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Mikaela Starke, Catherine Wade, Maurice A Feldman and Robyn Mildon

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Parenting with disabilities: Experiences from implementing a parenting support programme in Sweden

Mikaela Starke
University of Gothenburg, Sweden

Catherine Wade
Parenting Research Centre, Melbourne, Australia

Maurice A Feldman
Brock University, Ontario, Canada

Robyn Mildon
Parenting Research Centre, Melbourne, Australia

Abstract
This article reports on the initial stages of implementing an Australian-based education programme for parents with intellectual disabilities (IDs) in Sweden. The clinical utility of the programme, Parenting Young Children (PYC), in the new country context is explored through Swedish professionals’ experiences in learning and using it. Study participants found PYC well suited for use in their working environment. Most of them reported the programme to have strengthened their work with parents. The programme was seen as benefiting both the study participants in their work with parents with IDs and these parents themselves, and its structure and content were found to be helpful in several ways. The checklists forming part of PYC were considered useful, but their purpose was sometimes misunderstood. The reported study helps to identify what is needed to improve the translation of the programme into the new country context, to promote appropriate and more effective use of programme materials.

Keywords
parent education, parents with intellectual disability, support workers

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Corresponding author:
Mikaela Starke, Department of Social Work, University of Gothenburg, PO Box 720, SE-405 30 Gothenburg, Sweden. Email: mikaela.starke@socwork.gu.se
Background

Parents with intellectual disability and parent training

This article describes and discusses the initial stages of implementing a parent education programme for parents with intellectual disabilities (hereafter IDs), in Sweden. In general, parents with IDs have been shown to have the ability to provide adequate care that meets the emotional, physical and intellectual needs of their children (e.g., Feldman and Aunos, 2010; Wade et al., 2008). Nevertheless, many parents with IDs struggle to provide care that meets community expectations (Feldman and Walton-Allen, 1997; IASSID, 2008; Willems et al., 2007). These parents and their families may require services and support from family support agencies, parenting education providers and in-home workers to develop the skills they need to adapt to the ever-changing needs of their developing children.

There is a growing body of literature showing the effectiveness of parenting interventions in families headed by parents with IDs (e.g., Coren et al., 2010; Feldman, 1994; Wade et al., 2008). It has been demonstrated, for example, that parents with IDs can learn to provide positive and stimulating parent–child interactions, improve basic child-caring and problem-solving skills, develop shopping and food preparation skills, improve home cleanliness and safety and identify appropriate approaches to child behaviour management.

While it might, consequently, be known what works to improve parenting skills for these families, interventions with demonstrated efficacy in the research context are rarely used in practice. Despite indications that professionals’ opinions about characteristics of appropriate service delivery for parents with IDs reflect evidence-based practice (McConnell et al., 1997), there seems to be an ‘implementation lag’ in the translation of effective interventions from research into practice (Wade et al., 2008). Thus, parents with IDs in the community may be receiving forms of support that have little demonstrated efficacy. Where the interventions then prove ineffective, the parents’ failure to improve may be taken as evidence of parenting incompetence, with the measures taken even causing more harm than good. While the need for further research into the efficacy of the various interventions in clinical settings remains, it is therefore at the same time imperative for researchers to turn their attention to bridging the gap between research and practice, to encourage family support workers to use evidence-based practices with families where parents have IDs.

In addition to ensuring that the interventions to benefit families ‘on the ground’ are evidence based, another reason for researchers to expand their focus beyond clinically driven efficacy research is the need to gather evidence on the effectiveness, or clinical utility, of these programmes when implemented in real-life settings. Published research on interventions for parents with IDs has generally described programmes that have been implemented in controlled settings by the programme developers operating in clinic-like conditions and using manualized and highly structured delivery. Much less attention has been given to the use of evidence-based programmes by professionals in the field, and only few examples of successful dissemination of such interventions have come to light (see Sanders and Turner, 2005). In the absence of any large-scale dissemination research, very little is known of what actually works for families across the community, especially vulnerable families that may be less likely to become recruited for research in traditional clinical-style intervention trials. All in all, there is thus a need for ‘translational’ research that seeks to identify the conditions under which interventions are effective for parents in the wider community when implemented by practitioners not associated with the programme developers.
The Swedish context

In October 2006, the Swedish government announced its new goal of orienting all future health policies towards creating conditions for good health in the entire population. Providing the conditions for good mental and physical development was viewed as particularly important for children and young people, for which reason parental support was to be offered continuously throughout the child’s upbringing (Swedish Government, 2008). In this connection, a need for evidence-based programmes and interventions that address the situation of parents with substantial difficulties in meeting the challenges of parenting was emphasized (Swedish Government, 2008). Such a need for targeted support could arise for a variety of reasons, including mental illness, substance abuse, physical illness, cognitive difficulties (IDs, brain injury) and inexperience. Parents with IDs were one of several parent groups that the Swedish government identified as not being reached by the general parental support schemes in place in the country at the time, adding, however, that little was known about the everyday life situations of these families.

In response to the government initiative, and informed by findings from previous research on the efficacy of programmes for parents with IDs (e.g., Feldman, 1994; Wade et al., 2008), an Australian-developed parent education programme, Parenting Young Children (Mildon et al., 2008), was then chosen by a group of Swedish researchers and practitioners for implementation in Sweden. The programme was selected based on the promise it had shown in practice as an evidence-based programme and the fact that it was consistent with the laws and ethical guidelines applicable in the Swedish context.

Parenting young children

Parenting Young Children (hereafter PYC) is a home-based intensive parent education programme, ideally structured around weekly sessions. The programme comprises two modules. The content and structure of the Parent–Child Interaction Module is based on Eyberg’s Parent–Child Interaction Therapy (Eyberg et al., 1995), focusing on the parent–child relationship. Parents are taught to plan stimulating play and learning activities, engaging the child in these activities through positive attention, praise, descriptive statements and modelling. The aim of the module is to increase parents’ use of these positive interaction skills and to thereby encourage cooperation, increase creativity and strengthen prosocial behaviour in children. The second module was developed based on research reported by Feldman and colleagues (Feldman and Case, 1997; Feldman et al., 1992a, 1992b), and it involves teaching parents to acquire and maintain skills in childcare, food preparation and handling, meal-time issues, shopping, nutrition, bathing, bedtime and sleeping, personal hygiene, health monitoring, emergency management, safety and living space maintenance. The module ultimately aims to facilitate good child-health outcomes and child development and improve the home environment and home safety.

In PYC, each family receives an individually tailored programme whose elements and timetable are determined collaboratively by the parent and the professional upon a detailed discussion of the parent’s goals for her or his family and based on consideration of the parent’s baseline skills. Professionals then design the programme around the identified goals, using content from one or both of the modules. Since each programme is individually tailored based on parent-driven goals, and as all parents have their own individual learning pace, there is no predetermined session length or number of sessions. Individual sessions typically last for 1 h, while previous experience from the programme suggests that an intervention lasting at least 6 months is required for meaningful demonstration of change in parenting behaviour (Mildon et al., 2008). Trained professionals use
behavioural strategies to teach parents new skills. The programme might employ techniques such as role play, coaching, prompts, praise and corrective feedback. Complex skills are broken down into their components using task analysis, which are documented in written checklists that guide the parent and professional about the important steps or components of a skill. These checklists are used during baseline assessment of skills to measure the parents’ current level of skill, and are also used to guide teaching, whereby professionals are instructed to teach parents no more than 3 steps or components of a skill per session. Skills are taught to a mastery criterion (e.g. 80% of the components of a skill demonstrated without assistance).

Use of strategies such as these for parents with IDs is empirically supported (Feldman, 1994, 2010; Wade et al., 2008). PYC as a whole has, moreover, been positively evaluated with 24 parents with IDs (Mildon et al., 2008). More recently, it has been delivered to over 100 parents with IDs in Australia as part of a national dissemination of the programme via the countrywide Healthy Start strategy (www.healthystart.net.au). An evaluation of PYC with an Australian sample of 24 parents with IDs revealed that the programme was associated with reductions in parent stress, increased parent satisfaction and confidence at parenting, reduced frequency of child disruptive behaviour and improvements in the quality of the home environment (Mildon, et al., 2008). In a follow-up multisite clinical trial of PYC in an Australia-wide delivery of the programme to 28 parents with IDs, there were generally positive outcomes for parents. For example, participants demonstrated significant increases in involvement with their child and in the variety of activities available to the child at home and a moderate change in parent efficacy at childcare tasks and in a number of aspects of the home environment (Wade, 2010).

Aims of the study

This study explores the clinical utility of PYC in a Swedish context by analysing professionals’ experiences in learning and using PYC. The researchers were interested in professionals’ views about whether PYC contributed something that was important to their work with families where one or both parents have IDs. To the extent that this indeed was the case, it was of interest to also identify what professionals perceived to be important for the parents and for the professionals themselves. The study also addressed itself to an exploration of the professionals’ opinions about strategies that would support competence development in PYC use.

Methods

The study forms part of an ongoing international collaboration between researchers and programme developers in Australia, Canada and Sweden, with the overall aim of implementing PYC with fidelity and good effect in the Swedish context. During the first phase of the project, the clinical utility of the translated version of PYC was assessed using self-report questionnaires and collegial focus group interviews with, on the one hand, professionals and, on the other hand, parents who had been trained in the use of the programme. This article concentrates on the materials and findings from the focus groups with professionals.

Intervention

In October 2010, 40 professionals participated in a 3-day PYC training workshop in Gothenburg, Sweden. The face-to-face workshop sessions were conducted by one of the programme’s developers. At this training, participants received PYC programme resources translated from English into
Swedish, including the PYC programme manual that contained instructions on how to set goals with parents and conduct assessment and skill development sessions with families, as well as checklists and task analysis manuals to be used in assessment and skill development.

**Participants**

The focus groups participants in this study were all employed by social services or by child and adult habilitation services. Most of them worked directly in the homes of the families. The participants were educated as psychologists, social workers, pedagogues, assistant nurse and some undefined behavioural educations. With a few exceptions, all participants were women.

Participating agencies were recruited from eight municipalities in two different regions of Sweden, ranging from small towns with no more than 8,000 inhabitants to a major regional centre with a population of over 500,000. Following the conclusion of the training workshops, the participants were asked to adopt the programme for use in their work with families where parents had IDs, aided by technical support from a local PYC project group coordinator. This support included monthly small-group meetings set up to facilitate the process of learning and using PYC.

**Focus groups**

The views of professionals were sought by following their progress from initial training in programme use to adoption of PYC for use in their work with families. Collegial focus groups were set up and focus group discussions conducted as a tool for observing how participants discussed and reflected on their experiences of using PYC. The focus group participants were also asked to answer specific evaluation questions concerning the implementation, and they were queried to identify assumptions and misunderstandings about the programme. The focus group method was chosen with the aim of creating a research setting in which the study participants could interact with one another and mutually explore their personal experiences, views and understandings regarding their experiences with PYC (cf. Kitzinger, 1995).

Of the 40 workshop-trained PYC professionals, 31 participated in a total of seven different focus groups. Five of the groups met a total of three times for 3 h each time during Spring and Autumn 2011. Two of the focus groups met once during Spring 2011. With a few exceptions, the participants attended all of the group meetings. During the focus group meetings, all participants were actively involved in the discussions. Yet, in each group it was possible to identify one group member who was less vocal as a participant compared to others. Even these less vocal participants, however, showed themselves to be active listeners. Most of the focus group participants were familiar with working with persons or parents with IDs.

A Focus Group Interview Protocol was used by group facilitators to ask questions regarding participants’ reflections about PYC, about the differences and similarities between PYC and previously used programmes or practices, about the translation and contextualization of PYC and about the participants’ experiences in using the programme with parents. All the focus group discussions were facilitated by a member of the PYC Project Group. The discussions (totalling 80 h) were digitally recorded and transcribed. Quotations provided in the results section of this article were chosen to highlight the more significant findings and themes and to demonstrate participants’ thinking around the topics covered. In the interest of brevity, repetition and digressions from the subject at hand in them have been removed. Special care has been exercised to preserve the original character and content of the quoted passages in their English-language renditions.
Analysis

To explore the professionals’ experiences in learning and using a Swedish-language version of PYC, the materials from each focus group were first analysed separately focusing on the following topics: study participants’ views on the similarities and differences between PYC and their typical approach to working with families with a parent with IDs, their experiences of other programmes, their perspectives on the strengths and weaknesses of PYC and their opinions about strategies to support competence development in using PYC. The separate findings from the different focus groups were then brought together and analysed in detail. The findings from this analysis were, finally, coded into the categories and sub-categories as presented in the results section below.

Ethical aspects

The study was approved by the Regional Ethical Review Board in Gothenburg, Sweden.

Results

In what follows, the results from the analysis of the study participants’ experiences in working with PYC are presented in the following order: the study participants’ reflections about PYC in relation to both parents and their own professional role as support workers; the study participants’ experience in working with the programme; and strategies that might support competence development in using PYC.

PYC as a programme for support workers and parents

PYC as a way to develop professional competence. Among the study participants, using PYC promoted change in attitudes and approaches towards parents with IDs. PYC’s collaborative, structured behavioural approach was seen as a new way of thinking and working with parents with IDs. Overall, the participants spent considerable time reflecting on how they could further develop their own competence and to become ‘professional PYC workers’. Most participants saw PYC as a different and novel way of working, as in the following quote:

I think it [PYC] has been very helpful, because it’s structured as it is and that it is for parents who have learning difficulties. I have experienced sometimes that we—that you are stuck and don’t really know how to move forward. One can see that it’s difficult to work with this target group . . . . Our usual methods [are] based very much on just talking together and the parents then reflecting . . . so it [PYC] has made a huge difference.

PYC as a way to develop parental competence. The study participants saw PYC as a promising tool helping to meet the needs of parents. The programme helped to deepen parents’ understanding of the role that the support workers had in this programme and the role that they themselves had as parents interacting with their children and the support workers. It also allowed support workers to better clarify to parents what the aim of their work with them was. In addition, the programme’s approach to goal setting was found to be helpful. Participants felt that it was beneficial for them to be working on one goal at a time, that skills were broken down into small steps, that progress could be monitored using observational checklists and that parents were given enough time, distributed over a suitable number of sessions, to learn parenting skills. Comparing
PYC with other methods she had previously used in her work, one participant, for instance, considered working on one goal at a time to represent a fresh and useful approach:

Here [in PYC] you work with one area at a time, and we [parent and support worker] work on that goal until we decide that we’re ready with it . . . . And that makes a difference.

The study participants appreciated the home-based focus that allowed them to more readily identify family needs and difficulties and provide the level of coaching and support required. As one participant commented on this:

You are in their home and that makes it easier for the parents, as they can stay home and don’t need to come here [family centre] . . . . The possibility to meet the parent and the child in their home has provided us with an opportunity to gain valuable insight into the difficulties that the parents have, and into their needs. And that has then helped us in our task of giving adequate support to them in the home environment . . . . It’s true that the role plays that we’ve done we could have been done here [family centre] as well, but the other work with coaching would have been much harder to do here. That would not have been as effective as it has been now when we’ve been working directly in their homes.

The home-based nature of the work was thus seen as valuable in helping professionals to gain a better understanding of the family’s needs and difficulties, which understanding support workers could then use to provide more effective support. A home-based programme was viewed by the study participants as necessary for their ability to provide well-functioning coaching to parents.

**PYC as a way to extend the collaboration between support providers and parents.** In the focus group discussions, the study participants brought up the perception that there was often a lack of cooperation between parents with IDs and the professionals, suggesting that PYC increased the parents’ cooperation by promoting parent–support worker dialogue and collaboration. As one participant noted:

I think that the strength in it [PYC] is that you come to the families and are able to work in such a concrete way. And I think that they [parents] understand very quickly that it [PYC] is helpful. And I believe that PYC can open up new possibilities and that it makes possible for you to focus on difficult areas. That, I think, is the greatest strength of the programme. The way we usually work is very vague and you just talk and that doesn’t help them understand.

**Practitioners’ experiences in working with PYC**

**PYC a way to structure support work better.** The study participants saw programme as providing structure and focus in the lives of families, often seen as chaotic by support workers. Another common experience among the study participants was that PYC provided them themselves with a helpful structure that was useful for them in their work. The programme was described as robust and solid. Given that PYC relies on protocols and requires that clear goals and time commitments to learn the needed skills are set up for the parents, the participants felt that it made it easier for them to describe and justify their work to their managers and the social welfare administration.

**Combining PYC with other professional methods and programmes.** Another positive aspect of PYC for the study participants was stated to be the fact that it allowed professionals to utilize their existing experience and knowledge. PYC was seen as easily combined with other programmes and pedagogical methods. Nevertheless, some participants working in municipalities that mandate particular support programmes found it difficult to combine PYC with their other programmes.
They needed to put much time and effort into understanding, and working with, other programmes and could not readily identify PYC’s unique contribution compared with their other programmes.

The novelty of PYC as a pedagogic method. A clear majority of the study participants felt that PYC offered them a new way of working with parents. PYC was perceived as helpful in encouraging professionals to recognize the specific needs of parents and children. As one participant noted, the difference between PYC and other programmes and methods used for working with parents with IDs was that PYC focuses on the parents’ abilities and strengths, and not simply on problems:

PYC seems more respectful . . . It doesn’t criticize as much but builds rather on the strengths that one has. You always start from something that they [parents] feel comfortable about and already can do to some extent.

The one-to-one pedagogical model of PYC was appreciated, as it was perceived that parents with IDs do not work as well in groups. Similarly, its use of role play was seen as helpful in that it made practicing with the parents easier, by allowing one to ‘show’ instead of just ‘talk’. As one participant commented:

[In] other programmes that we use the parents get together in groups. They discuss, you get a homework assignment, and then you come back and talk about what you’ve done during the week. So, compared with PYC, there’s a huge difference. Another such difference is the role play. It’s a completely different way to learn.

Role playing was, more exactly, seen as helping support workers find alternative, more effective ways to communicate with parents.

Another much-appreciated aspect of PYC was the Child Care Module that aims to facilitate good child-health outcomes and child development, improve the home environment and increase home safety. The checklists serving as a pedagogical tool for practitioners within this module were experienced to offer a new way of working. They were seen to help professionals communicate more clearly to the parent, assist progress monitoring and make giving both positive and corrective skill-based feedback to the parents easier. The checklists, moreover, helped the professionals to keep track of what was done in earlier sessions.

Although most participants felt positively about the checklists, there were also a few reservations expressed regarding them. On the whole, the participants had no previous familiarity with direct observation measures, leading some to consider their use time consuming. It was, however, also felt by some that the use of checklists was controlling to the parents, as in the opinion of the following study participant:

I felt that I was interrogating him. That was the feeling that I had when using the checklists, but I tried to do it. Not to read the checklist but to use it as support. I felt uncomfortable doing that, but it could have also been because I wasn’t used to it.

This participant felt that using checklists was a way of controlling the parent, being uncomfortable about the situation. The focus group discussions, however, also revealed there to be misunderstandings about the purpose of the checklists. Some participants talked about only using the checklists to check parents’ abilities, not employing them as a pedagogical tool. This was clearly a misunderstanding of the purpose of checklists as a teaching tool.
**Further development of the programme**

Despite PYC’s having been professionally translated from English into Swedish, participants reflected on the need to further develop the translation for the Swedish context. Even though PYC was seen to have the ability to incorporate a variety of teaching strategies, some participants felt that PYC should provide more pedagogic tools, such as references to other programmes that could be used together with PYC. Requests for information about websites and other materials related to working with families where parents have IDs were made. Another suggestion was to modify PYC so as to make it more responsive to older children.

**Discussion**

The aim of this study was to explore the clinical utility of PYC through an examination of practitioners’ experiences in learning and using the Swedish translation of the programme. Above, we have described the views of 31 Swedish professionals trained in PYC on whether PYC had contributed to their work with parents who have IDs, reporting on the ways the programme had influenced their practice where it was indeed seen to have made a difference.

What transpired in the focus groups discussions suggests that PYC was perceived as a programme offering clear benefits for both professionals and the parents they work with. Different kinds of benefits from PYC were identified. It was, to begin with, experienced that PYC offered a way for support workers to develop their professional competence. PYC provided the study participants with a new approach that helped them gain greater awareness of different methods and find new ways of working with parents with IDs. Even though some participants had experience of using different programmes in their past work with families, others lacked all previous experience of manual-based programmes. The positive regard in which the participants held PYC, finding it a useful resource, may thus also have to do with the fact that it offered some of them, for the first time, an opportunity to work based on a structured programme. The findings from the study might for this reason be merely a reflection of the participants’ positive experience with a manual-based programme in general, not specifically PYC. Furthermore, using the programme in general seemed to have effected a change in the study participants’ attitudes towards parents with IDs, which might have then influenced the results. Such considerations are important since, as earlier research (e.g. Starke, 2011) has shown, professionals’ negative attitudes towards parents with IDs can contribute to difficulties in the parent–professional relationship and to the stigmatization of these parents. In the absence of any conclusive evidence in this regard, however, the exact determination of the influence that professionals’ attitudes might have on service delivery to parents with IDs will need to be left for future research.

The participants in this research found PYC to offer a useful method for developing parental competence. Also other positive effects for parents were reported from the use of PYC. These had to do with the programme’s ability to support role clarification, goal setting, skill development and ongoing assessment of learning. Study participants also saw the home-based nature of the programme delivery as a positive feature, reporting it to help bring many positive outcomes for parents. This, too, however, is likely to reflect the absence of previous experience of working with this group of parents based on a clear model or a structured programme, as using PYC may have simply just heightened the study participants’ ability to observe and identify positive outcomes for the parents.

The participants perceived PYC to offer a new way of working with the parents. PYC was seen as helpful in encouraging professionals to recognize parents’ abilities and strengths along with
parents’ and children’s needs, which made provision of appropriate support more possible. Also the one-to-one pedagogic model of PYC was appreciated, given that parents with IDs were not considered to work well in groups (cf. Feldman, 1994). The use of role play as a teaching strategy was seen to provide an effective way to develop parents’ skills. Using the programme was, furthermore, reported to contribute to a more positive collaboration between practitioners and parents. Unclear and unspecific communication between professionals and parents in social services has been found to be a source of misunderstandings between the two, with parents often becoming blamed for inactivity or non-compliance when they do not understand what is expected of them (Booth and Booth, 1994, 1996; McGaw, 2000). The results of such communication problems, in other words, are often looked upon as issues of parental non-cooperation, which then, moreover, plays a significant role in child custody decisions involving parents with IDs (McConnell et al., 2011). In light of this, the fact that, thanks to PYC’s ability to promote better parent–support worker dialogue and collaboration, focus group participants in this study saw using the programme as being associated with increased parental cooperation can but appear to be of particular interest.

In addition, the study participants reported PYC’s structure to have served as a helpful tool for them, allowing them to better explain and justify their approach in working with these families to managers and politicians. The programme, in other words, had made it easier for them to identify and describe ways to work effectively with parents with IDs (when using PYC, intervention is long term, complex skills are broken down into smaller steps, checklists are used to track skill development, etc.). The structured nature of the programme had, furthermore, helped support workers to better manage and deal with these families when life in them was seen as ‘chaotic’. Such findings may then indicate that using the programme can also contribute to stress reduction among support workers who otherwise are frequently left to rely on only their own experiences and practices/programmes not specifically targeted to support parents with IDs when dealing with the situations encountered. This aspect of the programme may then be of particular value, as previous research (Clayton et al., 2008) has shown support workers working with these families experience a higher level of stress than those working with other families.

The study participants, moreover, reported that, thanks to its specific nature, PYC could well be combined with other, existing methods and programmes, and that it therefore could be easily applied within the framework of their current, ongoing work. Research suggests this to be an important factor in effective implementation of any new programmes (Fixsen et al., 2005). The ability to merge innovative programmes and practices with current ways of working allows practitioners to use earlier experiences and knowledge while learning to use the new programme or practice.

The findings concerning the use of checklists within PYC require particular attention. Checklists were included in PYC as a pedagogic tool for practitioners, to assist them in remembering what transpired in earlier sessions, measuring baseline parent skill levels and tracking progress toward developing new skills. Using checklists was novel for most of the participants in this study, yet they found it helpful for their ability to communicate to parents what these needed to learn, to monitor the parents’ progress and to provide parents with both positive and corrective skill-based feedback. Most of the study participants stated themselves to feel positive about the checklists, although they were sometimes used as a means of assessment only (and not for teaching parenting skills). Such incorrect use of the checklists reflects a misunderstanding of the purpose of the PYC checklist tools and of the programme itself more broadly. This misuse and misunderstanding might also point to the likelihood that, in the effective implementation of a programme such as PYC, it is not enough to just provide training on the programme: ongoing attention to the fidelity with which a program is being delivered is also needed.
Conclusion

What can be learned from the above analysis of a small but representative sample of professionals gone through only the first round of training workshops as part of the Swedish implementation of the PYC programme? By investigating the experiences and views of professionals pioneering in the use of PYC in Sweden, this study helps to identify ways of improving the implementation process. The practical implications of its findings are several. Judging from the views and opinions put forth by the study participants, it seems, first of all, that PYC indeed offers a programme suitable for the Swedish context. Most of the trained professionals in this study reported that using it strengthened their work with parents. PYC in general was seen as benefiting both the study participants’ work with parents with IDs and the parents themselves, its structure and content were found to be helpful, and the checklists were considered useful even when their purpose was sometimes misunderstood.

To conclude, this study helps to identify what is needed to improve the translation of the programme into the Swedish context. The reported misuse of the checklists points to the importance of ongoing supervision and support for professionals, to enable them to learn the programme more effectively and use it correctly. The findings from this study will be helpful in the efforts to design and carry out the next phase of this implementation project. Furthermore, this study contributes to the growing body of research on the science of implementation of evidence-informed practices in child and family support sectors, specifically by illustrating an approach to the validation and contextualization process necessary in any efforts to import a programme from one language and culture to another.

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