implementation and sustained use. More collaborations between the organizations providing family support and the academia can also be crucial in the procurement of funds for training and support sustainability (Aarons et al., 2011; Isokuortti et al., 2024; Jiménez, Antolín-Suárez, et al., 2019).

2.2.1. Context: Embracing Complexity. An important consideration that emerges from our analysis of factors affecting implementation and sustained use is the role of context in implementation science. Context matters in implementation science. In literature, context includes a set of characteristics and circumstances that are active and unique factors that surround the implementation. As such, context is not a backdrop for implementation but interacts, influences, modifies, and facilitates or constrains the program and its implementation. Context is more than the setting, as the latter refers to the physical, specific location in which the program is put into practice, while context embraces not only the setting but also roles, interactions, and relationships (Fernandez et al., 2023; Pfadenhauer et al., 2015).

Previous literature suggested that context is a problem in research on the practice of implementation given that many program and evaluation designs seek to remove contextual confounders when, in fact, these represent the natural conditions into which programs must be integrated if they are to be workable in practice (May et al., 2016). Our experience monitoring, supporting, and evaluating the practice of implementing and sustaining an EBPP in real-world settings with families involved with the CPS suggests that real-world implementation needs to embrace the complexity of context. In relation to this, the implementation of an EBPP, such as Standard Triple P, as part of the routine care practice within the CPS, can be understood as a process that involved the mobilization of human, material, and organizational resources to change practice within settings that have pre-existing structures, patterns of relationships, and routinized ways of working (Clark et al., 2013). The success of this process depended on interactions between these mechanisms of resource mobilization, collective action, and negotiations with context. In these negotiations, the adaptability of the program, a characteristic that

May and colleagues (2016) labeled as plasticity, played an important role. Understanding context as a process acknowledges that the context in which implementation takes place is the product of continuous accomplishments that require constant work to keep moving forward (Pfadenhauer et al., 2015).

We learned that the question should not only be "Will this program fit in this local context?" but also "How does this context have to change to successfully implement this program?". For the program to fit into the context, it will have to undergo numerous modifications that are inherent to the program's delivery strategy (several of them we documented in Study 2, such as lengthening Standard Triple P pacing and timing or reordering sessions) but the context itself also has to self-organize, making changes to facilitate the successful implementation and sustainability of the EBPP. Refinements to both the programs themselves and to the implementation context should be viewed as necessary steps in the implementation process. The alternative, to discontinue a proven program before it has been optimized in a routine care setting, more likely results in an unrealized return on a significant investment and a return to less effective practices (Chambers et al., 2013; Kohl et al., 2023; Weisz et al., 2006). Previous literature highlighted that implementing research evidence into practice depends on changing human behavior—at individual, organizational, community, and population levels (National Institute for Health and Care Excellence, 2007). The pathways of implementation are generally complex, in non-linear fashions through multi-level systems, but at every level, practice only changes when people (e.g., managers, practitioners, administrative and technical staff, policy-makers, politicians, amongst others) do things differently (Michie & Johnston, 2017).

2.2.2. Planning for Implementation and Sustainability. Another important consideration that emerges from our analysis of factors affecting implementation and sustained use is the relevance of planning for implementation and sustainability. The process of implementation includes the translational efforts that take programs beyond the closed systems of evaluation studies in research-controlled contexts into the open systems of real-world settings, so much planning is needed to install the new practice (Metz & Bartley, 2012). Considering that real-world program implementation is not static, but a dynamic process with several interactive decisions and actions intended to put the program into practice, two key recommendations for future research on EBPPs' implementation efforts that derive from our implementation research is to 1) establish

an implementation team responsible for “making it happen” and 2) develop an implementation plan, which guides the work of the team and is monitored and updated on an ongoing basis (Centre for Effective Services, 2022).

Implementation teams can be established at local, regional, and/or national levels, and include strategic stakeholders with diverse expertise and skills, including frontline staff, decision and policymakers, and funders, who support the implementation of the program, contributing to minimize the complexity of the work performed and to promote the acceptability of the program by professionals and families (Fixsen et al., 2013; Lansford et al., 2022; McWilliam et al., 2016). They will be local champions for the program. For this, it is crucial to map the territory to ensure that all relevant stakeholders are included.

Additionally, any implementation effort should be preceded by a comprehensive, structured, and detailed plan to ensure it is carried out in a deliberate, efficient, and responsible manner. Developing an implementation plan after the assessment of the families’ needs and the organization’s readiness (e.g., financial resources, staffing, organization buy-in, etc.) will raise the chances for the program to be successful and provide relevant, reliable, and cost-effective results. This plan should be as comprehensive as possible, and include clear directives on the program objectives, the procedures for program delivery, who are the practitioners responsible for program delivery and whether the resources needed are available, the setting for program delivery and the target population, as well as the barriers to implementation, risk management strategies, and the methods for program monitoring, evaluation, and improvement (Centre for Effective Services, 2022; Fixsen et al., 2005).

Improvement cycles are crucial to the continued use of effective programs. Some literature proposes the Plan-Do-Study-Act (PDSA) Cycle, which is an iterative, four-stage problem-solving model used by implementation teams for continuous quality improvement to solve barriers and carry out changes. The PDSA cycles involve four phases: 1) Plan, i.e., identify barriers and plan how to move programs forward and identify the outcomes that will be monitored; 2) Do, i.e., carry out the plan to overcome the barriers; 3) Study, i.e., evaluate and track progress, and 4) Act, i.e., perform changes to improve implementation (Fixsen et al., 2005; National Implementation Research Network, 2015; Taylor et al., 2014). Barriers to the implementation of a program frequently emerge, and, as such, the use of feedback loops and quality improvement

cycles contributes to improving program implementation and, ultimately, its long-term sustained use.

3. Assessing the Impact: Benefits for Professionals and Families

In family and parenting support provision, there is increasing interest in programs that have been proven to produce positive effects as a matter of quality assurance of public services and an ethical duty of offering the best initiatives to children and families (Acquah & Thévenon, 2020). Collectively, the findings of the current research project suggest that EBPPs are a supportive tool for parenting support in the CPS, with benefits for both the professionals/organizations and the families they serve.

Within the scope of the studies discussed earlier in this chapter, most practitioners reported that being trained in Standard Triple P has been highly useful for their work in parenting support and an asset for their organization's mission, as they gained new skills for effectively addressing the needs of families. As mentioned previously in this dissertation, they praised the program's structured approach and its evidence-based, providing them with guidance, confidence, and validation in reporting the results of the intervention they developed with each family. Asmussen (2011) argued that evidence-based programs have mechanisms within them to improve accountability and service quality. From our findings, we can suggest that Standard Triple P training contributed positively to the skills and service quality of the parenting support workforce in the CPS in the Porto district in Portugal.

This result is consistent with previous studies from other EBPPs in different countries, so it is plausible that our findings can be transposed to other manualized parenting programs that have a clearly defined theoretical model, for which evidence had been established, and not as a primacy of Standard Triple P (Durlak & DuPre, 2008; Rodrigo, 2016). For instance, the evaluation of the National Academy of Parenting Practitioners (NAPP) Training Offer in EBPPs in England found that trained practitioners reported that the EBPP training helped them with their daily work with families whether or not they went on to deliver the parenting intervention (Asmussen et al., 2010). Callejas et al. (2022) explored the practitioners' perceptions of the implementation of the hybrid version of the program "Gain Health & Wellbeing From 0 to 3" in Spain and found that they perceived the parenting program as having a positive impact on their professional development; they pointed out improvements in their collaborative relationships with parents and in the learning of new issues regarding the

positive parenting approach and psychological developmental landmarks. Likewise, Weegar et al. (2018) examined child welfare service directors' and practitioners' experiences with implementing the SafeCare program in Canada and found that they rated the program as a valuable program that contributed to positive outcomes for the organization (e.g., increased value), practitioners (e.g., enhanced skills), and participants (e.g., family functioning and stability).

The positive outcomes for families were also a subject of interest in this research project. Unlike the first three studies that integrate this research project and that were discussed earlier in this chapter, the fourth study did not focus on tracking the implementation process *per se* but on assessing the impact of the full implementation of the program on families' outcomes, specifically their CPS discharge. Therefore, Study 4, *Families' Involvement With the Child Protection System in Portugal: A One-Year Follow-up Study on Case Closure After Attending an Evidence-Based Parenting Program*, examined whether families who completed Standard Triple P were more likely to have their child protection case closed up to 12 months later than families who drop out and whether program dosage predicted case closure. This study showed that Standard Triple P completion and dosage predicted successful case closure. Specifically, we found that a higher proportion of families who completed the program had the case closed immediately after and at 3-, 6-, 9- and 12-months after the program completion. We also found that parents who attended more sessions were more likely to have their CPS case closed one year after the program completion or drop out. Based on these findings, it is plausible that through participation in the EBPP, parents progressively improved a set of positive parenting competencies to adequately perform their parental responsibilities, which contributed to restoring the family's ability to care for the child, thus reducing the time spent in the CPS (Hidalgo et al., 2022; Leclair Mallette et al., 2021). This finding substantiates that child protection and parenting support are complementary practices within a "protective support and supportive protection" approach, and is important to inform practitioners, service directors, policy- and decision-makers, and funders to prioritize services that have a proven impact on family outcomes (McGregor & Devaney, 2020).

Our scoping review showed that some progress had been made in the availability of parenting programs in family-support services, compared to findings from previous studies highlighting their scarcity (Axford & Morpeth, 2013; Forgatch et al., 2013). However, it is noteworthy to highlight that 77% of studies (111 out of 145) included in

our review were related to parenting programs delivered in non-European countries (USA, Australia, and Canada, respectively). Indeed, these programs are not a generalized practice neither in Portugal nor in most European countries (Berliner et al., 2015; Bernedo et al., 2024; Cruz et al., 2024). Considering the multiple advantages already reported by previous literature in Chapter 1 and the findings from our empirical studies that implementing an EBPP brings positive outcomes for those who deliver and benefit from child protection services, this PhD research project raises awareness for the need to increase the delivery of EBPPs in real-world settings, particularly in the CPS (Rodrigo, 2022; UNODC, 2010). In our studies, the lack of parents' engagement was described by the practitioners, the organizational managers, and the system-level representatives as hindering the implementation and sustained use of these programs in the CPS. Accordingly, there is a need to study the most effective strategies for enhancing the engagement of vulnerable populations while at the same time avoiding the risks of stigmatization and the lack of social integration of families at psychosocial risk (Rodrigo et al., 2016).

A strategy to destigmatize the use of parenting support is to open up the EBPP not only to the target population but also to a broader group of families in the neighborhood (i.e., universal prevention strategy), such as through a group format delivery, helping to build informal networks and promoting social inclusion and community partnerships (Rodrigo et al., 2016). As highlighted by the participants of our studies, making this parenting support available early when problems arise for families at psychosocial risk and even making it available at the population level to prevent problems from arising may ease the implementation and improve the likelihood that EBPPs will impact and stick in the community. Preventing difficulties from arising in the first place and preventing existing difficulties from escalating or becoming more entrenched is a requisite feature of parenting support practice. All parents need support, and if we can normalize the asking for and receiving of help from both formal and informal sources, we will possibly encourage more parents to look for assistance and to request it earlier, thus reducing the potential for family breakdown. Improving the visibility of parenting support is critical for raising awareness, improving access, and ensuring that supports are viewed as beneficial for all parents (Canavan et al., 2019; Devaney et al., 2022). By supporting all families, we will improve the protection of all children even because certainly many families with maladaptive parent-child interactions do not get in touch with social services. When appropriate investments in

evidence-based parenting support are made, entire societies will benefit (Asmussen, 2011; Dolan et al., 2020).

4. Strengths and Limitations

This research project integrates four interjoined studies that contributed to the common goal of increasing knowledge about the practice of EBPPs' implementation and sustained use in real-world settings, particularly with families involved with the CPS. Taken together, our findings help to bridge the gap between what is known from research and what gets done in real-world practice. Ultimately, this contributes to improving parenting support offered to families at psychosocial risk.

Three strengths of this research deserve special mention. The first point refers to the comprehensive scoping review to ask the timely question of how evidence-based parenting programs fare when implemented in real-world settings. The review closely attended to recommended procedures for scoping reviews, including accessing grey literature, examining several specific research questions, and putting no time constraints on the review. Because more than 1900 records were surveyed, with 145 included in the review, the study stands as a testament to the state of the art.

The second strength is related to the longitudinal design of the research in evaluating the implementation process. This included monitoring and comprehensive evaluation of Standard Triple P delivery from the dynamics of its implementation, with an assessment of fidelity and identification of modifications, barriers, and facilitators, to the assessment of sustained use of the program up to five years after practitioners had completed the accreditation process. By understanding the modifications that practitioners made throughout Standard Triple P delivery, this research shed light on how practitioners brought their thinking processes and expertise to bear when engaging in the process of implementing an EBPP. The group discussions allowed practitioners to contextualize their decisions to modify and provide a more detailed description of the goals and rationale. In a close relationship between science and practice, our implementation and sustained use evaluations were underpinned by well-established definitions and conceptual frameworks in literature, which is a shortcoming of previous studies (Hailemariam et al., 2019; Scheirer, 2005; Stirman et al., 2012; Tricco et al., 2015). For instance, the use of the Framework for Reporting Adaptations and Modifications (FRAME), which is considered a comprehensive evaluation framework, ensures a common language and understanding across programs to catalog the types of modifications that occur. This understanding can be shared with others who are working

on similar implementation efforts and can facilitate an understanding of the types of modifications that enhance important outcomes such as programs' feasibility and acceptability.

The third strength highlights an evaluation of the effect of an EBPP on CPS trajectory outcomes, including in the sample parents who completed the intervention and those who discontinued participation. If the longer-term objectives of the CPS are to rebuild families' capacity to protect their children and to prevent maltreatment from recurring, these findings are forceful in encouraging the organizations to adopt a structured, manualized, evidence-based program as a key component of their service offerings.

Some limitations of this research project must be considered. Implementing an EBPP under real-world conditions was as rewarding as challenging for practitioners. The same can be said about our experience of evaluating this process. The inconsistency in terminology, definitions, and evaluation measures that we found in Study 1 also turned out to be a practical difficulty that we faced in our empirical studies when evaluating implementation and sustained use. First, we did not employ a fidelity measure based on direct observation of practitioners' competence and adherence to the EBPP. We translated the *Adherence Measure for Process Quality in Standard Triple P* into Portuguese, but practitioners informed us that recordings were not possible either because they did not obtain parents' consent to record the sessions or the organization's leadership did not allow it. We are aware that the absence of an observation measure limited us to carry out a more comprehensive and accurate assessment of the implementation process. Furthermore, the scarcity of reliable instruments and systematic procedures for evaluating sustained use led us to choose only to include qualitative data on professionals' self-perception in this regard. A triangulation of data combining qualitative and quantitative methods would allow us to use more than one approach to researching a question and complement the results to a comprehensive picture of the phenomenon under study. The lack of a common language and standardized measures indicates the need for clarifications and systematization in the field to open up new possibilities for more comprehensive and comparable programs' evaluations.

Another limitation is related to the fact that this research project had recently begun when the COVID-19 pandemic hit. The lockdowns that we all experienced during that period compromised the delivery of the program and led to data collection

starting about a year later. The vast majority of practitioners did not continue using the program during that period, largely because the mode of program delivery they mostly used was face-to-face, and in-person activities were reduced to the minimum possible. Given that this research sample largely depended on the number of completed interventions, this factor had a significant impact on the relatively small number of participants included in our studies. This reveals that information and communication technologies (ICT) were underused in family services and calls for the need to include ICT to expand these programs' mode of delivery as it has proven to be very useful in times of crisis, providing another way to help families. Even though recent research has shown that when professional guidance is present, online parenting support can be an effective alternative to in-person support (Leijten et al., 2024), it is relevant to note that these may not be suitable for all families (Canário et al., 2024), and that some families may benefit more from in-person delivery.

Finally, it is important to consider that our studies relied on professionals' perspectives. Future studies should include the views not only of those who will be providing but also of those receiving the EBPP, the families, which can convey important perspectives, priorities, and knowledge to shape the implementation process. In addition, our studies present findings on one EBPP. It may be interesting for future evaluations where similar programs could be compared to track factors such as fidelity, adaptations, and modifications. This approach could facilitate discussion and learning across settings and programs.

5. Conclusions

This PhD research project provided theoretically informed and empirically based findings and subsequent learnings on the natural unfolding of implementation practice over time of an EBPP in real-world settings delivered to families involved with the CPS. We provided a comprehensive picture from the professionals' perspectives at the practice, organizational, and system levels. By improving understanding of how EBPPs are implemented in real-world settings, this research contributes to improving programs, family-support services, and outcomes for children and families. This has implications for practice, research, and policymaking. Our results support practitioners in achieving flexibility within fidelity in practice, which is key to guaranteeing that interventions are delivered responsively to families and in a contextually sensitive way. Additionally, our results have a societal impact, informing issues related to the sustained use of EBPPs, which will serve to strengthen evidence-based research and practice in the CPS and best

assist the families and children who need effective services the most. Finally, our results contribute to guiding decisions within the CPS about which approaches are more likely to provide effective support and encourage stakeholders to incorporate EBPPs in their practices and policies. The lessons learned will be useful to us in our future implementation efforts, but we also hope that they will be useful to other researchers, program developers, practitioners, and decision-makers in their role within the parenting support field and help to bridge the research-to-practice gap. This research project also looked at the real-world problems and questions on which implementation theories, models, and frameworks were brought to bear. This way, we hope to have taken a step forward in closing the gap between implementation science and practice.

Research suggests that knowledge from both psychology and implementation science supports the Sustainable Development Goals (SDGs) (Schultes et al., 2019). This research, by presenting findings that contribute to transferring EBPPs to practice so that they lead to intended effects in particular contexts contributes to and is supported by activities to achieve the 2030 Agenda for Sustainable Development, which includes specific targets to implement appropriate social protection systems (cf. SDG 1), to ensure healthy lives and promote children's well-being at all ages (cf. SDG 3), and to end all forms of violence against children and build effective, accountable, and inclusive institutions at all levels (cf. SDG 16).

Using an interesting metaphor, Sandfort and Moulton (2014, p. 25) wrote that "implementation is more akin to gardening than engineering or architecture". Like gardening, effective implementation practice benefits from knowing relevant scientific concepts, but it also involves attending to the unpredictable context, adapting the plan given what is unfolding around it, and engaging in creative problem-solving. The real-world implementation of EBPPs must be based on the understanding that one size does not fit all. Implementation is context-specific and context-sensitive. The findings described in this dissertation underscore the importance of implementing evidence-based, manualized programs within the context of a family-centered, individualized approach. When delivering EBPPs in a context of busy teams responding to complex needs and risks, such as the CPS, a focused, purposeful intervention is making good use of practitioners' time. The program's delivery strategy needs to be tailored to the local circumstances considering the numerous factors that determine whether the implementation will succeed and sustained use will occur (Kendall & Frank, 2018). Such tailoring requires a deep understanding of the social context of the program end-

users, as well as the infrastructure and organizational capacity of the implementing organizations. This will bring science and practice closer together, make it possible to develop EBPPs that are feasible to implement and useful to family and parenting service practitioners and target populations, and stimulate community-driven prevention to develop further its capacity to be more effective more often.

Real-world implementation is unique and complex, and the more we study the practice of implementation, the more we advance in knowledge about how to make it happen (Greenhalgh et al., 2004). With this research project, we support that implementing evidence-based programs may need to be more complex and comprehensive than simply replicating proven programs, and the processes involved in implementing such programs operating in real-world conditions are just as crucial to providing individual and service benefits as having a proven program (McCall, 2009; Durlak, 2015).

Despite the contributions of this PhD research project to inform the relevance and transferability of EBPPs to the real world of families, practitioners, and services, it is only one contribution to this much-needed research topic. To have the best impact of EBPPs and make the best use of time and resources, we must investigate the most effective ways of implementing and sustaining them. Professionals have valuable insight and knowledge that are key when attempting to implement EBPPs. A more collaborative and reciprocal exchange between program developers, researchers, and professionals from practice settings is paramount and will smooth the trail for dissemination and scale-up of EBPPs.

Supporting families in carrying out the complex task of rearing children and young people must be a public health issue and policy priority (Gardner et al., 2019; Sampaio et al., 2024). We are living in challenging times in a society that is recovering from the COVID-19 pandemic, is witnessing global wars, and is experiencing increasing poverty, socioeconomic disadvantages, and societal and technological transformation. In this increasingly challenging and changing environment, there is a need for the international practice, policy, and academic community to respond (Almeida et al., 2024; European Family Support Network, 2020). Providing EBPPs universally and making them easily accessible to all, combined with additional and targeted support for those who need it the most, is a good way to build a strong prevention belt with the main goal of increasing families' resilience in times of crisis (Council of Europe, 2006; Devaney et al., 2021). Quality public services accessible to

all improve the quality of people's lives and are key to the creation of societies that are equal, prosperous, and democratic. Evaluating the factors that influence the effective implementation and sustained use of EBPPs in real-world circumstances is key to improving services and supporting families in their role of care and promoting the full potential of children.

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Appendices

Appendix A. Study 1 Supplemental Material

Table 1.

Study, Program, and Setting Characteristics: Country Where the Study was Conducted (if not Reported, Country of the Lead Author's Research Institute); Name of the Program Delivered and its Type of Delivery/Format; the Setting in Which the Program was Implemented.

Authors (year)	Country	Programs	Delivery/Format	Settings
Aalborg et al. (2010)	United States of America (USA)	Strengthening Families Program 10–14* Family Matters**	Face-to-face/Group* Telephone/Individual**	Health care settings/medical centres
Aarons et al. (2012)	USA	The Incredible Years (Basic IY)	Face-to-face/Group	Community-based organization providing residential substance abuse and mental health services
Abdala et al. (2020)	Brazil	Strengthening Families Program 10–14	Face-to-face/Group	Community-based setting
Akin et al. (2016a)	USA	Strengthening Families Program Celebrating Families!	Face-to-face/Group	Child welfare agencies
Akin et al. (2016b)	USA	Strengthening Families Program Celebrating Families!	Face-to-face/Group	Child welfare agencies
Allchin et al. (2022)	Australia	Let's Talk about Children	No info	Mental health agencies
Álvarez et al. (2016)	Spain	Growing Up Happily in the Family	Face-to-face/Group and individual	Local social services
Amador Buenabad et al. (2020)	Mexico	Leaving Traces on Your Life (Huellitas) Parent Management Training - Oregon Model	Face-to-face/Group	School
Amarós-Martí et al. (2016)	Spain	Learning Together, Growing with Family	Face-to-face/Group	Non-profit organization

Authors (year)	Country	Programs	Delivery/Format	Settings
Arim et al. (2017)	Canada	Triple P	No info	Community-based setting
Arruabarrena et al. (2019)	Spain	SafeCare	Face-to-face/Individual	Child welfare agencies
Asgary-Eden & Lee (2011)	USA	Triple P	Face-to-face/Individual and Group	Community-based setting
Ballard (2017)	USA	Parent Management Training - Oregon Model	Face-to-face/Group	School
Bamberger (2016)	USA	Strengthening Families Program 10-14	Face-to-face/Group	Community-based setting
Barnett et al. (2014)	USA	Child–Parent Psychotherapy	No info	Mental health agencies
Barnett et al. (2021)	USA	Parent–Child Interaction Therapy	No info	Mental health agencies
Bartley (2017)	USA	Family Connections	No info	Community-based setting
Berkel et al. (2013)	USA	Strong African American Families	Face-to-face/Group	Community-based setting
Berkel et al. (2018)	USA	New Beginnings Program	Face-to-face/Group	Community-based setting
Bloomquist et al. (2016)	USA	Early Risers Healthy Emotions Program	Face-to-face/Individual and Group	Mental health agencies
Brabson (2017)	USA	Parent-Child Interaction Therapy	No info	Community-based setting
Brabson et al. (2021)	USA	Parent-Child Interaction Therapy	No info	Clinics
Breitenstein et al. (2010)	USA	Chicago Parent Program	Face-to-face/Group	Childcare centers
Breitkreuz et al. (2011)	Canada	Triple P (levels 2 and 3)	No info	Family support centers
Butler (2019)	United Kingdom	Triple P Self-directed	Online, Self-directed/Individual	Community-based setting
Cantu et al. (2010)	USA	Strengthening Families Program 10–14	Face-to-face/Group	Faith-based organizations, social service agencies, the juvenile justice system and community substance-abuse prevention coalitions

Authors (year)	Country	Programs	Delivery/Format	Settings
Chaffin et al. (2016)	USA	SafeCare	Face-to-face/Individual	Child welfare agencies
Charest & Gagné (2019a)	Canada	Triple P	Face-to-face/No info	Child welfare services, primary social care services, community organizations, schools, and child daycare centers
Charest & Gagné (2019b)	Canada	Triple P (levels 2 to 5)	Face-to-face/Individual and Group	Health care agency, non-profit organization, school, and child daycare center
Chase et al. (2019)	USA	Parent-Child Interaction Therapy	No info	Mental health agencies
Chlebowski et al. (2018)	USA	AIM HI (An Individualized Mental Health Intervention for ASD)	No info	Mental health agencies
Christian et al. (2014)	USA	Parent-Child Interaction Therapy	No info	Mental health agencies
Clarke (2013)	United Kingdom	Triple P (levels 2 and 4)	Online and Face-to-face/Individual and Group	Health services
Clay (2018)	USA	Triple P	Face-to-face/No info	Local community agencies
Cluver et al. (2016)	South Africa	Sinovuyo Teen Caring Families (part of the Parenting for Lifelong Health initiative)	Face-to-face/Group	Child welfare agencies, church
Cooper et al. (2016)	USA	Strengthening Families Program 10–14	Face-to-face/Group	School buildings, religious, government, or some other public facility
Côté & Gagné (2020a)	Canada	Triple P	Face-to-face/No info	Childcare services, school, non-government organization, government primary care agency, and child welfare services
Côté & Gagné (2020b)	Canada	The Triple P (level 2)	Face-to-face/No info	School, childcare services,

Authors (year)	Country	Programs	Delivery/Format	Settings
				Non-governmental organizations Governmental primary care agencies, and child welfare services
Dababnah & Parish (2014)	USA	The Incredible Years (IY Basic)	Face-to-face/Group	Community-based setting
Dawson-Squibb et al. (2022)	South Africa	Parent–Child Interaction Therapy	No info	Mental health agencies
De Paul et al. (2015)	Spain	SafeCare* Incredible Years**	Face-to-face/Individual* and Group**	Child welfare agencies
Delawarde-Saïas et al. (2018)	Canada	Triple P (levels 2 to 5)	No info/Individual and Group	Child welfare agencies, school, childcare centers, non-profit organization
Denard (2017)	USA	Triple P	Face-to-face/No info	Child welfare agencies
Estrada et al. (2017)	USA	Familias Unidas	Face-to-face/Group	School
Estrada et al. (2018)	USA	eHealth Familias Unidas	Online/Individual	Parents' home or a community-based setting
Fang et al. (2022)	China	SREIA	Face-to-face/Individual and Group	Not-for-profit organization
Fawley-King et al. (2014)	Australia	Triple P	Face-to-face/Group	Churches, community centres, and other public spaces
Fowles et al. (2018)	USA	Parent-Child Interaction Therapy	No info	Parents' home, clinic
Frantz et al. (2015)	Germany	The Prevention Program for Externalizing Problem Behavior* Triple P (levels 1 to 4)**	Face-to-face*/Group* No info**	Schools, family services, youth-welfare services, clinics
Gagnon (2016)	USA	Guiding Good Choices	Face-to-face/Group	Schools

Authors (year)	Country	Programs	Delivery/Format	Settings
Gallitto et al. (2018)	Canada	SafeCare	Face-to-face/Individual	Child welfare agencies
Garcia et al. (2020)	USA	Triple P (levels 3 and 4)	Face-to-face/Individual and Group	Child welfare agencies
Glazemakers (2012)	Belgium	Triple P (all levels)	No info/Individual and Group	Child welfare agencies, schools
Gomi (2015)	USA	Parent Management Training - Oregon Model	Face-to-face/Individual	Child welfare agencies
Gordon & Cooper (2015)	USA	Parent–Child Interaction Therapy	Face-to-face/Individual	Clinic
Guastaferro et al. (2017)	USA	SafeCare Parents as Teachers	Face-to-face/No info	Community-based setting
Haroz et al. (2019)	USA	Family Spirit	Face-to-face/Individual	Community-based setting
Heerman et al. (2018)	USA	Healthier Families Program	Face-to-face/Individual	Parks and recreation centers
Herschell et al. (2021)	USA	Parent-Child Interaction Therapy	Face-to-face/Individual	Mental health agencies
Hickey et al. (2018)	Ireland	Incredible Years	No info	Community-based setting
Hill et al. (2007)	USA	Strengthening Families Program 10–14	No info	Community-based setting
Hill et al. (2019)	USA	Strengthening Families Program 10-14	No info	Community-based setting
Hodge et al. (2017)	Australia	Triple P (Indigenous)	Face-to-face/Individual and Group	Child welfare agencies
Huebner et al. (2021)	USA	Sobriety Treatment and Recovery Teams	No info	Child welfare agencies
Ionutiu (2016)	Romania	Triple P (level 4)	Face-to-face/Group	Counseling and support center for parents and children
Jackson et al. (2017)	USA	Parent-Child Interaction Therapy	No info	Community-based setting
Kerns et al. (2017)	USA	Triple P (levels 3 and 4)	No info	Community-based setting
Klest (2014)	Norway	Parent Management Training - Oregon Model	No info	Child welfare agencies

Authors (year)	Country	Programs	Delivery/Format	Settings
Kumpfer et al. (2012)	Ireland	Strengthening Families Program 12–16	Face-to-face/Group	Interagency collaboration of national and county delinquency and substance abuse agencies
Kutash et al. (2012)	USA	Parent Connectors	Telephone calls/Individual	Community-based setting
Lachman et al. (2016)	South Africa	Sinovuyo Teen Caring Families (part of the Parenting for Lifelong Health initiative)	Face-to-face/Group	Non-profit organization
Lanier et al. (2011)	USA	Parent–Child Interaction Therapy	No info	Community-based setting
Lau et al. (2011)	USA	Incredible Years	Face-to-face/Group	Clinic, school
Leclair et al. (2017)	Canada	Incredible Years	Face-to-face/Group	Child welfare agencies
Lee et al. (2006)	USA	Early Risers	Face-to-face/Group	Community-based setting
Lengnick-Hall et al. (2019)	USA	SafeCare	Face-to-face/Individual	Child welfare agencies
Lent (2022)	USA	Parent-Child Interaction Therapy	Online/Individual and Group	Community-based setting
Lewis et al. (2016)	USA	Triple P (level 5)	Face-to-face/Individual	Child welfare agencies
Liebsack (2019)	USA	Parent-Child Interaction Therapy	No info	Mental health agencies
Lindsay et al. (2011)	United Kingdom	Incredible years Triple P (level 4) Strengthening Families, Strengthening Communities	Face-to-face/Group	Community centres, schools, clinics, and the premises of voluntary bodies
Love et al. (2016)	USA	Triple P Online Community	Online/Individual (self-directed)	Community-based setting
Lyon & Budd (2010)	USA	Parent Child Interaction Therapy	Face-to-face/No info	Mental health agencies
Lyons et al. (2022)	USA	Parent–Child Interaction Therapy	No info	Child welfare agencies
Margolis (2013)	Spain	Family Check-Up	No info	Schools
Mathias et al. (2022)	India	Parenting for Lifelong Health	Face-to-face/Group	Community-based setting

Authors (year)	Country	Programs	Delivery/Format	Settings
Matos et al. (2006)	USA	Parent–Child Interaction Therapy	Face-to-face/Individual	Community-based setting
Matsumoto et al. (2007)	Australia	Triple P	Telephone/Group and Telephone consultation	Community-based setting
Mauricio et al. (2019)	USA	Family Check-Up	Face-to-face/No info	Mental health agencies
McCoy et al. (2021)	Thailand	Parenting for Lifelong Health	Face-to-face/Group	Public health services
McDonald et al. (2012)	USA	Families and Schools Together	Face-to-face/Group	Refugee centre
McWilliams (2020)	USA	Incredible Years (IY Basic)	Face-to-face/Group	Community-based setting
Miller & Keating (2013)	Canada	Incredible Years	Face-to-face/Group	Community-based setting
Miller et al. (2010)	USA	Parents Matter!	No info	Community-based organizations, faith-based organizations, health departments, and local education agencies
Murry et al. (2018)	USA	Pathways for African American Success	Face-to-face and Technology-based/ Individual and Group	Community-based setting
Myers et al. (2020)	USA	Triple P	Face-to-face/No info	Child welfare agencies
Nelson et al. (2012)	USA	Parent-Child Interaction Therapy	No info	Mental health agencies
Nolan (2014)	USA	Triple P	No info	Community-based setting
Norton et al. (2021)	Australia	Confident Body, Confident Child	No info	Hospital
O'Connor et al. (2020)	USA	Healthy Dads Healthy Kids	Face-to-face/Group	Clinics
O'Donovan (2020)	Ireland	Strengthening Families Program	Face-to-face/Group	Community-based setting
Ofoha et al. (2018)	Nigeria	Parenting Education Program for Punishment Prevention	Face-to-face/Group	Community-based setting
Ogden et al. (2005)	Norway	Parent Management Training - Oregon Model	No info	Community-based setting

Authors (year)	Country	Programs	Delivery/Format	Settings
Ogden et al. (2009)	Norway	Parent Management Training - Oregon Model Multisystemic Therapy	No info	Child welfare, child mental health, and school-based agencies
Oppenheim-Weller & Zeira (2018)	Israel	SafeCare	Face-to-face/Individual	Child welfare agencies
Orte Socias et al. (2016)	Spain	Strengthening Families Program	Face-to-face/Group	Child welfare agencies
Osburn (2013)	USA	Incredible Years	Online (self-directed)/Individual	Community-based setting
Owens (2019)	USA	Triple P (levels 2 to 5)	No info	Community-based setting
Parker et al. (2020)	USA	Families Talking Together	Face-to-face/No info	Community-based setting
Parra Cardona et al. (2012)	USA	Parent Management Training - Oregon Model	Face-to-face/Group	Religious organization
Patras & Klest (2016)	Norway	Parent Management Training - Oregon Model	No info	Child welfare agencies
Patrick et al. (2008)	USA	Staying Connected with Your Teen (formely known as Parents Who Care)	Face-to-face/Group	Church
Pickard et al. (2016)	USA	ImPACT Online	Online (self-directed or with therapist assistance)/Individual	Community-based setting
Polaha et al. (2018)	USA	Family Check-Up	No info	Pediatric residency, training clinic
Porta et al. (2018)	USA	Early Risers	No info	Community-based setting
Poulsen et al. (2010)	Kenya	Parents Matter!	No info	Community-based setting
Puffer et al. (2017)	Thailand	Strengthening Families Program (adaptation: Happy Families)	Face-to-face/Group	International rescue committee
Quetsch (2019)	USA	Parent-Child Interaction Therapy	Face-to-face/No info	Mental health agencies
Ramos (2019)	USA	Parent-Based Coping Scaffolding Program	No info	Community-based setting

Authors (year)	Country	Programs	Delivery/Format	Settings
Romney et al. (2014)	USA	Triple P (levels 4 and 5)	Face-to-face/Group	Child welfare agencies Mental health agencies
Roosa Ordway et al. (2018)	USA	Mothering from the Inside Out	Face-to-face/Individual	Mental health agencies
Rudo-Stern (2019)	USA	Family Check-Up	No info	Community-based setting
Saldana et al. (2021)	USA	Families Actively Improving Relationships	Face-to-face/No info	Child welfare agencies
Scudder & Herschell (2015)	USA	Parent–Child Interaction Therapy	No info	Community-based setting
Scudder et al. (2017)	USA	Parent-Child Interaction Therapy	No info	Community-based setting
Self-Brown et al. (2011)	USA	SafeCare	Face-to-face/Individual	Child welfare agencies
Shapiro & Charest (2020)	USA	Multisystemic Therapy Parent Child Interaction Therapy Alternatives for families: A cognitive behavioural therapy Triple P Functional Family Therapy Strengthening Families Program	No info/Individual and Group	Non-profit organization, state agency, school
Shapiro et al. (2015)	USA	Triple P (levels 2 to 4)	Face-to-face/Individual and Group	School, non-profit organization, mental health agency, childcare, and social services
Sigmarsdóttir & Guðmundsdóttir (2013)	Iceland	Parent Management Training - Oregon Model	No info	Community-based setting
Sim et al. (2020)	Lebanon	Families Make the Difference	Face-to-face/Group	International rescue committee
Skale et al. (2020)	USA	Parent-Child Interaction Therapy Child-Parent Psychotherapy	No info	Mental health agencies
Smith et al. (2015)	USA	Family Check-Up	No info	Mental health agencies
Stern et al. (2008)	Canada	Incredible Years	Face-to-face/Group	Early learning centers

Authors (year)	Country	Programs	Delivery/Format	Settings
Stokes (2014)	USA	Parent-Child Interaction Therapy	No info	Community-based setting
Suchman et al. (2020)	South Africa	Mothering from the Inside Out	Face-to-face/Group	Hospitals
Taylor et al. (2015)	Canada	Triple P (level 4)	Face-to-face/Individual and Group	Community-based setting
Thomson et al. (2014)	United Kingdom	Empowering Parents, Empowering Communities	Face-to-face/Group	Community-based setting
Turner & Sanders (2006)	Australia	Triple P (level 3)	Face-to-face/Individual	Community child health clinics
Weaver et al. (2011)	USA	Safe N′ Sound	No info	Clinic
Webster-Stratton et al. (2014)	USA	Incredible Years	Face-to-face/Group	Mental health agencies
West et al. (2022)	USA	Attachment and Biobehavioral Catch-up	Face-to-face/Individual	Non-profit organization
Whitaker et al. (2012)	USA	SafeCare	No info	Child welfare agencies
Whitaker et al. (2015)	USA	SafeCare	No info	Child welfare agencies
Woodfield et al. (2021)	Australia	Parent-Child Interaction Therapy	No info	Child welfare agencies, clinic, not-for-profit organization, schools
Yingling et al. (2020)	USA	Autism Parent Navigators	Face-to-face/Individual	Statewide parent support center
Zerón (2017)	USA	Parent Management Training - Oregon Model (adaptation: Parenting Through Change for Reunification)	Face-to-face/Group	Community-based setting

Note. When the same study reported the implementation of more than one program, and the type of program's delivery/format differs between these programs, we discriminated it using the wildcard character asterisk (*).

Table 2. *Studies Reporting of Implementation Outcomes, Adaptations, Barriers and Facilitators.*

Study	Implementation Outcomes								Adaptations	Barriers/Facilitators
	Acceptability	Adoption	Appropriateness	Cost	Feasibility	Fidelity	Penetration	Sustainability		
Aalborg et al. (2010)	-	-	-	-	-	R[3]	-	-	-	R
Aarons et al. (2012)	-	-	-	-	-	R[3]	-	-	R	R
Abdala et al. (2020)	-	R[1]	-	-	-	-	-	-	R	R
Akin et al. (2016a)	-	-	-	-	-	R[1]	-	-	R	R
Akin et al. (2016b)	R[3]	R[3]	R[3]	-	-	R[1]	-	-	R	R
Allchin et al. (2022)	-	-	-	-	-	-	-	R[3]	-	-
Álvarez et al. (2016)	-	-	-	-	-	R[2]	-	-	R	R
Amador Buenabad et al. (2020)	-	-	-	-	-	R[2]	-	-	-	R
Amarós-Martí et al. (2016)	-	-	-	-	-	R[2]	-	-	-	R
Arim et al. (2017)	-	-	-	-	-	-	-	-	-	R
Arruabarrena et al. (2019)	-	-	-	-	R[3]	-	-	-	R	R
Asgary-Eden & Lee (2011)	-	R[3]	-	-	-	R[2]	-	-	-	R
Ballard (2017)	R[3]	-	-	-	R[3]	R[2]	-	-	R	-
Bamberger (2016)	-	-	-	-	-	-	-	-	-	R

Study	Implementation Outcomes								Adaptations	Barriers/Facilitators
	Acceptability	Adoption	Appropriateness	Cost	Feasibility	Fidelity	Penetration	Sustainability		
Barnett et al. (2014)	-	-	-	-	-	R[2]	-	R[3]	-	R
Barnett et al. (2021)	-	-	-	-	-	-	-	R[3]	-	R
Bartley (2017)	-	-	-	-	-	R[3]	-	-	-	R
Berkel et al. (2013)	-	-	-	-	-	R[2]	-	-	R	R
Berkel et al. (2018)	-	-	-	-	-	R[2]	-	-	-	-
Bloomquist et al. (2016)	-	-	-	-	-	R[3]	-	R[3]	R	-
Brabson et al. (2021)	-	-	-	-	-	-	-	R[2]	-	R
Brabson (2017)	-	-	-	-	-	-	-	-	-	R
Breitenstein et al. (2010)	-	-	-	-	-	R[3]	-	-	-	R
Breitkreuz et al. (2011)	-	-	-	-	-	-	-	-	R	R
Butler (2019)	-	-	-	-	-	-	-	-	-	R
Cantu et al. (2010)	-	-	-	-	-	R[3]	-	-	-	-
Chaffin et al. (2016)	-	-	-	-	-	R[2]	-	-	R	-
Charest & Gagné (2019a)	-	-	-	-	-	-	-	-	-	R

Study	Implementation Outcomes								Adaptations	Barriers/Facilitators
	Acceptability	Adoption	Appropriateness	Cost	Feasibility	Fidelity	Penetration	Sustainability		
Charest & Gagné (2019b)	-	R[3]	-	-	-	-	R[3]	-	-	R
Chase et al. (2019)	-	-	-	-	-	R[2]	-	-	-	R
Chlebowski et al. (2018)	-	-	-	-	-	R[2]	-	-	-	R
Christian et al. (2014)	-	-	-	R[1]	-	-	-	R[3]	-	R
Clarke (2013)	-	-	-	-	-	-	-	-	-	R
Clay (2018)	-	-	R[3]	-	-	-	-	-	-	R
Cluver et al. (2016)	R[3]	-	-	-	-	R[3]	-	-	-	R
Cooper et al. (2016)	-	-	-	-	-	-	-	-	R	-
Côté & Gagné (2020a)	-	-	-	-	-	-	-	-	-	R
Côté & Gagné (2020b)	-	-	-	-	-	-	-	-	R	R
Dababnah & Parish (2014)	R[3]	-	-	-	-	-	-	-	R	R
Dawson-Squibb et al. (2022)	R[3]	-	-	-	R[3]	R[3]	-	-	-	R
De Paul et al. (2015)	R[2]	-	-	R[3]	-	R[2]	-	-	R	R
Delawarde-Saïas et al. (2018)	-	-	-	-	-	-	-	-	-	R

Study	Implementation Outcomes								Adaptations	Barriers/Facilitators
	Acceptability	Adoption	Appropriateness	Cost	Feasibility	Fidelity	Penetration	Sustainability		
Denard (2017)	-	-	-	-	-	-	-	-	-	R
Estrada et al. (2017)	-	-	-	-	-	R[3]	-	-	-	-
Estrada et al. (2018)	-	-	-	-	-	R[3]	-	-	R	-
Fang et al. (2022)	R[2]	-	-	-	-	R[3]	-	-	-	R
Fawley-King et al. (2014)	-	-	-	-	-	R[1]	-	-	R	-
Fowles et al. (2018)	-	-	-	-	-	-	-	-	R	-
Frantz et al. (2015)	-	-	-	-	-	R[1]	R[3]	R[3]	-	R
Gagnon (2016)	-	-	-	-	-	R[3]	-	-	R	-
Gallitto et al. (2018)	-	-	-	-	-	R[2]	-	-	-	R
Garcia et al. (2020)	-	-	-	-	-	R[1]	-	-	-	R
Glazemakers (2012)	-	-	-	-	-	-	-	-	R	R
Gomi (2015)	-	-	-	-	-	-	-	-	R	R
Gordon & Cooper (2015)	-	-	-	-	-	R[2]	-	-	R	R
Guastaferro et al. (2017)	-	-	-	-	-	R[1]	-	-	R	R
Haroz et al. (2019)	-	-	-	-	-	-	-	-	R	R

Study	Implementation Outcomes								Adaptations	Barriers/Facilitators
	Acceptability	Adoption	Appropriateness	Cost	Feasibility	Fidelity	Penetration	Sustainability		
Heerman et al. (2018)	-	R[3]	-	-	-	R[3]	-	R[3]	R	R
Herschell et al. (2021)	-	-	-	R[3]	-	-	-	R[3]	R	R
Hickey et al. (2018)	-	R[1]	R[1]	-	-	-	-	-	-	R
Hill et al. (2007)	-	-	-	-	-	R[1]	-	-	R	-
Hill et al. (2019)	-	-	-	-	-	R[1]	-	-	-	-
Hodge et al. (2017)	R[1]	R[1]	-	-	-	R[3]	R[3]	R[3]	R	R
Huebner et al. (2021)	-	-	-	-	-	-	-	R[3]	-	-
Ionutiu (2016)	R[3]	-	-	-	-	-	-	-	R	R
Jackson et al. (2017)	R[3]	-	-	-	R[3]	-	-	-	-	-
Kerns et al. (2017)	-	-	-	-	-	-	-	-	-	R
Klest (2014)	-	-	-	-	-	-	-	-	-	R
Kumpfer et al. (2012)	-	-	-	-	-	R[2]	-	-	R	R
Kutash et al. (2012)	R[3]	-	-	-	-	R[2]	-	-	-	-
Lachman et al. (2016)	R[3]	-	R[2]	-	R[3]	R[3]	-	-	-	R

Study	Implementation Outcomes								Adaptations	Barriers/Facilitators
	Acceptability	Adoption	Appropriateness	Cost	Feasibility	Fidelity	Penetration	Sustainability		
Lanier et al. (2011)	-	-	-	-	-	R[1]	-	-	-	-
Lau et al. (2011)	-	-	-	-	-	R[3]	-	-	-	R
Leclair et al. (2017)	-	-	-	-	-	R[3]	-	R[3]	R	R
Lee et al. (2006)	-	-	-	-	-	-	-	-	-	R
Lengnick-Hall et al. (2019)	-	-	-	-	-	-	-	-	R	-
Lent (2022)	R[3]	-	-	-	-	-	-	-	-	-
Lewis et al. (2016)	R[3]	-	R[3]	-	-	R[2]	-	-	-	R
Liebsack (2019)	R[2]	-	-	-	-	-	-	-	-	R
Lindsay et al. (2011)	-	-	-	-	-	R[2]	-	-	-	-
Love et al. (2016)	R[3]	-	-	-	R[3]	-	-	-	-	R
Lyon & Budd (2010)	R[3]	-	-	-	-	R[3]	-	-	-	R
Lyons et al. (2022)	-	-	-	-	-	R[3]	-	-	-	-
Margolis (2013)	-	R[2]	-	-	R[2]	R[3]	-	-	R	-
Mathias et al. (2022)	R[3]	-	-	-	R[3]	R[3]	-	-	R	R
Matos et al. (2006)	R[3]	-	-	-	-	-	-	-	R	R
Matsumoto et al. (2007)	R[3]	-	-	-	-	-	-	-	-	-

Study	Implementation Outcomes								Adaptations	Barriers/Facilitators
	Acceptability	Adoption	Appropriateness	Cost	Feasibility	Fidelity	Penetration	Sustainability		
Mauricio et al. (2019)	-	-	-	-	-	R[2]	-	-	-	-
McCoy et al. (2021)	-	-	-	-	R[3]	R[3]	-	-	R	R
McDonald et al. (2012)	-	-	-	-	-	R[2]	-	-	R	R
McWilliams (2020)	R[3]	-	-	-	R[3]	-	-	-	-	R
Miller & Keating (2013)	-	-	-	-	R[3]	-	-	-	-	R
Miller et al. (2010)	R[1]	-	-	-	R[3]	-	-	-	-	R
Murry et al. (2018)	R[1]	-	-	-	-	R[3]	-	-	-	-
Myers et al. (2020)	-	-	-	-	-	-	-	-	-	R
Nelson et al. (2012)	-	-	-	-	-	R[1]	-	-	-	R
Nolan (2014)	-	-	-	-	-	-	-	-	-	R
Norton et al. (2021)	-	-	-	-	-	R[2]	-	-	R	R
O'Connor et al. (2020)	-	-	-	-	-	-	-	-	R	R
O'Donovan (2020)	-	-	-	-	-	-	-	-	R	R
Ofoha et al. (2018)	R[3]	-	-	-	-	R[3]	-	-	-	R
Ogden et al. (2005)	-	-	-	-	-	R[2]	-	R[3]	R	R

Study	Implementation Outcomes								Adaptations	Barriers/Facilitators
	Acceptability	Adoption	Appropriateness	Cost	Feasibility	Fidelity	Penetration	Sustainability		
Ogden et al. (2009)	-	-	-	-	-	R[2]	-	R[3]	R	R
Oppenheim-Weller & Zeira (2018)	-	-	R[1]	-	-	-	-	-	R	R
Orte Socias et al. (2016)	-	-	-	-	-	-	-	-	-	R
Osburn (2013)	R[3]	-	-	-	-	R[3]	-	-	-	R
Owens (2019)	-	-	R[2]	R[1]	-	R[2]	-	-	-	-
Parker et al. (2020)	R[2]	R[1]	R[1]	-	R[3]	R[3]	-	R[1]	R	R
Parra Cardona et al. (2012)	-	-	-	-	-	-	-	-	R	R
Patras & Klest (2016)	-	-	-	-	-	-	-	-	-	R
Patrick et al. (2008)	-	-	-	-	-	-	-	-	-	R
Pickard et al. (2016)	R[3]	-	-	-	-	-	-	-	-	R
Polaha et al. (2018)	-	-	-	-	-	-	R[3]	-	-	-
Porta et al. (2018)	-	-	-	-	-	-	-	-	R	R
Poulsen et al. (2010)	-	-	-	-	-	R[2]	-	-	R	R
Puffer et al. (2017)	R[3]	R[1]	-	-	-	-	-	-	R	-

Study	Implementation Outcomes								Adaptations	Barriers/Facilitators
	Acceptability	Adoption	Appropriateness	Cost	Feasibility	Fidelity	Penetration	Sustainability		
Quetsch (2019)	R[3]	-	-	R[3]	-	R[2]	-	-	-	R
Ramos (2019)	-	-	-	-	-	R[3]	-	-	-	-
Romney et al. (2014)	-	-	-	R[1]	-	-	-	-	-	R
Roosa Ordway et al. (2018)	R[1]	-	-	-	-	R[2]	-	-	-	R
Rudo-Stern (2019)	-	-	-	-	-	R[2]	-	-	-	-
Saldana et al. (2021)	-	-	-	R[2]	-	R[3]	-	-	-	-
Scudder & Herschell (2015)	-	-	-	-	-	-	-	-	-	R
Scudder et al. (2017)	-	-	-	-	-	R[2]	-	R[3]	-	R
Self-Brown et al. (2011)	R[1]	-	-	-	-	R[1]	-	-	R	R
Shapiro & Charest (2020)	-	-	-	-	-	R[1]	-	-	-	R
Shapiro et al. (2015)	R[3]	-	-	-	R[3]	R[1]	-	R[3]	R	R
Sigmarsdóttir & Guðmundsdóttir (2013)	-	-	-	-	-	R[3]	-	-	R	-
Sim et al. (2020)	R[3]	-	-	-	-	-	-	-	-	-
Skale et al. (2020)	-	-	-	-	-	R[2]	-	R[3]	R	R

Study	Implementation Outcomes								Adaptations	Barriers/Facilitators
	Acceptability	Adoption	Appropriateness	Cost	Feasibility	Fidelity	Penetration	Sustainability		
Smith et al. (2015)	R[3]	R[1]	-	-	R[3]	R[3]	R[3]	-	R	R
Stern et al. (2008)	-	-	-	-	-	R[3]	-	-	-	R
Stokes (2014)	R[3]	-	-	-	-	R[3]	-	-	R	R
Suchman et al. (2020)	R[1]	-	-	-	R[3]	-	-	-	R	R
Taylor et al. (2015)	-	-	-	-	-	R[3]	-	-	-	-
Thomson et al. (2014)	-	-	-	-	-	R[1]	-	-	-	R
Turner & Sanders (2006)	R[3]	-	-	-	-	R[3]	-	-	-	-
Weaver et al. (2011)	-	R[2]	-	-	-	-	-	-	-	R
Webster-Stratton et al. (2014)	-	-	-	-	-	R[3]	-	-	-	-
West et al. (2022)	R[3]	-	R[3]	-	R[3]	-	-	-	-	R
Whitaker et al. (2012)	-	-	-	-	-	R[3]	-	-	-	R
Whitaker et al. (2015)	-	-	-	-	-	-	-	-	-	R
Woodfield et al. (2021)	R[3]	-	-	-	-	-	-	-	R	R
Yingling et al. (2020)	R[3]	-	-	-	R[3]	R[1]	-	-	R	R

Study	Implementation Outcomes								Adaptations	Barriers/Facilitators
	Acceptability	Adoption	Appropriateness	Cost	Feasibility	Fidelity	Penetration	Sustainability		
Zerón (2017)	-	-	-	-	-	-	-	-	R	R

Note. R = Reported by the study; R[1] = The study just mentioned the implementation outcome; R[2] = The study monitored the implementation outcome; R[3] = The study measured the implementation outcome (i.e., presented the results).

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Appendix B. Study 2 Supplemental Material

Supplemental Material 1

Script for Discussion Sessions with the Practitioners

A. Moderator Presentation

Hello everyone, welcome! I would like to start by thanking you for taking the time to be here today. My name is Sofia, and I will be moderating this discussion session. We ask for your presence because we want to understand what your experience of implementing the Standard Triple P parenting intervention has been like. It is important for you to know that there are no right or wrong answers, just different points of view. All opinions are valid, and we would love to hear yours!

With your permission, I will record this session to document your contributions (to ask for practitioners' consent). After the session, what was discussed will be transcribed, but there will be no mention of your names.

My role in this session will be to guide the discussion, ask questions, and listen to you. I won't be taking part in the conversation, but I would like you to feel free to talk to each other.

I'm going to ask several questions. From time to time, I will introduce a new question. Some people talk a lot, and others don't so much. But it's essential to hear everyone's opinion. So, if someone is talking a lot, I can ask them to give the floor to another colleague. And if someone is talking less, I can ask their opinion. Although I know you already know each other, I would like you to introduce yourselves so that I can get to know you too!

B. Objective of Each Question, Stimulus Questions, and Guiding Points for The Moderator

OBJECTIVE	**STIMULUS QUESTIONS**	**GUIDING POINTS**
To understand the experience of practitioners in implementing the Standard Triple P (STP) parenting intervention.	1) I'm going to ask you to think about your experience since the first time you implemented Standard Triple P with a family. What has your experience been like as a practitioner delivering this intervention?	1a) Ensure that all practitioners present their perception of the overall experience of implementing the STP parenting intervention.

To analyze the professionals' perception of the fidelity of the interventions carried out.	2) We know that Standard Triple P is a structured intervention, and you have a manual with the content and structure of each session. What do you think about following this structure?	2a) What advantages and disadvantages do you associate with the fact that the intervention is structured and has a manual? 2b) If a practitioner mentions that she did not follow this structure, ask her whether she thinks this has had an effect on the implementation fidelity.
To identify the facilitators and barriers that practitioners encountered when implementing Standard Triple P with families involved with child protection services.	3) In your experience as Standard Triple P practitioners, what did you feel as facilitators of the implementation? And as barriers?	3a) Ask for examples of facilitators and barriers that practitioners encountered during Standard Triple P implementation.
	4) At the beginning of your participation in the *OMITTED FOR BLIND PEER REVIEW* project, you received training that accredited you as a practitioner of Standard Triple P. Now that you have the experience of implementing it, whether and to what extent do you think the training helped you implement the intervention with fidelity?	(nothing to add)
To examine the extent to which practitioners have made modifications during implementation, describing the types of modifications ("what"), the moments ("when"), and the reasons ("why") for their occurrence.	5) To what extent has Standard Triple P responded to the specific needs and characteristics of the families you follow?	5a) Whether or not the intervention fits the needs and characteristics of the families. Here, you can mention the content of the sessions, the structure of the sessions, or even how the sessions are implemented (e.g., face-to-face, remote). Ask for specific examples.
	6) Have there been times when you changed something in the program? What did you do?	6a) Can you give me examples of changes you have made? 6b) When did changes happen? 6c) Who did participate in the decision to change? 6d) What were the reasons for these modifications?
To understand how practitioners balanced	7) To what extent do you think Standard Triple P	(nothing to add)

fidelity and flexibility when implementing Standard Triple P.	allows for flexible implementation?	
	8) In conclusion, thinking about fidelity to the Standard Triple P manual and the changes you felt you needed to make, how did you balance both?	8a) Strategies used to balance fidelity-modifications
Closing question	9) Is there anything else you would like to add that hasn't been mentioned?	

Supplemental Material 2

Topics with low Rates of Adherence by Session

# Session	Session Topic	*N* families in which this topic was not covered, or it was covered partially or with difficulty
1	"Make sure that the SDQ, DASS, PPC and PS questionnaires are completed before the end of the session."	11
	"Explain homework: Read Session 2 in the Every Parent's Family Workbook and begin the exercises."	5
	"Agenda: Monitor the child's behavior."	4
2	"Review of homework assignments (monitoring, reading, and manual exercises)"	7
	"Explain homework assignments: Read Session 3 in the Every Parent's Family Workbook and begin the exercises"	5
	"Assessment results and summary of key areas of concern"	4
3	"Homework review (monitoring, reading, and homework exercises)"	6
	"Explain homework assignments: Prepare a behavior chart"	7
	"Explain homework assignments: Monitor the child's target behavior(s)"	7
	"Explain homework assignments: Read Session 4 in the Every Parent's Family Workbook and begin the exercises"	7
4	"Exercise 10: Consequences for behavior charts"	7
	"Finalize the behavior charts"	6
	"Homework review"	6
	"Explain homework assignments: Implement a behavior chart"	6
	"Explain homework assignments: Monitor the child's target behavior(s)"	6

5	“Agenda: Discuss any additional topics on the agenda”	6
	“Ask the parent(s) to complete Exercise 2: Monitoring what you do as part of the practical task”	5
	“Explain homework assignments”	5
6	“Agenda: Discuss any additional topics on the agenda”	7
	“Explain homework assignments”	6
	“Homework review”	4
7	“Agenda: Discuss any additional topics on the agenda”	9
	“Ask the parent(s) to complete Exercise 2: Monitoring what you do as part of the practical task”	7
	“Explain homework assignments”	6
8	“Explain homework assignments”	5
	“Homework review”	4
9	“Explain homework assignments”	7
	“Homework review”	6
10	“Homework review”	7

Supplemental Material 3

Characterization of Modifications Reported by the Practitioners Using FRAME (Stirman et al., 2019)

FRAME modification descriptors	The current study	Excerpts
When did the modification occur? Were changes planned/proactive or unplanned/reactive?	Implementation Unplanned/reactive	"We have to make adjustments because we end up facing this need during the implementation of the program." (P1)
Who participated in the decision to modify?	Individual practitioner	N/A
Level of delivery (for whom/what the modification is made)?	Target intervention group	"These changes are necessary for the benefit of the family." (P6)
	Individual practitioner	"The program did not run weekly as it was supposed to. I have many [parents] to do skills training, and I have other associated functions in my workplace. I can do it [program delivery] every fortnight and with a lot of effort in my schedule." (P9)
What was modified?	Content	"The program has this content, but then we have to be flexible in how we deliver it." (P8)
	Context	"I had to do online sessions, especially because I have families who live far away." (P3)

FRAME modification descriptors	The current study	Excerpts
Why/What was the goal?	Increase engagement and retention	“If we follow it [the program protocol] strictly, we may lose our family before the tenth session.” (P7) “[Modifying] to motivating the family to the program itself, because they are receiving what they feel is their need. I think it is important that we make these adaptations almost family by family, also to keep the family involved in the program and motivate them to attend.” (P2)
	Improve fit with recipients	“Each case is different (...) And that leads us to have to make changes. Because we are facing a problem that may be the same, but we have people in front of us who deal with it differently, who see it differently; who have problems that may be similar, but they react differently, right? We're not all the same, are we? Each one has their own personality, their way of being, and their way of looking at the situation. And this necessarily leads us to have to adapt [the program].” (P9) “Basically, a need is being fulfilled [when a modification is made to the program], because if the family really comes with a focus and we ignore the focus and move on to another issue just because that is in the program... there ends up being a mismatch between the family's needs and the intervention that is being carried out.” (P4)
	Improve effectiveness/outcomes	“I think that these [changes] are what could end up bringing positive results.” (P10)

FRAME modification descriptors	The current study	Excerpts
Relationship with fidelity	Perceived impact: Fidelity-consistent	"These are just adjustments, they are not distorting the program." (P6) "The core of the program, let's say, that we had to maintain (...) those points that are mandatory, I managed to cover with all the families." (P5) "We have to be very careful to deconstruct and adapt the language, without actually compromising what is in the program." (P3) "When I make changes [to the program], I always consider that it will not have an impact on fidelity or on what is supposed to be the final outcomes of the intervention." (P9) "I would think very carefully whether it would actually be worth making this adaptation taking into account that it would have a loss in terms of gains, in terms of fidelity, in terms of what is recommended." (P1)

Note. N/A = Not Applicable; Practitioners are identified as P# in the excerpts provided.

Supplemental Material 4

Barriers and Facilitators Perceived by the Practitioners Implementing the Standard Triple P in Real-World Practice Settings with Families Involved in Child Protection Services According to the six-Factor Implementation Framework (Akin et al., 2014)

Implementation Barriers and Facilitators				
Implementation factor (Thematic group; Akin et al., 2014)	Sub-theme	Code		Excerpts
1. Client (i.e., families) characteristics	1.1. Families involved in Child Protection Services	1.1.1	Multi-Challenged Families	"Often, these families don't have one problem to deal with, they have many." (P6) "I had several cases in which it ends up being very complex to intervene in the family because the mother herself is experiencing a situation of personal and emotional crisis and is not very available to work on parenting issues. (...) all these difficulties that my colleagues have already talked about, about working with families that are multi-challenged and that have personal characteristics that make the intervention more complex." (P4)
		1.1.2.	Parents' perspectives of their relationship with social services: Rejection of the program because parents feel distrust and are resistant to social services intervention	"There are families who are already very discredited by the services (...) they have already been intervened...they have already had intervention from CAFAP [a Center for Family Support in Portugal], and then they think «It's just another [intervention], but what will this bring differently?»." (P2)
	1.2. Perception of participation in the program	1.2.1.	Participation in the program perceived as mandatory	"[Parents] come because there is pressure from the services to do the program. The motivation is often that they have to do it because it is being imposed." (P6) "They feel like an obligation. They were not the ones who chose the program, it was someone who decided for

Implementation Barriers and Facilitators				
Implementation factor (Thematic group; Akin et al., 2014)	Sub-theme	Code		Excerpts
				them or referred them to the program, which makes implementation difficult." (P5) "It's not exactly voluntary, right? They didn't come because they were having a lot of difficulties and wanted help, they came because someone decided what they had to do and decided what was important." (P7)
		1.2.2.	Participation in the intervention is seen as an attack on the parental role	"I had parents who thought they were coming to learn how to be parents, they were very angry about it." (P3) "They come up with the idea, «Why am I going to learn to be a mother and a father if I already am? If I'm going to learn, is it because I'm not a good mother?» Sometimes there is this idea, and this is also a barrier; sometimes there is a constraint here." (P9)
	1.3. Engagement	1.3.1.	Parents are focused or bring other topics to the session and force practitioners to interrupt the session	"With this mother, I don't disperse. Because she is very interested. She is perfectly focused. It's very curious that she doesn't lose her way, she knows perfectly well what we're talking about. It shows that this mother's motivation exists, it is there, and it is correct." (P8) "I think that the conversation, every now and then, diverts to other topics, the parents bring up other topics that are not what is being discussed at the moment. I have some difficulty in following the session's guidelines because of this." (P4)
		1.3.2.	Dropout	"I had situations where families came once and never showed up again." (P10)

Implementation Barriers and Facilitators			
Implementation factor (Thematic group; Akin et al., 2014)	Sub-theme	Code	Excerpts
		1.3.3. Observing change	"They see immediate results. (...) that motivates, doesn't it? «The fact that I did this, the child really obeyed. The child really listened» And I think that seeing this result, it ends up motivating to keep doing it and also to accept the other guidelines of the program." (P8)
		1.3.4. Emergent crisis	"I had the issue that at the time I started the program, the family situation was stable, but then crises arose that created obstacles to the implementation of the program. I had two situations in which we had to suspend it [the program] because other problems ended up taking priority in relation to the program." (P2) "Because there are other problems that arise in the family that are more urgent and require another type of intervention; other problems that emerged were obstacles to the program delivery." (P4)
		1.3.5. Concurrent demands	"The mother had much more difficulty because she also had all her routines to organize, and it is not always easy. So, yes, we had this obstacle." (P10) "Because they are sometimes unable to balance work, home routines, and children's routines, they also end up postponing sessions." (P9)
		1.3.6. Do not recognize the need for intervention	"When families do not recognize that they have difficulties, they do not see the need [for intervention]." (P6)

Implementation Barriers and Facilitators			
Implementation factor (Thematic group; Akin et al., 2014)	Sub-theme	Code	Excerpts
			"They didn't really understand the importance of this [the program]." (P1) "Parents become aware of the need for change throughout the program. It becomes easier." (P4)
		1.3.7. (In)ability to set change objectives	"And this could also compromise our work, right? Because if the family doesn't see difficulties, they don't see difficult behaviors in the child, or they see them but don't say so, right? Then it's difficult to... What are we going to work on?" (P7) "Families think that we are the ones who see the problems because their children don't have any problems. It is very difficult, for example, defining objectives, what they want to work on, what they would like to change... this is always very, very complex." (P1) "In my case, all [the families] understood and identified their children's problems, the objectives for change, which made my work a little easier." (P5) "It is facilitating when families themselves identify and present a problem they want to solve." (P10)
		1.3.8. Attendance	"One [of the mothers] was extremely easy to get on board. She was a lady who was very available. She was the one with whom I managed to advance further in the program, for example." (P4)
		1.3.9. Literacy and cognitive capacity	"The program itself has a lot of reading questions, tables, graphs... And I have families who, I'm aware,

Implementation Barriers and Facilitators			
Implementation factor (Thematic group; Akin et al., 2014)	Sub-theme	Code	Excerpts
			don't master these things, due to the lack of literacy they have." (P2) "There are parents with more difficulties in terms of communication, understanding, in terms of expressing themselves and then cognitively with some deficits. Therefore, the issue here, I think, has a lot to do with this: the program is structured, but in these cases, we are not always able to comply exactly with what is proposed by the program. In families that have more cognitive difficulties, it is more difficult for us to be able to comply with the timing proposed by the program, for example." (P7)
		1.3.10. Employment	"They were professionally active people and, therefore, I think these may have been characteristics that facilitated adherence to the program." (P5)
2. Practitioner characteristics	2.1. Attitudes about using the program	2.1.1. Anticipated benefits: Practitioners' belief in the program's effectiveness	"I really like this program; I believe in it [the program]." (P1)
		2.1.2. Observed benefits: Practitioners' witnessing the change in parents and children	"I was very satisfied at the end of intervening with these three families. In the post-test evaluation, the results left me very satisfied. I think the program really worked." (P5)

Implementation Barriers and Facilitators			
Implementation factor (Thematic group; Akin et al., 2014)	Sub-theme	Code	Excerpts
		2.1.3. How do they see the program delivery: an asset for their professional practice vs. a burden/extra work	"I identify a lot with this program. It is a precious tool. I used to say to my team members, «You will see how spectacular this program is!» We were already applying a program our team created, but now comparing one to the other, this one brings me other things that the other one didn't. This program adds a lot [to the usual practice], it is an asset to my work." (P9) "I can do it [program delivery] every fortnight and with a lot of effort in my schedule." (P8)
	2.2. Confidence	2.2.1. Implementation experience: greater confidence with increased experience Vs. lack of implementation experience related to lower self-confidence	"As we complete the program with more families, I think this also helps us feel more confident." (P3) "One thing is if we have a lot of experience with this program... Things flow. But at this moment I feel very green, I really feel very green, and I have some fear. In a PASS session [supervision], someone said that the barrier is not just in the client, in the person who will receive [the intervention], but also in the technician who will apply it. And that fitted me like a glove because I also have some obstacles, I also feel some anxiety and some... It's not really a limitation, but I don't feel comfortable enough with the program to implement it at will (…) and the program ends up not flowing in the best way." (P10)
		2.2.2. Spacing between training and practice: the longer it takes to	"I did the training in 2019. And soon after I had my second daughter. So, I did the training but then didn't

Implementation Barriers and Facilitators				
Implementation factor (Thematic group; Akin et al., 2014)	Sub-theme	Code		Excerpts
			implement the program, the greater the insecurity	apply it [the program] straight away. I had a year of interregnum [since the end of training] until I started implementing the program. It creates some anxiety until we start. The more time passes, the worse it gets because as the person doesn't train, they don't... And then you're a little more limited in terms of getting started, right? You have less and less courage to start." (P6) "It [the program] remained there in suspense [after training]. I got pregnant, and then halfway through, we had the pandemic. Contacts were still very limited in person with the families I accompanied. It was not at all reliable to implement the program through... Online. Meanwhile, I returned, but I had a lot of work. It was very difficult to start over." (P2) "I felt the need since I hadn't used the program for a long time... I felt the need to change the day of the [first] session because I wasn't prepared." (P8)
	2.3. Competence	2.3.1.	(Re)Direct the focus of parents, integrating the program content into the topics that parents bring from their daily lives	"We have to take advantage of the examples that they [the parents] give from day-to-day life and what was happening to redirect to the program's contents." (P1) "Sometimes we have to take advantage of what they [the parents] have already brought us, what they have already told us [in previous sessions]." (P4)
		2.3.2.	Therapeutic alliance: pros and cons	"The relationship we establish with the family is crucial." (P5)

Implementation Barriers and Facilitators			
Implementation factor (Thematic group; Akin et al., 2014)	Sub-theme	Code	Excerpts
			The empathetic relationship that we have to create with the family. I usually tell my colleagues: «Today I'm going to have to take the arrow to captivate» [laughs, metaphor with the cupid's bow] Because that's all we must do." (P9) "Creating a relationship can make it difficult in terms of the program delivery. (...) Once a relationship is established, it becomes more difficult to deliver such a structured intervention. (...) It comes to that situation of parents bringing other topics to the session." (P7)
		2.3.3. Promoting parents' reflexivity and self-efficacy	"Getting them [parents] to think and reflect on these issues, I think, is what ends up being essential, fundamental. And also, their self-efficacy. We help parents realize that they are capable of implementing the strategies and that they work in most cases. I think these end up being the main pillars of this intervention." (P3)
		2.3.4. Persistence to motivate the family	"We are always insisting, calling them [the parents]: «Let's book [the session]!» This is always the effort we are doing. I often say that sometimes we want more than they do, and sometimes we end up finding strategies to motivate them. To involve them." (P9)
		2.3.5. Fidelity-modification ambivalence: sense of guilt, incompetence Vs. adaptation inevitable in implementation in the real world	"It happens to me that I always find myself between what should be... basically the content that I should be presenting to the family, but I know that it won't make sense to them, it won't have any impact on the family.

Implementation Barriers and Facilitators			
Implementation factor (Thematic group; Akin et al., 2014)	Sub-theme	Code	Excerpts
			And that I'm there wasting time and I could use that time to do other work with that family." (P4) "Sometimes I think «Will I be ruining everything by changing? Is this enough to reduce the results [of the program]?» I had this feeling (...) a feeling of guilt." (P3) "Everything is there [in the program protocol], and if we follow all those steps from the start, we will be successful, right? But that's not how it works in real life! There are so many variables here that success cannot be measured in this way. We have to adapt!" (P1)
		2.3.6. Case management: role confusion	"I did my best to implement the program with families with whom I had not intervened before, that is, I did not know the family in other contexts. Because then, it ends up being difficult to focus the session on the topics of the program because then other issues arise in the family's process, when they meet us when we are case managers, for example. And when it happened [being the case manager for that family and the parents bringing other topics to the session], I said, «No, this is not the place for that», but it becomes difficult." (P2) "It is a barrier that I have both roles: I am the practitioner who is implementing the program, and I am a technician who they also know from the [family support] service. Maybe if they were family processes that I don't know or processes that families don't have a

Implementation Barriers and Facilitators			
Implementation factor (Thematic group; Akin et al., 2014)	Sub-theme	Code	Excerpts
			connection with me, it would be easier to implement." (P7)
3. Process level factors	3.1. Training	3.1.1 Accreditation	"Regarding training, what I feel is that those days when we had the accreditation were really important." (P6) "The initial training was, of course, super important, it was the basis for the entire program. It is critical to implementing the program with fidelity." (P10)
		3.1.2. Recap after practice	"I needed another training (...) I needed a recap right now." (P6) "(...) but then it turns out to be insufficient [the initial training]. I think that in addition to that initial training, I think it should be advantageous for us to continue to have some training over time." (P2) "Even, perhaps, our participation in the training would be different if we repeated it now... We did the training, but without the practice, right? After being in practice, there are other questions that arise. If we had training again or something very similar, we could take another advantage... another benefit from what training is." (P4)
	3.2. Supervision	3.2.1. Peer support: sharing and validation of feelings, thoughts, and experiences, and problem-solving	"Peer support sessions also allow us to validate what we are feeling, the difficulties we are having... some of the practices we do. (...) a space in which we also share concerns and ways of acting, right?" (P3) "It is important to share with colleagues, to learn about our colleagues' difficulties, what works best, what works

Implementation Barriers and Facilitators			
Implementation factor (Thematic group; Akin et al., 2014)	Sub-theme	Code	Excerpts
			worst. Case sharing. Having this sharing is important because we feel that the difficulties we are experiencing are also felt by other colleagues." (P9)
		3.2.2. Including practice: role-play	"It's that moment that I usually call catharsis. (...) it helps to see how the other person does it and what results they obtain. And in this, I will also learn." (P1) "I think at the beginning [of peer support sessions] I felt like... that I got more out of it. Maybe at this point I think we could think about possibly making them a little more practical." (P7) "I have colleagues from other programs; they have these sessions every month and put them into practice… they record some excerpts from the sessions and then analyse them, do role-play. So, I think this could be beneficial for us as well." (P2) "In addition to this monthly presentation of the cases, we could work session by session or theme by theme, because. We could exchange experiences between colleagues and realize that there are even other ways of presenting the content, the strategies…I think it would be an added value to practice." (P4)
4. Innovation (i.e., the intervention) characteristics	4.1. Complexity	4.1.1. Feasibility	"There is a difference… let's say… between what should be and what is possible." (P5) "The program is a little complex (...) Not in terms of content, but it is complex in terms of their practical application." (P10)

Implementation Barriers and Facilitators			
Implementation factor (Thematic group; Akin et al., 2014)	Sub-theme	Code	Excerpts
		4.1.2. Terminology	"It [the program] has its complexity, doesn't it? There are some positive parenting strategies that I think for some parents... That's new for them. The break time, the time out (...) There are also some concepts that I think families do not actually understand, and some do not even know; they are not familiar with them." (P3)
		4.1.3. Duration: too long and with too much content for parents to assimilate vs. sessions with little time for too much content to be covered by the practitioner	"It's a very long program." (P10) "I think sessions are a little extensive for some parents to be able to assimilate and retain all that content." (P2) "For us [practitioners], the session time also seems a little short, especially in the first, second, third, and fourth [sessions]; especially in these, there is a lot of content to be covered in a short time." (P8)
		4.1.4. Time-consuming: overall program delivery and quality assessment checklist	"It's not just the session time, is it? You must prepare for the session, and there are checklists to complete after the session. It's the preparation, it's the session that sometimes doesn't even last 1 hour, it lasts 90 or 120 [minutes]. When we have to go to the family's house to do [the session], and we have to travel, which in the case of my workplace is almost half an hour there, half an hour back, and therefore it took me the whole morning [to implement one session]." (P7) "It's a lot to do. I have a lot of difficulty filling out the checklist afterwards, because it's a lot of work. That comes out of the in-session work, right? It happens the same with introducing pre-and post-test questionnaires... This is very difficult; it takes a lot of our time." (P9)

Implementation Barriers and Facilitators			
Implementation factor (Thematic group; Akin et al., 2014)	Sub-theme	Code	Excerpts
	4.2. Structured program	4.2.1. Guide, orientation, clarity	"I think it's positive to have a structure, a framework, a sequence of things. It's always positive. We are not here doing things haphazardly, randomly, you know?" (P5) "I always think it's positive that it's structured…that there are sessions. I think the program is very clear." (P1)
		4.2.2. Practitioners' performance assessment	"Because when we fill it out [the session summary checklists], we have an exact idea and sometimes it's scary for us to realize "Uh…? I didn't focus on this, no…" (...) But what happens is that [the checklists] are really very detailed (...) it allows me to immediately see what I did… confront myself with my performance in that session." (P3)
	4.3. Adaptability	4.3.1. Appropriateness	"The program, in general, suits the needs of these families. I think it's probably one of the most «real» programs, let's say. I think it is more possible for us to get families to train this type of approach, this type of strategies with their children." (P6) "I always had the perception that this program was designed more for middle-class families, families that look for the program itself, that discover [the program] and look for it, and families that have another type of capacity for insight and that really go looking for that program." (P10)

Implementation Barriers and Facilitators			
Implementation factor (Thematic group; Akin et al., 2014)	Sub-theme	Code	Excerpts
		4.3.2. Flexibility within fidelity	"We maintain the contents. But then we will become more flexible within the structure; we will end up having to be more flexible, also to meet the needs and characteristics of each family." (P4)
		4.3.3. Training: too much emphasis on fidelity; should focus more on acceptable modifications	"In the training we received, we were somehow overwhelmed with the issue of fidelity and the importance of fidelity, then it makes us... the practitioners become stuck by this issue. At no point, when we had the training, someone said that there was a possibility that we could make some changes without jeopardizing fidelity." (P2)
	4.4. Relevance	4.4.1. Recruitment (how the program is introduced to families)	"Whenever I propose Triple P to a family, I no longer frame it as parenting skills training; I try to frame it in a different, more positive way. And then, I think there is greater understanding and acceptance because the problem no longer lies with them [the parents]". (P3) "I was the one who introduced the program to the families and, therefore, the way I did it, I think it also motivated families to join." (P5)
		4.4.2. Standard Triple P gives simple and practical strategies: applicability of the program contents to families' daily lives	"One of the characteristics of this program is also a facilitator because I think that's why some families end up staying in the program: many of the things that the program talks about are things that we do on a daily basis. The program does not bring anything new, the

Implementation Barriers and Facilitators			
Implementation factor (Thematic group; Akin et al., 2014)	Sub-theme	Code	Excerpts
			program brings many things that we all do on a daily basis." (P6) "The themes that the program addresses. Sometimes there are things that are so basic that they [the parents] don't even realize how important it is in everyday life for the difference in behavior, both their own and that of their children. Because it is basic, the program does not address anything transcendent or very elaborate issues. (...) The program starts from things that are common in everyday life, without us transmitting theories or very elaborate questions to them (…) it's their day, part of them, of the difficulties they feel, of the routines." (P9)
		4.4.3. Family-centered: focus on parents' behaviour and the active role of children	"The program not only focuses on the child's behavior, but it also focuses on the parents' behavior. And this is what is also important in the end, is that in order for there to be a change in that child's behavior, there will also have to be a change in the behavior of the parents." (P1) "This program also has a practical aspect of observation of parent-child interaction. Therefore, the child is an active element in this process. While in other programs, the child always appears in the program under the eyes of the parents because, in the end, there is no interaction between the child and the practitioner." (P6)
		4.4.4. Evidence-based	"What captivated me most about this program was the fact that it was actually proven that there would be an

Implementation Barriers and Facilitators				
Implementation factor (Thematic group; Akin et al., 2014)		Sub-theme	Code	Excerpts
				improvement in behavior and an increase in skills, following the program until the end." (P5) "There's a reason [for the program to be like this]. We're not talking about random things. When we have to return the results of the program to those who ask us to intervene: court, CPCJ, (…) I feel more confident in returning what the parents managed or failed to achieve." (P9)
			4.4.5. Less acceptance of some strategies: Time out	"Time-out and quiet time strategies were not very well accepted. They were not valued. (...) they never select these." (P3) "Perhaps because of the difficulty in understanding the rationale behind these strategies." (P7)
5.	Organizational level factors	5.1. Workload	5.1.1. Tiredness and overwork of current practitioners	"I have to manage my schedule a lot. Sometimes I even feel worn out." (P1) "I confess that at this point, the most difficult thing is my availability. I find it extremely difficult to organize myself to be with this mother every week. (...) it is not easy for those [practitioners] who have to manage many other [family] processes." (P8)
			5.1.2. Training more professionals	"I'm just sorry that my whole team doesn't have it [training in the program], not being able to take advantage of this tool too, because it would ease my work a little too, and maybe we could even improve the

Implementation Barriers and Facilitators			
Implementation factor (Thematic group; Akin et al., 2014)	Sub-theme	Code	Excerpts
			quality of the service we provide with this program." (P9)
6. Structural level factors	6.1. Referral	6.1.1. Nature: prevention vs treatment	"Sometimes they refer those really difficult, problematic cases, hoping that we would be a lifeline. But for those cases, given the characteristics of the program, we know that it [the program] would not work because there was domestic violence or because there were serious mental disorders." (P4) "They refer families that are almost... families in very complicated, very complex situations, almost at the end of the line. And at this stage, any intervention from us is… very complicated. I have had several referrals, but one of which only had an initial assessment done because the boys were all removed from parents in the meantime." (P2) "When families come to us, they already have such a high level of problems; they come with so many problems that it will be very difficult for us to intervene." (P10)
		6.1.2. Number: lack of referrals	"What happens to me is that if I'm not the one fighting for families, I don't have families! CPCJ does not refer, EMAT [i.e., another family support service] does not refer (...) I don't have any referrals!" (P1) "If we weren't almost begging for families [referrals]..." (P4)

Implementation Barriers and Facilitators			
Implementation factor (Thematic group; Akin et al., 2014)	Sub-theme	Code	Excerpts
	6.2. Inter-organizational networks	6.2.1. Decision making	"Often, the reason given [to close the case] is the fact that the family is attending the program. And they don't even consult me about it. And this also ends up putting us in a somewhat complicated situation, difficult to manage." (P1)
		6.2.2. Communication	"The coordination [with entities that refer families], in fact, is not the best. (...) this information is not even shared." (P7)

Note. Practitioners are identified as P# in the quotations provided.

Appendix C. Study 3 Supplemental Material

Supplemental Material 1

1.1. Semi-Structured Interviews' Script With the Practitioners

Part I. Questions Variations for Current Users, Stopped Users, and Practitioners who Never Implemented the Full Program

1. Do you currently use Standard Triple P in your Organization?
    1.1. If yes, ask:
        1.1.1. Is Standard Triple P fully routinized and embedded into your organization's service delivery? Why?
        1.1.2. To what extent has using the Triple P Standard benefited the work you do with families?
    1.2. If no, ask:
        1.2.1. Have you used the Standard Triple P since training?
        1.2.2. If started using but stopped, ask: How long has it been since you stopped using Standard Triple P?
2. What factors do you think have influenced your use/non-use/discontinuation of the Standard Triple P program over time?
3. With all the experience you currently have, what strategies do you think should have been put into practice to support/increase the use of the program over time?
4. Why were you the person selected to receive training to implement the Standard Triple P program in your organization/work setting?

Part II. Four Questions Based on the SWOT Format

1) Strengths: What are the characteristics of the CPS that facilitate the sustained use of EBPP in services provided to families?

2) Weaknesses: What are the characteristics of the CPS that make it difficult to sustain EBPP in services provided to families?

3) Opportunities: What factors external to the CPS can it leverage to improve the sustained use of EBPP?

4) Threats: What external factors to the CPS pose potential problems/risks to the sustained use of EBPP?

1.2. Semi-Structured Interviews' Script With the Organizational Managers and System-Level Representatives

Four Questions Based on the SWOT Format

1) Strengths: What are the characteristics of the CPS that facilitate the sustained use of EBPP in services provided to families?

2) Weaknesses: What are the characteristics of the CPS that make it difficult to sustain EBPP in services provided to families?

3) Opportunities: What factors external to the CPS can it leverage to improve the sustained use of EBPP?

4) Threats: What external factors to the CPS pose potential problems/risks to the sustained use of EBPP?

Supplemental Material 2

Table S2.1

Current Users Perceived Factors Influencing them to Sustain the use of Standard Triple P, According to the Domains from the Integrated Sustainability Framework (Shelton et al., 2018)

Domain	Factors covered	Description	Examples of transcripts
Inner contextual factors (n = 5)	Leadership support	Support from the organization leadership (e.g., through autonomy, perceived trust, and investment in training)	"From the moment I started applying [Standard Triple P] and made sense for me, my leadership gave me full autonomy and confidence." (CU4) "We always have this advantage here [in the organization] of being able to attend training, and it is always something that is privileged, so Triple P was always seen as an added value. The organization always has this concern." (CU1) "I think the organization has a big advantage, which is that they allow us to embrace various projects, as long as we justify it and say that it is a program that makes sense for our work. So, this is also a decisive factor for us to be involved in the programs, right?" (CU3)
	Organization's capacity/resources	The level of resources and support within the organization to facilitate the ongoing delivery of the program (e.g., allocated time, adequate space, and number of program providers)	"My leadership allowed me to attend the training days and also the monthly supervision". (CU2) "Concerning the other conditions [i.e., logistics], I have a room; I have everything I need." (CU4) "Here in the service, it is just me [Standard Triple P provider], right? It also ends up being a burden to use the program. I will not be involved in all the processes because then I have

Domain	Factors covered	Description	Examples of transcripts
			the others too. We are a small team… these are difficulties". (CU5)
			"It is a shame the other team members do not have training in this program, because it would be an increased added value. It is a shame the rest of the team does not have training [in Standard Triple P], and I am the only one who does. Because if not, we would all implement Triple P." (CU4)
Intervention characteristics (n = 5)	Fit with population and organization	The program fits the target population and the organization's mission	"CAFAP [the organization] works a lot on the issue of parenting, so the program ends up being very useful for the intervention we carry out with families." (CU1)
			"In my opinion, it is an asset for the service to be able to offer this program. Moreover, it is a program that fits in with our families' difficulties." (CU2)
			"This program, I think, helps a lot. It fits our intervention perspective very well." (CU4)
			"We work a lot in terms of parenting skills here at CAFAP in general. And I also think the program fits many of the families." (CU5)
	Perceived benefits	Perceived impact and relative advantage of the program, such as the perceived trust of the program as a source of evidence and in its theory of change (e.g., focused on increasing parents' empowerment), as well as being structured/manualized	"It is a very well-structured program." (CU2)
			"The program helps us to systematize it in a better way... In other words, we often say this to parents: what Triple P proposes is nothing new, and there are things that we already know and that we use daily. However, it is how we can maximize these things and how they can actually have a positive effect on our children. And, deep down, Triple P brings that. It systematizes all these strategies, and we know this could be here, this could be there... It is also a very structured program, allowing us to monetize these tools." (CU3)

Domain	Factors covered	Description	Examples of transcripts
			"I can't even apply to the other program anymore because this one is too structured. It is a program that is based on evidence, and this ends up supporting and validating information that we can return to the services that ask us to intervene." (CU4)
			"In relation to other [programs], this is another thing that I identify with this program a lot; it has to do with the responsibility of empowering families and even making them aware of their difficulties so that they own the capacity to change. This program has this advantage because it is very based on what parents do. They realized that it is their behaviours that often influence the child." (CU4)
	Adaptability	The degree to which the program can be tailored or refined to fit the new setting and population needs	"Doing the 10 sessions often ends up being, for me at this moment in terms of work, it ends up being difficult to do the 10 sessions. So, I am using more of the content from the theoretical sessions, and I do not make those practical sessions as structured. It would be impossible if we had to apply the program as it is. There has to be flexibility." (CU1)
			"I think there actually needs to be some adjustment here. For example, splitting the session into two encounters." (CU2)
			"We can apply it [Standard Triple P content] even in a way in which it is not needed to follow the entire structure of the program." (CU3)
			"We make adjustments but without removing the content, right? Without taking away the essence of the program and all the rigor of the program. Small adaptations are sometimes necessary, such as in terms of language." (CU3)
			"Modifications have always been made according to the needs of families. They are not all the same; it is important to adapt

Domain	Factors covered	Description	Examples of transcripts
			and also feel that, despite being a very structured and organized program, families are not so organized that we can deliver the program as it is. It has happened that I have recurred to other strategies to reach the same objective." (CU4)
Outer contextual factors (n = 3)	External partnerships	Receiving external support through networks and partnerships (e.g., through referrals from community partners and engagement with academia)	"In terms of referrals, we have a very good relationship with both the CPCJ and EMAT [community partners]." (CU1) "I find it easy to collaborate with other services. We have the court directly saying, «This family is for Triple P» (...)." (CU4) "I think I do not use it [Standard Triple P] as much as I would like. When I did the training, I thought I would be able to reach many more families. (…) For example, at the time, this was disseminated to colleagues from other community services who work directly with us, in which we know that parenting issues are always problematic issues and that they are transversal to all institutions, and even then, they do not refer parents. (…) Of course, other questions could be raised here, such as «But they are families monitored by us, and now they are going to contribute to the numbers [statistics] of other colleagues», because then this also has these questions that are behind it. (…) Interestingly, the families that have come to us are more through you [academia] than through the CPCJ or other community services. So, I think you end up being the determinant factor." (CU3)
Practitioner and population characteristics (n = 3)	Practitioner characteristics	Attitudes of the professionals delivering the program	"It also depends a little on the professionals, on us, right? We have many colleagues here who do exactly or only the tasks that are defined in their employment contract and do no more than that. And then I have other colleagues who like to

Domain	Factors covered	Description	Examples of transcripts
			embrace new things and things that might make sense to improve our professional practice." (CU3)
			"I identify a lot with this program, and I would like to have more training, even thinking about [parents of] teenagers. I am the biggest fan of this program." (CU4)
	Target population characteristics	Level of parents' engagement to attend the program	"There is always an issue that is the family engagement." (CU5)
Processes (n = 1)	Supervision	Processes related to implementation strategies (e.g., provision of support through supervision processes)	"We did the training, but then all the continuity that is done in these supervision meetings. I think this is a facilitating factor for the program to continue." (CU3)

Note. Current users are identified as CU# in the quotations provided; n = number of current users who reported factors covered by that domain; CAFAP = Centres for Family Support and Parental Counselling; CPCJ = Local Commissions for the Protection of Children and Young People; EMAT = Multi-disciplinary Court Counselling Teams.

Table S2.2

Stopped Users Perceived Factors Influencing them to not Sustain the use of Standard Triple P, According to the Domains from the Integrated Sustainability Framework (Shelton et al., 2018)

Domain	Factors covered	Description	Examples of transcripts
Inner contextual factors (n = 3)	Leadership and team members support	Support from those within the organization to facilitate the ongoing delivery of the program (e.g., flexible schedules, allocated time, and supporting logistics)	"First, the fact that I had the autonomy to organize my work based on what my needs were. There was also the ability to extend my working hours because many institutions do not allow us to stay there after opening hours, and this was also important to provide this response to families who needed intervention after work. Then, the team I was part of also ended up providing a lot of support because if parents had no one to leave the child with, I would have that support from my colleagues. If the family didn't have transportation, I would also have this support because my colleagues also provided transportation. And these types of conditions end up being essential to use the program with these families." (SU1) "While I was working at CPCJ, my leadership allocated me time blocks within my working hours to use the Standard Triple P program. Without this, nothing would have been done." (SU2) "The positive reception, let's say, that they [the leadership] gave to the program. Especially because the intervention was with families, children, and their families, who were monitored and who had promotion and protection measures at the CPCJ. So that support was a determinant factor. Then also

Domain	Factors covered	Description	Examples of transcripts
			the availability they gave us to be able to use the facilities after opening hours in case the parents are unable to do so during our working hours." (SU3)
	Organizational stability	Turnover of leadership: The extent to which the program fits with the new organization's leadership priorities	"At this moment, my new leadership considers that there are projects that are more important [than Standard Triple P] … I mean, it is not more important, but they are prioritizing it." (SU2)
			"(…) there are many projects that the municipalities want to embrace, and it ended up not being possible or prioritized to use the program anymore." (SU3)
		Turnover of organization and lack of staff	"In my case, it also had to do with the fact that I started working for another organization and the fact that the organization I moved to also had an exclusivity clause in the contract that did not allow me to continue performing other tasks." (SU1)
			"The factor that really contributed was my change of service, the change of division, that is, I left working in the place I used to." (SU2)
			"I had a contract with the CPCJ that was 9 years, I left after 8 years and something, and I came here to the Municipal Council. So, in the meantime, the projects that emerged here at the city hall, in the municipality, to which I was attached, ended up making the use of Standard Triple P incompatible due to an immense lack of human resources." (SU3)
Outer contextual factors (n = 3)	External partnerships/collaboration	Collaboration and network with community service partners (e.g., increase the dissemination of the program so that professionals from	"In my opinion, I think it is important to have a good working relationship already established here [with the other services in the community], a relationship that is collaborative and in which there are frequent contacts in order to make professionals aware of what is happening [i.e., the Standard

Domain	Factors covered	Description	Examples of transcripts
		other services are aware of the offer of this service, and through the families' referral to receive Standard Triple P)	Triple P delivery]. Because professionals with their workload often end up not being well aware of what is happening or when these interventions are taking place and the fact that this working relationship exists and that it is something continuous over time and is quite frequent, that is, having contacts here frequently, also allows professionals to begin to gain another dimension of what evidence-based programs are, what the results are or those that could become results of these programs, and also motivate them to refer families to this program." (SU1)
			"First, I had the referrals because both the CPCJ and EMAT immediately forwarded several situations to me, and even later, the Social Action service itself also found out and forwarded them [parents to attend Standard Triple P]. The collaboration of these two entities was essential." (SU2)
		Turnover of staff	"A situation that also made it difficult was the turnover of some professionals. In other words, professionals with whom I already had a working relationship left. Other professionals came who were not so aware of these issues and who did not have as much knowledge about what the program is and its advantages. And this also caused a decrease in the number of referrals at that time." (SU1)
	Major global events	Pandemic	"The Covid made it very difficult [to use Standard Triple P]." (SU3)
Practitioner and population characteristics (n = 2)	Target population characteristics	Population engagement	"The families are already multi-assisted in services, they have already been in the system for many years, right? Some have wrong beliefs, and several perhaps frustrated attempts to change their children's behavior, and then there is a lack of

Domain	Factors covered	Description	Examples of transcripts
			commitment that these families end up having [to engage with Standard Triple P].” (SU2) “I think that the families with whom I worked, their characteristics, their availability, and the reason why they were being monitored at the CPCJ were determinants for me being able to deliver the 10 [Standard Triple P] sessions until the end. It had a lot to do with the collaboration of parents in these cases.” (SU3)
Processes (n = 1)	Supervision	Processes related to implementation strategies (e.g., provision of support through supervision processes)	“I think that the supervision groups that were created, they were very important for this to happen [refers to Standard Triple P use].” (SU1)

Note. Stopped users are identified as SU# in the quotations provided; n = number of stopped users who reported factors covered by that domain; CPCJ = Local Commissions for the Protection of Children and Young People; EMAT = Multi-disciplinary Court Counselling Teams.

Table S2.3

Perceived Factors by Practitioners who Have Never Implemented Standard Triple P as Influencing Them to not Sustain the use of This Program, According to the Domains from the Integrated Sustainability Framework (Shelton et al., 2018)

Domain	Factors covered	Description	Examples of transcripts
Inner contextual factors (*n* = 7)	Organization's capacity/resources	High caseloads/Workload	"I had many processes as the case manager, which also ended up making it difficult to deliver the program." (NI2)
			"We accumulate a set of other tasks and have a workload that does not allow us to deliver the program. For me, it was the biggest barrier." (NI4)
			"We have so many cases!" (NI7)
		Staff shortages	"You cannot make omelettes without eggs, right?" (NI4)
			"I think that basically what affected me was the fact that it was just me trained to deliver the program, and at the same time, I needed to perform many other tasks. The lack of staff in my organization was determinant". (NI8)
		Time constraints	"There are things I do not remember exactly [from the program content], and I would need time now to stop and have almost a training again, stop for a week, and put everything in order. Unfortunately, however, I do not have that availability. I can't say, «Look, I'm going to spend a week studying, and the family will be waiting» No, it's not doable, is it?." (NI1)
			"The lack of time (...) even if I extended the schedules, it was not possible to reconcile." (NI2)
Outer contextual factors (*n* = 4)	Major global events	Pandemic	"Things were not easy here [in the organization], but then we had Covid, and things only got worse." (NI1)
			"I think this was the main obstacle because with the pandemic, there were many limitations here [in the organization]." (NI4)
			"I found it very difficult to implement, really, because we were still in the pandemic. Children were more isolated, and we were unable to have contact if

Domain	Factors covered	Description	Examples of transcripts
			their parents were already difficult to contact... At this stage, then even more." (NI5)
			"We already had many cases, and of course, then the pandemic hit, and then it was impossible?" (NI7)
Practitioner and population characteristics (n = 3)	Practitioner characteristics	Practitioner personal circumstances	"As soon as I finished training, I got pregnant, and I became a mother; that is, I immediately had a time lag of at least five or six months. When someone does not follow, not read, it would be like looking at it for the first time." (NI1)
	Target population characteristics	Parents' lack of engagement and motivation to attend the program	"Above all, with regard to families, what I noticed was that there is a lack of recognition and identification of the need for work in terms of parenting." (NI3)
		Eligibility criteria	"Some families did not meet the eligibility criteria." (NI2)
Intervention characteristics (n = 2)	Perceived need for and fit of the program	Perceived need in the organization for the program or the topic it addresses.	"My colleagues had already attended a parenting program, and they were already delivering some strategies that did not differ much from Triple P. We were already working with families and parents in this regard." (NI7)
		The extent to which the program fits with the organization's priorities and values.	"The organization's awareness regarding the program and the involvement with its mission and objectives was lacking. This was one of the constraints to use the program. (…) If there had been a better identification of the organization with the program, there would not have been so many constraints to delivering the program." (NI3)

Note. Practitioners who never implemented Standard Triple P are identified as NI# in the quotations provided; n = number of practitioners who never implemented Standard Triple P that reported factors covered by that domain.

Supplemental Material 3

Table S3.1

Strengths of the Child Protection System That Facilitate the Sustained use of EBPP Perceived by the Practitioners, the Organizational Managers, and the System-Level Representatives

Strengths (sub-themes)	Categories	Excerpts examples
Specialized Support Services for Families	Centers for Family Support and Parental Counseling (CAFAP)	"I think these programs can be applied in a CAFAP reality that is focused on working on parents' and families' skills." (CU4) "In my point of view, thinking about the child protection system in general, it really has to do with specialized services. I think it is these specialized services that really bring about the sustainability of evidence-based programs in the child protection system. (…) because these services can work on specific problematic areas. Consider, for example, CAFAPs which are really a specialized service that helps to work on parental skills." (SR3)
	The professionals who have already been trained to implement an EBPP	"One of the added values is the fact that some professionals already have access to training and implement these programs." (SU1)

Strengths (sub-themes)	Categories	Excerpts examples
		"Now professionals are able to use this tool, these programs, to work directly with families. We are more skilled. I think this is the most positive aspect." (NI3)
		"I think it's the professionals that are trained and their persistence, the «let's do it, let's continue trying»". (OM3)
	Some EBPP are already being delivered to families in these specialized support services	"I think there has been an evolution, for instance through the programs implemented by the Social Security Institute, the CLDS program [Local Social Development Contracts], and others like that." (NI5)
		"These are the factors that I think are the most important, for example, there are already some programs that, although sometimes short in time, are bringing here some know-how and some structural change, such as the Adélia Project – Support to Positive Parenting." (SR2)
	Leadership support	"In my case, for example, I support and have confidence in the people I have working with me; this is fundamental to implementing this type of program." (OM1)
Increased Awareness of EBPP	Awareness of organizations and professionals of the importance of using empirically supported and	"Perhaps the greater awareness that municipalities and the local commissions are having regarding these family needs [i.e., parenting support through EBPP]. Above all, I think there is an increase in awareness about the importance of these types of programs." (SU2)

Strengths (sub-themes)	Categories	Excerpts examples
	validated programs in their practice	"I think that progressively, professionals are more sensitive to this topic and recognize the importance of delivering evidence-based programs to produce some change in parents and families." (NI3) "Professionals are aware of the need for incorporating science in their work. Using these programs gives them more guidance and validation in their interventions with families." (OM3)
	Professionals nowadays have greater confidence in the effectiveness of EBPP	"What I feel over the years is that we are more confident in scientific evidence, and we have stopped always having to invent things a bit. That thing of, if there's a program that works, if there's a program that has already shown evidence, I think people are much more permeable. I think that at an early stage, sometimes there was a tendency here [in Portugal] to create a new program (...) and I think that nowadays there is not so much of that. There is already much more openness to "If there is evidence if there is an experience, a good practice" people are also more open to that. I think this is also important. Not having this "my program", "our program" kind of thing." (SR1) "I can't even deliver the other one anymore [i.e., the program developed by the team], because this one [Standard Triple P] is so well-structured. It is an evidence-based program!" (CU4)

Strengths (sub-themes)	Categories	Excerpts examples
Intervention Frame and Guiding Principles	The intervention is framed under the principle of subsidiarity	"With the current child protection system, every effort is made to avoid judicialization of the process. I think that is a strength. I think that the system, by having this work, these levels of intervention, from a more consensual perspective, closer to the family and after intervention at the second level of the CPCJ [i.e., the local commissions], (...), and [the families] will only reach the court in a more coercive process, let's put it that way, because then the families no longer... whether they collaborate or not, they have to be linked in some way to the Court's decisions. I think this type of intervention principle is actually a very protective factor." (SR2)
	The principle of parental responsibility and promotion of positive parenting	"There's never been so much talk about positive parenting, I think, as there is today, right? Especially because the issue of that more repressive policy in several contexts is no longer... It exists, but it is no longer well accepted because there is much more support for families and parental responsibility." (NI4)

Note. EBPP = Evidence-based parenting programs; Current users are identified as CU# in the quotations provided; Stopped users are identified as SU# in the quotations provided; Practitioners who never implemented Standard Triple P are identified as NI# in the quotations provided; Organizational managers are identified as OM# in the quotations provided; System-level representatives are identified as SR# in the quotations provided.

Table S3.2

Weaknesses of the Child Protection System That Hinder the Sustained use of EBPP Perceived by the Practitioners, the Organizational Managers, and the System-Level Representatives

Weaknesses (sub-themes)	Categories	Excerpts examples
Lack of Organizational Capacity and Workforce Stability	Scarce human and material resources; High caseload	"Due to the lack of human resources, there are no entities that, in a muscular and strategic way, embrace this type of program and work on it in an adjusted way. We do it here and there, it seems to be filling holes and not in a structured way, which is how it should be." (NI2) "I think it also has a lot to do with the high caseload that people who work in the system have. In other words, there are actually many processes, few human resources, and sometimes few material resources. So, there are too many demands here." (CU2) "Imagine, the programs are very interesting, but I have to think about people, and if there are no staff... If that [the EBPP] works as an overload for the institutions that already do the rest of the work, that doesn't work." (SR1) "It also has to do with the lack of resources, I mean people. Evidence-based programs are more manualized programs, with a set of mandatory sessions, which are more demanding from a timeframe point of view; It is

Weaknesses (sub-themes)	Categories	Excerpts examples
		then also necessary to use some motivational interviewing techniques to motivate these more vulnerable audiences to join the programs and, therefore, it also takes a little more time, and we need more people. Therefore, the lack of human resources seems to me to be a key factor." (SR2)
		"And then I also think that beyond that, which is a fundamental part for me, are the physical spaces. I don't have the ideal conditions; I have the possible ones." (OM1)
		"It's the lack of human resources. The lack of time for practitioners." (OM2)
		"We are going through a phase in which services are running out of people and technicians. The lack of human resources means that there is less availability for training and less availability to implement programs that are structured." (OM3)
	Precarious and scarce employment contracts; Staffing and leadership turnover	"People don't have as many working conditions (…) This then has an impact on the continuity of teams, doesn't it? And that's why I think this ends up making it difficult too, because sometimes people do the training, but then they find another job and leave it. And the entity loses a resource that had this training [to deliver an EBPP]." (SR1)

Weaknesses (sub-themes)	Categories	Excerpts examples
		"Look, firstly, the issue of staff turnover, because even within CPCJs, there is a lot of turnover, and this is even mandated by law. And that ends up making it quite difficult [to sustain EBPP]." (SU1)
		"I think it's also a lot of mobility. Mobility, I don't know if that's the right word, but there's this turnover of staff. The commission has mandates of three years, a maximum of nine, and people normally don't even... Look, I know few people who actually spent nine years working in the same commission. As the municipality and IPSSs win other projects, people rotate, and those who lose out are the CPCJs, who see their team as always having professionals come and go. I think this turnover ends up hindering the program's sustainability. In other words, programs don't consolidate, people don't stay, and the programs end up getting lost in the middle." (SU3)
		"There are very competent professionals asking for job mobility. We see people leaving... and not being replaced." (OM3)
	Burnout and the aging workforce of the child protection system in Portugal	"So, here also in human resources, this tiredness, this burnout, the age of human resources itself. We… I speak for ourselves here, we have people… The average age is technicians over 50 years old!" (SR3)

Weaknesses (sub-themes)	Categories	Excerpts examples
	EBPP implementation and sustainability are even more demanding for the Commissions for the Protection of Children and Young People (CPCJ) as well as the Multi-disciplinary Court Counselling Teams (EMAT).	"That's how it is, I don't see any CPCJ or EMAT technician being able to do it [sustain EBPP use] (…) considering their caseload, human resources, and the inflexible working hours. Because I've already done the program [Standard Triple P] on Saturday, but that would be unthinkable, perhaps, for these entities." (CU2)
	Lack of role clarity	"(...) in a logic of the unclearness of our roles. I had this conversation this morning, specifically in relation to CAFAP [the Centers for Family Support and Parental Counseling]. CAFAPs have ordinances, but there is still freedom of action in the different CAFAPs. Each CAFAP works in its own way. Just this morning I was saying this "Oh man, define it a little, CAFAP has to work on this, it has to do this, it has to deliver Triple P. Oh man, force us to do this, define what we have to do!" (NI1)
	Old-fashioned model of working in the Portuguese child protection system	"(…) the Court's current working model. We have been trying to raise awareness of some issues that make it almost impossible to work in the old-fashioned model, which is (…) a case management technician often spends an entire day in court. There is no public service that supports this

Weaknesses (sub-themes)	Categories	Excerpts examples
		model! (…) How does this professional have the ability to think and articulate with other services and deliver a program? Well, there isn't! It is important to be aware of the models that exist, and perhaps it is necessary to follow a different path (…) to change the modus operandi. For example, one of the things we have been trying very hard to do and raise awareness among the courts is the possibility of being heard via WebEx [videoconferencing]." (SR3)
Overfocus on Remediation	The provision of late interventions and the nature of crisis-oriented work in child protection practice	"We no longer do prevention! We already intervene in extreme situations, in which families have been followed for many years [cy child protection services], always with the same problems and these are the only families that refer us [to attend an EBPP]." (NI6)
		"We currently have several child out-of-home placements because of this issue, which is that the protection system is failing. The cases when they reach the CPCJ are already at the end of the line, and when they reach CAFAP, it is almost like, «Look, see what can be done…» There is not much left to do, is there?" (CU1)
		"I think it is a bit required when you read the law, it actually says "prevention and repair of social risk." I think that at this moment, given the volume of work in remediation in CAFAPs, it is impossible to do prevention. (...) I

Weaknesses (sub-themes)	Categories	Excerpts examples
		feel that the child protection system is really disaggregated. In other words, the way in which many intervention measures are combined… For example, at the moment, there is a lot of improvement in the residential care measure. However, while working with biological families continues to be extremely important to prepare for reunification, this measure has not been reinforced. It makes no sense at all!" (SR1)
Lack of Organizational Culture and Readiness for Evidence-Based Practice	Insufficient number of both professionals aware of the existence of evidence-based programs and professionals actually qualified to deliver these programs	"First, the fact that few people have training in these programs and then these people, a bit like my situation, have other associated tasks. We need to have more people trained so that it becomes something very natural and well-known because there are still people who have no idea what this program is." (CU5)
		"There are already some professionals who are more aware of these programs. But I would say that it is a tiny proportion… I mean, considering the size of the protection system, it ends up being almost a very local thing, right? We cannot say that it is global. It is almost a needle in a haystack, isn't it? There are few professionals, considering the size of the system, who are really aware of the importance of this type of program." (SU1)

Weaknesses (sub-themes)	Categories	Excerpts examples
		"What I think makes this work most difficult, in my opinion, is that professionals do not have adequate training for this type of response [i.e., EBPP]. What I think is that training for this type of program should be extended to more professionals, because I was in the car today's morning and I was thinking: look, in my organization, I only have one person with Standard Triple P training, but if she gets sick, if she leaves, I will be barefoot." (OM1)
		"The only professional who was trained in the program in my organization was J. (…) Being just one [trained provider]… that doesn't make it any easier, does it?" (OM2)
Setting and Target Population Characteristics	The involuntary nature of child protection services	"(…) a part more related to the profile of families. In other words, at this moment and especially in recent years, from the point of view of the profile of families who benefit from these services [i.e., EBPP], the issue of involuntary families and the mandatory nature due to the fact that most of them are included in the child protection system. To give you an example, I am preparing a group of parents, with my colleague, who will start an EBPP next week. Of the ten people we have, nine are referred by the General Directorate of Prison Services to attend the program mandatorily. This is a huge obstacle." (SR1)

Weaknesses (sub-themes)	Categories	Excerpts examples
	Lack of parents' engagement	"Of course, there is another thing here: on the part of families, difficulties often also exist because there is a lack of engagement, or lack of interest, or everything together." (CU5) "A key part of it is for families to get engaged in these programs; A lot of times that's a real battle, right?" (OM1) "These are usually the people who are pushed for this type of program." (OM3)

Note. EBPP = Evidence-based parenting programs; Current users are identified as CU# in the quotations provided; Stopped users are identified as SU# in the quotations provided; Practitioners who never implemented Standard Triple P are identified as NI# in the quotations provided; Organizational managers are identified as OM# in the quotations provided; System-level representatives are identified as SR# in the quotations provided.

Table S3.3

Opportunities of the Child Protection System to Strengthen its Capacity for EBPP Sustainability Perceived by the Practitioners, the Organizational Managers, and the System-Level Representatives

Opportunities (sub-themes)	Categories	Excerpts examples
A Prevention Approach to Child Protection	Early intervention	"To invest a lot in the early years (...) start prevention and intervention in parenting with parents of preschool children." (CU1) "In fact, I think that if this program [Standard Triple P] or investing in these EBPP for parents since early childhood, would already prevent many cases, the expenses that the State has, right? With children, with the application of protection measures... I believe that perhaps we would gain a lot of time in the future, and perhaps there wouldn't be so many protection cases, and it would be easier to intervene and sustain the use of these programs." (CU5) "In the initial phase, from zero to three or zero to five years old, parents are very susceptible to these things because they go to the doctor frequently. In the first year of life, they go to the doctor every month with the kids, so if there was access to information at this stage, I think it could be

Opportunities (sub-themes)	Categories	Excerpts examples
		preventative even in the future. At least they knew where they would turn if something happened." (SR1)
	Implementation of EBPP at the population level	"In other words, attending these programs should be a defined thing, as it is, for example, as when pregnant women take preparation classes [for childbirth]." (CU5)
		"I think this type of program should be offered just like birth preparation courses." (NI2)
		"From my perspective, I think it would help if these types of parenting programs were open to the general population and anyone could sign up." (NI6)
		"This thing, for example, in primary health care you can have access, like preparation for childbirth, preparation for parenthood, you know? From the point of view of enriching all people." (SR1)
		"We should open the implementation of these programs to customers in general, to anyone who wants to do it, not only those from protection services." (OM3)

Opportunities (sub-themes)	Categories	Excerpts examples
	Involvement of agencies, public or private, with competence in matters of childhood and youth	"I think it is essential that these programs are extended, for example, to first-line entities, those entities, namely schools and similar institutions, that have other availability in terms of intervention, or that are still in a much more primary phase of intervention." (NI4) "(…) school referrals, for example, and then we are able to find another type of population that would actually be more interested in this type of program." (NI6) "Schools are fertile ground for identifying children at an early age and will certainly benefit much more at that moment than when they are in this complicated system [i.e., the child protection system]." (SU3) "Entities with competence in matters of childhood and youth have everything in their hands." (SR3)
A Participatory Approach	Involvement of families and professionals since the design of the EBPP	"It is important to get these families involved from the beginning of the program design, they must be somehow involved and feel that they are contributing and are part of the process let's say." (SR1)
	Participatory policymaking	"Firstly, I think that before the laws come out, they should listen to several people, such as community entities that have good results and professionals who work in the field. I think that if they don't listen to us...

Opportunities (sub-themes)	Categories	Excerpts examples
		Because we are the ones here on the ground, we are the ones who know what is needed." (OM1)
	How the EBPP is introduced to the family	"What I often think is that these programs are imposed, they are not negotiated, they are not presented to the family. More than negotiated, because it's not quite the right term... The most appropriate practice is to show the added value, the benefit of the program in the medium and long term and even in the preservation of the child in the natural environment [i.e., with their biological family], which is the ultimate objective of this program; It seems to me that if this is clarified and demonstrated to families, their engagement could be greater and even increase participation." (NI3)
		"The relationship between the professionals who refer [the parents to attend the EBPP], the way they carry out this process, I think that helps. Because for example, if there is an explanation from the professional (...) of what the objective of this program is, without it being just something very vague, "you have to go because you have to go". In other words, this concern about involving the family in the referral process and showing the program's usefulness. I think this combats the lack of engagement and helps the program's sustainability." (SR1)

Opportunities (sub-themes)	Categories	Excerpts examples
Partnerships with Academia	Academia can contribute to program evaluation and knowledge dissemination	"I think that, in fact, the academia, also within its resources, could invest more in this validation of programs because I know that validation is also costly, it is longitudinal and involves a lot of resources, and sometimes professionals also want to use a certain program, but it is not yet adapted to Portugal. It's in English, or it's in French, or it's in another language and, therefore, we sometimes end up using what exists." (SR2)

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Table S3.4

Threats to EBPP Sustainability in the Child Protection System Perceived by the Practitioners, the Organizational Managers, and the System-Level Representatives

Threats (sub-themes)	Categories	Excerpts examples
Lack of Inter-Agency Collaboration	Inadequate articulation and communication	"There isn't even any cooperation because the CPCJ will never cooperate with us because they are at a higher level. Therefore, the communication that exists at this moment is unilateral. It's not available here... If they [CPCJ] want to ask us something, they ask, and we answer. But if we want to question it, don't even think about it, because they are on a level above us. And then that makes everything so much more difficult." (CU3) "Especially because the protection system itself has many limitations, many difficulties (...) there is no horizontal relationship here in terms of power relations between the institutions. Because what we feel is that the CPCJs or EMATs often end up placing themselves in a somewhat superior role. They do not work side by side with professionals from entities that have competences in matters of childhood and youth, which end up being the institutions that have the most capacity and the most structure to implement these types of programs." (SU1)

Threats (sub-themes)	Categories	Excerpts examples
		"I feel like sometimes the network works well on a more local level but not so well when we move to a level above, the public policy. For example, sometimes, with the National Commission, it is more or less easy... but then at a higher level the coordination is more difficult. I feel that this more macro articulation would still be something to develop, involving several entities. For example, I think that with the National Commission we can do it, but with Social Security, the Ministry of Justice, there is little, sometimes very little articulation and a lack area of convergence." (SR1)
Lack of Funding	EBPP are expensive	"These programs are also usually quite expensive. The materials are also very expensive, and the entities do not always have funding available. The professionals may not have it either. It is another threat due to the cost of these tools." (OM1)
Trends in Family Support Policy and Provision	Emphasis on monetary support for families	"We do not have a very integrated system that reinforces parenting education. In fact, public policies to support families usually focus much more on monetary things. Imagine access to education and free daycare, right? There is little investment in parenting programs." (SR1)
		"Some disaggregated and reactive measures and things like that appeared, sometimes too focused on poverty. (…) I think that this area of childhood

Threats (sub-themes)	Categories	Excerpts examples
		and youth should actually have a very specific direction… a well-defined national strategy. The first national strategy came out two or three years ago, which is the National Strategy for the Promotion of the Rights of Children and Young People, which now ends in 2024." (SR2)
		"Parenting support policies take a long time, and then when they exist there are other priorities, economic support for example." (OM3)

Note. CPCJ = Local Commissions for the Protection of Children and Young People; EMAT = Multi-disciplinary Court Counselling Teams; Current users are identified as CU# in the quotations provided; Stopped users are identified as SU# in the quotations provided; Practitioners who never implemented Standard Triple P are identified as NI# in the quotations provided; Organizational managers are identified as OM# in the quotations provided; System-level representatives are identified as SR# in the quotations provided.

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