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Delivery of the How-to Parenting Program in a Randomized Controlled Trial: A Fidelity Assessment

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Abstract

Ensuring the fidelity of program delivery within efficacy trials is essential for accurate findings' interpretation. The goal was to document the extent to which the How-to Parenting Program was delivered with fidelity during an efficacy trial. The five components of fidelity were assessed when this program was delivered to parents in the experimental condition of a waitlist randomized controlled trial conducted in grade schools. The adherence of co-facilitators to the program material was elevated. Exposure was also elevated, with a majority of parents attending six or all of the seven 2.5-hour sessions and doing at least some of the recommended readings. Regarding delivery quality, parents rated co-facilitators as highly empathic, enthusiastic, and prepared. Parents appeared very responsive to the program, as co-facilitators rated them as generally highly engaged, and the dropout rate was minimal. Regarding differentiation, rates of psychosocial services use were similar across conditions, but some parents on the waitlist read the How-to book. Apart from imperfect differentiation, the How-to Parenting Program was delivered with high fidelity during this trial.

Keywords: program evaluation; fidelity; parenting program; primary prevention; How-to Parenting Program

Public Significance Statement: During our recent study, group leaders were able, with minimal training, to offer the How-to Parenting Program (French version) completely and adequately to parents, who were highly engaged. This means that the documented parents' and children's improvements were really due to that program. It also implies that decision-makers can recommend this program with confidence to practitioners who will be able to deliver it reliably and have good reasons to believe that their participants will benefit from it if they do so.

Delivery of the How-to Parenting Program in a Randomized Controlled Trial: A Fidelity Assessment

When a new program is developed, one of the main concerns is whether its content can be offered entirely and adequately. In other words, can it be delivered with fidelity? For instance, a parenting program could be very helpful, but so complex to deliver that it could jeopardized its uptake by facilitators and parents. Fidelity issues are important to address, as they ultimately influence the efficient use of resources (Martin et al., 2024). The goal of the present study was to examine the extent to which a recently evaluated parenting program was delivered with fidelity as doing so enables the proper interpretation of efficacy results (Dumas, 2001). Such fidelity findings can also guide program selection by informing practitioners about the relative ease of adequate delivery under ideal circumstances (Martin, 2024), as well as help identify elements of content that may be more challenging to deliver reliably (Dusenbury et al., 2003).

Translated into more than 30 languages, the “How to talk so kids will listen & listen so kids will talk” book (the How-to book herein; Faber & Mazlish, 1980) knows great popularity since the 1980s. Its authors also developed a workshop (Faber & Mazlish, 1995a), which we will refer to as the “How-to Parenting Program”. Faber and Mazlish developed this material to share with other parents what they learned from years of guidance workshops led by the humanistic child psychologist Ginott (1959; 1965), the founder of the communicative approach to parenting programs. With empathic limit-setting as its cornerstone, this material teaches parents a total of 30 communication skills, all illustrated with comic strips.

This accessible 7-session How-to Parenting Program attracted the attention of parenting researchers (Joussemet et al., 2014; Mageau, Joussemet, Paquin, et al., 2022) who argued that it conveys the three key components of optimal parenting: structure, warmth, and autonomy

support (see Joussemet et al., 2014, for a more detailed description of the program's content). They recently evaluated its efficacy in a waitlist RCT, delivered in 15 public French-speaking grade schools of the greater Montreal in Canada (see Joussemet et al., 2018, for the trial's protocol). The program was delivered at the universal level of prevention, with no specific inclusion or exclusion criteria (World Health Organization, 2019), as transferring useful communication skills can be seen as a well-suited intervention for parents of the general population.

Thus far, results from this efficacy trial have shown that compared to a waitlist condition, the How-to Parenting Program leads to greater improvements in parents' autonomy support (Mageau, Joussemet, Robichaud, et al., 2022) and to greater decreases in children's externalizing problems (Joussemet et al., 2024). Given that any program evaluation's results rest on the demonstration that the program under study was delivered as intended, the goal of the present study was to assess the degree of fidelity with which the How-to Parenting Program was delivered in that RCT.

Fidelity

A crucial first step in any program evaluation is to evaluate the fidelity with which it was delivered, which refers to the correspondence of the experimental manipulation with the protocol planned by the program's developers (Dumas et al., 2001). Evaluating the degree of fidelity with which a program was delivered is essential to appropriately attribute any observed benefit to the intended content of a program (Dane & Schneider, 1998). In contrast, if this correspondence is low—if a program is delivered with little fidelity—documented benefits (or lack thereof) could be erroneously attributed to the evaluated program. Assessing the fidelity of the How-to Parenting Program will thus help determine whether observed benefits may be attributed to it.

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

Dane and Schneider's (1998) framework has often been applied in the parenting programs domain, though most studies focused on some of its components (Gross et al., 2015; Hidalgo et al., 2016; Taylor et al., 2015). Yet, a few studies were more exhaustive, assessing four (Breitenstein et al., 2010; Giannotta et al., 2019; Oats et al., 2014) or all (Bérubé et al., 2014) of the five components. The goal of the present study was to assess all fidelity components of the How-to Parenting Program's delivery in the RCT (Joussemet et al., 2018; Mageau, Joussemet, Robichaud, et al., 2022), using Dane and Schneider's (1998) exhaustive and well-established model. Assessing all components provides a complete picture of fidelity as each fidelity component is highly complementary. For example, even when all elements of a program's content are delivered (a perfect adherence level), it doesn't mean we that all parents attended all sessions (exposure). To make informed decisions about adopting programs, decision-makers require information about all five fidelity components, which we describe below.

Adherence

Adherence refers to the nature of the intervention's *content*. Assessing adherence documents the extent to which elements of content are delivered as defined in the program

protocol (Dane & Schneider, 1998). In general, it is recommended to have independent raters fill rating grids rather than relying on group facilitators' self-evaluations (Dumas et al., 2001; Gross et al., 2015; Oats et al., 2014). Recordings are also strongly suggested, helping independent raters to make observations directly and as objectively as possible (Dane & Schneider, 1998; Moncher & Prinz, 1991; Poulin et al., 2010; Stern et al., 2008). In the present study, audio recordings were collected and rated by an independent rater. The rating grid reflected the manualized content of the How-to Parenting Program.

Exposure

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

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

Delivery Quality

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

In program evaluation studies, empathy has been shown to be positively associated with parenting interventions' benefits. This is of particular interest to the present study, as empathy is also the central component in the How-to Parenting Program, making it one of its distinctive characteristics. Enthusiasm and preparation are two other qualities considered essential to delivering high-quality psychosocial interventions. Facilitators' enthusiasm for their workshop is believed to have an impact on the enthusiasm felt by participants (Martens et al., 2006). Lastly, facilitators' preparation may influence the efficacy of their communication with participants. Indeed, disorganized sessions could jeopardize participants' understanding of the program's content (Dumas et al., 2001).

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

Responsiveness

Participants' responsiveness is a construct reflecting their response to a program (Dane & Schneider, 1998). It taps into how much participants appreciate their program and how

committed and involved they are in its activities (Mihalic, 2004). Measured differently from one study to the next (Dane & Schneider, 1998; Oats et al., 2014; Sánchez et al., 2006), it has been estimated through usefulness ratings (Carroll et al., 2007), reported satisfaction (Breitenstein et al., 2010; Oats et al., 2014), interest (Durlak & DuPre, 2008), and enthusiasm (Dane & Schneider, 1998), as well as dropout rates (Hidalgo et al., 2016) and *engagement* (Garvey et al., 2006; Hidalgo et al., 2016). The latter is often measured by group facilitators (Baydar et al., 2003; Bérubé et al., 2014; Breitenstein et al., 2010; Garvey et al., 2006) as it seems less prone to social desirability than participants' reports. Higher engagement has been associated with greater benefits, for both parents and children (Garvey et al., 2006). Learning and applying a program's skills is also believed to be promoted by responsiveness, as intervention's benefits are greatest when participants are well engaged in it, enjoy its sessions, and believe benefits can ensue from it (Berkel et al., 2011; Giannotta et al., 2019). In the present study, we assessed participants' responsiveness based on facilitators' ratings of participants' engagement and on dropout rates. Engagement represents how actively parents participate when present (Baydar et al., 2003; Garvey et al., 2006), while dropout reflects the proportion of participants who decided to stop taking part in the program.

Differentiation

Findings of any program evaluation depend on the degree to which conditions differ from each other as planned. In a waitlist RCT, assessing differentiation can help document if participants assigned to a waitlist control condition were contaminated, i.e., inadvertently exposed to the program (Durlak & DuPre, 2008). Differentiation can thus serve as a "manipulation check" (Dane & Schneider (1998), p.45), making sure that conditions do not overlap. In the present study, we verified whether participants allocated to the waitlist differed

from those in the experimental condition in terms of having been exposed (vs. not) to the How-to book (Faber & Mazlish, 1980).

Differentiation can also be compromised by parents' differential access to resources other than the evaluated program. Indeed, though it does not concern the studied program, access to resources represents a potential confounding variable that needs to be assessed. In the present case, being assigned to the waitlist could motivate some parents to seek such services, whereas being assigned to the How-to Parenting Program could motivate some parents to terminate the services they already receive. Accordingly, we examined the rate of psychosocial services (other than the studied program) received by parents or their child.

Objective

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

Method

Study Design

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

Recruitment and Informed Consent

Parents were recruited within 15 primary schools in the Montreal area. Parents completed their baseline questionnaire after attending an information session and giving their informed consent. During the information session, parents learned about the study's design as well as the program's format, but not its anticipated benefits. Although its content was described in very general terms, the name of the program (and book, which is available in bookstores), was revealed. Random assignment, within each school (experimental vs. waitlist, i.e., being offered the How-to Parenting Program in 2 weeks or in 14 months), took place right after pre-intervention data was collected. The demographic composition of the sample (experimental condition) can be found in Table 1. Though the program was offered without inclusion or exclusion criteria, a little more than a third of parents rated their child as experiencing difficulties (subclinical range in externalizing problems, at baseline; see Joussemet et al., 2024). Only 6.8% of the parents assigned to the experimental condition had a co-parent who also took part in the program.

Table 1

Demographic Information of Parents in the Experimental Condition

Parent Characteristics	***n* (%)**
Gender	
Women	113 (76.9)
Men	34 (23.1)
Education	
High School or less	6 (4.2)
College or professional training	33 (22.9)
University (undergraduate)	62 (43.1)
University (graduate)	43 (29.9)
Annual Family Income (CAD $)	

< 15,000	25 (17.2)
15,000 - 30,000	20 (13.8)
30,000 - 50,000	30 (20.7)
50,000 - 75,000	19 (13.1)
75,000 - 100,000	51 (35.2)

Data Collection Timeline

The present study examines mainly post-intervention data, collected 1 to 2 weeks after the program was delivered to parents assigned to the experimental condition, while other parents were assigned to a waitlist. To assess adherence, exposure, delivery quality, and responsiveness, solely data from the experimental condition was required ($N = 147$). Weekly sessions lasted 2.5 hours on average, including a 15-minute health break. We examined audio recordings of sessions, parent reports (at post-intervention), and facilitator reports (weekly during program delivery and at post-intervention). To assess differentiation, we also included reports of waitlist parents reports ($N = 146$) on the use of psychosocial services (at post-intervention) and book reading (one year later, just before they were offered the program).

The How-to Parenting Program Material (French version)

The original program material that Faber and Mazlish developed for facilitators, in English, is a “workshop kit” made up of a short manual accompanying audio or video recordings of seven sessions they lead themselves (Faber & Mazlish, 1995a). Its audio content has been transcribed (Faber & Mazlish, 1995b) and both this text script and the manual have been translated (and combined) to create the French version (Faber & Mazlish, 2001a). The French material for facilitators is thus a structured guidebook, specifying “what to say/do when”.

Facilitators thus relied on this guidebook during sessions. They were also offered a complementary document crafted by the principal investigators to support their role in the RCT.

All facilitators were encouraged to read the French versions of the book “Liberated Parents, Liberated Children: Your Guide to a Happier Family” (Faber & Mazlish, 1974; 2001c) in addition to “How to talk so kids will listen & listen so kids will talk” (Faber & Mazlish, 1980; 2002) to gain helpful background knowledge.

The program’s first topical sessions correspond to the six chapters of the How-to book, whereas the last one is a less structured, integrative session. The six topical sessions’ format is similar from one week to the next: each one begins with a look back at the prior week’s homework (except session 1) and the topic is introduced with an exercise placing parents in “children’s shoes” (hearing non-optimal comments). New skills are then presented and illustrated by comic strips before parents take part in skill-practice exercises (e.g., role-play) and structured discussions. Topical sessions all end with the presentation of a summary (a “quick reminder” page) and homework guidelines (see S-Table 1 in Supplemental material for the list of topics, and Joussemet et al., 2014, for further information on the skills taught in the How-to Parenting Program).

Each parent was provided with a workbook (Faber & Mazlish, 2001b) that could be used to support exercises during sessions and homework assignments. The latter focused on practicing the new skills with their own children and noting what happened next. Parents were also provided with a copy of the How-to book (Faber & Mazlish, 2002). Recommended readings were the last section of each topical chapters (average of 21 pages/week), which presented most frequently asked questions and some parental testimonies (previous sections are identical to the material covered during sessions.

Facilitators

The How-to Parenting Program's authors did not require or even recommend training for group facilitators, as their original English material can be easily delivered via audio or video recordings. They also did not specify any specific qualification to deliver it. However, since facilitators could not rely on audio or video recordings in the context of our RCT, we required group facilitators to follow a 3-day training, described below, and to meet one of three qualification criteria, namely having worked with children, studied in psychology or an education-related area and/or being parents themselves (see Table 2).

Table 2

Group Facilitators' Characteristics

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

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

We allocated two facilitators per group to ease their experience, based on availabilities and location. Each dyad comprised a member who had already facilitated a How-to group at least once, making sure not to pair two beginners. We also assigned equal portions of the material to each facilitator in advance (i.e., facilitator A and B) so that they would alternate taking the floor in a pre-determined way.

Training. We required a 3-day training to standardize the delivery of the program. It mainly consisted in taking part in the How-to Parenting program "as a participant". This group training was offered by a facilitator with more than 15 years of experience delivering this program. She modelled optimal workshop delivery and also addressed the group facilitation process (e.g., refrain from acting as an expert; use the program's skills while facilitating).

Group facilitators were also required to attend a pre-workshop meeting, during which the principal investigators introduced a complementary document for facilitators. They made some recommendations such as adhering to the content as closely as possible and to debrief after each session, with the facilitator with more experience acting as a mentor. A post-workshop meeting was also encouraged (but not mandatory) during which facilitators could debrief as a group and receive reactive supervision. Several group facilitators led more than one parenting group during our RCT.

Program Fidelity Data

Facilitators consented to audio-record the sessions they would facilitate. Parents were also informed of these audio recordings; we specified that their voices would be audible, but not identifiable.

Measures

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

Adherence

The program's authors recommend that all sessions be delivered, and in the suggested order (Faber & Mazlish, 1995a). To assess the extent to which group facilitators delivered the program as planned, the present study's first author listened to the available audio recordings of all the experimental groups' sessions and assessed the group facilitators' adherence to the How-to Parenting Program content by using a measurement grid based on facilitators' guidebook (Tessier et al., 2014). Whether there was information to say, an exercise to do, a discussion to facilitate, these were sub-divided into elements of content, listed on a grid and coded dichotomously as present or absent. Each of the six first topical sessions were divided into about 50 elements of content, listed chronologically whereas the last, less structured session was divided into 17 elements of content.

For each session delivered, a score was computed by calculating the proportion of present components out of the total number of components possible to cover. A second rater (the fourth author) rated independently a third of available audio recordings (5 of the 15 groups). This subset was not chosen randomly, as we favored the ones that had the least missing recorded material (i.e., either seven fully recorded sessions or with only one missing or incomplete session) to ensure that the interrater agreement would include the most material possible.

Exposure

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

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

Delivery Quality

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

Parents' Responsiveness

Each facilitator was invited, at post-intervention, to assess the level of engagement of each parent in their group, on a 5-point scale (e.g., 1 = *No engagement* to 5 = *Very good*

engagement). This overall score reflected the level of parent participation facilitators perceived across all sessions' exercises and discussions.

Dropout rates provides information about parents who no longer attend sessions. Our dropout measure was based on attendance patterns, over the program's 7 weeks. We defined dropout the following way: after having attended at least one session, never coming back afterward. Participants who only missed the last session were not considered to have dropped out. We distinguished participants who dropped out early (i.e., after the 1st, 2nd or 3rd session) from the ones who dropped out later (i.e., after the 4th or 5th session).

Differentiation

Outside of the RCT, it was almost certainly impossible to attend a How-to workshop for waitlist parents as to the best of our knowledge, this program was not offered in the city. To assess the extent to which participants assigned to the waitlist ($N = 146$) were exposed to the content of the How-to Parenting Program, their reading of the How-to book was measured and compared to those of the experimental condition. Parents in both conditions reported how much they had read the book, on the 5-point scale described above. Parents in the experimental condition did so after their program was delivered, at post-intervention, whereas parents in the control condition answered this question one year later before they were offered their program.

Finally, at post-intervention, parents from both conditions were asked to indicate if they had received any additional resources for themselves or their child (other than the How-to Parenting Program) during the 7 previous weeks. They were then invited to specify the nature of these services by using an open-ended question. Each response was coded by identifying individuals who received psychosocial services. We included various services in this category: seeing a psychologist, social worker, life coach, neuropsychologist, psychoeducator, sexologist,

pediatrician, specialized educator or psychiatrist; attending psychotherapy, workshop for victims of domestic/family violence, workshop for parenting skills, workshop for anxiety, mediation and family counselling, or receiving unspecified services for child or couple, or from community services. Next, a score was computed by calculating the proportion of parents who received psychosocial services (at least one) out of the total number of participants, within each condition.

Analytic Plan

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

Results

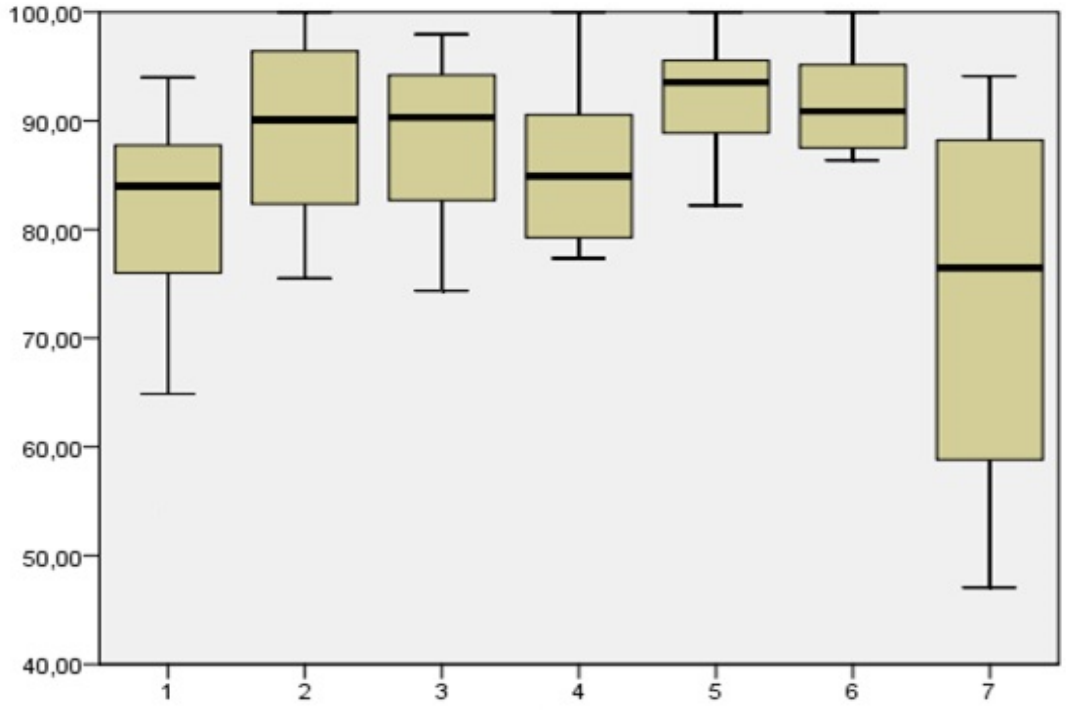
Adherence (Group Level)

Less than 10% of the audiotaped material (8.6%) was unavailable for coding, due to technical difficulties or to group facilitators forgetting to record the second part of their sessions (upon their return from the health break). Missing data varied greatly according to the session, ranging from 0% (1st, 4th, and 5th session) to 33.3% (7th session). A second independent coder assessed a third of the parenting groups to assess inter-rater reliability, which was good (ICC = 0.79 across all elements of content).

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

Figure 1

Adherence Rates as a Function of Sessions



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

Exposure

Attendance

Individual level. The average number of sessions attended by each parent in the experimental condition was 5.80 (*SD* = 1.68; 82.9%) out of 7, ranging from 0 to 7 sessions (median of 6 sessions). Few participants (2.7%) had low exposure to the program (1 to 2 sessions), while 22.4% had a medium exposure (3 to 5 sessions). The vast majority of parents (70.7%) had high exposure to the program (6 or 7 sessions). Only 3.4 % of participants did not attend any session and attendance data for 1 participant was missing due to a clerical error (i.e., missing name on attendance grid).

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

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

Book Reading (Individual Level)

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

Delivery Quality (Group Level)

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

Responsiveness

Parents' Engagement (Individual Level)

Both co-facilitators rated each of their participants' engagement and their inter-rater agreement was high (ICC = 0.83). The overall engagement score was 4.31 on a 5-point scale (SD = 1.10), ranging from the minimal to the maximal score (median of 5.00). Facilitators assessed that most parents (82.1%) had a *good* or a *very good* level of engagement. There were nine participants (6.1%) who did not show any engagement, according to facilitators. Engagement data of only 2 participants (out of 147) was missing, for which none of the facilitators recorded an entry.

Dropout Rates (Individual Level)

According to attendance data provided by group facilitators, 5 participants out of 146 (3.4%) dropped out at the beginning of the workshop (after the 1st, 2nd or 3rd session) and 6 participants (4.1%) left after the 4th or the 5th session. Dropout data for 1 participant was missing (due to the clerical error described earlier).

Differentiation (Conditions Comparison)

Book Reading

We compared the quantity of book reading done by participants assigned to the waitlist control condition, assessed at the 1-year follow up, to the reading reported by participants in the experimental condition, assessed at post-intervention. Using binomial generalized linear mixed

model, we found that parents in the How-to condition were 2.20 times more likely ($p < 0.01$) to have read most of the How-to book. However, many parents (32.2% in the control condition; 20.4% in the experimental condition) did not report the extent to which they had read the book. It is noteworthy that 13.7% of waitlist parents reported having read some of the How-to book. For illustrative purposes, we depict the book reading distribution within each condition in Supplemental material (S-Figure 1).

Use of Other Psychosocial Services

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

Discussion

High delivery fidelity is essential to properly interpret the efficacy results of a program (Dane & Schneider, 1998). It also helps advance knowledge on the degree to which a program can be delivered entirely and adequately under ideal circumstances (Martin et al., 2004). We aimed to assess the implementation fidelity of the How-to Parenting Program's French version, delivered in grade schools. Following Dane & Schneider (1998), we assessed fidelity's five components.

Adherence

On average, group facilitators delivered 87% of the planned content. This adherence rate appears quite satisfactory when judged by Perepletchikova and Kazdin's criterion of 80% or more for high adherence (2006). The present adherence success is probably mostly due to the program's manualized nature. It was also possibly fostered by the training for group facilitators, the presence of audio recordings, and the sufficient duration of sessions: being recorded may have encouraged facilitators to deliver the program as it is, and having enough time (2.5 hours/session) often allowed them to deliver all of it. The presence of a less experienced facilitator within dyads may have contributed as well, as beginners are more inclined to deliver unaltered content (Clarke, 1995). Not surprisingly, adherence was relatively lower during the last, integrative session, which had an open-ended discussion format. Facilitating the integrative session vs. the topical ones was less homogeneous, as it is less structured. Assessing fidelity allowed us to identify that it is (understandably) more challenging to deliver more open-ended session as planned (Dusenbury et al., 2003).

The strength of our adherence measurement lies in its high level of objectivity. Adherence was measured by an independent rater listening to audio recordings of sessions. We also relied on detailed and clear content grids, which were relatively easy to use (elements present vs. not). Such rigorous procedures are key strengths as they contribute to decreasing subjectivity.

A second independent rater listened to a third of the recordings and the inter-rater reliability was satisfactory but not excellent. One limit is that no duration criterion was predetermined for each element of content, leaving some ambiguity when coders rated them as present or not (e.g., element furtively mentioned considered present or not). Pre-determined instructions about duration/content (e.g., at least 3/4 of the element of content has been covered;

discussion lasted at least 3 minutes) could improve coders' agreement in future studies. Another limit is that the content coded by the second coder was not selected at random. As some sessions were incomplete or missing due to technical difficulties or human error, we favored the groups with the most recorded content, at the expense of randomness.

Exposure

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

Both group facilitators were invited to report attendance online, soon after each session. Allowing very little time to pass by and inviting both facilitators to report attendance prevented forgetfulness and errors. It is noteworthy that some discrepant reports did take place, even when collecting such a seemingly straightforward piece of information. We resolved disagreements by considering a parent to be present when at least one of the facilitators reported an attendance. Collecting both ratings, and highlighting the importance of both, seems particularly worthwhile given that some facilitators did not answer the attendance part of their online questionnaire,

perhaps due to social loafing (Simms & Nichols, 2014). We also recommend relying on two ratings to reduce biases when assessing less objective information.

We did not ask group facilitators if some parents were present for only a part of the session but this possibility should be entertained in future fidelity assessments. Specifying a pre-determined criterion for such situations would be advisable (e.g., attended ≥ 40% of a session [60/150 minutes]). Facilitators did not raise concerns about parents not attending sessions in full during the RCT post-intervention meetings.

Reading. Close to 3 out of 4 parents (74.1%) of the How-to condition reported doing half of the recommended readings or more. Such exposure to complementary material appears high. Inviting parents to discuss them, at the start of sessions, along with their live experiences with the program skills, may have encouraged parents to do the reading. However, not all parents were similarly exposed to the reading material, possibly due to the weekly chapters' length, which may not be well adapted to parents' busy lifestyle.

Reading was rated globally, only at post-intervention. Although weekly assessments would have been more precise, they could have been viewed as pressuring by parents, perhaps resulting in lower exposure. We suspect there was a high level of social desirability involved in the reading question, which may explain the high rate of missing answers. An alternative way to inquire about this exposure to this complementary material could be ask about the general reading quantity at later time points. Future evaluations of the How-to Parenting Program should also tap the extent to which participants try to put their skills into practice, which is key to promote learning and change within families (Kaminski et al., 2008).

Delivery Quality

According to participating parents, group facilitators were highly empathetic, enthusiastic, and well prepared, with an average score of 4.45/5, between *very* and *extremely* empathetic, enthusiastic, and prepared. This suggests that the How-to Parenting Program was generally well delivered. The manualized format of the program, the 3-day training, the mandatory "pre-workshop" meeting, the complementary document for facilitators, and the presence of a more experienced facilitator in each dyad may all have contributed to the high level of preparation perceived by parents. As the training invited facilitators to embody How-to skills during sessions, empathy was also encouraged explicitly. Finally, the manualized guidebook and high preparation may have helped decrease facilitators' anxiety, a possible obstacle to conveying enthusiasm.

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

Responsiveness

Engagement. According to group facilitators, most parents were well engaged in their sessions, with a global score of 4.31/5, between *very* and *extremely* engaged. This elevated responsiveness score could be partly explained by another fidelity component, namely facilitators' enthusiasm, which may have had a positive influence (and vice versa). Other factors that may have helped parents "take the floor" during sessions include voluntary participation, the clear guidelines issued at the start of the program (e.g., confidentiality), the high proportion of time devoted to exercises and role playing, and the relatively small group size.

The two facilitators were invited to evaluate parents' engagement during the sessions using a questionnaire at the end of the program (post-intervention). The choice to use facilitators' reports of parental engagement has the advantage of avoiding the social desirability inherent in parent self-reporting their engagement, but facilitators may also have been subject to some social desirability as engaged parents could reflect engaging delivery. Favoring facilitators' reports still fostered objectivity, reflected in their good inter-rater agreement, as well as validity, considering that facilitators can compare different participants. However, engagement is not necessarily a sufficient measure of responsiveness. As we aimed to measure how parents respond to the program, a more complete assessment would have also measured parents' subjective experience, such as their degree of satisfaction. Doing so would have allowed us to distinguish the appreciation aspect of responsiveness from the involvement one. For instance, some introverted participants may have appreciated the program although their style may have been less participative.

Dropout. Only 7.53% of parents dropped out of the program, with 3.4% doing so during the firs part of the program. This may be due to the fairly homogeneous socio-demographic profile of participants, as group members were parents of children from the same grade school. It

may also be attributable to other factors mentioned earlier, such as the program's short duration (i.e., 7 weeks), the voluntary nature of its participation, and the high socioeconomic status of participants, which facilitates attendance to programs delivered on evenings.

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

Differentiation

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

Additionally, a major methodological limitation is that parents of both conditions were asked the reading question at different time points (i.e., 1 or 2 weeks after program delivery for

parents in the experimental condition vs. one year later for parents in the waitlist condition). Waiting a year for parents on the waitlist was important to avoid prompting them to read but it is a limitation, as it increases the risk of recall difficulties. Asking all parents at the 1-year follow-up would have improved the validity of the comparison, but this would not mitigate recall difficulties. Another limitation is the social desirability inherent in the reading question. Guilt may have been experienced about reading or not, which would have encouraged parents from the control and experimental conditions to under- and over-report their reading, respectively.

Other Services. About one child and two parents out of ten were receiving other psychosocial services during the 7-week period when the How-to Parenting Program was delivered to parents of the experimental condition. These proportions did not differ by condition. The similar rates across conditions suggest that being offered the How-to Parenting Program did not motivate parents to reduce their use of other services and that being placed on the waitlist did not translate into parents proactively seeking other resources. This may be due to the fact that the time interval between random assignment and post intervention was rather short for implementing changes in service use (i.e., about 2 months).

In general, a non-negligible proportion of our participants from the so-called general population did report having sought psychosocial services, which reveals the presence of difficulties, and is coherent with the large rate of children experiencing some difficulties at baseline (Joussemet et al., 2024). Interestingly and perhaps unexpectedly, making programs available to the general population allows to reach a larger number of children experiencing difficulties than targeting more vulnerable subsamples (which are smaller in size;(Rose et al., 2008). The use of other services was collected from parents of both conditions, at post-intervention. The open-ended format allowed parents to report a vast range of services, which

represented a coding challenge. In future studies, suggesting pre-determined types of services (along with an "other" category) would simplify data collection.

Implications

Empirical. The present fidelity assessment reveals that group facilitators adhered to its content and parents, well exposed, found that delivery was good and were rated as responsive. This study suggests that the documented benefits on parenting (Mageau, Joussemet, Robichaud, et al., 2022) and child mental health (Joussemet et al., 2024) can be attributed to the How-to Parenting Program and that they may have been under-estimated given that differentiation was imperfect.

Knowing that the last session is less standardized, one could expect lower adherence scores. We do not recommend modifying this session's content. Rather, future fidelity studies could assess the extent to which the last session's goals were reached, for instance by asking participants if they feel that their new skills fit well with one another and how properly termination was handled.

Fidelity can also promote efficacy. Indeed, in Durlak and DuPre's (2008) systematic review of programs targeting better school functioning and/or lower drug use, a higher level of fidelity was associated with larger benefits for participants (often 2-3 times greater; up to 12 times greater). In the future, examining the extent to which each of the fidelity component moderates the program's impact on its primary efficacy outcomes (i.e., parenting and child mental health) outcomes would be a worthy endeavor. Another interesting research avenue is to assess how fidelity components are related to one another and examine, with a sufficiently large number of facilitators, how facilitators' characteristics relate to fidelity components.

The fidelity and efficacy of the How-to Parenting Program could also be assessed when delivered in different ways (e.g., making the audiobook available), to other populations (e.g., recruiting parents in low-SES neighborhoods), and/or in contexts other than a RCT. For instance, it is currently delivered online as part of an RCT (Joussemet et al., 2023) recruiting parents of preschoolers, using the "little kids" version of the book (Faber & King, 2017, 2018). It will remain important not to disregard the fidelity assessment of this delivery and to assess implementation fidelity when delivering the How-to Parenting Program in more natural settings. Measurement material developed for this trial (available on request) could be helpful for researchers and practitioners wishing to disseminate the program while assessing program fidelity.

Practical. The present fidelity assessment indicates that the French version of the original How-to Parenting Program can be easily delivered as intended. This is paramount given that this accessible program does not require facilitators to obtain a sophisticated training; participating to the program as would a participating parent was sufficient to yield high program fidelity. The present results thus provide valuable information to stakeholders' who may compare the high delivery fidelity of this program and its documented benefits (Joussemet et al., 2024; Mageau, Joussemet, Robichaud, et al., 2022) to alternatives, thereby enabling evidence-based decision-making during program selection. If this program is selected, we recommended that practitioners reproduce our procedure as much as possible, as it is this program format and content that led to elevated fidelity and improvements within families.

It is valuable to assess fidelity, even in an "ideal", controlled conditions such as an RCT, as any challenge might occur. These may then be correctly identified as stemming from the program itself (e.g., its format, training) and be addressed, prior to wider dissemination in

community settings. Comparing fidelity outcomes across controlled and natural settings is thus essential to identify which challenges are the program itself and which should be attributed to real-world implementation factors (i.e., settings, practitioners or participants). The present study is a useful step not only to ascertain that the documented benefits are due the How-to Parenting Program, but also to document that it can be delivered as planned easily, supporting decision-making when selecting programs to support parents of the general population in their significant role.

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Supplemental Material

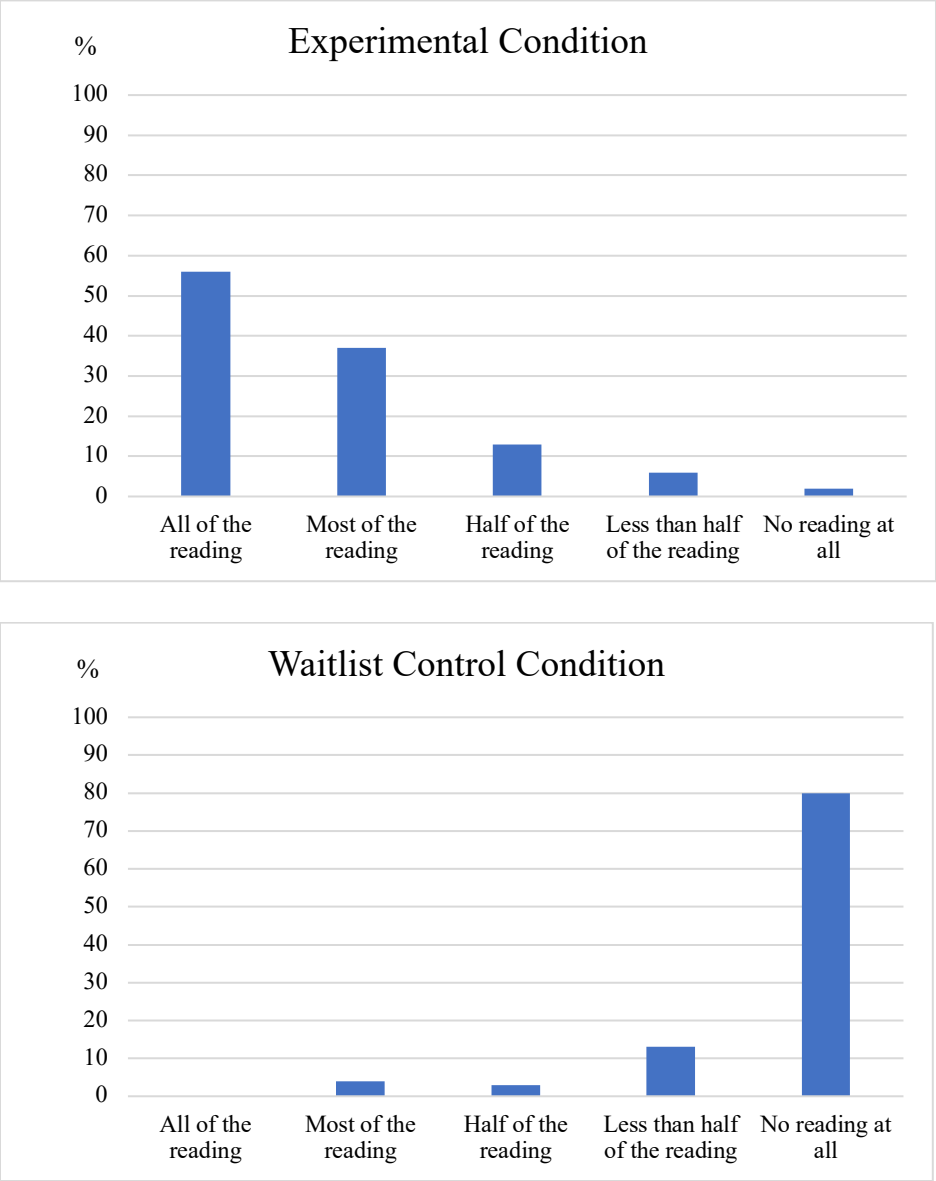
S-Table 1

Sessions' Topics and Average Attendance Rates

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

S-Figure 1

Reading Rates of the How-to book, in Each Condition



Note. Distributions among parents who answered the reading question (at post-intervention in the experimental condition; at the 1-year follow-up in the control condition).