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An Implementation Fidelity Assessment of the How-to Parenting Program

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Résumé

Cette étude a cherché à évaluer la fidélité d'implantation de l'atelier pour parents *How-to Parenting Program* (Faber & Mazlish, 1980) ayant été offert à des parents d'enfants d'âge scolaire, en français. Nous avons examiné les cinq composantes de la fidélité lorsque cet atelier a été offert aux parents de la condition expérimentale d'un essai contrôlé randomisé avec liste d'attente. L'adhésion des co-animatrices était élevée lorsqu'elles ont livré l'atelier. L'exposition était également élevée, la majorité des parents assistant à six ou à toutes les sept séances et faisant la moitié ou plus des lectures recommandées. En ce qui concerne la qualité de la livraison, les parents ont évalué les co-animatrices comme étant très empathiques, enthousiastes et préparés. Les parents ont semblé très réceptifs au programme, car les co-animatrices les ont jugés généralement très engagés et le taux d'abandon était minime. En ce qui concerne la différenciation, les taux d'utilisation des services psychosociaux étaient similaires dans les deux conditions, mais certains parents sur la liste d'attente ont lu le livre *How-to*. Sauf pour la différenciation imparfaite, l'atelier *How-to Parenting Program* a été livré avec une grande fidélité au cours de cet essai contrôlé randomisé.

Mots-clés : fidélité d'implantation, évaluation de programme, prévention primaire, atelier d'enrichissement parental, *How-to Parenting Program*.

Abstract

We aimed to evaluate the implementation fidelity of the How-to Parenting Program (Faber & Mazlish, 1980) when delivered, in French, to parents of school-aged children. We examined the five fidelity components when this program was delivered to parents in the experimental condition of a waitlist randomized controlled trial. The adherence of co-facilitators to the program was elevated when they delivered it. Exposure was also elevated, with a majority of parents attending six or all of the seven sessions and doing half or more of the recommended readings. Regarding delivery quality, parents rated co-facilitators as highly empathic, enthusiastic, and prepared. Parents appeared very responsive to the program, as co-facilitators rated them as generally highly engaged, and the dropout rate was minimal. Regarding differentiation, rates of psychosocial services use were similar across conditions, but some parents on the waitlist read the How-to book. Apart from imperfect differentiation, the How-to Parenting Program was delivered with high fidelity during this randomized controlled trial.

Keywords: implementation fidelity, program evaluation, parenting program, primary prevention, How-to Parenting Program.

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et al.   and others

e.g.   exempli gratia (for example)

ICC   Intra-Class Correlation

i.e.   id est (that is)

RCT   Randomized Controlled Trial

SD   Standard Deviation

vs.   versus

χ^2 chi-square

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An Implementation Fidelity Assessment of the How-to Parenting Program

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Geneviève A. Mageau: acquisition de financement, conceptualisation de l'étude, administration de projet, rédaction - révision et édition.

An Implementation Fidelity Assessment of the How-to Parenting Program

When a parenting program is delivered, ensuring its implementation fidelity is a social imperative (Dusenbury et al., 2003; Perepletchikova & Kazdin, 2006), especially considering the great number of parents solicited by some of them. Translated into more than 30 languages, the book "How to talk so kids will listen & listen so kids will talk" (Faber & Mazlish, 1980) has known great popularity since the 1980s. Its authors aimed to share the skills they acquired from parental workshops delivered by Ginott (1959; 1965), founder of the communicative approach to parenting programs (vs. behavioral or Adlerian; Krebs, 1986) and whose writings on empathic limit-setting inspired the operational definition of autonomy support (Koestner et al., 1984; Ryan & Deci, 2017), a key component of optimal parenting (Aunola & Nurmi, 2005; Bindman et al., 2015; Gray & Steinberg, 1999; Grolnick et al., 1997).

The parenting program of the same name, based on Faber and Mazlish's book, which we call the "How-to Parenting Program", can be considered a primary prevention intervention, as it targets the general population, without any specific inclusion or exclusion criteria for participating parents (World Health Organization, 2019). It is a very accessible parenting program, considering that no certification or minimal qualification is required by its developers to implement it. The efficacy of the French version of the workshop (Faber & Mazlish, 2001) has been evaluated in a recent waitlist randomized controlled trial (RCT) in grade schools (Author et al., 2018). Multiple benefits have been found thus far, such as greater parental autonomy support and decreases in child externalizing problems (Author et al., 2022).

A crucial step in any program evaluation is to evaluate its implementation fidelity, which refers to the correspondence between the experimental manipulation and the protocol planned by the program's developers (Dumas et al., 2001). Evaluating the degree of fidelity with which an intervention was delivered is essential to appropriately attribute any observed benefit to the intended content of a program (Dane & Schneider, 1998). In contrast, if this correspondence is low—if a program is delivered with little fidelity—documented benefits (or lack thereof) could be *erroneously* attributed to this program. In addition to allowing proper interpretation of efficacy findings, evaluating implementation fidelity also provides valuable information on how to improve program delivery and implementation, for instance by identifying elements of content that are harder to deliver reliably (Dusenbury et al., 2003). In their systematic review, Durlak and DuPre (2008) found that for programs targeting better school functioning and/or lower drug use,

good fidelity was associated with larger benefits for participants (often 2-3 times greater; up to 12 times greater). Similarly, Goulet's (2017) study evaluating the "Check & Connect" early school leaving prevention program found that faithful implementation moderated effects of most of its content. However, not all studies find that fidelity is linked to greater benefits for participants; such that the moderating effects of fidelity could depend in part on the component being assessed (Giannotta et al., 2019).

After conducting an exhaustive review of primary and secondary prevention programs evaluated from 1980 to 1994, Dane and Schneider (1998) delineated five key components of implementation fidelity: (a) adherence, (b) exposure, (c) delivery quality, (d) participants' responsiveness, and (e) differentiation. Compared to other models of fidelity in the prevention programs' prevention literature, their model seems to be the most accepted one (Gross et al., 2015) and it has proved useful in implementation research (e.g., Carroll et al., 2007; Dusenbury et al., 2003; Mihalic, 2004; Sánchez et al., 2006). Other models are similar to it, adding, removing, or renaming some components (e.g., Dumas et al., 2001; Durlak & DuPre, 2008).

In the parenting programs domain, Dane and Schneider's (1998) framework has been typically partially applied, with most studies focusing on only some of its components when evaluating implementation fidelity (Gross et al., 2015; Hidalgo et al., 2016; Taylor et al., 2015). Yet, some studies were more exhaustive, assessing four (Breitenstein et al., 2010; Giannotta et al., 2019; Oats et al., 2014) or all (Bérubé et al., 2014) of the five components. The goal of the present study was to evaluate all fidelity components of the How-to Parenting Program's implementation during a recent RCT (Joussemet et al., 2018), using Dane and Schneider's (1998) exhaustive and well-established model. Its five components are defined below.

Adherence

Adherence refers to the nature of the intervention's *content*. Assessing adherence documents the extent to which elements of content are delivered as defined in the program protocol (Dane & Schneider, 1998). In general, it is recommended to have independent raters fill rating grids rather than relying on group facilitators' self-evaluations (Dumas et al., 2001; Gross et al., 2015; Oats et al., 2014). Recordings are also strongly suggested, helping independent raters to make observations directly and as objectively as possible (Dane & Schneider, 1998; Moncher & Prinz, 1991; Poulin et al., 2010; Stern et al., 2008). Recordings were thus rated by an independent rater in the present study.

Exposure

Exposure, also called dosage, consists of temporal *quantity*. Assessing exposure reveals the extent to which participants received or were exposed to the intervention, in terms of frequency and/or duration (Carroll et al., 2007). For example, attending a program's sessions allows participants to be exposed to the program developers had planned. Indeed, having attended several (vs. few) sessions, as well as having often (vs. rarely) done the recommended exercises can influence an intervention's impact; limited exposure implies missed learning opportunities. Whereas all participants of an experimental condition are often perceived as receiving the intervention, they typically differ from one another in terms of the quantity of the intervention they are exposed to.

The amount of reading or homework completed is another indicator of exposure. Although the extent to which participants attend sessions and do recommended readings can denote their responsiveness (see below; Giannotta et al., 2019), there is also an inherent time component, as attending sessions and reading increases the duration of exposure to the workshop. In the present study, we examined attended sessions and reading amount as part of exposure analyses.

Delivery Quality

Delivery quality, also called process fidelity, relates to the *way* content is delivered by facilitators (Mihalic, 2004). Researchers examining it typically assess the extent to which facilitators embody the programs' teachings, skillfully communicate the program, or welcome participants' experiences during delivery. The underlying hypothesis is that the more the facilitators embody or model what the program teaches, the better participants will learn.

In the program implementation literature, empathy, that can be defined as understanding and validating the mental state of others (Joussemet & Grolnick, 2021), has been shown to be positively associated with parenting interventions' benefits, (Forgatch et al., 2005), such as parents' satisfaction (Giannotta et al., 2019). Of particular interest to the present project, empathy is also the central quality in the How-to Parenting Program, making it one of its distinctive characteristics. Enthusiasm and preparation are two other qualities considered essential to delivering high-quality psychosocial interventions. Facilitators' enthusiasm for their workshop is believed to have an impact on the enthusiasm felt by participants (Martens et al., 2006). Lastly,

facilitators' preparation may influence the efficacy of their communication with participants. Indeed, disorganized sessions could jeopardize participants' understanding of the program's content (Dumas et al., 2001).

Good delivery quality thus implies the use, by facilitators, of the skills taught in the intervention (Mihalic, 2004). While some researchers consider participants' perceptions when measuring the delivery quality (Bérubé et al., 2014), others rely on evaluations made by independent raters (Breitenstein et al., 2010; Gross et al., 2015; Oats et al., 2014) and still, others use self-assessments of facilitators themselves (Oats et al., 2014). In the present study, participants evaluated facilitators' empathy, enthusiasm, and preparedness.

Responsiveness

Participants' responsiveness is a construct reflecting their response to a program (Dane & Schneider, 1998). It taps how much participants appreciate their program and how committed and involved they are in its activities (Mihalic, 2004). Measured differently from one study to the next (Dane & Schneider, 1998; Oats et al., 2014; Sánchez et al., 2006), it has been estimated through usefulness ratings (Carroll et al., 2007), reported satisfaction (Breitenstein et al., 2010; Oats et al., 2014), interest (Durlak & DuPre, 2008), and enthusiasm (Dane & Schneider, 1998), as well as dropout rates (Hidalgo et al., 2016) and engagement (Garvey et al., 2006; Hidalgo et al., 2016). The latter is often measured by group facilitators (Baydar et al., 2003; Bérubé et al., 2014; Breitenstein et al., 2010; Garvey et al., 2006) as it avoids social desirability.

Higher engagement has been associated with greater benefits, for both parents and children (Garvey et al., 2006). Learning and applying a program's skills is also believed to be promoted by responsiveness, as intervention's benefits are greatest when participants are well engaged in it, enjoy its sessions, and believe benefits can ensue from it (Berkel et al., 2011; Giannotta et al., 2019).

In the present study, it was possible to estimate parents' responsiveness from their engagement, as perceived by group facilitators, as well as from dropout rates. Engagement thus represents how actively parents participate (Baydar et al., 2003; Garvey et al., 2006), while the dropout rate reflects how interested participants are to keep taking part in their program, which is thought to stem from the program's ability to stimulate the interest of participants over several sessions/weeks (Durlak & DuPre, 2008). While engagement can also be assessed by examining

the extent to which participants engage in recommended activities between sessions, we considered this indicator as reflecting exposure.

Differentiation

According to Dane and Schneider (1998), differentiation can serve as a "manipulation check" (p. 45). It may thus document possible diffusion of treatments, such as contamination from an experimental to a control condition (Durlak & DuPre, 2008), or services that participants may have obtained, in addition to the evaluated program. In the present study, we verified whether participants allocated to the waitlist differed from the ones in the experimental condition in terms of (a) having been exposed to theoretical elements of the How-to Parenting Program (Durlak & DuPre, 2008) and of (b) the psychosocial services they or their child received.

Objective

The present study aimed to assess the degree to which the How-to Parenting Program's was implemented with fidelity. Fidelity components found in Dane and Schneider's model (1998) served as guidelines for this implementation assessment.

Method

Study Design

The present study is part of a waitlist RCT to evaluate the efficacy of the How-to Parenting Program. The only inclusion criteria, for participating parents, were to have a child attending one of the participating grade schools and be able to attend a parenting program delivered in French. Randomized allocation was made within each school with a 1:1 ratio. The study was approved by the university's Ethical Research Committee). A more detailed description of this RCT protocol is available in Joussemet et al. (2018).

Recruitment and Informed Consent

Parents were recruited within 15 primary schools in (*city blinded for review*). Parents completed their baseline questionnaire after attending an information session and giving their informed consent. During the information session, parents learned about the study's design as well as the program's format and name. Although its content was described in very general terms, the book upon which it is based, available in bookstores, was revealed. Random assignment,

within each school (i.e., being offered the How-to Parenting Program in 2 weeks or 14 months), took place after baseline data was collected.

The present study examines mainly post-intervention data, collected 1 to 2 weeks after the program was delivered to parents assigned to the experimental condition. To assess adherence, exposure, delivery quality, and responsiveness, solely data from the experimental condition was required ($N = 147$). We examined audio recordings of sessions, parent reports (at post-intervention), and facilitator reports (weekly during program delivery and at post-intervention). To assess differentiation, we also included reports of parents assigned to the control condition ($N = 146$; collected at post-intervention and 1-year follow-up, just before they were offered the program; see Table 1). The demographic composition of the sample (experimental condition) may be found in Table 2.

Program Fidelity Data

Facilitators consented to audio-record the sessions they would facilitate. Parents were also informed of these audio recordings, and it was specified that their voices would be audible, but not identifiable. Each group was led by a team of two facilitators, one of whom was more experienced than the other. Several group facilitators led more than one parenting group in the same dyad or not.

Material

Each group facilitator used the French, manualized, group workshop kit (Faber & Mazlish, 2001), the French versions of two books: "*How to Talk so Kids will Listen & Listen so Kids will Talk*" (referred to as the How-to book herein; Faber et al., 2002) and "*Liberated Parents, Liberated Children: Your Guide to a Happier Family*" (Faber & Mazlish, 2014), as well as a "facilitator's guide", crafted by the RCT principal investigators. Each parent was provided with a copy of the How-to book (Faber et al., 2002) and a workbook. The latter was used for exercises during sessions and for homework assignments. Recommended readings (approximately 40 pages/week) and homework were encouraged by facilitators, who highlighted to parents the importance of practicing their new skills with their own children.

The first six sessions are considered topical sessions, whereas the last one is a less structured, integrative one. The topical sessions' format is similar from one week to the next: each one begins with a look back at the prior week's homework (except session 1) and the topic

is introduced with an awareness exercise, aiming to take children's perspective while listening to unhelpful comments they may hear. New skills are then presented and illustrated by comic strips before parents engage in role-playing exercises and structured discussions. Topical sessions end with the presentation of a summary (a "quick reminder" page) and homework guidelines (see Table 3 for the chapter titles and Joussemet et al. (2018) for further information on the skills taught in the How-to Parenting Program).

Facilitators' Training

The How-to Parenting Program's authors did not require or even recommend training for group facilitators, as their original English material can be easily delivered via audio or video recordings. In the present RCT, the minimum qualification for the recruitment of group facilitators was either having worked with children, studied in psychology or an education-related area and/or being parents themselves (see Table 4). There was also mandatory training to standardize the delivery of the program in French. The 3-day group training was offered by a facilitator with more than 15 years of experience delivering the How-to Parenting Program. She modelled the workshop delivery and addressed the group facilitation process (e.g., refrain from acting as an "expert"). The training also covered tips to promote content fidelity (e.g., adhering to the content as closely as possible).

Group facilitators were also required to attend a "pre-workshop" meeting, during which the principal investigators presented the facilitators' guide. A "post-workshop" meeting was also encouraged (but not mandatory) during which facilitators could debrief and receive reactive supervision. These discussions contributed to complementing the facilitators' guide, intended to ease the facilitation of following cohorts.

Measures

Given our goal of assessing implementation fidelity, we used Dane and Schneider's model (1998) to help us in selecting variables and their measures. We aimed to assess all five components of implementation fidelity, based on audio recordings (adherence), parents' attendance and reading (exposure), facilitators' empathy, enthusiasm, and preparedness (delivery quality), parents' engagement and dropout (responsiveness), as well as differences in reading and use of other psychosocial services between conditions (differentiation)

Adherence

The first author listened to the available audio recordings of all the experimental groups' sessions and assessed the group facilitator's adherence to the How-to Parenting Program by using a measurement grid, based on the group workshop kit (Tessier et al., 2015). Each component of the grid was judged dichotomously as present or absent. For each session delivered, a score was computed by calculating the proportion of present components out of the total number of components possible to cover. A second rater rated independently a third of available audio recordings (5 of the 15 groups). This subset was not chosen randomly, as we favored the ones that had the least missing recorded material (i.e., either fully recorded parenting groups or with only one missing or incomplete recorded session) to ensure that the interrater agreement would include all sessions.

Exposure

Two measures were used to assess exposure to the program's content: (a) session attendance and (b) book reading. Both group facilitators recorded the attendance of each parent at the start of each session, on a paper-pencil list. They then transcribed this information into an online questionnaire, after they both received a reminder by email at the end of each session. A parent was considered present if at least one of the facilitators had noted their presence. An individual attendance score was calculated (sum), with total scores ranging from 0 to 7 (out of 7 sessions delivered). For parsimony purposes, three levels of exposure were created: *Low exposure* (0 to 2 sessions), *Medium exposure* (3 to 5 sessions), and *High exposure* (6 or 7 sessions).

In their post-intervention questionnaire, parents were invited to report the extent to which they read the How-to book by selecting one of these options: 5 = *All of the reading*, 4 = *Most of the reading*, 3 = *Half of the reading*, 2 = *Less than half of the reading*, 1 = *Did not read at all*.

Delivery Quality

The three features targeted to assess the quality of the program's delivery were group facilitators' (a) empathy, (b) enthusiasm, and (c) preparedness. At post-intervention, parents were invited to assess each of these qualities for each of their group facilitators, on a 5-point scale (e.g., 1 = *Not empathetic* to 5 = *Very empathetic*). For each of these qualities, we computed an averaged score for each facilitator, across their group participants' ratings. Next, we calculated an

average score for the *dyad* of facilitators of each group, to reflect the general level of empathy, enthusiasm, and preparedness parents perceived from their team of facilitators.

Parents' Responsiveness

Each facilitator was invited, at post-intervention, to assess the level of engagement of each parent in their group, on a 5-point scale (e.g., 1 = *No engagement* to 5 = *Very good engagement*). This overall score reflected the level of parent participation facilitators perceived across all sessions' exercises and discussions. Inter-rater reliability for participants' engagement was high (ICC = 0.83) when both co-facilitators rated each of their participants' engagement.

Dropout rates further indicate the program's accessibility and/or participants' interest in the program. Our dropout measure was based on attendance patterns, over the program's 7 weeks. We defined dropout the following way: after having attended at least one session, never coming back afterward. Participants who only missed the last session were not considered to have dropped out. We distinguished participants who dropped out early (i.e., after the 1st or 2nd session) from the ones who dropped out later (i.e., after sessions 3, 4 or 5).

Differentiation

To assess the extent to which participants assigned to the waitlist ($N = 146$) were exposed to the content of the How-to Parenting Program, their reading of the How-to book was measured and compared to those of the experimental condition. Parents in both conditions reported how much they had read the book, on the 5-point scale described above. Parents in the experimental condition did so after their program was delivered, at post-intervention, whereas parents in the control condition answered this question one year later before they were offered their program.

Finally, at post-intervention, parents from both conditions were asked to indicate if they had received any additional resources for themselves or their child (other than the How-to Parenting Program) during the 7 previous weeks for parents in the experimental condition and during the 6 last months for those in the control condition. They were then invited to specify the nature of these services by using an open-ended question. Each response was coded by identifying individuals who received psychosocial services. We included various services in this category: seeing a psychologist, social worker, life coach, neuropsychologist, psychoeducator, sexologist, pediatrician, specialized educator or psychiatrist; attending psychotherapy, workshop for victims of conjugal or family violence, workshop for parenting skills, workshop for anxiety,

mediation and family counselling, or receiving unspecified services for child or couple, or from community services. Next, a score was computed by calculating the proportion of parents or children who received psychosocial services (at least one) out of the total number of participants, within each condition.

Plan of Analysis

For each of the first four fidelity components (i.e., adherence, exposure, delivery quality, and responsiveness), we analyzed data from the experimental condition only. Detailed descriptive statistics or percentages for these indicators are provided at the individual level. For adherence and some exposure indicators, results are presented at the group level as a function of the program's sessions as well as for the entire program. Lastly, regarding differentiation, we compared mean scores for both conditions using chi-square tests to assess whether parents of both conditions differ in terms of reading the How-to book and using other psychosocial services.

<div align="center">

Results

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Adherence (Group Level)

Less than 10% of the audiotaped material (8.6%) was unavailable for coding, due to technical difficulties or to group facilitators forgetting to record the second part of their sessions (upon their return from the health break). Missing data varied greatly according to the session, ranging from 0% (1st, 4th, and 5th session) to 33.3% (7th session). Adherence was evaluated by two independent coders, and the inter-agreement between raters was high (ICC = 0.79).

Figure 1 provides descriptive statistics about adherence rates (ranges, median, as well as means and standard deviations) as a function of the program's sessions. For topical sessions, facilitators' adherence rates varied from 82.8% (1st session) to 93.4% (5th session) whereas the adherence of the last, integrative one (7th session) was 76.5%. Overall, the adherence of group facilitators to the How-to Parenting Program was 87.2% (*SD* = 10.7).

Exposure

Attendance

Individual level. The average number of sessions attended by each parent in the experimental condition was 5.80 (*SD* = 1.68; 82.9%) out of 7, ranging from 0 to 7 sessions

(median of 6 sessions). Few participants (2.7%) had low exposure to the program (1 to 2 sessions), while 22.4% had a medium exposure (3 to 5 sessions). The vast majority of parents (70.7%) had high exposure to the program (6 or 7 sessions). Only 3.4 % of participants did not attend any session and attendance data for 1 participant was missing due to a clerical error (i.e., missing name on attendance grid).

Group level. We present in Table 3 the average attendance rate across all groups, as a function of the program's seven sessions. The lowest attendance rate was 76.7% (5th session, about praise) whereas the highest attendance rate was 90.4% (1st session, about feelings).

In terms of groups' global attendance rates, computed across all sessions, the parenting group with the lowest rate had a global attendance of 61.5% whereas the group with the most elevated proportion of attendees had a global attendance rate of 96.4%. Over the 15 groups, the average global attendance rate was 82.9%.

Book Reading (Individual Level)

Many parents (20.4%) did not answer this reading question. More than a third of the parents in the experimental condition who responded (38.1%) reported that they did all the recommended readings. About a quarter reported doing most of the reading (26.5%), while 9.5% reported doing half of it. Few parents (5.5%) reported doing less than half of the reading and only 1.4% reported not doing any reading.

Delivery Quality (Group Level)

About one parent out of five did not rate these delivery qualities (missing data for 21.8% of participants). Averaging parent ratings of co-facilitators (on 5-point response scales), dyads were found to be highly empathic, enthusiastic, and prepared ($M = 4.43$, $SD = 0.26$; $M = 4.41$, $SD = 0.26$; and $M = 4.51$, $SD = 0.20$, respectively), ranging from 3.94 to 5.00.

Responsiveness

Parents' Engagement (Individual Level)

The overall engagement score was 4.31 on a 5-point scale ($SD = 1.10$), ranging from the minimal to the maximal score (median of 5.00). Facilitators assessed that most parents (82.1%) had a good or a very good level of engagement. There were nine participants (6.1%) who did not

show any engagement, according to facilitators. Engagement data of only 2 participants (out of 147) was missing, for which none of the facilitators recorded an entry.

Dropout Rates (Individual Level)

According to attendance data provided by group facilitators, 5 participants out of 147 (3.4%) dropped out at the beginning of the workshop (after the 1st or 2nd session) and 6 participants (4.1%) left after sessions 3, 4 or 5. Dropout data for 1 participant was missing (due to the clerical error described earlier).

Differentiation (Conditions Comparison)

Book Reading

We compared the quantity of book reading done by participants assigned to the control condition, assessed at the 1-year follow up, to the reading reported by participants in the experimental condition, assessed at post-intervention. There was a significant difference in reported reading between the two conditions (χ^2 (4, $N = 214$) = 165.38, $p < .01$), with 81.6% of the parents in the experimental condition who answered the question doing "most of the reading or more", compared to 2.7% of the parents on the waitlist. However, many parents (32.2% in the control condition; 20.4% in the experimental condition) did not report the extent to which they had read the book. Figure 2 depicts the book reading distribution of completers within each condition. It is noteworthy that a total of 13.7% of parents on the waitlist reported having read some of the How-to book.

Use of Other Psychosocial Services

Participants of both conditions reported similar use of psychosocial services (other than the How-to Parenting Program) either for their targeted child (χ^2 (1, $N = 233$) = .658, $p = .42$) or for themselves (χ^2 (1, $N = 237$) = .082, $p = .78$) during the 7 weeks of program delivery to the experimental condition. Across conditions, close to 10% of targeted children were receiving an external psychosocial service (8.3% in the experimental condition; 11.5% in the control condition) whereas almost one parent out of five reported some form of psychosocial services for themselves (18.7% in the experimental condition; 20.2% in the control condition). Again, a large proportion of parents did not provide the requested information (20.5% and 19.1% of missing psychosocial services data for children and themselves, respectively).

Discussion

High implementation fidelity is essential to properly interpret the efficacy results of a program's evaluation. We aimed to assess the implementation fidelity of the How-to Parenting Program's French version, delivered in grade schools. Following Dane & Schneider (1998), we assessed adherence, exposure, delivery quality, responsiveness, and differentiation. Investigating implementation fidelity in a research context also provides important clues as to the potential for future program's dissemination in community-based settings.

Adherence

On average, group facilitators delivered 87% of the planned content. This adherence rate appears quite satisfactory when judged by Perepletchikova and Kazdin's criterion of 80% or more for high adherence (2006). The present adherence success is probably due to the program's manualized nature and the required training for group facilitators. It was possibly also fostered by the type of data collected and the sufficient duration of sessions: being recorded may have encouraged facilitators to deliver the program as it is, and having enough time (2.5 hours/session) allowed them to deliver all of it. The presence of a less experienced facilitator within dyads may have contributed as well, as beginners are more inclined to deliver unaltered content (Clarke, 1995). Not surprisingly, adherence was relatively lower during the last integrative session, which had an open-ended discussion format. Facilitating the integrative session vs. the topical ones was less homogeneous, as it is less structured.

The strength of our adherence measurement lies in its high level of fidelity and objectivity. Adherence was measured by an independent rater listening to audio recordings of sessions. A second independent rater listened to a third of the recordings and the inter-rater reliability was quite satisfactory (ICC = 0.79). We also relied on a clear content grid, which was fairly detailed yet easy to use (elements present vs. not). Such rigorous procedures are key strengths as they contribute to decreasing subjectivity. However, the content coded by the second coder was not selected at random. Indeed, given that some sessions were incomplete or missing due to technical difficulties or human error, we favored the groups with the most recorded content, at the expense of randomness. Another main limitation pertains to raters. Although both coded recordings in an independent way, they were not blind (i.e., they knew they were only assessing experimental groups) and they were part of the principal investigators' team. This may

have influenced them to rate adherence favorably, although this is unlikely, given their reliance on a detailed content grid.

Exposure

Attendance. The mean for the How-to Parenting Program exposure was 83%, at both the group and individual level, as parents attended an average of 5.8 sessions out of 7. These rates appear elevated considering exposure rates reported in prior implementation of parenting programs. For example, group attendance rates of 50% and 70% were obtained by Breitenstein et al. (2010) and Giannotta et al. (2019), respectively. One tentative explanation for parents' high levels of attendance is that parents may have found the parenting program useful. Unfortunately, parents' satisfaction and the perceived usefulness of the skills taught were not directly assessed in the present study. Other factors may include facilitators' good delivery quality or the fact that the program was offered in a familiar setting. Finally, the sample's generally high socio-economic profile probably also contributed to the high attendance rates, in contrast to disadvantaged parents for whom taking part in a parenting program may not always be possible due to financial constraints and less stable or flexible employment (Davis et al., 2015; Rostad et al., 2018).

Both group facilitators were invited to report attendance online, soon after each session. Allowing very little time to pass by and inviting both facilitators prevented forgetfulness and errors. It is noteworthy that some discrepant reports did take place, even when collecting such a seemingly straightforward piece of information. We resolved disagreements by considering a parent to be present when at least one of the facilitators reported an attendance. Collecting both ratings, and underlying the importance of both, seems particularly worthwhile given that some facilitators did not answer the attendance part of their online questionnaire, perhaps due to social loafing (Simms & Nichols, 2014). We also recommend relying on two ratings to reduce biases when assessing less objective information.

Reading. Close to 3 out of 4 parents (74.1%) reported doing half of the recommended readings or more. In general, such "homework" exposure appears high, but findings are difficult to compare given the variable nature of homework across programs. The importance of readings was conveyed by the time devoted to discussing them, at the start of sessions, which may have encouraged parents to do the reading. However, not all parents were similarly exposed to the reading material, possibly due to the weekly chapters' length, which may not be well adapted to parents' busy lifestyle.

Reading was rated globally, only at post-intervention. Although weekly assessments would have been more precise, they could have been viewed as pressuring by parents, perhaps resulting in lower exposure. We suspect there was a high level of social desirability involved in the reading question, which may explain the high rate of missing answers. An alternative way to inquire about reading could be to break down chapters into parts and ask parents to tick which ones were completed (e.g., the comic strips, the summary), and to inquire about the general reading quantity at later time points. Future evaluations of the How-to Parenting Program could also tap the extent to which participants try to put their skills into practice.

Delivery Quality

According to participating parents, group facilitators were highly empathetic, enthusiastic, and well prepared (averaging 4.45/5, or between *very* and *extremely* empathetic, enthusiastic and prepared; 89%). This suggests that the How-to Parenting Program was generally well delivered, compared to other studies with lower but satisfactory quality ratings (4.07/5 and 4.10/5 by Oats et al. (2014) and Gross et al. (2015) respectively), though the latter studies used different measures. The manualized content, the 3-day training, the mandatory "pre-workshop" meeting, the facilitators' guide, and the presence of a more experienced facilitator may all have contributed to the level of preparation perceived by parents. As the training invited facilitators to embody How-to skills during sessions, empathy was also encouraged explicitly. Finally, the manualized content and high preparation may have helped decrease facilitators' anxiety, a possible obstacle to conveying enthusiasm.

A methodological strength of the delivery's quality measure is the choice of the informant, as we asked parents themselves (vs. a rater) to report, at post-intervention, their perception of facilitators' empathy, enthusiasm, and preparedness. We thus focused on the subjective experience of participants, which is the most important perspective, as they were the recipient of the program. However, there was a lot of missing data for delivery quality, which may be related to social desirability, as not answering may be easier than giving negative feedback. Moreover, we averaged both facilitators' scores on delivery quality to obtain a global score for each dyad. This may reduce ecological validity, as the influence of both facilitators is probably not of equal weight in participants' experience. Asking parents to rate the dyad instead of each of its members would have been more valid. While individual ratings can be useful to provide feedback to each facilitator, it is less suitable for fidelity evaluation.

Responsiveness

Engagement. According to group facilitators, most parents were well engaged in their sessions, with a global score of 4.31/5 (i.e., between very and extremely engaged; 86.2%). Such engagement seems satisfactory and compares positively to a study reporting an engagement level of approximately 80%, also measured by facilitators (Garvey et al., 2006). This elevated responsiveness score could be partly explained by another fidelity component, namely facilitators' enthusiasm, which may have had a positive influence (and vice versa). Other factors that may have helped parents "take the floor" during sessions include voluntary participation, the clear guidelines issued at the start of the program (e.g., confidentiality), the high proportion of time devoted to exercises and role playing, and the relatively small group size.

The two facilitators were invited to evaluate parents' engagement during the sessions using a questionnaire at the end of the program (post-intervention). The choice to use facilitators' reports of parental engagement has the advantage of avoiding the social desirability inherent in parent reports. It also fosters objectivity, reflected in the good inter-rater agreement, as well as validity, considering that facilitators can compare different participants. However, engagement is not the most valid proxy of responsiveness. As we aim to measure how parents respond to the program, a more accurate assessment would have focused on their subjective experience, such as their degree of satisfaction. For instance, some introverted participants may appreciate the program although their style may have been less participative.

Dropout. Only 11 parents out of 147 (7.53%) dropped out of the program. This dropout rate, below 10%, is similar to the one reported by Hidalgo et al. (2016) and indicates a high participant retention rate. This may be due to the fairly homogeneous socio-demographic profile of the participants, as they were parents of children from the same grade school. It may also be attributable to other factors mentioned earlier, such as the program's short duration (i.e., 7 weeks), the voluntary nature of its participation, and the middle-high socioeconomic status of participants, which facilitates attendance to programs delivered on evenings.

A methodological strength of the dropout measure is its objectivity since it was based on parental attendance data, reported weekly by facilitators. However, it is an incomplete assessment, as we did not ask parents their reasons for not coming back. These could be related to the program's content or to some obstacles (e.g., time, transportation, childcare).

Differentiation

How-to Book Reading. Monitoring the extent to which parents of the control condition read the How-to book and comparing it to the experimental condition allowed us to document possible contamination. We expected some diffusion early on during recruitment, as some parents communicated their interest in the How-to book during information sessions. The diffusion risk seemed all the more elevated given that the book was available in bookstores. With this RCT's methodological limitation in mind, we aimed to document reading within the control condition. Although some parents read the book while being on the waitlist, results revealed that among parents who answered the reading question, the ones in the experimental condition reported more reading than parents on the waitlist. However, given that almost a third of the waitlist parents did not answer the reading question, possibility because of some book reading, this could point to a significantly compromised differentiation, of up to 45.9% of waitlist participant exposure. Withholding the name of the book during information sessions would have been preferable, to prevent this type of contamination.

A major methodological limitation is that parents of both conditions were asked the reading question at different time points (i.e., after program delivery in the experimental condition vs. at the 1-year follow-up in the control condition). Planning the same time point for all parents at the 1-year follow-up would have improved the validity of the comparison. Another limitation is the social desirability inherent in the reading question. Guilt may have been experienced about reading or not, which would have encouraged parents from the control and experimental conditions to under- and over-report their reading, respectively.

Other Services. About one child and two parents out of ten were receiving other psychosocial services during the 7-week period when the How-to Parenting Program was delivered to parents of the experimental condition. These proportions did not differ by condition. As this fidelity component is rarely documented in the parenting program evaluation literature, comparisons are not possible. The similar rates across conditions suggest that being offered the How-to Parenting Program did not motivate parents to reduce their use of other services and that being placed on the waitlist did not translate into parents seeking other resources. This may be due to the fact that the time interval between random assignment and post intervention was rather short for implementing changes in service use (i.e., about 2 months). In general, a non-negligible proportion of our participants from the so-called general population did report having sought

psychosocial services, which reveals the presence of significant difficulties, as well as a resourceful population, capable of mobilization.

The use of other services was collected from parents of both conditions, at post-intervention. The open-ended format allowed parents to report a vast range of services, which represented a coding challenge. In future studies, suggesting pre-determined types of services (along with an "other" category) would simplify data collection.

Conclusion

The present fidelity assessment indicates that the French version of the original How-to Parenting Program can be delivered as intended when facilitators received a 3-day training and provided audio recordings of their sessions. It is not possible to ascertain that similar integrity levels would be attained without such training and close monitoring. Though the program's copyright owners do not require facilitators to obtain a specific training or certification, integrating some training and monitoring would preserve the program's integrity. Group facilitators adhered to its content and parents, well exposed, found that delivery was good and were rated as responsive. Though imperfect, differentiation was acceptable. Importantly, our assessment suggests that the documented benefits (Mageau et al., 2022) can be attributed to the program's content. Finally, as results suggest variance in certain fidelity components, the moderating effect of implementation fidelity could thus be further examined.

At this early stage of evaluation, the degree to which the How-to Parenting Program can be delivered with fidelity needed to be assessed. Examining whether it can be adapted is a different goal, which implies modifying a protocol to meet the needs of certain participants. Adaptation efforts could be invested to better meet the needs of certain participants, in certain environments (Bauman et al., 1991), thereby further increasing accessibility. For instance, the efficacy of the How-to Parenting Program could be assessed when delivered to parents of younger children, or parents facing greater adversity (e.g., lower socioeconomic status). Examining if this program requires adaptations when delivered to parents of various cultural backgrounds is another worthy endeavor. Any adaptations should be closely monitored and well documented. Future studies could also assess other components of implementation that are part of other models (e.g. model from Proctor et al., 2011), such as costs, appropriateness, acceptability and sustainability of the program.

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Table 1

Timeline and Informants of Fidelity Assessments (Bolded), According to Conditions

	Baseline		Post-intervention	1-year follow-up	
Experimental condition		Program delivery **Independent raters[a]** **Facilitator reports[b]**	**Facilitator reports[c]** **Parent reports[d, e]**		
Control condition			**Parent reports[e]**	**Parent reports[e]**	Program delivery

Note. [a] adherence; [b] exposure; [c] responsiveness; [d] delivery quality; [e] differentiation (other services use was measured at post-intervention in both conditions; book reading was measured at post-intervention in the experimental condition and at the 1-year follow-up in the control condition).

Table 2

Demographic Information of Parents in the Experimental Condition

Parent Characteristics	*n* (%)
Gender	
Women	113 (76.9)
Men	34 (23.1)
Education	
High School or less	6 (4.2)
College or professional training	33 (22.9)
University (undergraduate)	62 (43.1)
University (graduate)	43 (29.9)
Annual Family Income (CAD $)	
< 15,000	25 (17.2)
15,000 - 30,000	20 (13.8)
30,000 - 50,000	30 (20.7)
50,000 - 75,000	19 (13.1)
75,000 - 100,000	51 (35.2)

Table 3

Sessions' Content and Average Attendance Rates

Session/Chapter	Content	*M* attendance %
1	Helping Children Deal with Their Feelings	90.4
2	Engaging Cooperation	82.9
3	Alternatives to Punishments	80.1
4	Encouraging Autonomy	84.2
5	Descriptive Praise	76.7
6	Freeing Children from Playing Roles	80.8
7	Integration	84.9

Table 4

Group Facilitators' Characteristics

	N	%
Gender		
Women	16	94.1
Men	1	5.9
Being a parent		
Yes	6	35.3
No	11	64.7
Prior work with children		
Yes	17	100
Highest education level (current or completed)		
Professional college degree	3	17.6
Undergraduate degree	2	11.8
Master degree	5	29.4
Doctoral degree	7	41.2
	Mean (*SD*)	**Range**
Age	34.4 (10.7)	23-63

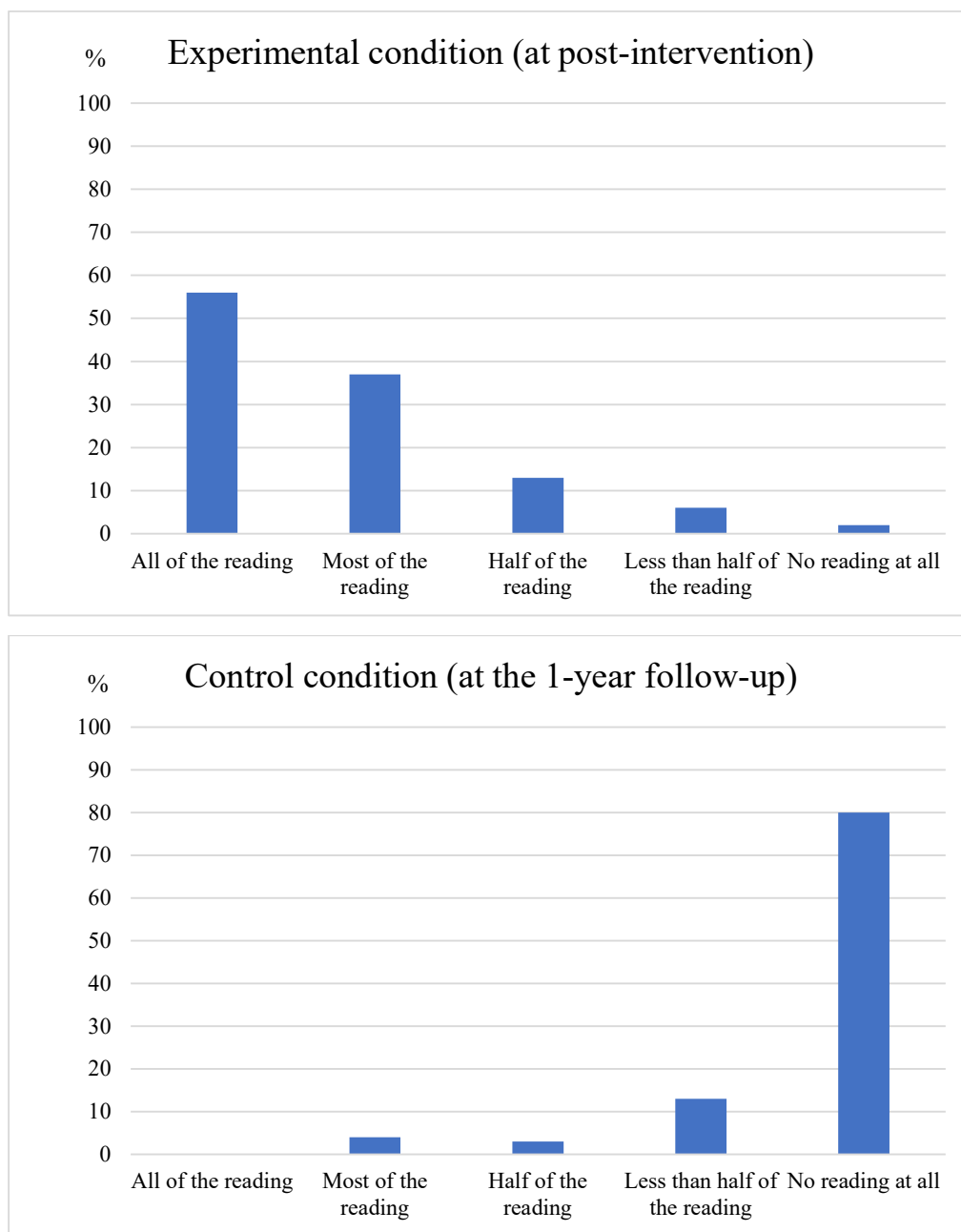*Note*. *N* = 17; *SD* = standard deviation.

Figure 1

Adherence Rates as a Function of Sessions
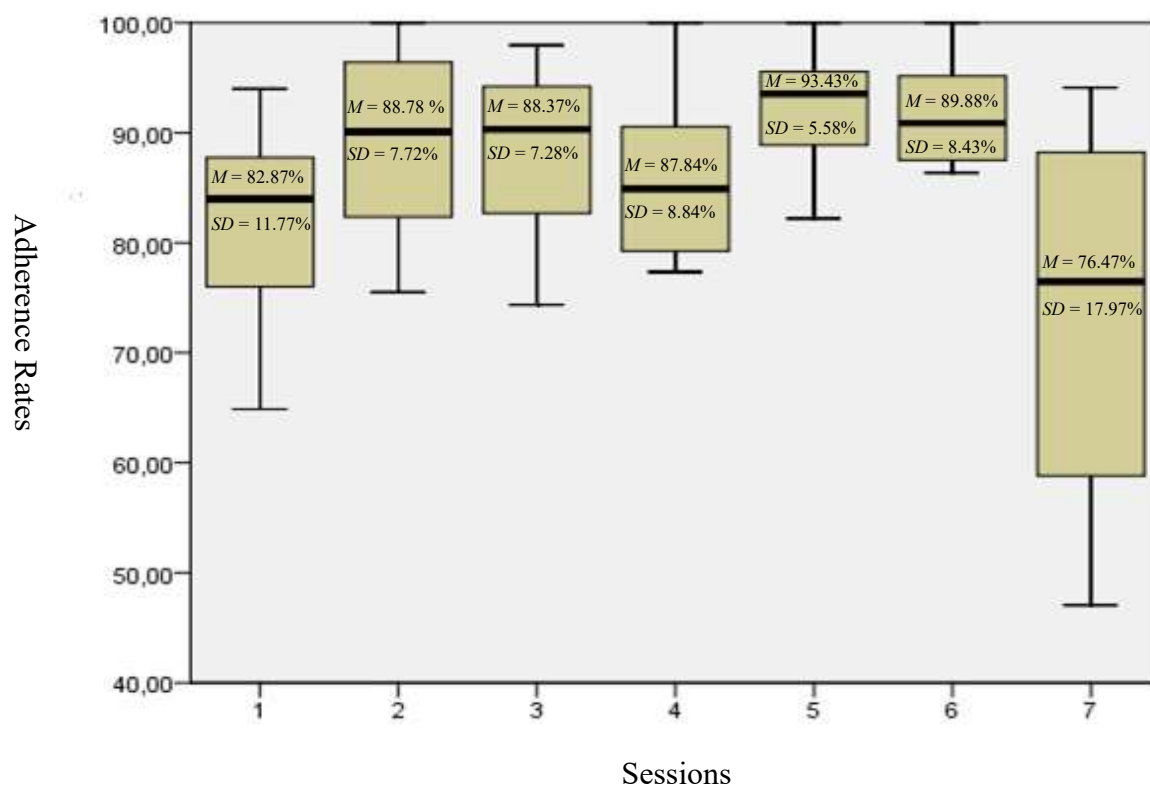
Note. Descriptive statistics about adherence rates (ranges, median, as well as means and standard deviations) as a function of the program's sessions.

Figure 2

Reading Rates of the How-to book, in Both Conditions

Note. Book reading distribution among participants who answered this question, within each condition.

Annexe

Grille d'adhérence de la première session

<u>**Animation de la première rencontre : Aider les enfants aux prises avec des sentiments pénibles**</u>

1- Introduction (PM)

1. Présentation des **participants** (nom, âge de leurs enfants, surprise vécue quand devenus parents)
2. Rappel du cadre de **recherche**
3. **Objectif** de l'atelier : Établir ou rétablir une relation harmonieuse, établir un climat de coopération, apprendre à se centrer sur le problème pour trouver une solution plutôt que de chercher à blâmer, savoir quoi faire lorsque notre enfant se comporte mal ou refuse de coopérer
4. Soulever que la simple **présence** des parents à l'atelier démontre l'importance qu'ils accordent à leur rôle
5. Soulever que l'atelier vise à ce que les parents apprennent à transformer leur affection en **compétences** pour de meilleures relations quotidiennes avec les enfants
6. Présentation du **contenu** de la rencontre : Explorer des habiletés de communication nécessaires pour aider les enfants quand ils traversent des périodes difficiles, chargées d'émotions/sentiments pénibles.
7. Soulever que même la plupart des conversations avec les enfants, même les plus banales, peuvent facilement se transformer en **querelles**
8. Présentation des **règles** de base

2- Communication et sentiments (PM)

1. **Exemples** avec un jeune, un plus âgé et un pré-adolescent
2. Impact de **nier** les sentiments : les conversations innocentes se transforment souvent en disputes
3. Soulever que pour cesser de nier les sentiments, il faut d'abord **prendre conscience** qu'on le fait.
4. Importance de se **mettre à la place** de l'enfant pour accueillir ses sentiments
5. Possibilité d'être sincère et **authentique**, accompagné d'un exemple.
6. **Difficulté** d'accueillir certains sentiments s'ils réveillent nos peurs ou notre propre colère.

3- Exercice 1 : Nos réactions spontanées

1. Écriture des **réponses** dans le cahier du participant à l'exercice « Réponses qui nient les sentiments ». (E)
2. **Partage** à haute voix des réponses écrites (E)
3. 4 **exemples** supplémentaires de réponses niant les émotions fournis par l'animateur (PM)

4- Exercice 2 : Le patron

1. **Objectif** de l'exercice : Faire l'expérience de ce que nous ressentons quand on ne tient pas compte de nos sentiments (PM)
2. **Lecture** à haute voix de la mise en situation et des réponses potentielles de l'ami. (PM)
3. Partage des **réactions** de chaque participant aux huit réponses potentielles de l'ami. (E)
4. Deux **effets** majeurs de la négation de sentiments : (PM)
   -Attaque l'estime de soi et forme des personnes soumises
   -Entraîne la révolte et forme des personnes rebelles
   *Les deux effets doivent être mentionnés.
5. Différence entre la **sympathie** et l'**empathie** (PM)

5- Commentaires (PM)

1. Souligner l'effet négatif de ces **réponses** lorsque l'on vit des choses pénibles
   -conseils
   -pensées philosophiques
   -explications psychologiques
   -tentatives de faire voir le point de vue de l'autre
   -pitié
   -questions
   -se faire dire que l'on n'a aucune raison de se sentir comme l'on se sent.
   * Cocher oui si 4/7 sont nommées.
2. Effet positif d'une bonne **écoute** et de la reconnaissance des sentiments : Diminue le trouble et la confusion/ Permet d'être plus en mesure de faire face à notre problème

6- Bande dessinée 1 (PM)

1. **Lecture** à voix haute par des participants
2. **Explication** de l'impact d'une meilleure écoute de la part du père : enfant se sent beaucoup plus réconforté

7- Bande dessinée 2 (PM)

1. **Lecture** à haute voix par des participants
2. **Explication** de l'impact de l'utilisation d'un simple mot pour accueillir le sentiment. : permet à la fillette d'être libre de chercher ses propres solutions

8- Bande dessinée 3 (PM)

1. **Lecture** à haute voix par des participants
2. Soulever que les parents ont souvent peur d'**intensifier** la détresse en nommant le sentiment.

3. **Explication** de l'impact de refléter les sentiments de l'enfant dans une situation particulièrement pénible pour celui-ci : se sent profondément réconforté que quelqu'un reconnaisse son expérience intérieure

9- Bande dessinée 4 (PM)

1. **Lecture** à haute voix par des participants
2. **Explication** de l'avantage d'utiliser l'imaginaire afin de montrer à l'enfant que nous comprenons ses sentiments plutôt que de présenter des arguments ou des explications (PM)

10- Exercice 3 : écouter

1. **Lecture** des déclarations d'enfants (PM)
2. Écriture de l'**émotion** ressentie par l'enfant et formulation d'une **phrase** facilitante avec ce mot. (E) *Les deux éléments doivent être présents.

11- Commentaires (PM)

1. **Rappel** des quatre façons de prodiguer les premiers soins à un enfant en détresse
2. Importance d'une **attitude** de compassion et de profonde empathie pour éviter que les mots ne sonnent faux ou que les enfants se sentent manipulés
3. Nécessité du **temps** et des **efforts** pour intégrer les nouvelles habiletés.
4. Indiquer les **avantages** de ce genre de réponse :
   -réconforte vraiment les enfants
   -les libère
   -les aident à faire face à leurs problèmes
   -leur fournit un vocabulaire pour nommer leurs propres sentiments
5. Importance de s'abstenir de donner des **conseils** et plutôt continuer à accepter et refléter le sentiment de l'enfant

12- Un exemple

1. **Lecture** à haute voix des deux scénarios qui commencent par « J'aurais envie de casser la gueule de ce Michel. (PM)
2. Discussion de groupe sur le **contraste** entre les deux scénarios. (E)

13- Exercice 4 : Le cirque (E)

1. Réalisation de la 1ière et de la 2e **scène** en paires où la moitié du groupe a le rôle de parents et l'autre d'enfants
2. Écriture des **réponses** aux questions dans le cahier.
3. Partage à haute voix des réponses écrites au sujet des **sentiments** ressentis

14- Commentaires & travail à la maison

1. Affirmer que nier les sentiments amène à **se fâcher** de plus en plus l'un contre l'autre.
2. Affirmer que les sentiments d'un enfant l'aide à se mettre en **contact** avec ce qu'il est, où il est rendu, à ce que ses pensées/sentiments lui apparaissent clairement, à ce que sa confiance grandisse, à acquérir le courage de s'aider lui-même.
3. Lecture à haute voix du **devoir** pour la prochaine rencontre. (PM)
4. Présentation du premier **Aide-mémoire** (PM)
5. Présentation de la **note des auteures** au bas de la page. (PM)