

# Midnight sun to great lakes: Taking Oregon Parent Management Training (PMTO) to scale in Norway and Michigan

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# Overview

- Theory & methods
- Implementation
- Norway
- Michigan
- Emerging questions – implications for implementation science

# Theory

- Coercion – Patterson, 1982; 2005
  - model integrates social interaction and social learning perspectives, both of which emphasize the influence of the social environment on an individual's overall adjustment.
  - social interactional dimension assesses microsocial connections among family members and peers that become patterns of behavior contributing to child adjustment.
  - social learning dimension refers to the ways in which patterns are established through reinforcing contingencies.
- Social interaction learning – expanded version of the model included positive parenting as intervention targets
  - Coercion and positive parenting uniquely contribute to variance in child outcome

# Social Interaction Learning Model

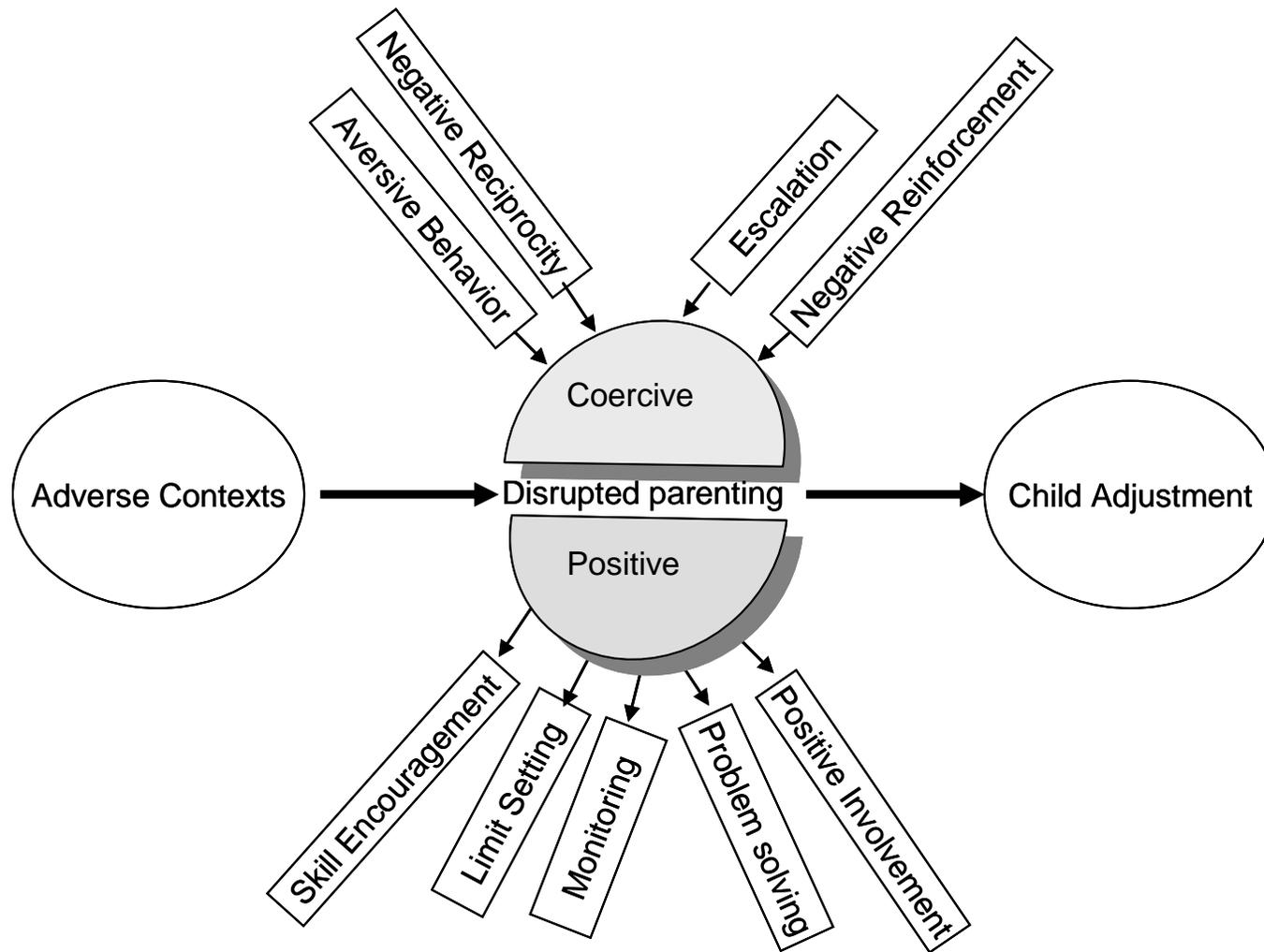


Figure 1. Stage 1: Training Begins at Home

# Experimental methods

- Multi-method, -informant, -setting data
- Direct observations of social interaction
  - Parent-child interactions
  - Therapist-client interactions
- Microsocial and global coding schemes
  - Observations of therapy sessions yielded data about change process
    - Teach/confront behaviors associated with resistance (e.g. Stoolmiller et al., 1993; Patterson & Chamberlain, 1994)
    - Direct observation of therapy in community agencies to evaluate fidelity (Knutson et al., 2003)

# PMTO intervention model



# Broad implementation of PMTO

- Required developing infrastructure for
  - Training, certification, coaching
    - 18 workshop days over 12-14 months
    - 5 therapy cases (3 training, 2 certification)
    - Local coaches mentored by purveyors
  - Standardized evaluation methods for assessing treatment process and outcomes in routine clinical practice
    - fidelity
  - Sustainable research-practice networks
    - Technology is 'given away' to the community. First generation is trained by the purveyors; subsequent generations are trained by first generation and beyond
    - Data management system (HIPAA compliant; includes uploaded video material)

# Fidelity of implementation (FIMP)

- PMTO experts rate competent adherence in 5 categories
- FIMP assessed based on capacity to apply core principles of model (i.e. not just content)
- PMTO therapy candidates are trained and coached according to FIMP domains
- Certification requires achieving level of proficiency in each domain in four therapy sessions (2 encouragement, 2 discipline)
- For G2 and G3 candidates, 1 out of 4 certification tapes coded by purveyor; reliability checks conducted over several years

# FIMP Content

Principal Component Analysis: Alpha = .947; 1 component extracted;  
82.85% of variance explained

9-Point Likert Scale:

Good work = 7-9; Acceptable = 4-6; Needs Work = 1-3

5 categories:

***Knowledge:*** Proficiency in understanding and application of core principles

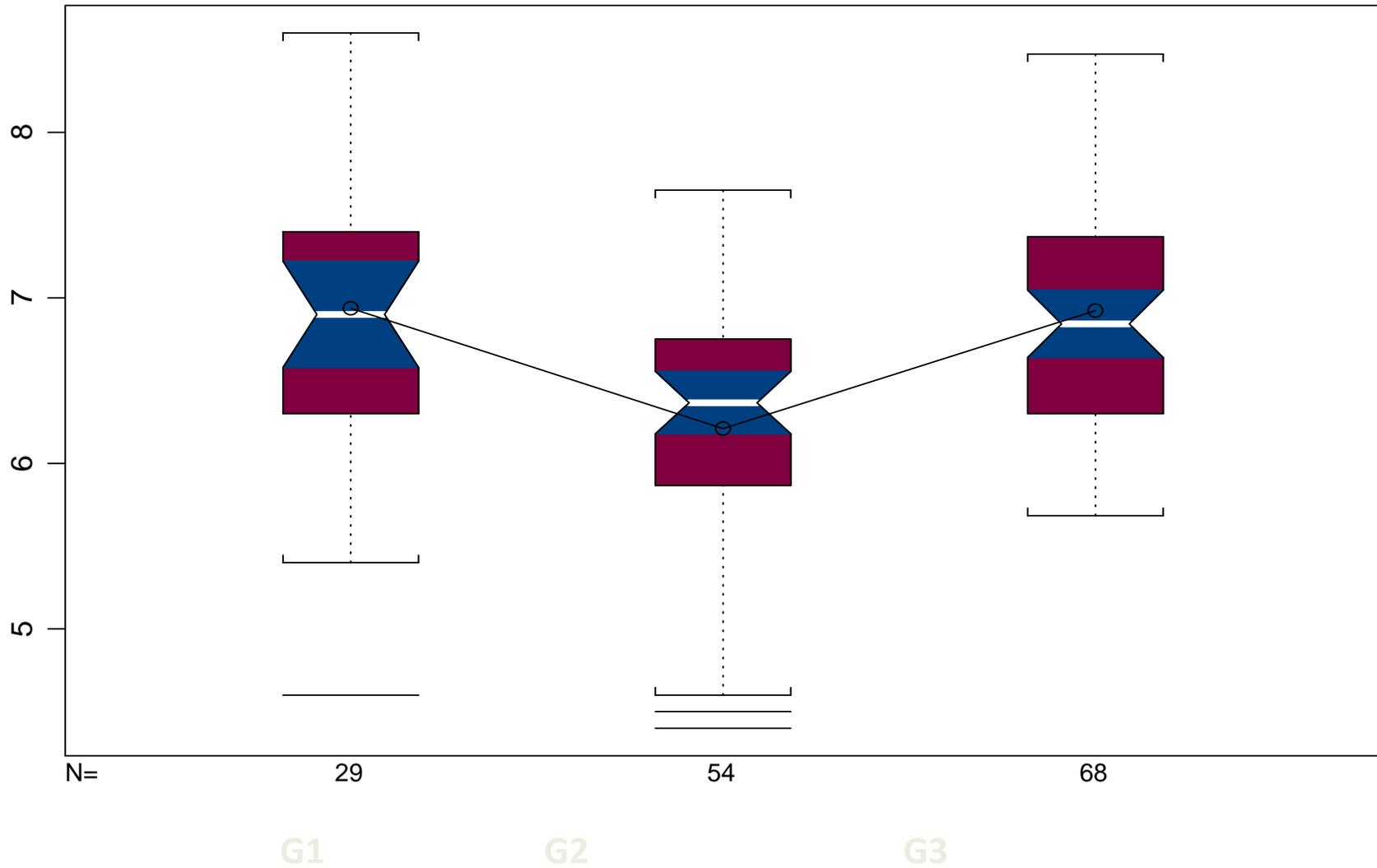
***Structure:*** Session management, pacing, leads without dominating

***Teaching:*** Interactive approach to promote parents' mastery and independent use of PMTO skills & tools

***Process:*** Proficiency in use of clinical and strategic skills, provides safe context in which to learn

***Overall (Integration):*** Growth during session, family satisfaction, likelihood to continue & use, sensitive to context

# Fidelity Across Generations Certification

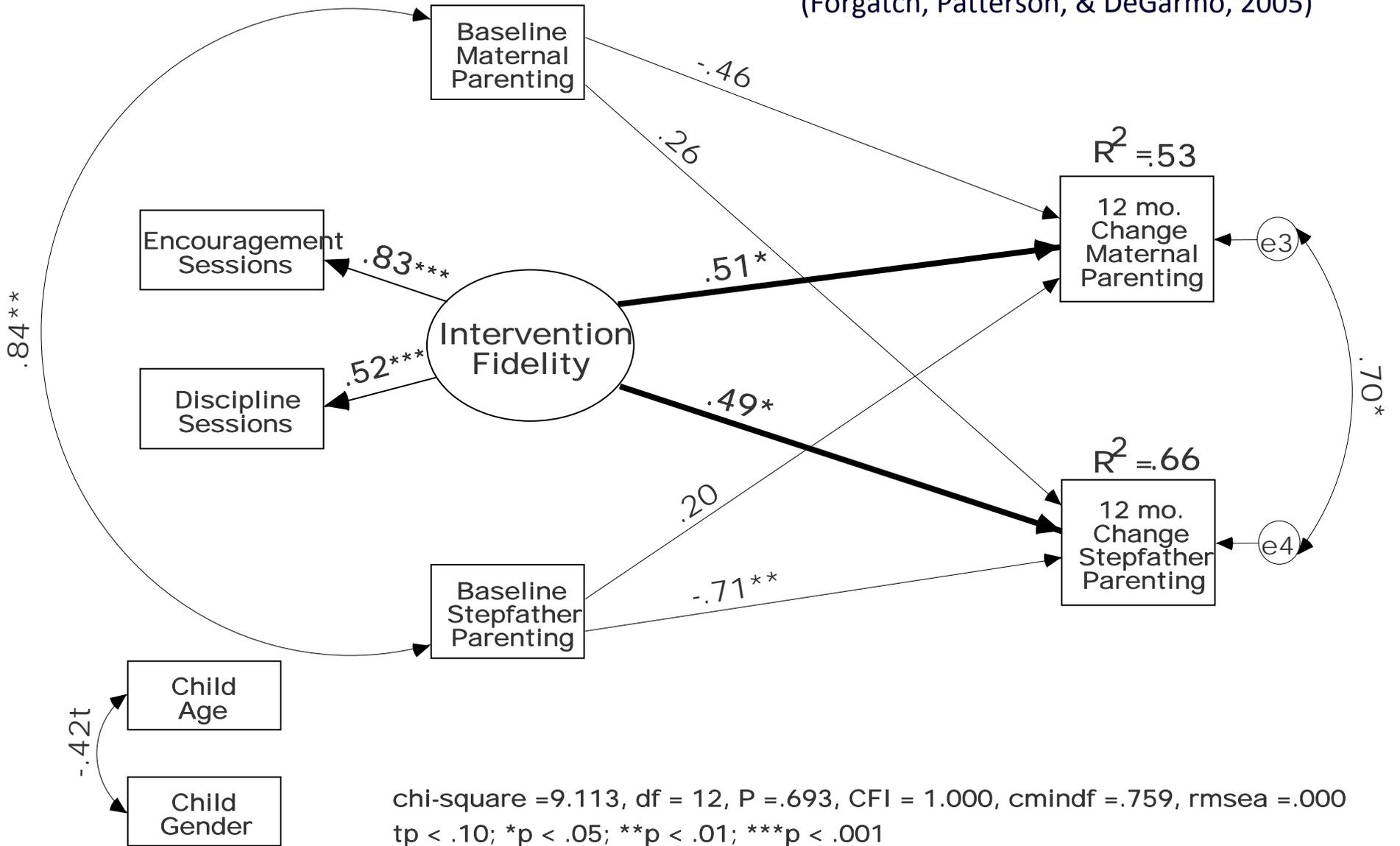


# Fidelity To Intervention Model

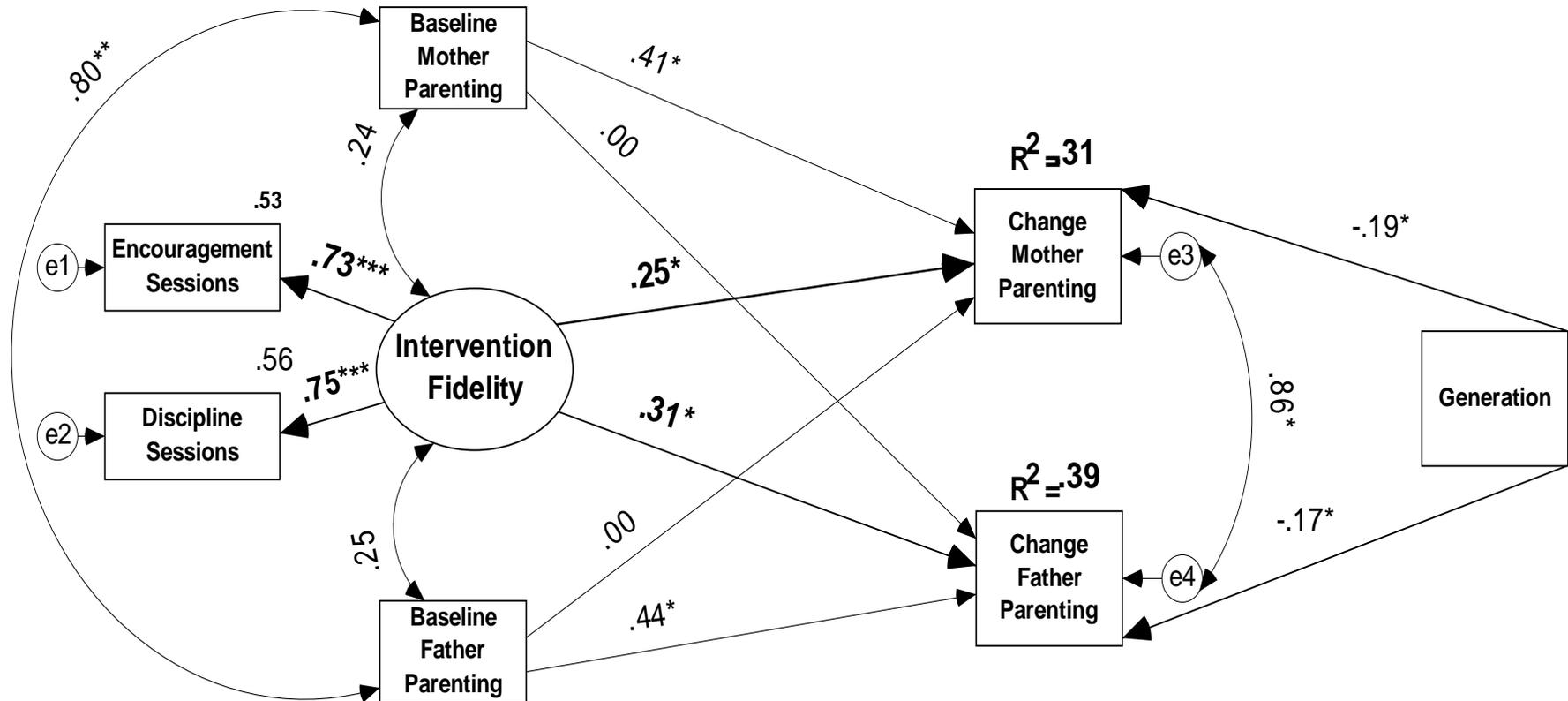


# Fidelity Effects on Change in Observed Effective Parenting: OSLC Stepfamily Sample

(Forgatch, Patterson, & DeGarmo, 2005)



### Fidelity Effects on Pre/Post Treatment Change in Effective Parenting: Norwegian Sample



chi-square = 10.882, df = 8, P = .208, CFI = .990, cmin/df = 1.360, rmsea = .053  
 tp < .10; \*p < .05; \*\*p < .01; \*\*\*p < .001

# Nationwide Implementation Study in Norway

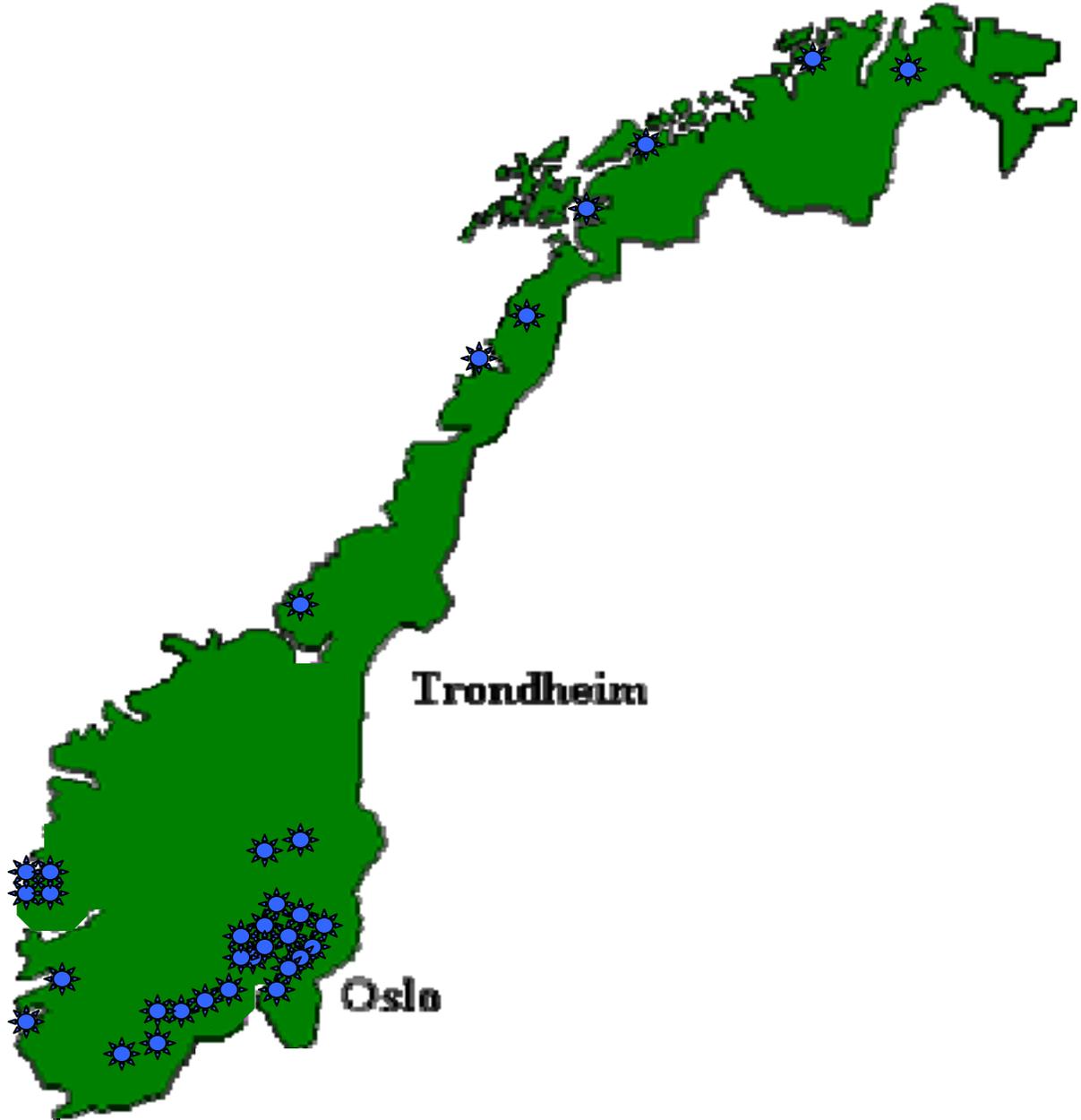


- **International Collaboration**
  - OSLC (Forgatch, Patterson, DeGarmo)
  - Norwegian Center for the Study of Behavioral Problems and Innovative Practices (Atferdsenteret) (Ogden)
  - University of Michigan (Price)
- **Study factors contributing to**
  - Implementation
  - Adoption
  - Adaptation
  - Fidelity through successive generations
- **Successive Generations of Norwegian Professionals**
  - Generation 1 (G1): certified by OSLC professionals (N=34) 85% certified
  - Generation 2 (G2): certified by G1 (N=79) 94% certified
  - Generation 3 (G3): certified by G1 & G2 (N=69) 95% certified
  - Generation 4 (G4): in process (N=74 )
- **1600 families seen by 2005; 1500 in 2006 alone**

# System-wide Implementation in Norway

(Ogden, Forgatch *et al.*, 2005)

- **Establish National Implementation and Research Center**
- **Develop Plans @ County & Municipal Levels**
- **Conduct Therapist Recruitment, Training, & Maintenance Program**
- **Conduct Clinical Outcome Research**
- **Conduct Implementation Research**



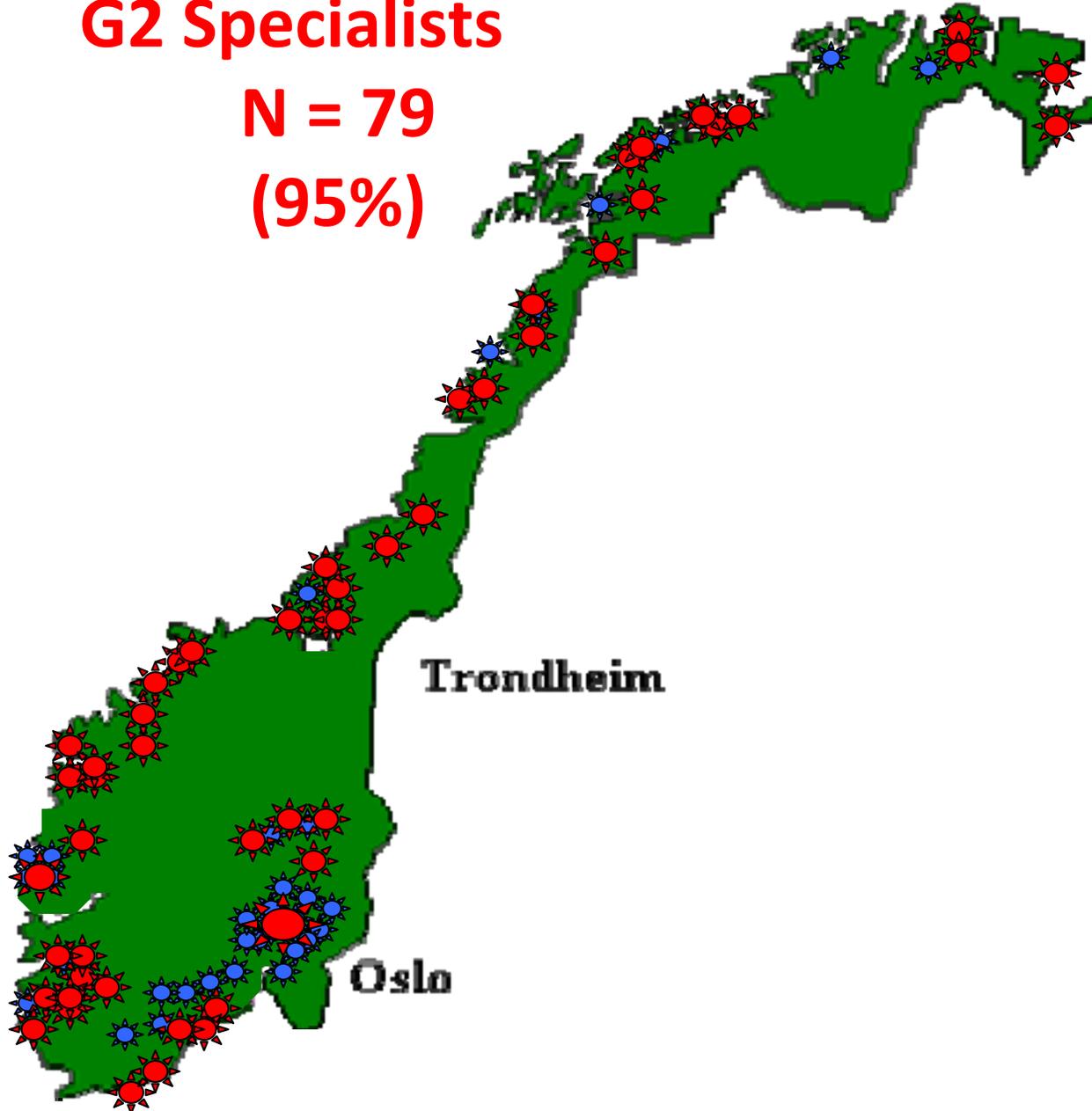
**Trondheim**

**Oslo**

# G2 Specialists

N = 79

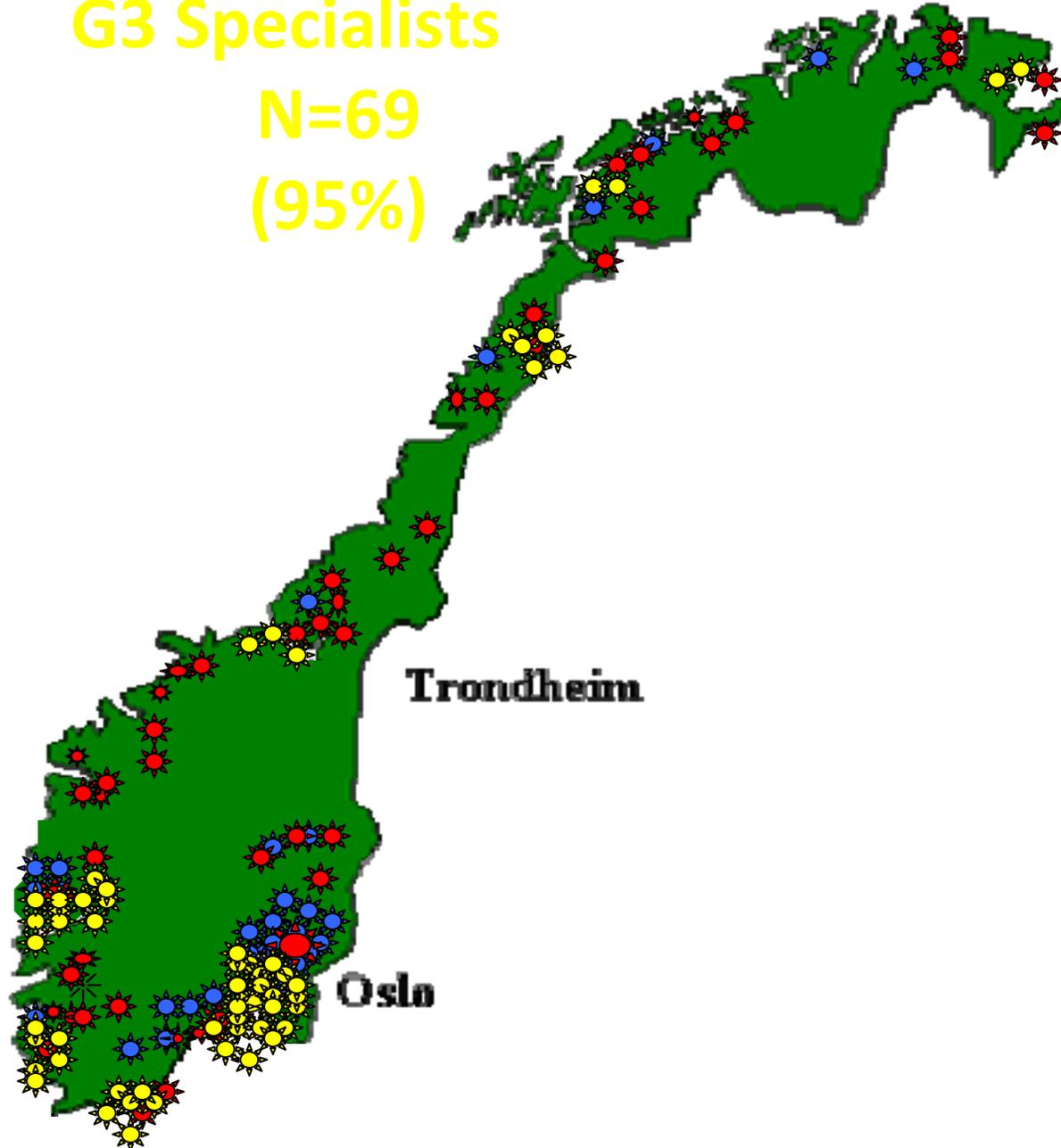
(95%)



# G3 Specialists

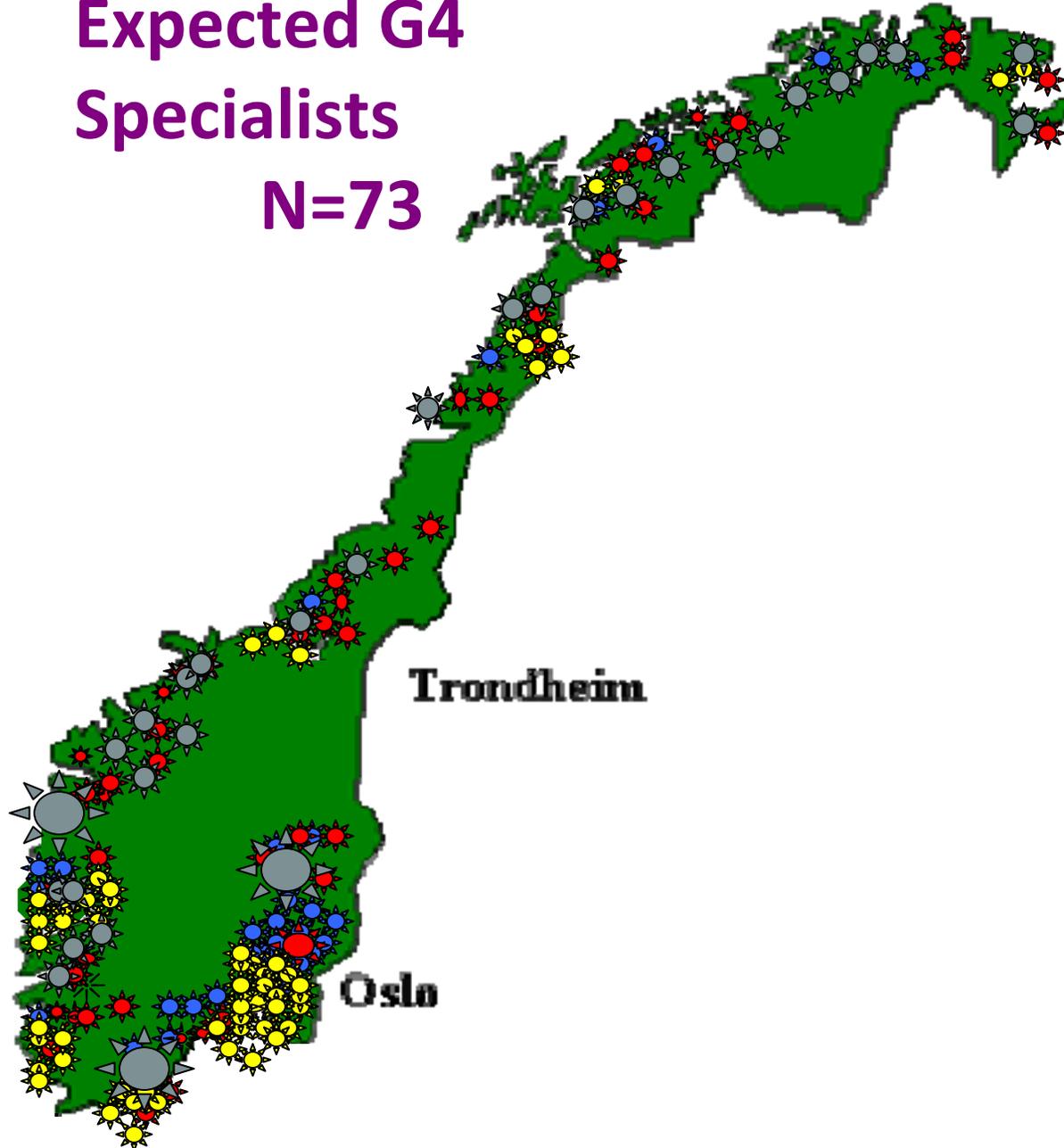
N=69

(95%)



# Expected G4 Specialists

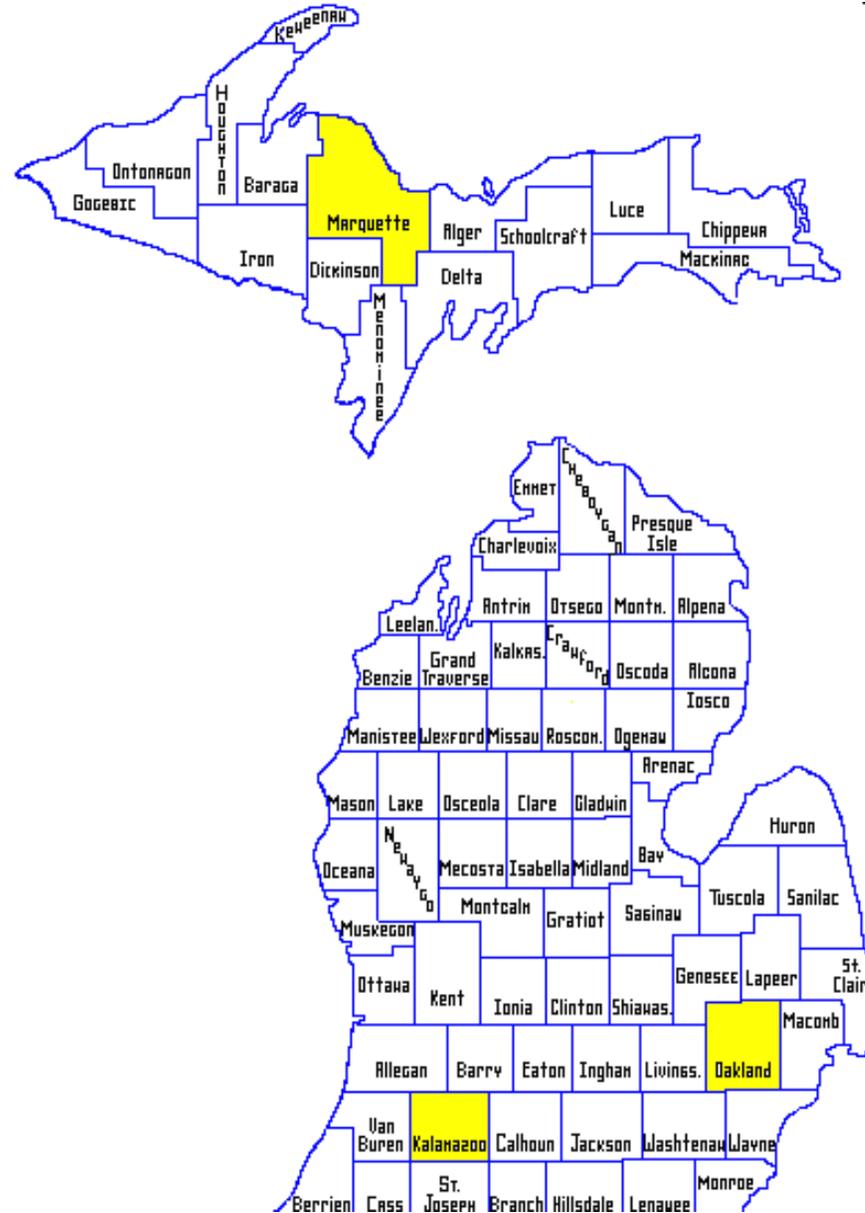
N=73



# PMTO Michigan

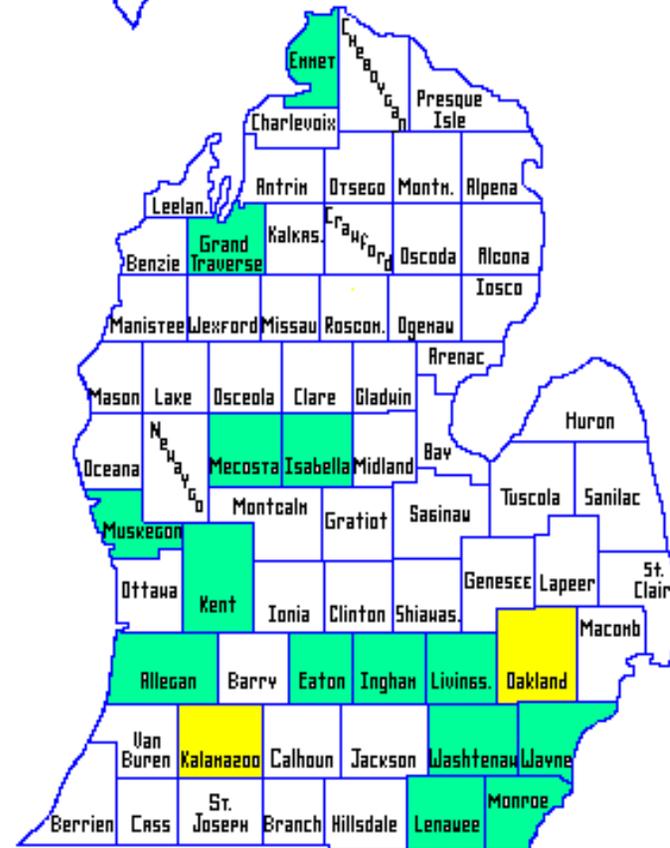
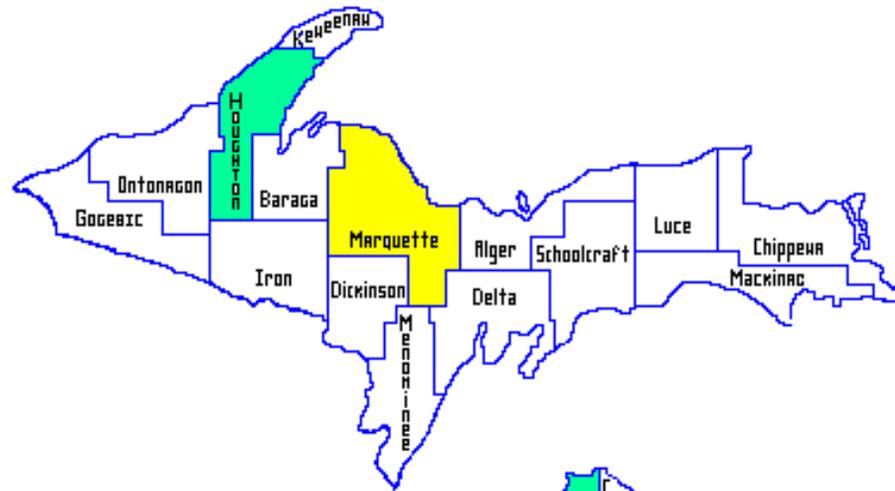
2004

Pre-adopters: 12 individuals in three agencies began training; 6 achieved certification.



2006

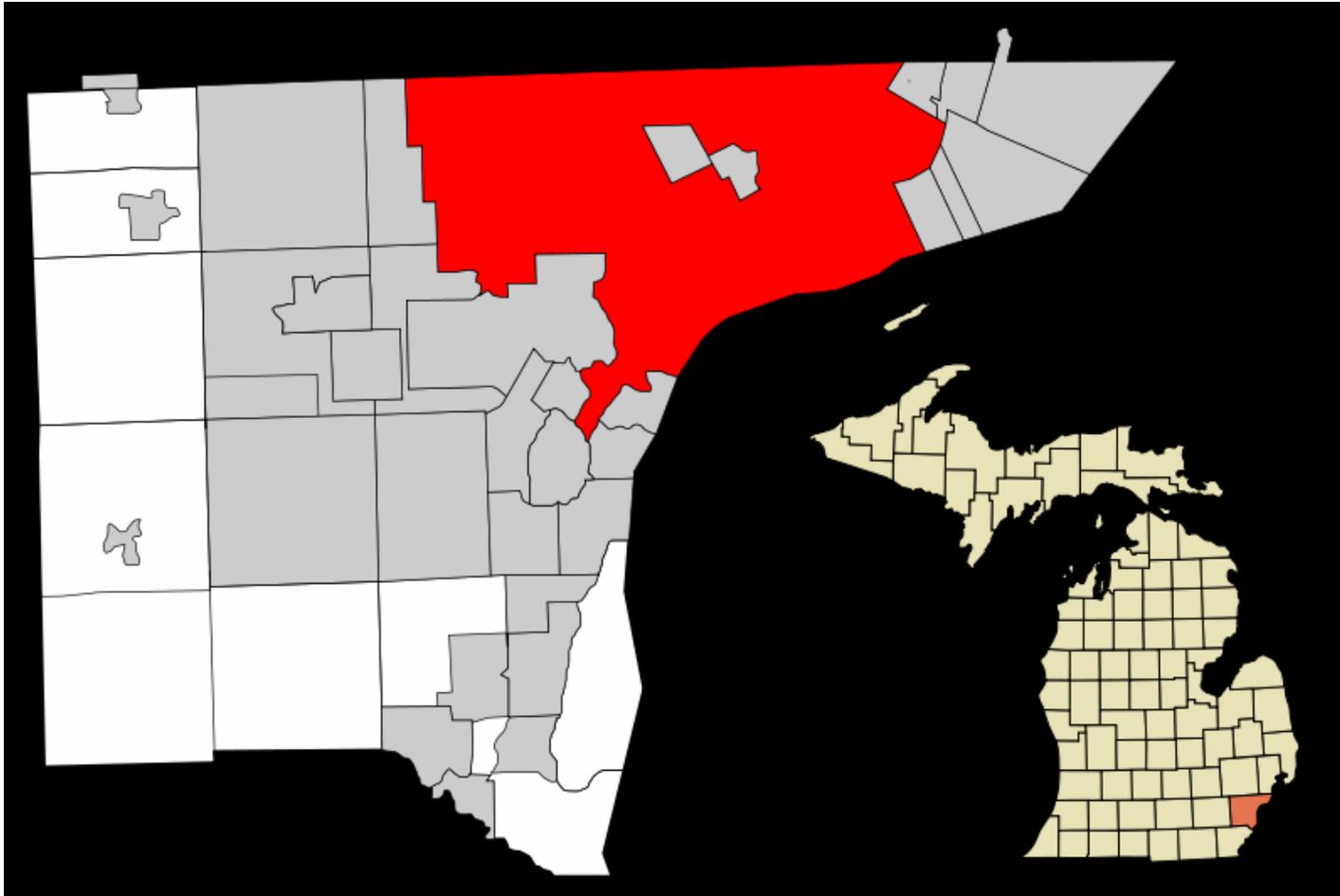
□ Generation 1 – MI  
statewide  
training: 20  
trainees started,  
18 (90%)  
certified.







# PMTO Detroit/Wayne County



## **PMTO Detroit/Wayne County**

11<sup>th</sup> largest metro area in the USA. City has approx 916 000 residents; the D/WC metro area almost 2 million residents.

In 2007, the city had the sixth highest number of violent crimes among the twenty-five largest cities

34.5% of those under the age of 18 and 18.6% of those 65 and older were living below the poverty line.



# Detroit/Wayne County

- County children's mental health
  - 2 cohorts of 14 and 12 therapists respectively, began training in 2008
- Juvenile justice and child welfare
  - One cohort of 12 group facilitators (6 pairs) began training on group-based PMTO in late 2008

### ***Host Community***

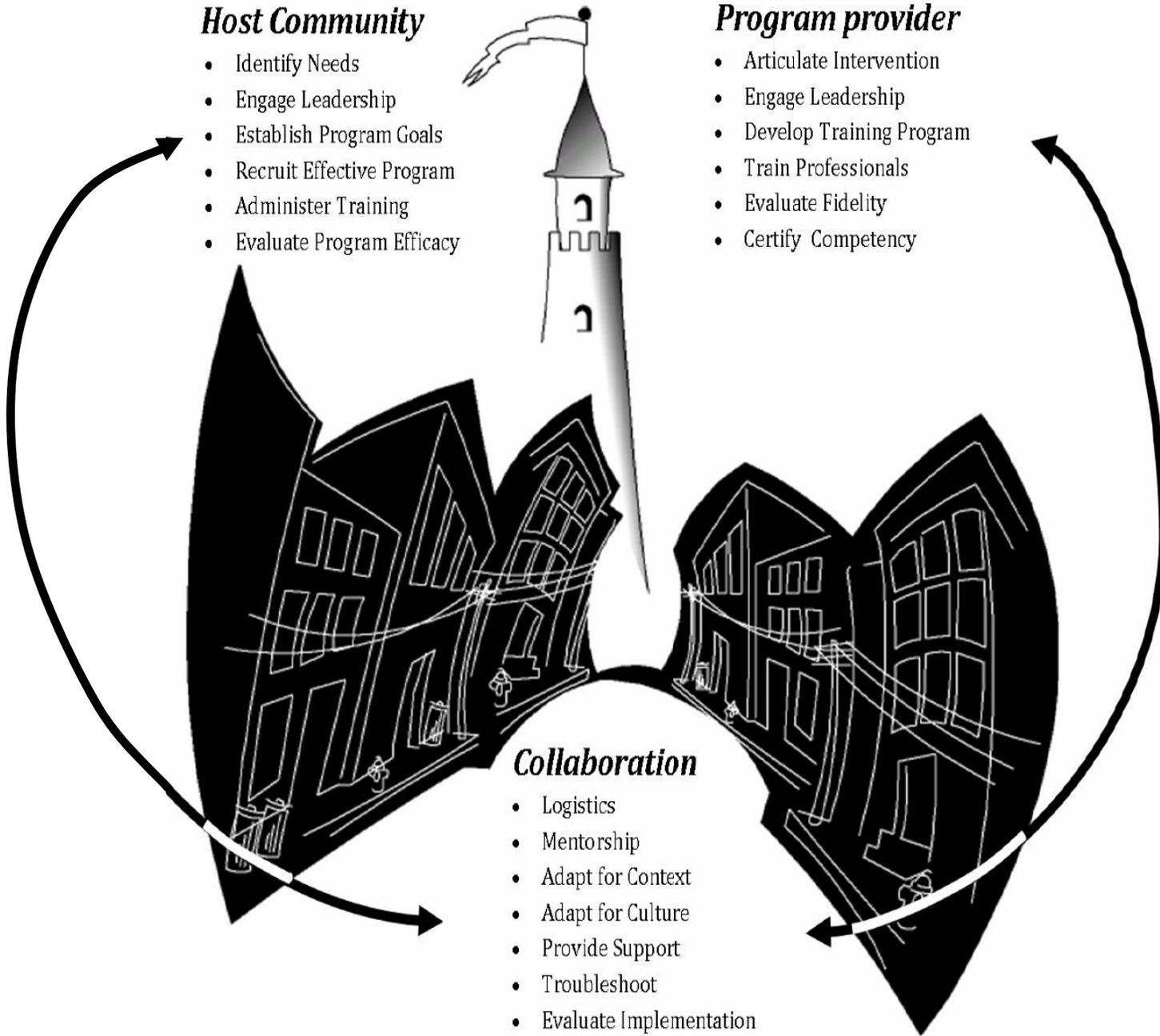
- Identify Needs
- Engage Leadership
- Establish Program Goals
- Recruit Effective Program
- Administer Training
- Evaluate Program Efficacy

### ***Program provider***

- Articulate Intervention
- Engage Leadership
- Develop Training Program
- Train Professionals
- Evaluate Fidelity
- Certify Competency

### ***Collaboration***

- Logistics
- Mentorship
- Adapt for Context
- Adapt for Culture
- Provide Support
- Troubleshoot
- Evaluate Implementation
- Make Sustainable



# Implementation Challenges

- Community-level challenges
  - Fidelity vs. adaptation
    - Norway – punishment is immoral
    - MI – timeout seen as weak and ineffective
    - Both – resistance to videotaping and role play
    - Changing the topography of the intervention
- Policy challenges
  - Funding, reimbursement, training costs
- Practice challenges
  - Agency leadership; who to train (supervisors vs. line staff); organizational culture
- Family level challenges
  - Typical barriers to treatment including resistance
    - Norway – 80% families said they would recommend PMTO vs. 40% comparison families in community standard of care (Ogden & Hagen, 2008)

# Implementation research questions

- How do country level and state-level policies influence EBP uptake?
- Training vs. coaching – what amount of each is required for competent practice of an intervention?
- How can data be made relevant to clinicians?

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