



# Early intervention and implementation: Sharing good practices with Lithuania

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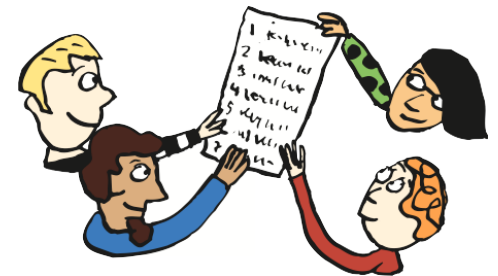
Vilnius, 25<sup>th</sup> of October 2017





# Agenda

- The Norwegian Center for Child Behavioral Development
- Prevalence and prognosis of behavioral problems
- Early intervention: The TIBIR prevention model (Early Initiatives for Children at Risk)
- Implementation: Factors that influence the full and effective use of innovations in practice.





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# Governmental initiative: Conduct problems

- In 1997 a political decision was made to implement and scale up the use of evidence-based interventions
- The Norwegian Center for Child Behavioral Development was established for the development, implementation and evaluation of EBP's

*Population: 5 million*

*19 counties*

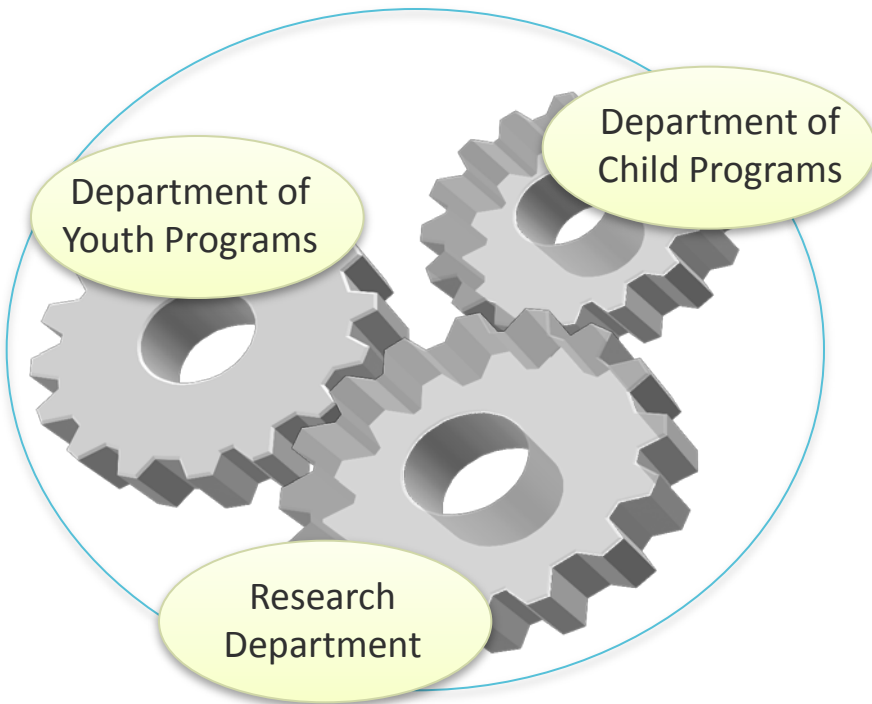
*426 municipalities*

*5 health regions*





# The Norwegian Center for Child Behavioral Development



The Center is an affiliate of the **University of Oslo**.

The funding of the Center is a fixed item of expenditure on the government budget.

Financed through a joint commission from:

- Norwegian Directorate for Children, Youth and Family Affairs (79%)
- Norwegian Directorate of Health (6%)
- Norwegian Directorate for Education and Training (2%)

In addition to:

- The Research Council of Norway (10%)
- Own funding (3%)



# A nationwide implementation of evidence-based interventions

## TREATMENT

To strengthen competence at state level specialist services in mental health and social care for children and youth with conduct problems



## PREVENTION

To make the evidence-based knowledge and principles available in various settings and arenas in municipality-based services for children and youth

*Directive Q-16/01 from The Norwegian Ministry for Children and Family Affairs*



# The center is built on three main pillars

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1. Research linked to evaluation, development and implementation of new and existing methods.
2. Research regarding children's psychological and social development.
3. Development and implementation of programs in the work with families and children at risk.



# The family and the local environment are key to sustainable changes in parent and child behavior

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- All interventions that are developed and implemented are **family- and community-based** in order to:
  - Prevent and reduce problem behavior and placement out of home.
  - Promote prosocial behavior and a healthy psychological development
  - Strengthen the parent-child interaction
- All interventions are **theory- and research-based**, and are evaluated in controlled trials.
  - Child programs: PMTO, PMTO for minority families, TIBIR and PALS
  - Youth programs: MST, MST-CAN, MST-SA, FFT and TFCO



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# Behavioral problems and early intervention







# Prevalence of behavioral problems

**Norway**

1 - 3%

**High  
risk**

10 - 12%  
(Sørli, 2000)

**Moderate  
risk**

**Low risk**

**USA**

1 - 3%

3 - 5%

5 - 10%  
(Fonagy & Kurtz, 2002)

## Referrals:

- Child welfare services: 20%
- Mental health for children and youth: 33% (Storvold, 1997; Sørli, 2000)
- Boys are over-represented

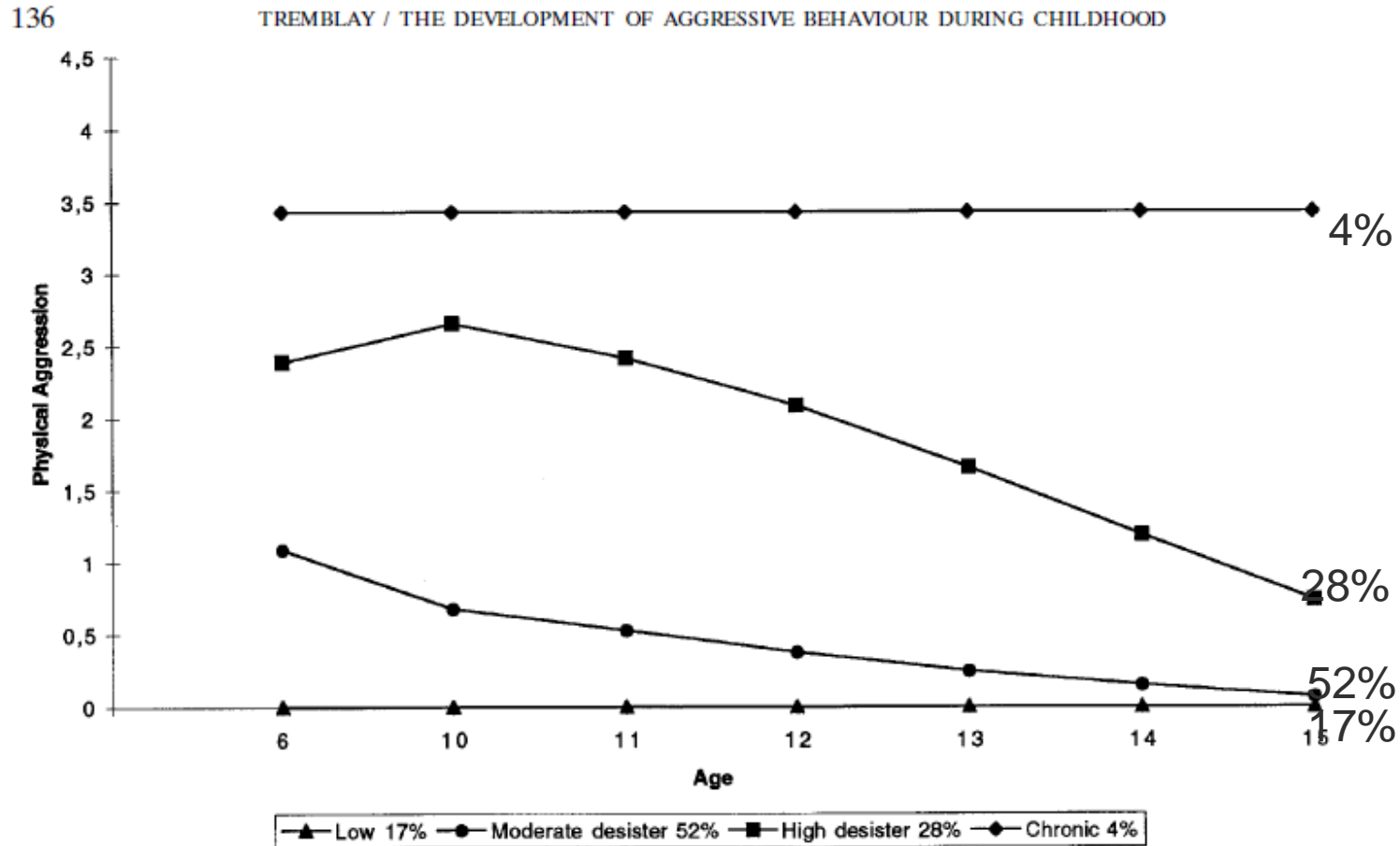
## Referrals :

- Public services: 33 - 50% (Burke et al., 2002),
- Boys are over-represented



# Prognosis

## The more severe behavior, the more stable over time and situations



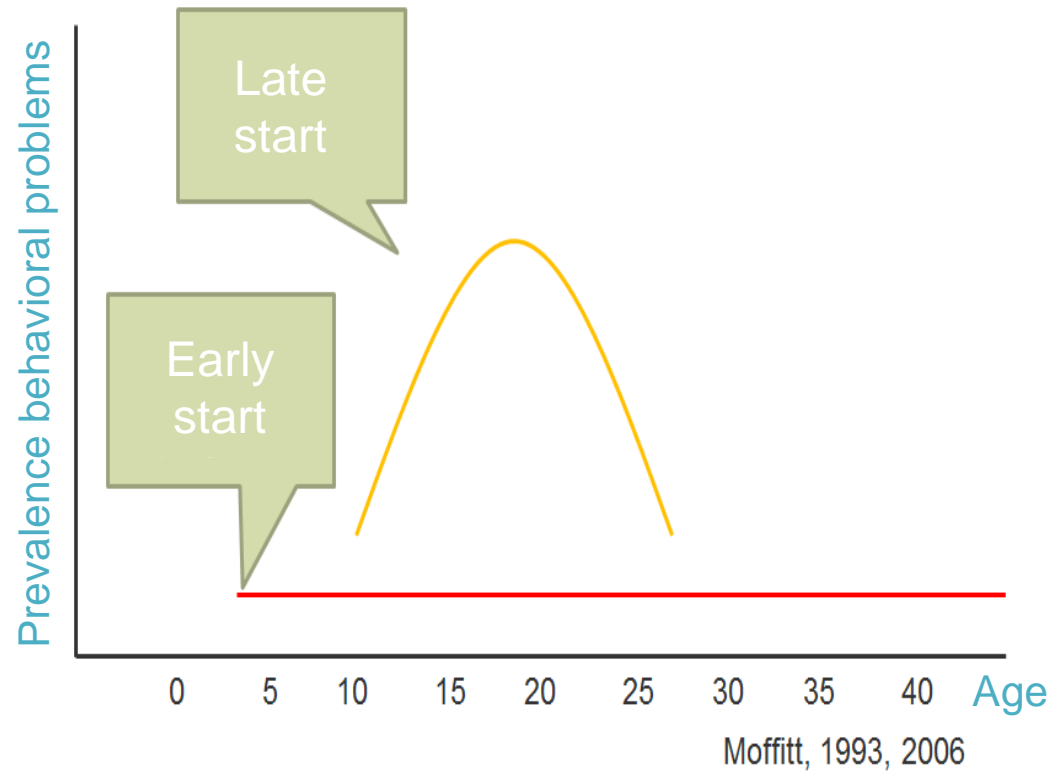
Developmental trajectory for physical aggression for boys from 6 to 15 years.  
Kicks, bites, hits other children, fights, hassles others, N=1037 (Nagin & Tremblay, 1999)



# Prognosis continued

- Early start equals the worst prognosis
- Therefore, there is no professional basis for «wait and see» if the situation will get better naturally – children with moderate or severe behavioral problems tend to more often «grow into» than «grown out of» the problems

(Frick & Loney 1999; Keenan & Wakschlag, 2000; Moffitt & Caspi, 2001; Patterson et al., 1998)





# Why early intervention?

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- Children with an early debut are more stable in their problem behavior than the late starters
- It is easier to reduce and stop a negative development:
  - 1) when the child is younger
  - 2) when the problems are less severe and fewer
- Early intervention will normally be less extensive and less resource-demanding than treatment initiated at a later stage



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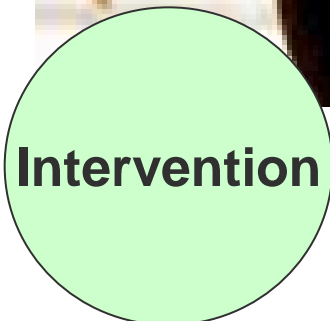
# Effective interventions





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# Focus on central parenting skills





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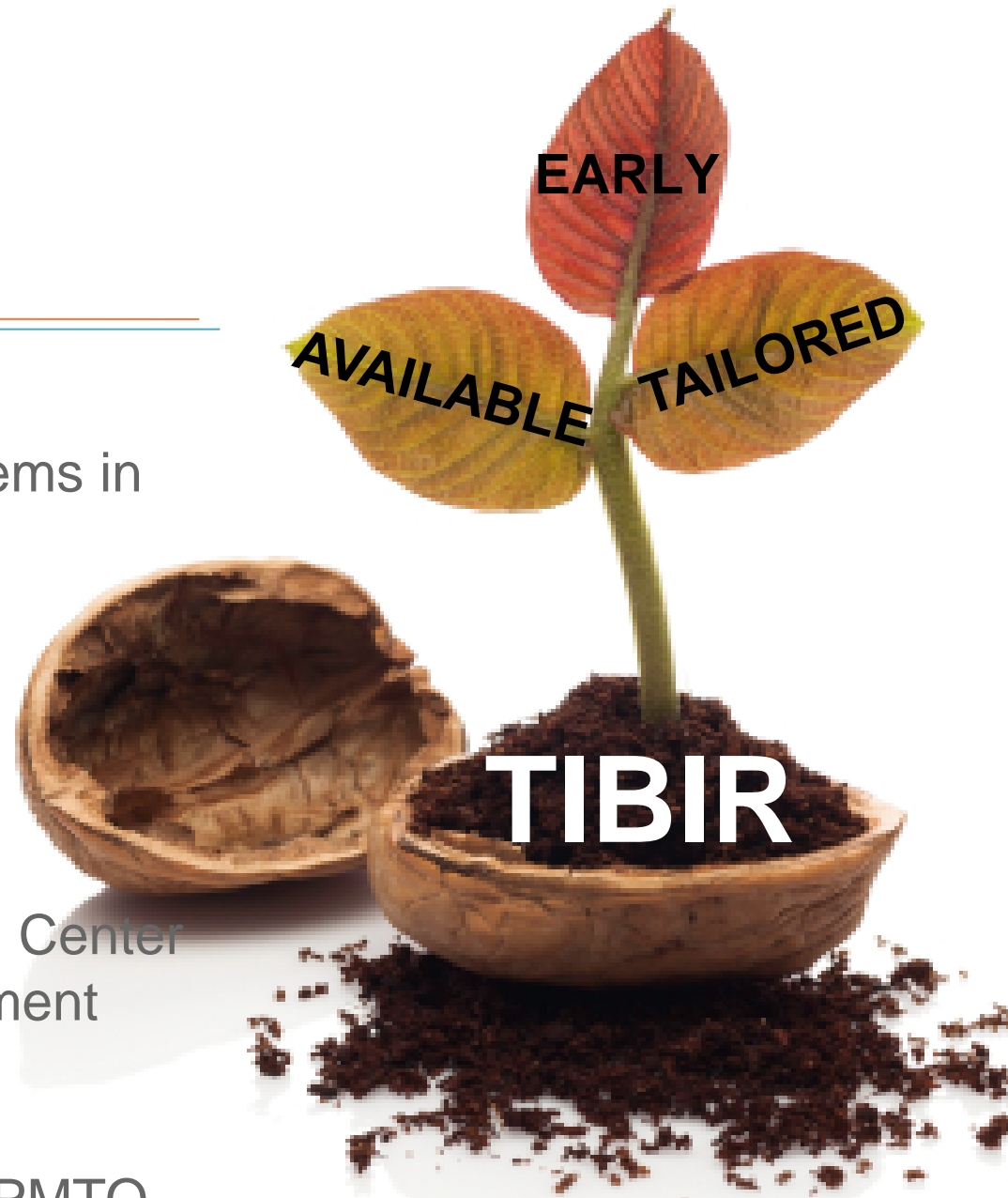
# TIBIR / EICR

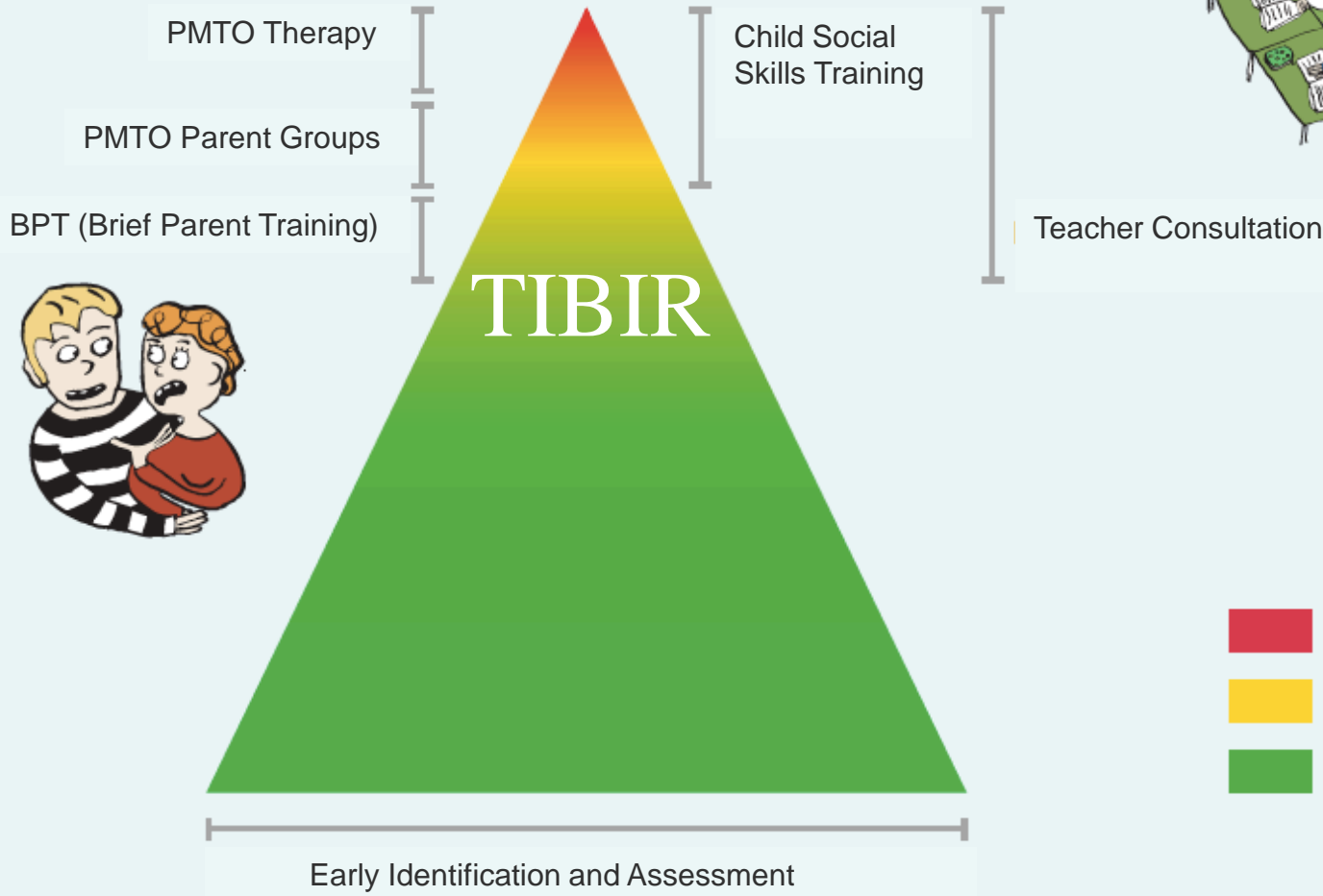
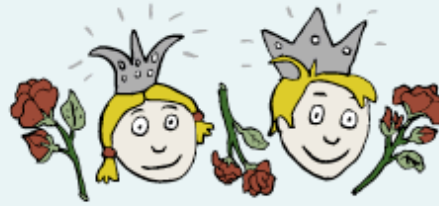
A program for prevention and treatment of behavioral problems in children (3-12 years)

Developed by The Norwegian Center for Child Behavioral Development (NUBU)

Based on the SIL theory and PMTO

Side 15





- High risk
- Moderate risk
- Low or no risk



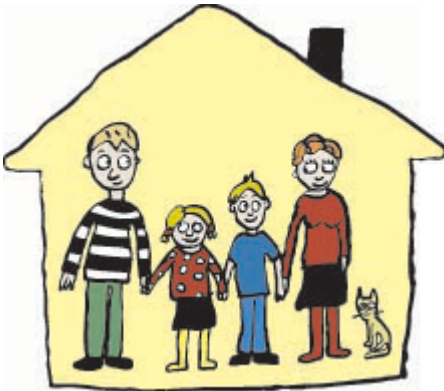


# TIBIR-interventions are implemented within existing primary care services





# TIBIR as low-threshold program in municipalities



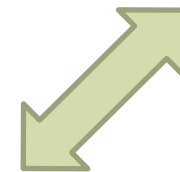
**PMTO, PMTO-GROUP or BPT**  
delivered by  
Child Health Center



**CONSULTATION**  
delivered by  
Educational-psychological service



**SOSIAL SKILLS TRAINING**  
delivered by  
School/Kindergarten



**Coordination between services**



Intervention	Type of study	Positive outcomes
PMTO	RCT N=112	Yes
PMTO Parent Group	RCT N=137	Yes
PMTO for ethnic minorities (group format)	RCT N=96	Yes
Brief Parent Training (BPT)	RCT N=216	Yes
Child social skills training	RCT N=198	Partial
Teacher consultation	RCT N= (200?)	Ongoing



# Outcomes - four studies of PMTO interventions

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- The 4 RCT's showed that all the interventions were significantly effective
- Common for all the studies:
  - Parents reported a significant reduction in externalizing problems
  - Self-reported parent practices : significant reduction in harsh discipline and increased positive parenting
- Teacher reported outcomes on improved social competence varied
  - In both PMTO individual and PMTO group for majority families there were significant moderate effect sizes,
  - No improved social competence in BPT or PMTO group for ethnic minority families



# Publications

Behaviour Research and Therapy 51 (2013) 113–121

Contents lists available at SciVerse ScienceDirect

Behaviour Research and Therapy

journal homepage: [www.elsevier.com/locate/brat](http://www.elsevier.com/locate/brat)

## Adherence to brief parent training as a predictor of parent and child outcomes in real-world settings

Research Article

### A Randomized Effectiveness Trial of Brief Parent Training: Six-Month Follow-Up

John Kjøbli

Research on Social  
00(0) 1–10  
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sions: [sagepub.com/journalsPermissions.nav](http://www.sagepub.com/journalsPermissions.nav)  
DOI: 10.1177/1049731513500000  
[rsb.sagepub.com](http://rsb.sagepub.com)



A randomized trial of group parent training: Results  
in real-world settings

John Kjøbli\*, Silje Hukkelberg, Terje Ogden

The Norwegian Center for Child Behavioral Development, University of Oslo, P.O. Box 7053, Majorstuen

Prev Sci  
DOI 10.1007/s11121-012-0289-y

### A Randomized Effectiveness Trial of Brief Parent Training in Primary Care Settings

John Kjøbli • Terje Ogden

Kjøbli, J. & Sørli, M.-A. (2008). School outcomes of a community-wide intervention model aimed at preventing problem behavior.  
*Scandinavian Journal of Psychology*, 49, 365–375.

Journal of Consulting and Clinical Psychology

Pres Sci

## Multisystemic Treatment of Serious Behaviour Problems in Youth: Sustainability of Effectiveness Two Years after Intake

Terje Ogden & Kristine Amlund Hagen

The Norwegian Centre for Studies of Conduct Problems and Innovative Practice, Unirand, PO Box 1565, Vikå, N-0118 Oslo,  
Norway E-mail: [terje.ogden@atferd.unirand.no](mailto:terje.ogden@atferd.unirand.no)

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[www.nubu.no](http://www.nubu.no)

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Journal of Clinical Child & Adolescent Psychology  
ation details, including instructions for authors and subscription information  
[www.tandfonline.com/loi/hcap20](http://www.tandfonline.com/loi/hcap20)

tment Outcomes and Mediators of Parent  
agement Training: A One-Year Follow-Up

### Implementing and Evaluating Evidence-Based Treatments of Conduct Problems in Children and Youth in Norway

## The Evolution of Evidence-based Practices

Anthony Biglan

Center on Early Adolescence, Oregon Research Institute

Terje Ogden

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Norwegian Center of Child Behavioral Development, University of Oslo



# Implementation





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# Implementation

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# The way to use an asthma inhaler







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# Implementation is the bridge from science to service





# Why is implementation so important?

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- How long do you think it takes from new knowledge being produced until it reached the practice field?
- Without an implementation focus only 14% of new interventions reach the public service field after on average 17 years.

(Balas & Boren, 2000)



## But every change is a challenge...






# Implementation matters

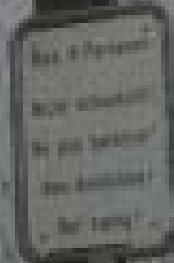
- With a systematic use of implementation knowledge on average 80% of the planned innovations are carried through after about 3 years (Fixsen, Blase, Timbers & Wolf, 2001)
- A literature review of 542 effect studies on prevention and health promotion for children and youth showed that:
  - Implementation was significant for the effect of the interventions.
  - Indicated program effect sizes that were 2 to 3 times larger in average when programs had high implementation quality.

(Durlak & Dupre, 2008)




A photograph of a fishing net strung between two wooden poles in a misty, overcast environment. A small, rectangular sign is attached to the pole in the foreground. The background is a hazy, greyish-blue landscape.

Letting “it” happen. . .  
 (“Spray & pray”)







WONDERFUL  
THINGS  
THESE BRIDGES

Helping “it” happen. . .





Making “it” happen. . .





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# Active Implementation Frameworks



**nirn** National  
Implementation  
Research Network

## EFFECTIVE IMPLEMENTATION

Useful  
inter-  
ventions

Implemen-  
tation  
teams

Implemen-  
tation  
drivers

Implemen-  
tation  
stages

Improve-  
ment  
cycles





# Implementation team

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A group who gives support and that assists in the implementation process.

Organizations can get this support externally through the program provider's national or regional implementation teams and internally through the local implementation team.

Members of the implementation team should:

- have special expertise of the program
- have knowledge of implementation
- have the ability to promote change at system level
- be representative of the services involved in the implementation





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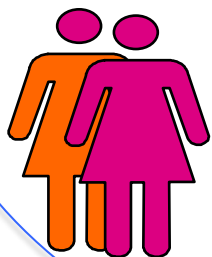
# NBU

NIT

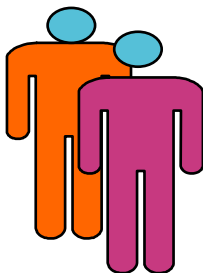
6 Regional  
Coordinators

7 Regional Consultants

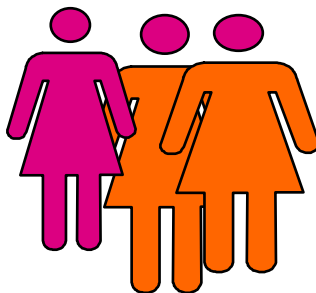
North



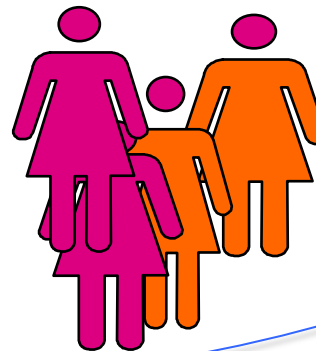
Middle



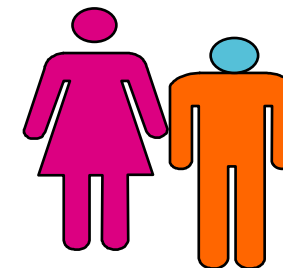
West



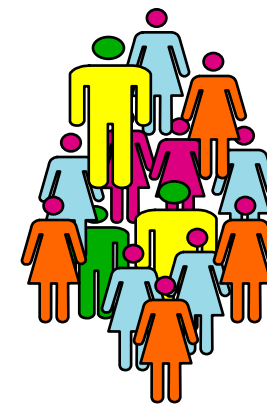
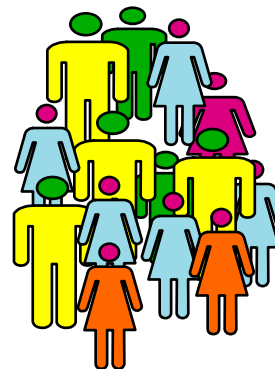
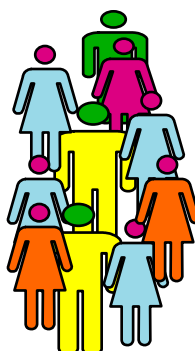
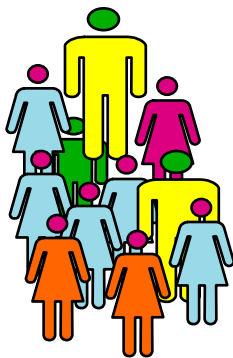
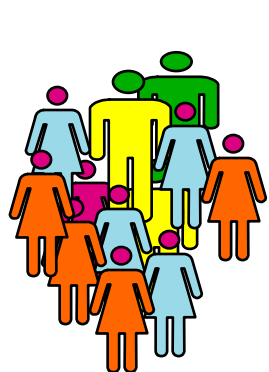
East



South



Local trainers and supervisors





# Implementation infrastructure

The scale-up of TIBIR has made it necessary to choose an implementation strategy which builds up the local capacity:

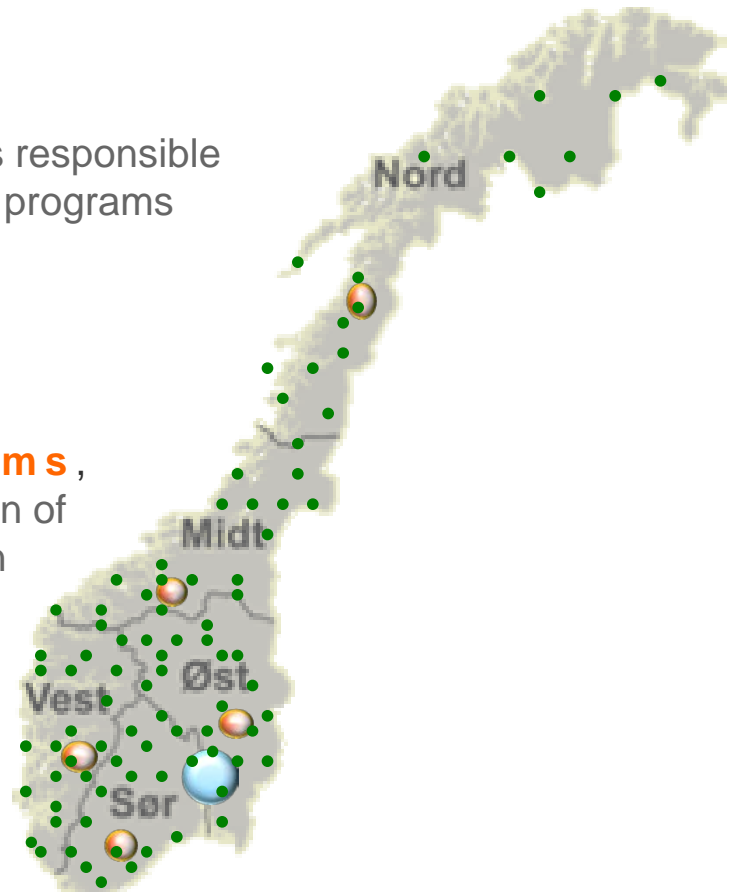
**1 national implementation team** (NIT), who is responsible for development, improvement and quality assurance of the programs and implementation tools.



NIT consists of **5 regional implementation teams**, who are responsible for regional diffusion and implementation of the programs, as well as supporting the local implementation teams.

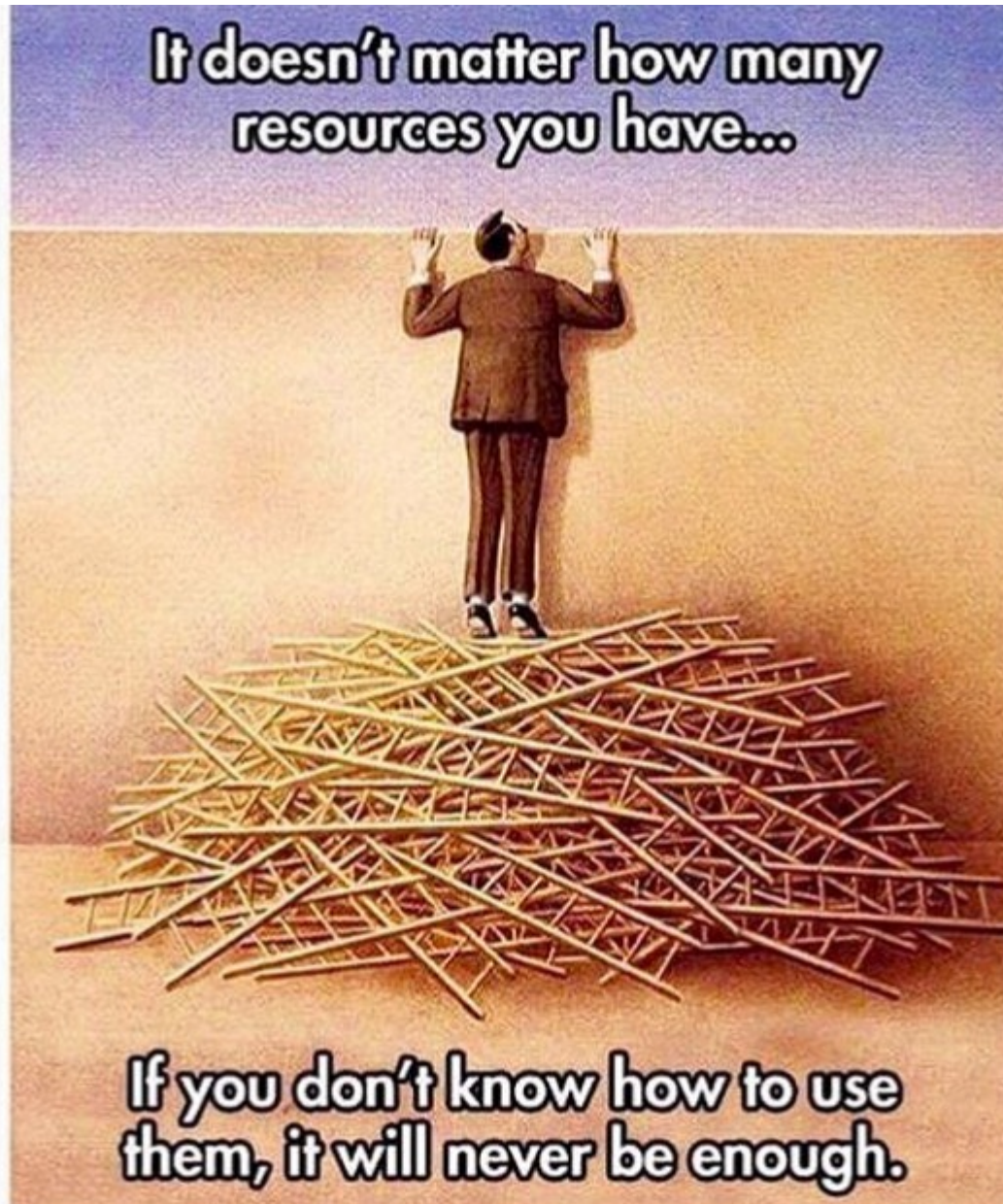


**106 local implementation teams** are responsible for the practical implementation of TIBIR in their own municipality.





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# Active Implementation Frameworks

## EFFECTIVE IMPLEMENTATION

Useful  
inter-  
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Implemen-  
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cycles

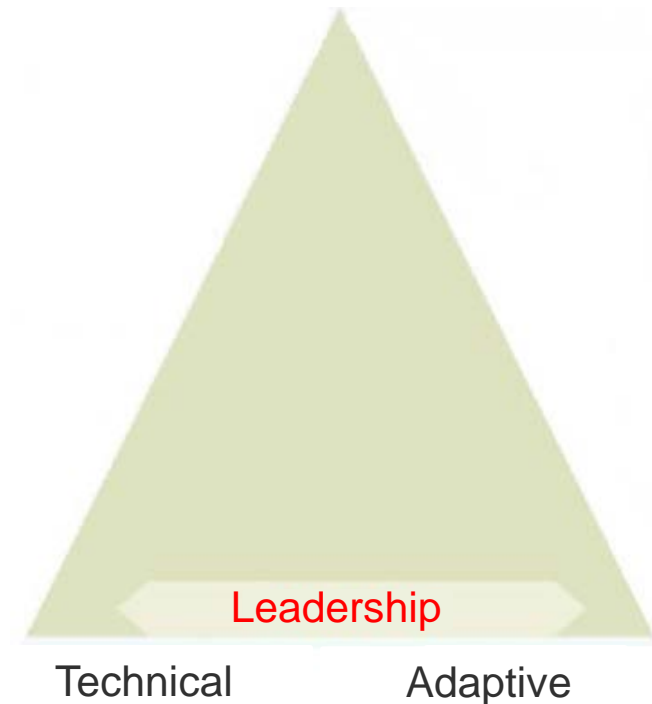




# Implementation drivers

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## Leadership drivers



Leadership is the base of a successful implementation.

Without support from leaders the foundation for success will disappear.



# Supporting leadership at every level

- **Government:** The directive gave instructions and support to develop competence nationwide to address needs in child mental health and welfare services, kindergartens and schools, including at-risk families.
- **Municipality:** Establish a steering committee to ensure support from the leaders and guarantee resources for training, supervision and delivery of the intervention

Through the entire  
implementation process



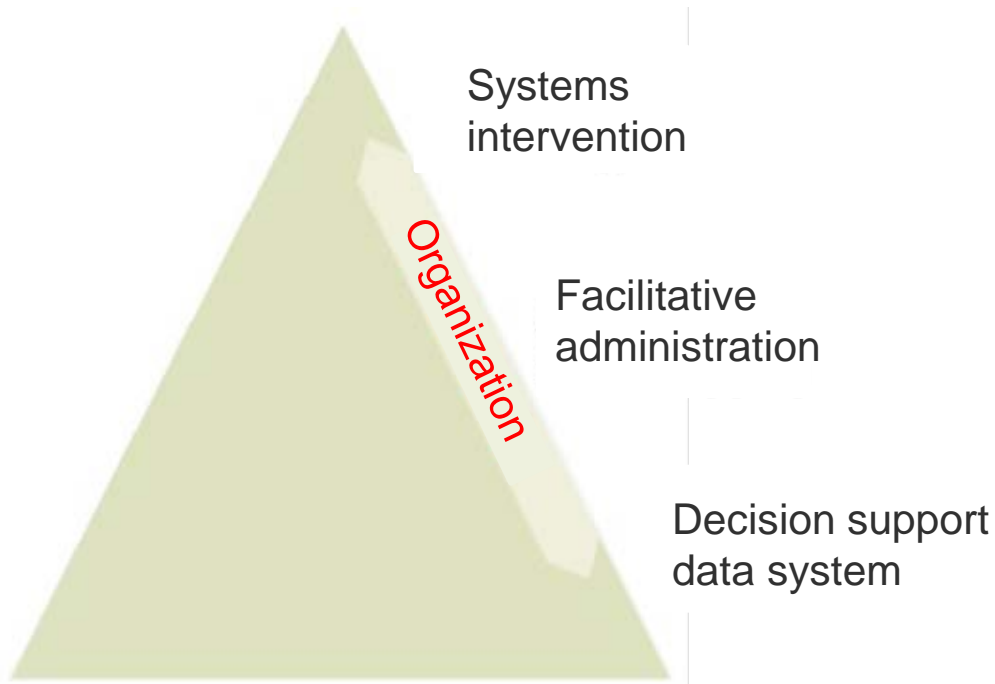






# Implementation drivers

## Organization drivers

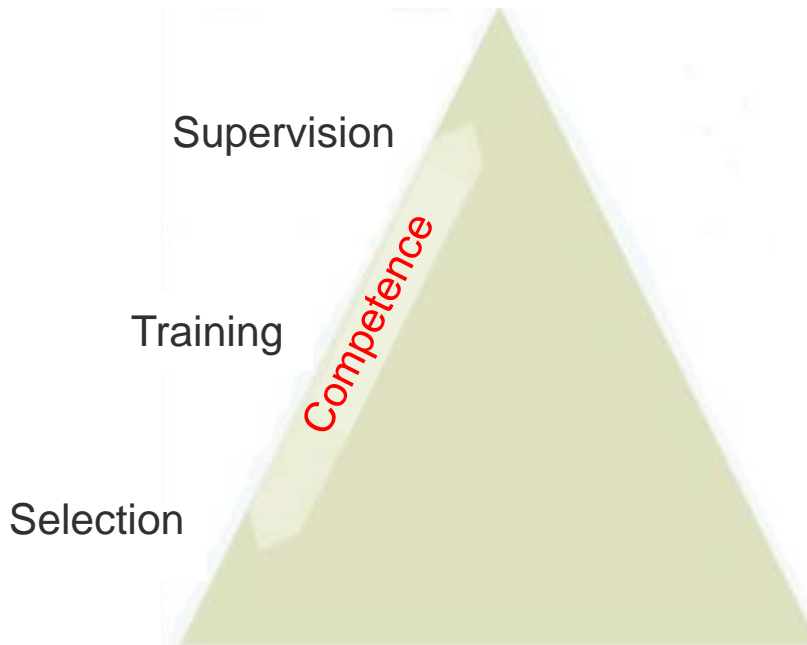


Organize and develop a support system so that the program can be implemented, and data used for continuous improvement.



# Implementation drivers

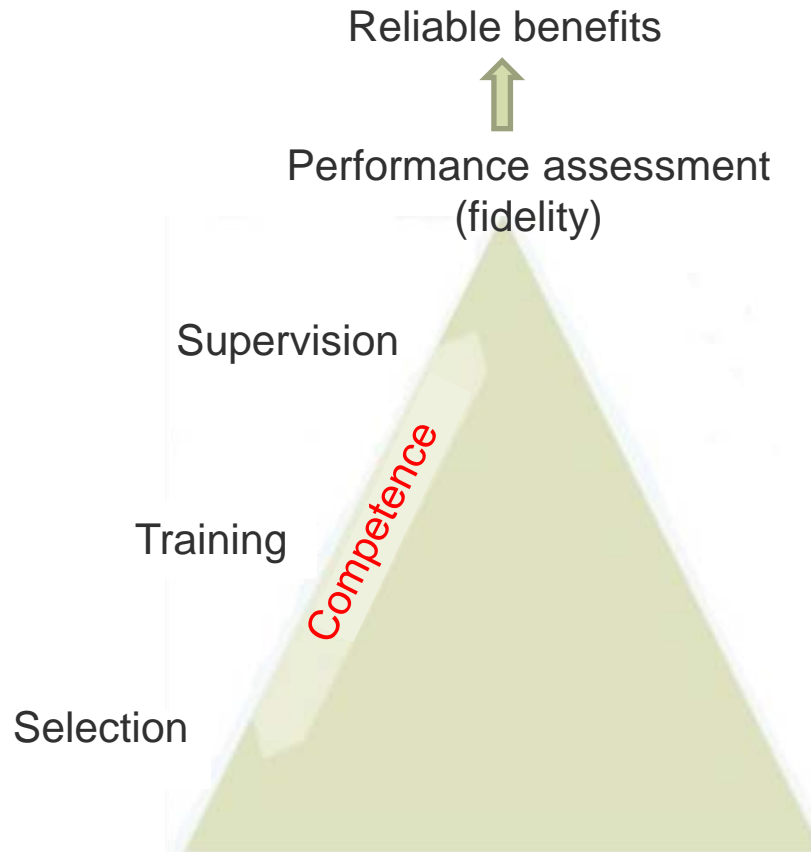
## Competence drivers



Contributes to development, improvement and sustainment of the practitioners ability to carry out the program's interventions in a competent manner.



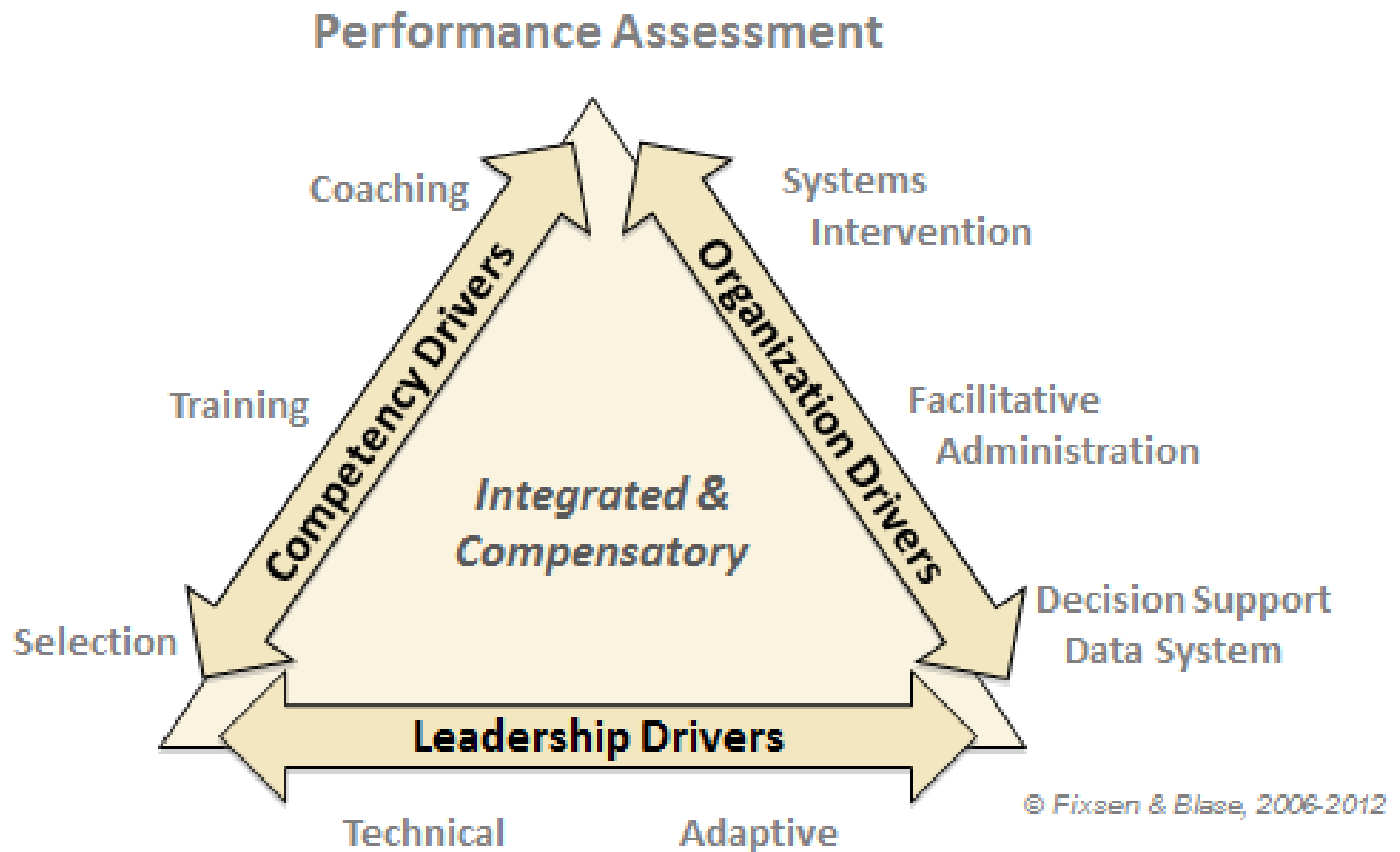
# Implementation drivers



Treatment fidelity is crucial to the outcome

Necessary to develop a tool to assess the use of the new skills:

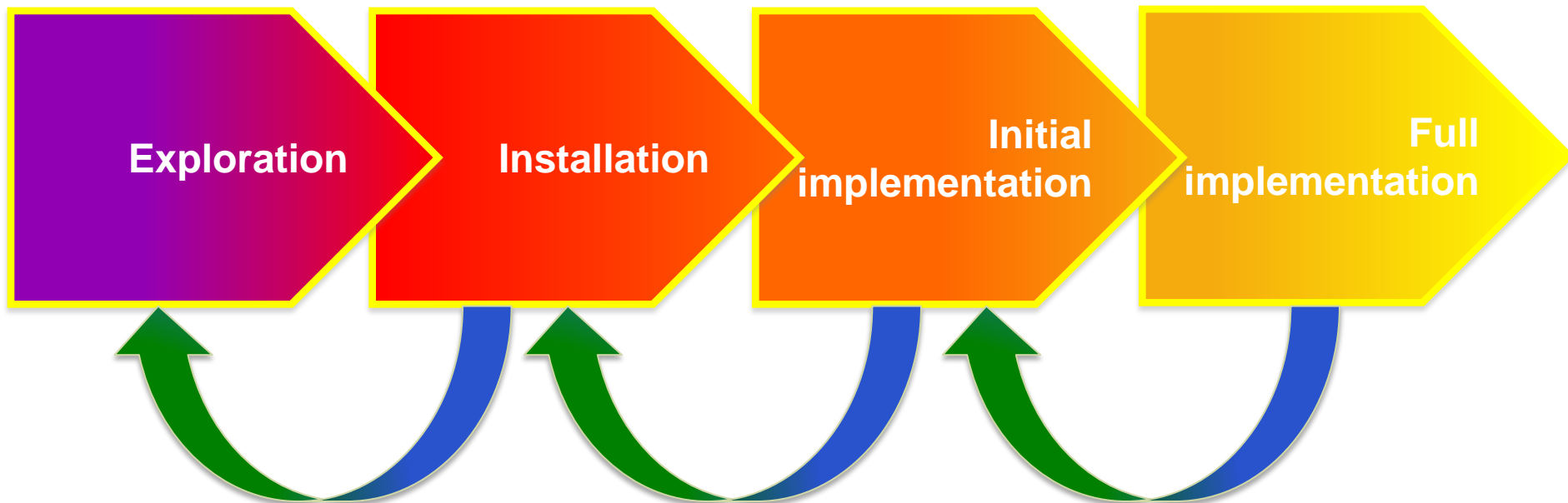
- Adherence measures
- Competence measures





# Stages of implementation

- Implementation is a process that happens in discernable stages, which consists of several actions and decisions to be made.
- The stages are not linear or separate; each is embedded in the other and they are dynamic.





## Your implementation plan



## Your actual implementation journey







# Outcomes and consequences of intervention and implementation

**Effective  
intervention**



**Effective  
implementation**



**Local capacity**

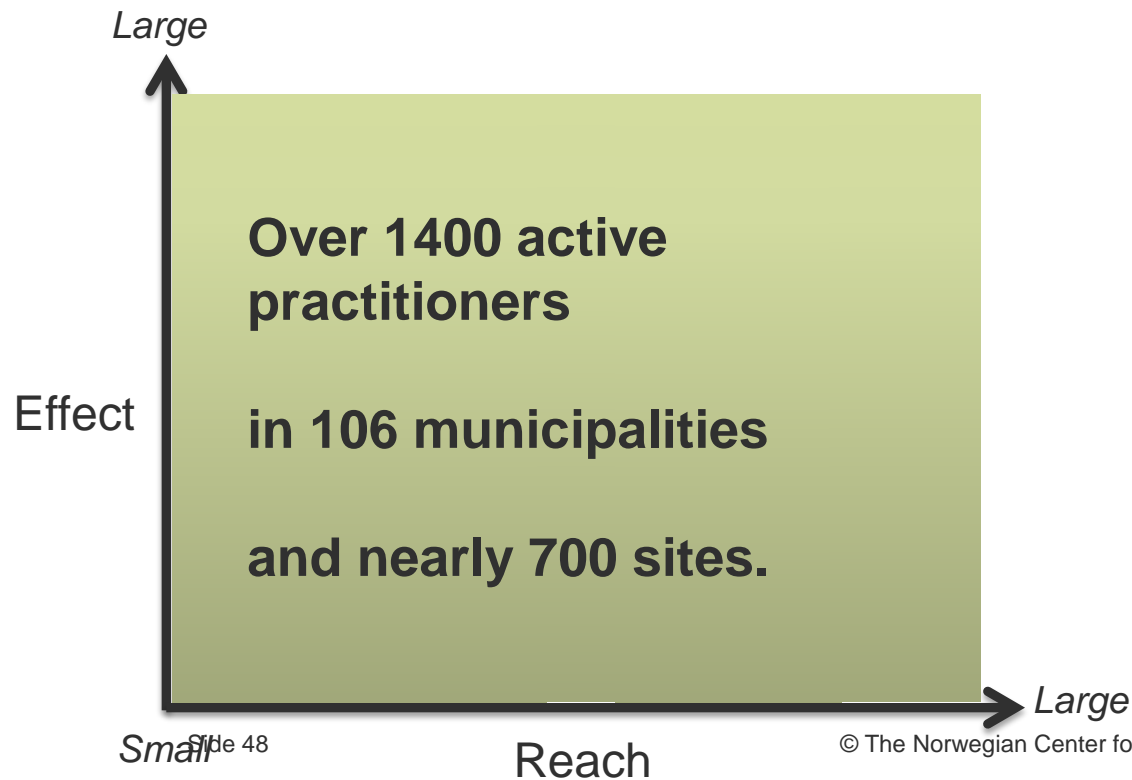


**Socially  
significant  
outcomes**

Fixsen & Blase



# Social impact





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## TIBIR makes a difference

- more than 20 000  
families...and still  
counting!





# Factors of success: The Norwegian Implementation

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- ***Economic support from Government*** gave the possibility to develop a solid organization with national and regional implementation teams
- ***Support from local leadership in the municipalities*** secured resources and created an enduring climate of local collaboration with local teams
- ***Research:*** Evaluating the effects of PMTO through all the RCT studies have ensured *credibility*



# Factors of success: The Norwegian Implementation

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- Recruiting **clusters of three** or more therapists at each agency secured support and stability
- **Developing a system for supervision**, both for sustaining fidelity and provide therapists with professional support to keep up enthusiasm and engagement
- Engaging the **most competent** therapists to hold **varied implementation tasks** (training, supervising, participating in research projects) with enhanced competence and motivation to continue working with different aspects of PMTO



# Take home messages

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## **Early intervention:**

- Identify and help parents and children in the target group as early as possible

## **Tailored help:**

- Main focus on parenting skills
- Adjust the intervention to fit the severity of the problem
- Help on other arenas where problems occur

## **Implementation matters!**

- Ensure support from leaders
- Ensure treatment fidelity through continuous supervision and quality assurance





# Investing in Parents is investing in Children

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**Thank you for your attention!**

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