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A Theory of Planned Behavior Exploration of Child Welfare Caseworker Referrals to an Evidence-Based Parenting Program

Christina Myers[a], Antonio Garcia[b], Rinad Beidas[c], Xuan Trinh[b] and Zixiaojie Yang[a]

[a]Jane Addams College of Social Work, University of Illinois at Chicago, Chicago, Illinois, USA; [b]School of Social Policy and Practice, University of Pennsylvania, Philadelphia, Pennsylvania, USA; [c]Department of Psychiatry, University of Pennsylvania Perelman School of Medicine, Philadelphia, Pennsylvania, USA

ABSTRACT

Despite the proliferation of evidence-based practices (EBPs) for children and families, the majority of children and families do not receive EBPs in the child welfare (CW) system, despite their growing availability. One major driver of this lack of access may be caseworker referrals to EBPs given that children and families access services through their caseworker. In this study, we applied the Theory of Planned Behavior (TPB) model and qualitative methods to understand caseworker decisions to refer to EBP. Twelve semi-structured interviews were conducted with child welfare caseworkers and support staff from two community-based CW agencies that were implementing an EBP, the Positive Parenting Program (Triple P). Directed content analysis was used and results supported a TPB model, in that 1) caseworkers' beliefs about Triple P's effectiveness; 2) agency expectations and culture around referring to Triple P; 3) conflicting court mandates and 4) multiple job demands influenced caseworker referral decisions. Recommendations include increasing communication and training for caseworkers and court officials around Triple P and increasing agency support for EBP implementation. Future research should explore whether constructs from the TPB predict actual caseworker referrals to EBPs.

KEYWORDS

Evidence-based practice; child welfare; implementation; theory of planned behavior; caseworker referrals

Child maltreatment continues to be a public health crisis in the United States. In 2016, approximately 676,000 children were victims of child abuse or neglect (U.S. Department of Health and Human Services, 2018). Adverse long-term consequences among children experiencing maltreatment, include behavioral problems, mental health diagnoses, increased risk of adult chronic disease and disability and increased risk of involvement in juvenile delinquency and adult criminality (Fang, Brown, Florence, & Mercy, 2012). Effective services to mitigate these adverse sequelae within the child welfare system are not always available (Hurlburt et al., 2004). Additionally, the supportive case management and parent training classes that are typically offered to maltreating parents (Barth et al., 2005; Whitaker, Rogers-Brown, Cowart-Osborne, Self-Brown, & Lutzker, 2015) are not effective in reducing child maltreatment (Littell, 1997; MacMillan et al., 2005). In light of unmet need and ineffective service provision, the federal government has increased efforts to assist states in implementing evidence-based practices (EBPs)-treatments that through empirical research have demonstrated effectiveness in reducing child maltreatment-related factors- in child welfare contexts (Whitaker et al., 2012). While previous efforts included flexible funding through Title IV-E Waiver Demonstrations, more recent efforts have been the recent passage of the Family First Prevention Services Act of 2018, which provides federal funding for states to implement EBPs for children and families at risk of foster care placement (Family First, 2019).

Unfortunately, one major barrier in implementing and evaluating EBPs for children and parents in the child welfare system is that despite

CONTACT Christina Myers christ5@uic.edu Jane Addams College of Social Work, University of Illinois at Chicago, 1040 W Harrison St. (MC 309), Chicago, IL 60616.
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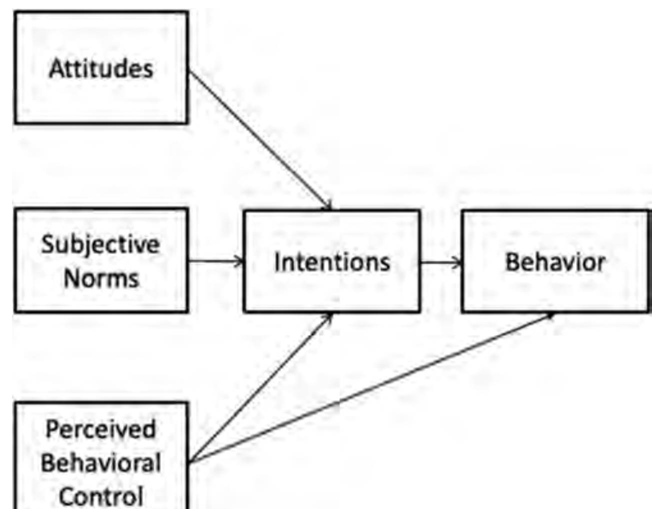

Figure 1*Figure 1.* Theory of planned behavior.

their increasing availability, families do not access and use them (Whitaker et al., 2012). One reason for underutilization includes the process through which families access EBPs. The primary conduit to services is via referrals made by child welfare case workers. Previous research has demonstrated how child welfare caseworker referrals facilitate access to services (e.g., mental health, substance abuse, etc.) for children and families in the child welfare system (Bunger, Chuang, & McBeath, 2012; Bunger, Stiffman, Foster, & Shi, 2009). Previous studies demonstrate a shortage of referrals from caseworkers in the child welfare system to EBPs (Whitaker et al., 2015; Dorsey, Kerns, Trupin, Conover, & Berliner, 2012; Stiffman, Pescosolido, & Cabassa, 2004).

Early research examining child welfare caseworker referrals to EBPs identified caseworker lack of knowledge of the EBP and caseworker assessment of a mismatch between the EBP and their clients' needs as barriers to making referrals (Whitaker et al., 2015). To increase caseworker knowledge and subsequent referrals to EBPs, an intervention was developed to increase caseworkers' ability to recognize common groups of child behavioral disorders, match a disorder to an appropriate EBP, and identify providers in their community that deliver that EBP (Dorsey et al., 2012; Fitzgerald et al., 2015). However, these studies did not show a significant increase in actual referrals to EBPs between caseworkers who received the training intervention and those who did not. Even though these studies provide preliminary evidence on the role of caseworker referrals in EBP implementation, using theory-based research to determine factors that explain caseworker referrals may aid in the development of interventions that can maximize caseworker referrals during EBP implementation.

The Theory of Planned Behavior

The Theory of Planned Behavior (TPB) has been successful in predicting and changing human behavior via decades of research in social psychology (Armitage & Conner, 2001; Fishbein & Ajzen, 2010). The theory's central premise is that an individual has a higher likelihood of completing a behavior if that person has a strong intention to complete that behavior and if that behavior is under that person's control (Ajzen, 1991). The model also proposes three antecedents to intention: 1) attitudes, or an individual's appraisal of a behavior; 2) subjective norms, or the perceived social pressure to engage or not engage in a behavior; and 3) perceived behavioral control, or an individual's perception of the ease or difficulty of performing a behavior (See Figure 1).

Much of the research using TPB has examined health-related behavior (McEachan, Conner, Taylor, & Lawton, 2011), but there is reason to believe TPB might be an appropriate explanatory model for EBP implementation. Rousseau and Gunia (2016) provide a framework for EBP implementation citing research across multiple sectors linking adopter attitudes (Aarons, 2004), agency norms and peer support (Melnyk et al., 2004, Melnyk, Fineout-Overholt, Gallagher-Ford, & Kaplan, 2012; Ferlie, Fitzgerald, Wood, & Hawkins, 2005), and perceived behavioral control or its root, self-efficacy (Beidas & Kendall, 2010; Salbach, Jaglal, Kroner-Bitensky, Rappolt, & Davis, 2007) with EBP implementation. Furthermore, a group of researchers used the Theory of Planned Behavior to create a measure examining intentions to implement EBP among service providers in the child mental health field, signaling the growing use of TPB to understand EBP implementation (Burgess, Chang, Nakamura, Izmirian, & Okamura, 2016). Additionally, TPB

has been used in other EBP implementation studies. Primarily in the health arena, a literature review and a systematic review of studies examining health clinician behavior found TPB to have a better predictive power of healthcare professional's behavior than other social cognitive theories (Perkins et al., 2007; Godin, Bélanger-Gravel, Eccles, & Grimshaw, 2008). In the education arena, research found intention to use an EBP highly predictive of EBP use in autism support classrooms (Fishman, Beidas, Reisinger, & Mandell, 2018).

The Theory of Planned Behavior may also be applicable to EBP implementation within child welfare settings, particularly with regard to caseworker referrals to EBP. Research underscores the importance of attitudes for EBP use for child welfare staff, who may be more likely to hold unfavorable attitudes toward EBPs given the complexity of needs that their clients face; in turn, these unfavorable attitudes may lead to less EBP use (Aarons & Palinkas, 2007). Additionally, child welfare staff have reported the requirement to implement EBP as more influential on their EBP adoption decisions than the appeal of the EBP (Leathers, Melka-Kaffer, Spielfogel, & Atkins, 2016; Lopez, Osterberg, Jensen-Doss, & Rae, 2011), demonstrating the impact of subjective norms. Finally, the multiple and overwhelming demands child welfare caseworkers face in ensuring child safety and permanency (Smith & Donovan, 2003) may preclude them from focusing on child well-being or other organizational change initiatives such as implementing EBPs.

The Current Study

This study seeks to extend the literature by providing a theory-based examination of child welfare caseworker referrals to EBPs using the Theory of Planned Behavior. The current study will use qualitative methods to determine whether the TPB model explains caseworker referrals to an EBP. Specifically, we will explore if the TPB constructs (i.e., antecedents of intention [attitudes, subjective norms, and perceived behavioral control]) arise in the qualitative themes of caseworker decision-making around referrals to an evidence-based parenting program.

Methods

Setting

The study was conducted at two child welfare agencies in a large urban mid-Atlantic city that provides case management and foster care services, who were implementing the Positive Parenting Program (Triple P), an evidence-based parenting program. Triple P is a parenting system that provides caregivers with the confidence, knowledge, and skills to manage social, emotional, and behavioral problems in their children (Sanders, 2012). The parenting program increases in intensity but narrows in scope at its five different levels for children aged birth to 16 (Shapiro, Prinz, & Sanders, 2015). There are multiple delivery modalities for Triple P, including mass media campaigns, group sessions, and individual sessions, depending on the intensity level. Triple P has been deemed an efficacious and effective intervention due to its evidence of prolonged positive changes in parent skills, efficacy and satisfaction, and child behavior (Sanders, Kirby, Tellegen, & Day, 2014). The community agencies in this study are implementing the group and individual session formats of Levels 3 and 4 of Triple P, which are aimed at children who are at risk of behavioral problem diagnoses. The individual format is comprised of 10 sessions, and the group sessions are comprised of 8 sessions – 5 in person and three via telephone.

One agency, Agency A, implemented Triple P at one of their two sites, while the second agency, Agency B, adopted Triple P at both of their two locations. However, due to agency constraints, only one site from Agency B participated in qualitative interviews. Agency A collocated Triple P providers within their child welfare division in an ancillary support unit. Triple P providers at Agency B were a part of their parenting support unit, which was housed in a different location. While both agencies implemented Triple P and encouraged caseworkers and support staff to refer their families to Triple P, neither agency explicitly required referrals to Triple P; caseworkers and support staff retained their ability to refer clients to the interventions they believed would best meet their clients' needs, which included a number of EBPs in the community. The current

data presented herein were collected as part of the "Promoting and Empowering Positive Perceptions of Evidence-Based Parenting" (PEP2) in child welfare study (Anonymous, 2018), where agency leaders asked researchers to specifically examine the implementation of Triple P. To that end, this provided a rare opportunity to examine the implementation process for one EBP, being mindful that future research is warranted to examine whether themes from this study emerge for other EBPs and in other contexts.

Recruitment

After receiving approval from the city, state, and university Institutional Review Boards, researchers recruited caseworkers and support staff for the larger PEP-2 study. In this particular child welfare system, agencies employed support staff that provided supportive services to families, including providing transportation to clients, monitoring visits between parents and their children that were placed in foster care, providing targeted case management to families in the reunification process, and providing case management to prevent reentry into the system after case closure. Therefore given the extensive role of support staff, they also received information about Triple P and learned how to make referrals to the program. Inclusion criteria included being a caseworker or support staff at the participating agencies and having the ability to refer families to Triple P. Therefore, a purposive sampling strategy for the PEP-2 study was employed and participants were recruited from both agencies via an email invitation, in-person sign-up sheets or were referred to researchers by agency staff. Of the 130 caseworkers and support staff who completed surveys in the PEP-2 study, only twelve agreed to participate in in-depth interviews. While a sample of 12 participants comprises 9.2% of the 130 caseworkers and support staff who participated in the larger PEP2 study, previous research has found that data saturation occurs after the analysis of twelve participants (Guest, Bruce, & Johnson, 2006), therefore, it was determined that the study could proceed with the sample of twelve and researchers contacted and scheduled interviews with interested participants.

Study Participants

The sample consisted of twelve agency staff, six from each agency, which participated in one-on-one interviews conducted at their respective agencies in private rooms. Demographic information about participants is provided in Table 1. The majority of participants (75%) were employed as caseworkers while the remaining participants were agency support staff that could also refer families to Triple P. Participants across agencies were similar in demographics. Participants from Agency A reported a shorter tenure of working with families (5.5 years) than participants from Agency B (7.7 years).

Data Collection

One-on-one interviews with caseworkers and support staff were conducted in April of 2017 at Agency A and then conducted at Agency B in June of 2017. The interviews were conducted by the first author, who was a doctoral candidate at the time. The interviewer previously worked in child welfare agencies in another state and drew from her practice experience and doctoral level coursework in qualitative methods when conducting the interviews. The interviewer and second author built relationships with staff at both agencies during the larger PEP-2 implementation evaluation. Even though the interviewer had previous relationships with agency staff at Agency A, she did not have any previous relationships with those she interviewed at either agency. After providing a description of the study and receiving informed consent from each participant, researchers used a semi-structured interview protocol to garner participants' perspectives on the implementation of Triple P and other EBPs provided in the local child welfare system, including the referral process. The duration of each interview was 25 to 40 minutes long and was audio-recorded by the research team.

Analysis

Interviews were audio-recorded, transcribed verbatim, and examined for accuracy by research staff. Qualitative data management software, QSR, NVivo, was used to conduct directed content

Table 1. Qualitative sample demographics.

Variable	Agency A		Agency B		Total	
	N (%)	Mean (SD)	N (%)	Mean (SD)	N (%)	Mean (SD)
Organization	6 (50%)		6 (50%)		12(100%)	
Gender						
Male	2 (33.3%)		2 (33.3%)		4 (33.%)	
Female	4 (66.7%)		4 (66.7%)		8 (66.7%)	
Age		31.5 (6.5)		32.2 (5.0)		31.8 (5.6)
Race/Ethnicity						
African-American	6 (100%)		5 (83.3%)		11 (91.7%)	
Other			1 (16.7%)		1 (8.3%)	
Education Level						
Masters	1 (16.7%)		4 (66.7%)		5 (41.7%)	
Other*	5 (83.3%)		2 (33.3%)		7 (58.3%)	
Agency Role						
a)Caseworker	4 (66.7%)		5 (83.3%)		9 (75%)	
b)Support Staff	2 (33.3%)		1 (16.7%)		3 (25%)	
Tenure**		5.5 (6.2)		7.7 (5.3)		6.6 (5.6)

*Other includes some college or an undergraduate education.
**Tenure refers to number of years of experience participants' worked with children and families.

analysis, which is a derivative of content analysis (Hsieh & Shannon, 2005). Directed content analysis aims to support or extend an existing theoretical framework by systematically identifying a priori themes or patterns, which is applicable to the current study aims of supporting the Theory of Planned Behavior to caseworker referrals to EBPs.

Two research staff double coded each transcript. The analysis started with identifying concepts and variables to build the initial coding categories, which consisted of the constructs of attitudes, subjective norms and perceived behavioral control from the Theory of Planned Behavior (Ajzen, 1991). For this study, we conceptualized **attitudes** as participants' unfavorable or favorable evaluations of Triple P's effectiveness in improving parent-child relationships and participants' views of client barriers to accessing and engaging in Triple P. The construct of **subjective norms** was seen as language around requirements or expectations to refer to Triple P. Finally, **perceived behavioral control** was defined as participants' perceptions of whether they had the ability to refer to Triple P or not, and their beliefs about the barriers and facilitators of referring to Triple P.

Researchers initially reviewed half of the transcripts and highlighted all text to identify the initial codes based on the TPB model. If new secondary themes emerged that were outside of the TPB model, those were incorporated into the list of codes. Once consensus was reached among staff on code definitions and assignments, the rest of the transcripts were coded using the final codes. Inter-coder agreement was above 90% for each transcript. The two coders then met to finalize the relationships that emerged and determined whether the data supported the TPB model and described any other emerging themes. The final model is displayed in Figure 1.

Results

Support for TPB Model for Caseworker Referrals

Attitudes

The majority of respondents ($n = 10$) from both agencies reported believing Triple P was effective in improving the relationships between parents and children and would benefit the specific families they serve for several reasons. First, participants believed the shorter timeframe for Triple P would be more manageable for families. Particularly at Agency B, which implemented the group format with eight sessions, three of which occur by phone, two caseworkers had favorable attitudes toward Triple P. One remarked,

> "I think Triple P probably does better because it's shorter, like [the community reunification center (CBC)] is crazy long. It's a very long parenting session. I really do think it's 20 weeks or something like that, maybe 12 weeks, but still, it's significantly longer than Triple P, so I think parents are more willing to stick with something for the two months than they are for six months or whatever it is."

Participants from Agency A also spoke highly of the group format of Triple P, specifically for the supportive atmosphere it provided parents.

Participants described how parents were able to interact with parents that were in similar situations and how Triple P providers met parents' concrete needs. This was reinforced by the positive feedback participants at Agency A heard from the families that completed Triple P. One participant shared,

> "… I had one family where I had to refer them to Triple P because they only needed like a parenting class. They completed it. They actually enjoyed it. They said to me that it helped—it really helped her with trying to parent her kids, and she's seen the things that she was doing wrong and how she can change it."

Half of the participants, mostly from Agency A, reported actually seeing the positive changes in parent-child interactions for families on their caseload. A participant from Agency A shared her experience:

> "I guess it made a great difference just seeing, you know, some of the parents when I supervise visits. [They are] actually implementing what they learn in the visit. So, you know, maybe during a visit a few months before [I saw] how they interacted or not interacted or just some of the ways they talk to the children or maybe even some of the discipline methods they were using versus after they've completed the groups or the individual, you just see some of the changes for the better."

These positive evaluations of Triple P can likely increase participants' intention to refer to Triple P because they believe it will help improve parents' behavioral management skills, increase the likelihood that parents will complete the program due to its short timeframe, and provide support and resources to families.

Not all respondents had favorable attitudes toward Triple P, and some had reservations about referring families to the program. One caseworker at Agency B explained how since one of her clients failed her parenting capacity evaluation- an evaluation that determines whether a parent has the parenting skills to successfully parent their child once returned to his/her custody- after completing Triple P, she has doubts about the program's effectiveness in improving parenting practices. Another issue raised by a participant from Agency A is that other parenting programs offer additional needed resources (e.g., diapers) to parents that Triple P does not provide. She remarked that "a parent might be looking for those free diapers and really want the parenting class at the same time, but Triple P doesn't have it" like other parenting programs do. The above examples focus on Triple P's effectiveness in improving parents' behavioral management skills and in providing needed resources, but there were other concerns regarding the feasibility of attending Triple P in the midst of parents' multiple case plan goals and more pressing barriers. A caseworker at Agency B explained:

> "I can tell you the parenting classes are the absolute last thing that they would be engaging in. I think a lot of them have a lot of other—to them—more severe issues that they have to address, like housing … But of course, the parenting classes is always on the court order … but they're not going to go a parenting class when they don't even have a home to kind of live in."

Subjective Norms

Participants described a pressure to or not to refer to Triple P, which varied by agency. Except for one participant, all respondents from Agency A reported that it was standard practice to refer a family to Triple P when there was an identified parenting need, and this is continually encouraged by their agency leaders. Participants explained how agency leadership and Triple P providers regularly provide email and in-person reminders and prompts at staff meetings that encourage referrals to Triple P. One participant explained:

> "Actually, I would say they encourage [referrals to Triple P] 'cause I know every now and then [the Intervention Director] will walk around like 'Don't forget, ask the families if they're interested in Triple P,' and the majority of time, [the Triple P Provider], he's always walking around and he will peek his head in. And if he notices that it's a new family, he'll introduce himself and talk about Triple P. So, it's welcome here; it's welcome here."

This constant communication reinforces the subjective norm around referring families to Triple P at this particular agency.

Furthermore, one participant also shared that while caseworkers at times "outsource to like [Parent-Child Interaction Therapy] and stuff like

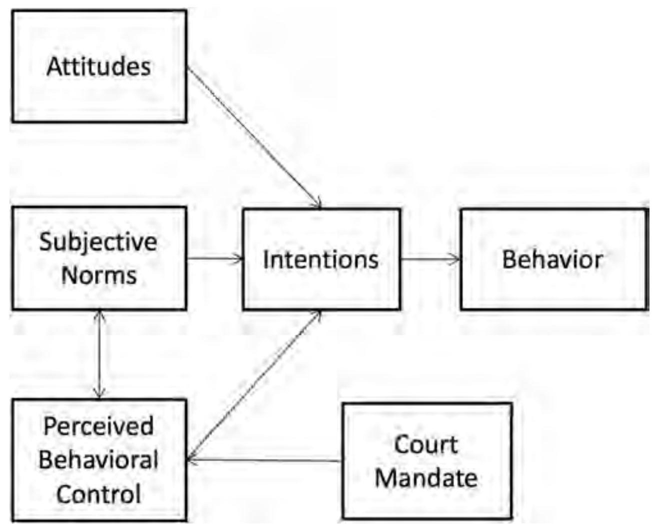

Figure 2. Theory of planned behavior with court mandate addition.

that, but then [they] have to make [their] argument why," because Triple P is provided in-house. These norms of making a referral to Triple P standard practice and having to justify referrals to other parenting programs can increase intention to refer to Triple P. In contrast, participants described other norms that discourage Triple P referrals. Participants from Agency B noted that Triple P is not discussed during staff or supervisory meetings and therefore is not a part of their agency's culture. One participant from Agency B explained, "We don't, honestly, talk about it much during like staff meetings or even during our unit meetings when we meet with our supervisor every month. [It's] not really addressed." Seeing as caseworkers base their practice on what is emphasized during staff and supervisor meetings, if Triple P is not discussed as an agency norm, they will not make it a priority. Additionally, participants at both agencies described an emphasis on adhering to court orders that mandate parents to attend classes at a specific community-based center (CBC) that focuses on family reunification and the pressure to meet timeframes and quotas at the expense of being able to focus on wellbeing-oriented services, such as Triple P. According to one participant,

> "…everybody knows about the CBC because, number one, they're partnered with [the public child welfare agency], and when you're in court, that's the first thing that they're going to put on the order is, 'Okay, refer parents to CBC for parenting classes.' They're not necessarily saying, 'Okay, refer them to Triple P parenting classes,' it's always the CBC."

Regarding the pressure to meet deadlines and focus on quotas, one caseworker said:

> "I would say because of what this job is like, they're so focused on numbers, scores. I feel like if you actually care enough for the family and know what the issue is, and you know for a fact that this will assist with closing the case and not because this is 'I want to close the case,' but this is 'how it will help each family?' then I feel like that would keep [Triple P] around. But since everybody's so focused on numbers, you got to do this, you got to do that, I don't think [increased referrals to Triple P] will work."

Perceived Behavioral Control

Respondents at both agencies discussed the court system's mandate of referring to the parenting program at the CBC, the ineffective communication to caseworkers about Triple P and the overwhelming demands of the caseworker's job as barriers to referral. As the most common hindrance cited ($n = 7$), caseworkers shared that the court mandate (described in the previous section) increased their reluctance to refer families to Triple P since they feared having to justify to the courts why they deviated from the court order. In addition, the majority of participants ($n = 5$) from Agency B shared that they knew little if any, information about Triple P and that the current methods of communicating information to them about the program were ineffective. A caseworker remarked,

> "I don't think it's enough of the information being thrown at us as much—it might be an e-mail here and there, but as [caseworkers], we're checking at least 100 e-mails a day, so those are getting deleted."

Caseworkers from both agencies also described how they already feel overwhelmed with their position to the point where they felt unable to look beyond what is required to refer to non-mandated programs like Triple P. A participant admitted, "Like I said, with all that we do, all the requirements, …we don't utilize [Triple P] as much as we should."

Participants from Agency A described how being physically collocated with Triple P

providers facilitated their referrals to Triple P. Having the ability to refer by email or verbally and to stay within the same organization seemed to accelerate the referral process. A caseworker explained:

> "We see each other all the time. We may not know a name but you know what job they do or vice versa, whatever the connection is and you can get things done a lot quicker or just walk over to their desk. It's just easier."

Relationship between Perceived Behavioral Control and Subjective Norms

All participants spoke to a relationship between subjective norms and perceived behavioral control, specifically that agency norms impacted whether and how participants perceived the ease or difficulty of making a referral to Triple P. The most salient example of this impact is regarding the court mandate to refer families to the CBC. To clarify, participants at both agencies acknowledge that court orders drive practice and that they strive to base their work and families' goals on what is specified on court orders. However, three participants from Agency A explained that they are still expected to refer families to Triple P to meet parenting needs regardless of the court mandate. One participant shared how she navigates these seemingly conflictual requirements:

> "… it's a lot of conflict on whether the state accepts [Triple P] in court, as being court supported or a certified certificate from Triple P. Also, the court automatically sends parents to CBC and they offer the same services as Triple P so the court order may not say Triple P but CBC so parents are doing double duty."

In contrast, two caseworkers from Agency B shared that they only refer to Triple P if their clients cannot attend the parenting program at the CBC because of a scheduling or transportation issue.

This differing impact of the court requirement to refer families to the CBC may be due to the different agency expectations regarding Triple P referrals. While there is no policy requirement to refer families to Triple P at Agency A, one caseworker shared that it is clear that "[those in leadership] want you to. It's like highly recommended that you refer families to Triple P." Dissimilarly at Agency B, participants report that the focus is on deadlines and case closures more so than Triple P referrals. This difference in the subjective norm around the agency expectation that caseworkers refer families to Triple P that may dictate caseworkers' perceptions of how big of a barrier the court mandate to refer to CBC is and whether they will put in the effort to ensure that families can attend Triple P to satisfy their court requirement.

Court Mandate

While not included in the TPB model, the proliferation of the court mandate theme throughout the data and the other relationships in the TPB model necessitates its inclusion in the model (Figure 2). The potential impact of the court mandate on perceived behavioral control was evident as participants from both Agency A and Agency B reported they felt it would be more challenging to make a referral to Triple P if the court order mandated parents to attend the CBC. A participant from Agency B explained,

> "For me to refer a parent to [Triple P], if CBC's parenting class … like their times are during the day, so if I have a parent that is working, it's easier for me to refer them to Triple P, because there's different times, so it's easier for me to do [Triple P] for that.
>
> But if they can make it at the CBC, I think the courts would prefer CBC."

Nevertheless, the fact that participants were able to refer families to Triple P even with a court mandate indicates the court mandate's role influencing perceived behavioral control rather than directly impacting the relationship between intention to refer and actual referral behavior.

Discussion

The purpose of this study was to use the Theory of Planned Behavior to examine child welfare caseworker referrals to an EBP, Triple P. Interviews were used to determine whether the TPB model could be used to explain caseworker referral behavior. Specifically, the study sought to determine whether the determinants of intention-attitudes, subjective norms, and perceived

behavioral control- influence intention to refer to Triple P. Study results supported the TPB model with evidence of attitudes, subjective norms, and perceived behavioral control impacting intention to refer. An additional factor of the court mandate was also added as it emerged in the data.

Theory of Planned Behavior Model

Findings from this study supported the antecedents of attitudes, subjective norms and perceived behavioral control from the TPB model. This is consistent with previous studies that found those constructs to explain implementation research in the health and behavioral health fields (Godin et al., 2008; Perkins et al., 2007); however, this study provides preliminary support for each construct in the model in a child welfare context. Regarding attitudes, participants had positive attitudes toward Triple P and expressed an intention to refer when they believed Triple P was appropriate for a family's needs and when it would be acceptable to that family. This is consistent with previous research citing caseworkers' positive attitudes toward EBP when the EBP will meet the family's needs (Aarons & Palinkas, 2007) and research finding positive attitudes increasing the likelihood of referring to an EBP (Whitaker et al., 2015). Additionally, many participants had positive attitudes toward Triple P because they believed it to be acceptable to families. Participants believed the group format and facilitators were sources of support and engagement, increasing their likelihood of benefitting from Triple P. Research has shown the impact of peer support in parenting groups (Berrick, Young, Cohen, & Anthony, 2011) and positive relationships between resource workers such as parent group facilitators (Anonymous, 2018) and supportive housing caseworkers (Farrell, Luján, Britner, Randall, & Goodrich, 2012).

Participants' discussion of the impact of agency priorities and support around Triple P demonstrates the relationship between subjective norms and intention to refer. Participants from Agency A shared how when they felt that there was an agency expectation for them to refer families to Triple P, they were more likely to refer. This echoes the sentiments of child welfare providers in other studies who rated the requirement to use an EBP as more influential on their EBP adoption decisions than the appeal of the EBP (Leathers et al., 2016; Lopez et al., 2011). In contrast, participants from Agency B shared how their agency's emphasis on deadlines and procedures as opposed to client wellbeing decreased their intention to refer to Triple P; it simply was not a priority to them. Instead, they described a heavy emphasis on court mandates and documentation (Smith & Donovan, 2003), which is not always an environment that supports EBP adoption decisions. At both agencies, the norms and priorities that agency leadership establish regarding Triple P referrals shows the impact that leadership can have in encouraging EBP adoption (Aarons & Palinkas, 2007; McCrae, Scannapieco, Leake, Potter, & Menefee, 2014).

The relationship between perceived behavioral control and intention was conceptualized as barriers or facilitators to referring to Triple P. The major barrier reported was the court mandate to refer families to another parenting program. As previously mentioned, court mandates and orders structure caseworker activity (Smith & Donovan, 2003). Participants in this study shared how the court ordered referral to the parenting class at the community-based center specializing in reunification either prevents them from making a referral to Triple P or forces them to try to convince parents to participate in both programs. Previous research corroborates caseworkers' experience of structural barriers to EBP implementation in child welfare (Akin et al., 2014). In Akin et al. (2014) study, having the buy-in of the courts facilitated EBP implementation, however other structural factors such as the timeframes for in-home family work imposed by the Adoption and Safe Families Act of 1997 constrained child welfare workers' ability to refer certain families to the program as workers did not believe families would have enough time to complete the program before having to file a request to terminate parental rights. This highlights the need to consider both the inner and outer context (Aarons, Hurlburt, & Horwitz, 2011) for EBP implementation in child welfare given the large role that external entities have on child welfare service provision.

Participants also discussed how being physically collocated with Triple P providers facilitated the referral process. They were able to provide verbal referrals for families in lieu of paperwork and to gain an understanding of the Triple P program and what it could offer families from the close proximity to Triple P providers. Previous research documents how increased familiarity with an EBP and being collocated with mental health and substance abuse services increased child welfare caseworker referrals (Chaung & Lucio, 2011; He, 2017; Lee, Esaki, & Greene, 2009; Whitaker et al., 2015). While this study provides some support for colocation as a facilitator of EBP implementation, future research should test whether colocation impacts actual EBP referrals.

Implications

The results of this study have implications for practice, policy and research including increasing communication between stakeholders and increasing organizational supports for caseworkers.

Increased Communication

Findings suggest that increased communication between caseworkers and court officials is critical to increasing referrals to EBPs. Interview participants expressed a lack of awareness and understanding of Triple P and suggested more in-person training and explanations to increase their knowledge of the program. Participants at both cited supervisors as another critical means of relaying information on Triple P to caseworkers as they typically provide information on relevant resources, EBPs and practices to use with their families. Supervisors can use team or unit meetings and one-on-one supervision to discuss eligible families to refer to Triple P or ways to navigate the court system if making Triple P referrals. Participants report these methods of communication as more effective than emails or presentations at all-staff meetings. Since caseworkers in part base their referral decisions on whether they believe the program or intervention will benefit their clients and aid them in meeting deadlines and job requirements (Kerns et al., 2014; McCrae et al., 2014), it is integral to rely upon the communication methods that ensure they receive needed information.

Communication must also be improved with court officials, as court orders typically drive caseworker practice (Smith & Donovan, 2003). According to study participants, the court system routinely mandates parents to receive parenting classes from the CBC, which they described as a substantial barrier to referring families to Triple P. Perhaps providing court officials with information on Triple P's evidence base in improving parenting competence and parent-child interactions (Sanders et al., 2014) will encourage court officials to use the broader mandate of "parent training" as opposed to a specific parenting program. This may allow caseworkers more discretion in fulfilling parents' parent training requirements, namely referring parents to Triple P (Akin, Brook, Byers, & Lloyd, 2016).

Organizational Supports for Caseworkers

Participants from both agencies reported feeling overwhelmed with their job responsibilities, which leads them to solely focus on the mandated portions of their jobs. This sentiment was echoed in Smith and Donovan (2003) seminal study on child welfare practice, where participants named court appearances, child visits and documentation as the core components of their job; any other tasks, including working with parents, were extraneous and of low priority. Similarly, caseworkers in this study described the extra effort it takes to look beyond what is court ordered to well-being-oriented programs, like Triple P. However, in this particular child welfare system, child welfare units are assigned support workers that may alleviate caseworker burden and share a portion of the case management responsibilities. Eliciting the aid of support workers may increase referrals to Triple P and other EBPs since, unlike caseworkers, they may have more time to assess needs and appropriate services beyond the court order and subsequently complete the necessary paperwork to refer families to identified services. Future research should explore the role of child welfare support staff in the implementation of EBPs in child welfare settings.

Limitations

While this study's aims and purpose have strengths in providing a model to frame caseworker referrals to EBPs, it is not without its limitations. First, the context of this study should be taken into consideration when interpreting results. This study occurred in two privately-contracted agencies that secured external funding to implement an EBP. These agencies also had supportive case management positions that could refer families to services. Different results may arise if conducting this study in agencies that are public, lack ancillary support positions or do not have external funding for EBP implementation. Secondly, this study did not include the perspectives of supervisors, administrators, and court officials, which could be useful in further illuminating the Triple P referral process in this jurisdiction. Thirdly, interview participants from Agency A were primarily recruited in conjunction with the Triple P coordinator due to previous mass recruitment efforts that failed. This may have led to a biased sample of participants that had a knowledge of Triple P and positive attitudes toward the program than participants from Agency B. Another limitation was that due to a conflicting local government data collection effort, interviews were unable to be conducted at the second site for Agency B. Those participants may have had different referral experiences that were not captured in this study. Finally, future studies that quantitatively measure whether TPB constructs explain caseworker referral behavior are needed. While this study included 12 participants, which previous research has found to be sufficient to reach data saturation (Guest et al., 2006), corroborating this study's results with a larger population using quantitative methods could lend more support for the model's use by child welfare jurisdictions implementing EBPs.

Conclusion

Despite these limitations, this study takes an initial look at the application of the Theory of Planned Behavior to EBP implementation within the child welfare context. It used qualitative data to illuminate the processes caseworkers use when making referral decisions regarding Triple P. Findings from this study highlight the importance of increased communication, organizational support for caseworkers and the role of the court system in caseworker referral decisions. Future studies that examine the role of communication with court officials and the role of supportive staff are needed to determine if these recommendations can ameliorate some of the identified barriers to EBP referrals and implementation in child welfare settings.

Conflict of Interest

The authors have no competing interests to report.

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