

# Role of Competencies and Attitudes in Training for Family Prevention Programme Facilitators

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## Abstract

**Purpose:** Research-supported family programmes are proven to be effective in reducing dysfunctional behaviours in youth. A fundamental role is played by professionals with high competence levels and a positive attitude to evidence-based practice (EBP). The aim of the study was to assess the efficacy of prior training for the facilitators of the PCF-AFFECT, in order to ascertain whether it led to improvements in their competence levels and whether favourable attitudes to evidence-based practice were associated with higher competence levels. **Method:** A quantitative method was used, with a sample of professionals from Spain (N = 150). **Results:** Results showed that the training was effective in the case of four categories of professional competencies. Favourable attitudes to EBP were associated with clusters of professionals with higher competencies. **Discussion:** Both findings contribute scientifically to the identification of the core components or gold standards of training that are needed for the facilitators of research-supported family programmes.

## Keywords

training for programme facilitators, favourable attitudes to evidence-based practice, facilitator competencies for family programmes, family prevention

Research-supported family programmes have proven their effectiveness as tools in the prevention of the risk of addictions and anti-social behaviour in adolescents (Arnason et al., 2020). The facilitators of these programmes play a key role in implementations, given their influence on their delivery and outcomes (Barlow et al., 2016; Greenwood et al., 2020; Orte et al., 2021a; Peacock-Chambers et al., 2017). The facilitators of family programmes require suitable competencies and the necessary preparation. Competencies are defined by Arribas and Pereña (2009) as those knowledges, skills, motivational treats and personality treats that allow to develop successfully the goals of a profession. Professionals who are well trained in research-supported family programmes can contribute effectively to the success of interventions. To give these programmes, the facilitators must have appropriate skills, such as an understanding of evidence-based practice and a commitment to it, communication skills and empathy, a capacity to get across the necessary input, and an ability to motivate families to try and bring about change (Klimes-Dougan et al. 2009; Mauricio et al., 2019; Orte et al., 2021a).

Studies only tend to report whether the facilitators of programmes had received specific training (Peacock-Chambers et al., 2017), without describing the characteristics of any such training (Barlow et al., 2016; Peacock-Chambers et al. 2017), with the exception of Sanders et al. (2023). According

to Kirchner et al. (2022), only limited information is given on the development of training methods for facilitators in implementation strategies and ways of maintaining these skills. Greenwood et al., 2020 note that this is often because some programmes simply fail to give the professionals suitable training. It is particularly hard to know whether sufficient good-quality training has been guaranteed, although systematic reviews stress the importance of having specialist knowledge and skills in order to guarantee effective interventions (Greenwood et al., 2020; Peacock-Chambers et al., 2017).

According to academic literature on the subject, facilitators with better competencies and a closer understanding of research-supported family programmes and fidelity to them are more effective in bringing about change in families and children (Chilenski et al., 2016; De Greef et al., 2017; Hansen et al., 2013; Klimes-Dougan et al., 2009; Lochman et al., 2017; Mauricio et al., 2019). In two international Delphi studies that explored the role of programme

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facilitators using a panel of experts and professionals (Orte et al., 2014 and Sánchez-Prieto et al., 2020), two aspects were highlighted: their training and competencies. A consensus was reached by the experts on three types of competencies that determine the effectiveness of family programmes: intrapersonal, interpersonal, and programme-related skills (known as environment-related skills) (Orte et al., 2014; Sánchez-Prieto et al., 2020).

Intrapersonal skills, such as personality traits (Klimes-Dougan et al., 2009), self-efficacy (Hansen et al., 2013) and resilience (Pagoto et al., 2007), will foster a sense of commitment and fidelity to implementations (Lochman et al., 2017; Mauricio et al., 2019), while interpersonal skills can contribute to good group management, a warm, friendly atmosphere, and to forging a bond with the participants (Chilenski et al., 2016; De Greef et al., 2017; Hansen et al., 2013). Lastly, environment-related skills (experience and preparation) will help to channel efforts so as to achieve the desired results (Mauricio et al., 2019; Payne & Eckert, 2010; Seabra-Santos et al., 2018).

In addition to this, according to Aarons et al. (2012), for implementations to be more successful, it is important to bear in mind the professionals' attitudes to evidence-based practice. In a systematic review, Scurlock-Evans and Upton 2015 found that positive visions of evidence-based practice tend to prevail in social interventions, although there is still an important minority of professionals who are unsure of its value or who express negative attitudes to it. In another systematic review of evidence-based practice in social interventions, in 5 of the 12 analysed studies, Gray et al. (2013) found that the professionals' attitudes to evidence-based practice are a hindrance to the implementation. Furthermore, competencies and attitudes to evidence-based practice are highly related. These attitudes may play a role in the availability of professionals to train better the competencies, in order to attempt to develop a positive and effective role as facilitators in the implementation (Asgary-Eden & Leeso, 2011; Bortrager et al., 2009; Forehand et al., 2010).

In evidence-based family interventions, it is important for there to be a training plan and for training for the professionals to have been organized (Orte et al., 2021a; Smith et al., 2020) in order to guarantee the quality of implementations (Bortrager et al., 2009; Forehand et al., 2010; Sánchez-Prieto et al., 2021; Small et al., 2009). In evidence-based practice, training for facilitators should be aimed at the acquisition of competencies that help to ensure fidelity to the fundamental characteristics of the programme on which interventions are based (Beidas & Kendall, 2010; Orte et al., 2021a, 2021b; Turner et al., 2011). The fulfilment of these requirements has been shown to be related to the outcomes of interventions (Park, 2021; Peacock-Chambers et al. 2017).

The Family Competence Programme (PCF-AFECT 12-16) is a selective prevention programme for families with children aged 12 to 16 in Spain. It is directed at preventing or reducing addictions (whether they are substance-based

or not) and to prevent risk sex relations. The programme is delivered by trained professionals such as social workers, psychologists and educators. It is an updated version of the Family Competence Programme, which, in turn, is a cultural adaptation of the North-American *Strengthening Families Program* (Kumpfer & Alvarado, 2003). The Family Competence Programme is made up of different versions, with one for children (PCF 7-1, a selective prevention programme for families at risk) and three for adolescents (PCF 12-16 and PCF-AFECT 12-16, two selective prevention programmes for adolescents; and PCF-U 11-14, a universal prevention programme) (Orte et al., 2015a, 2015b, 2019a, 2019b). Before one of the versions is given, training for the facilitators is provided in order to strengthen the competencies that are required to guarantee the effectiveness of implementations and to boost the professionals' knowledge and the participants' adherence to the programme.

The end goal of this study was to assess the effectiveness of prior training for the PCF-AFECT programme in terms of the competence levels of the professionals taking part in it. The study was carried out with family prevention professionals from Spain. Based on findings in literature, it also aimed to confirm whether the professionals' attitudes to evidence-based practice might influence the outcomes. As a result, the following specific goals and research hypotheses were established:

- To assess the effectiveness of the training for PCF-AFECT in improving the competence levels of the professionals who would give the programme.
- To generate categories or uniform clusters that differentiated the different competence levels of the said professionals.
- To predict whether the professionals' attitudes to evidence-based practice were associated with having higher competence levels.

The posed hypotheses were:

Hypothesis 1. The training for PCF-AFECT was followed by improvements in the professionals' competence.

Hypothesis 2. Positive attitudes about evidence-based practice were associated with higher levels of competence post-training.

## Method

### Participants

An intentional or convenience sampling was carried out, based on obtaining qualitatively representative samples. Therefore, the selected sample consisted of 150 professionals from the field of family prevention, who were going to implement the PCF-Afect. This sampling was chosen as it is the most convenient when key informants are used (Hernández

et al., 2018; Hernández-Ávila & Escobar, 2019). The mean age was  $M=38.61$  ( $SD=9.728$ ), with a predominance of women (84.3%). Most of the sample had a first or post-graduate degree (96.6% of the sample).

91 of the participants said that they had received prior training in prevention: 70 in parenting, and 19 in the Family Competence Programme. Nonetheless, a large number of them said that the training had been brief (50 h or less): 37.3% in the case of training in prevention and 27.5% in the case of training in parenting (see Table 1).

76.5% of the professionals had prior experience working with families, but only 38.6% had experience in prevention programmes and just 10.4% of them had acted as the facilitators of a prior implementation of the PCF.

**Table 1.** Description of the Sample.

Aspects	No.	Percentage
Field of work		
Social	1	0.7
Education	143	93.5
Prior formation in prevention		
Yes	91	59.5
No	54	35.3
Duration of prior training in prevention		
1 to 20 h	31	20.3
20 to 50 h	26	17
50 to 150 h	12	7.8
150 to 300 h	3	2
Over 300 h	10	6.5
Prior training in parenting		
Yes	70	45.8
No	74	48.4
Duration of prior training in parenting		
1 to 20 h	18	11.8
20 to 50 h	24	15.7
50 to 150 h	11	7.2
150 to 300 h	5	3.3
Over 300 h	2	1.3
Prior training in FCP		
Yes. FCP 10-14 (universal version)	7	4.6
Yes. FCP 7-11 (selective version)	6	3.9
Yes. FCP 12-16 (selective version)	6	3.9
No	125	81.7
Prior experience with families		
Yes	117	76.5
No	13	8.5
Prior experience of other prevention programmes		
Yes	59	38.6
No	28	18.3
Prior experience of the FCP (facilitator)		
Yes. FCP 10-14 (universal version)	6	3.9
Yes. FCP 7-11 (selective version)	4	2.6
Yes. FCP 12-16 (selective version)	6	3.9
No	122	79.7

## Design

The study was a pre-experimental design, with two assessments of the participants (a pre-test and post-test). It was based on an exploratory and inferential assessment of the professionals taking part in prior training for the PCF-AFECT programme.

## Procedure

A total of five training courses were given between September 2021 and June 2022 for professionals directly involved in interventions with families. The professionals were attached to third-sector bodies specializing in work with vulnerable families or to education centres in various different regions of Spain (the Balearic Islands, Castilla-León and Andalusia).

The training courses were developed by the team responsible for the PCF-AFECT programme, the GIFES group from the University of the Balearic Islands. Two assessment points were established for the participants: a) prior to the training process (pre-test) so that a baseline could be established, and b) after the training (post-test). 16 h of training were given to the programme facilitators. The input was as follows. The first two parts focused on family prevention, strengthening families, and on effective family intervention programmes. The third part outlined the characteristics, objectives, contents and phases of PCF-AFECT, emphasizing its novelties, while the fourth part dealt with the selection and retention of the programme participants. In the fifth part, five issues were tackled that are deemed to play a key role in the facilitators' dynamics with families: communication, motivation, negotiation, setting limits and supervision. In the sixth part, the concept of a motivational interview was explained, with training on the main strategies, communication guidelines, and procedure for the interview for the PCF-AFECT 12-16 programme. The seventh part dealt with how to motivate families to put into practice positive parenting techniques and healthier family dynamics. Motivating the participants was a key factor in the process. The programme input on addictions and affective-sexual relationships was covered in parts eight and nine, while parts ten and eleven worked on the techniques to use during the different programme sessions, together with strategies and techniques for modifying behaviour and for fostering emotional management and group dynamics. The last parts were devoted to the assessment process, practice at home, the online classroom, ethical considerations, session simulations and the motivational interviews. This study forms part of the PID2019-105513RB-I00 project, funded by MCIN/AEI /10.13039/501100011033. The research was approved by the Research Ethics Committee of the University of the Balearic Islands on February 3rd 2020.

## Instrument

*CompeTea* (Arribas & Pereña, 2009). This questionnaire assessed the professionals' competencies based on a total of

170 items. The items were grouped into the five following general categories of competencies and 20 specific ones:

1. Intrapersonal: Made up of the emotional stability, self-confidence, and resistance to adversity scales. This dimension is made up of a total of 21 items. An example of an item would be: *“My mood is generally the same, with few ups and downs.”*
2. Interpersonal: Made up of the negotiation, communication, forging relations, influence, and teamwork scales. For this dimension, items such as: *“I act as a reference in the performance of activities by other teams. In total, it consists of 37 items.”*
3. Task development: Made up of the results orientation, decision-making, analytical capacity, and initiative scales. A total of 36 items make up this dimension, such as: *“I find it hard to take decisions when faced with a complex problem.”*
4. Environment: Made up of the knowledge of the organization, participant orientation, vision, opening, and identification with the organization scales. Among the 37 items that make up this dimension, some can be highlighted such as: *“I’m very interested in new technical innovations that take place in my profession.”*
5. Management: Made up of the management, leadership and organization, and planning scales; for instance, *“My colleagues think I am the ideal person to give information to the public.”* It is composed of a total of 24 items.

The results can be interpreted on two levels:

- (a) Normative: Using standardized scores, based on a general yardstick for the Spanish population.
- (b) Criterial: Associated with competence levels, based on a direct score system. In this category, four levels can be identified:
  - Level 0: Very low competence level
  - Level 1: Low competence level
  - Level 2: Medium competence level
  - Level 3: High competence level
  - Level 4: Very high competence level

The instrument has good psychometric properties. It has a high internal consistency (a Cronbach  $\alpha$  of between 0.767 and 0.930), and factorizing confirms the selected items (they account for 70.80% of the explained variance).

*Attitudes to evidence-based practice.* To assess the professionals’ attitudes to evidence-based practice, a questionnaire based on a Likert scale was used. The aim was to identify favourable and negative attitudes to evidence-based practice. The items were developed using salient literature on attitudes to evidence-based practice associated with evidence-based programmes (Aarons, 2004; Aarons et al., 2012; Borntrager et al., 2009; Forehand et al., 2010). The questionnaire was

made up of eight items, with five possible answers: “I totally agree”, “I agree”, “I neither agree nor disagree”, “I disagree”, and “I totally disagree”. Some examples of items are: *“I will follow the programme manual”* and *“I know how to attend to users better than academics (research)”*.

A factor analysis was conducted of the items used to assess the professionals’ attitudes to evidence-based practice. The KMO test indicated a close relationship among the correlation coefficients (KMO = 0.726). Bartlett’s test of sphericity was significant and so the use of a factor analysis was deemed appropriate ( $p < 0.001$ ). The factor analysis led to the identification of two main factors: factor 1 (favourable attitudes to evidence-based practice) and factor 2 (negative attitudes to evidence-based practice). The factors accounted for 56.93% of the total variance.

### Data Analysis

To achieve the objectives of the study, the analysis was divided into three stages. During the first stage, the effectiveness of the training process was assessed, using a comparison of repeated measures. The Wilcoxon signed-rank test was used because the variables were ordinal ones (Gibbons and Chakraborti, 2011). The assessment was based on competence levels. This type of score-based assessment is recommended because comparisons can be made between the scores achieved by the facilitators and behaviours indicative of a certain predefined competence (Arribas & Pereña, 2015). Competence levels that oscillate between a level of 2 and 3 are deemed to be sufficient for the professional to carry out their work (Arribas, 2009).

During the second stage, an exploratory study was conducted, based on a non-hierarchical K-means cluster analysis. Groups of professionals with homogenous competence levels were formed, based on the scores they achieved after taking part in the training. During the last stage of the analysis, a binomial logistic regression model was developed. This is a recommended way of predicting the probable influence of a continuous variable on a dependent variable (a dichotomous categorical variable) (Menard, 2010).

## Results

### Descriptive Analysis of the Competencies of PCF-AFECT Trainers

Prior to the training, PCF-AFECT professionals obtained the highest score in the teamwork subcategory ( $M = 3.087$ ;  $SD = 0.699$ ) and the lowest in the initiative subcategory ( $M = 1.536$ ;  $SD = 0.581$ ). Regarding the category of intrapersonal skills, prior to the training, they presented the highest score in the confidence subcategory ( $M = 2.362$ ;  $SD = 0.763$ ) and after the training this subcategory was also the one with the largest increase ( $M = 3.377$ ;  $SD = 4.215$ ). Associated with the category of interpersonal skills, the professionals stood



**Table 2.** Changes in the Competence Levels on Completion of the Training.

Competence Level	Pre Mean (SD)	Post Mean (SD)	Z	p	Cohen's d	95% CI	
						Lower Limit	Upper Limit
<b>Intrapersonal skills</b>							
Self-control	2.217 (0.789)	2.180 (0.680)	-0.411	0.681	0.065	-0.222	-0.509
Confidence	2.362 (0.763)	3.377 (4.215)	-1.231	0.218	0.205	-0.083	-0.371
Resistance	2.347 (0.868)	3.319 (4.225)	-1.205	0.228	0.194	-0.085	-0.364
<b>Interpersonal skills</b>							
Communication	2.717 (0.819)	3.803 (4.115)	-2.451	0.014	0.386	0.128	-0.130
Forging relations	2.558 (0.888)	3.623 (4.166)	-1.917	0.055	0.279	0.032	-0.215
Negotiation	2.101 (0.653)	3.147 (4.251)	-2.297	0.022	0.379	0.111	-0.157
Influence	2.362 (0.724)	3.459 (4.188)	-3.593	<0.001	0.568	0.353	0.138
Teamwork	3.087 (0.699)	4.082 (4.036)	-2.033	0.042	0.302	0.047	-0.208
<b>Task-related skills</b>							
Initiative	1.536 (0.581)	2.672 (4.362)	-3.216	0.001	0.518	0.278	0.038
Results orientation	2.985 (0.754)	3.286 (4.233)	-4.481	<0.001	-0.050	-0.300	-0.550
Analytical capacity	2.949 (0.697)	3.893 (4.089)	-0.262	0.793	0.041	-0.231	-0.503
Decision-making	2.144 (0.740)	3.311 (4.231)	-3.134	0.002	0.473	0.240	0.007
<b>Programme-related skills</b>							
Knowledge of the programme	3.000 (0.879)	3.909 (4.102)	-0.693	0.488	0.109	-0.162	-0.433
Anticipation	2.500 (0.756)	3.655 (4.133)	-2.561	0.010	0.375	0.136	-0.103
Participant orientation	2.985 (0.754)	4.016 (4.063)	-1.525	0.127	0.217	-0.032	-0.281
Opening	2.536 (0.793)	3.483 (4.194)	-1.126	0.260	0.168	-0.092	-0.352
Identification with the programme	2.536 (0.847)	3.549 (4.203)	-1.789	0.074	0.265	0.009	-0.247
<b>Management-related skills</b>							
Management	2.239 (0.892)	3.303 (4.265)	-1.946	0.520	0.287	0.035	-0.217
Leadership	2.123 (0.858)	3.229 (4.282)	-2.335	0.200	0.363	0.107	-0.149
Organization	2.775 (0.854)	3.680 (4.148)	-0.173	0.862	-0.027	-0.291	-0.555

out, both before and after the training, in the teamwork subcategory ( $M_{pre} = 3.087$ ;  $SD = 0.699$  and  $M_{post} = 4.082$ ;  $SD = 4.036$ ) (see Table 2). Also, it should be highlighted the punctuations of professionals in the analytical capacity subcategory ( $M_{pre} = 2.949$ ;  $SD = 0.697$  and  $M_{post} = 3.893$ ;  $SE = 4.090$ ) for competencies related to the task; and in the organization subcategory ( $M_{pre} = 2.775$ ;  $SD = 0.854$  and  $M_{post} = 3.680$ ;  $SD = 4.148$ ) for management-related competencies. Finally, for programme-related skills, it should be underlined, prior to the training, the subvariable knowledge of the program ( $M = 3.000$ ;  $SD = 0.879$ ), and, after the training, the subcategory participant orientation ( $M = 4.016$ ;  $SD = 4.063$ ) (see Table 2).

### The Efficacy of the Training Process in Boosting the Professionals' Competence Levels

The training for PCF-AFECT managed to boost four of the competence categories (interpersonal, task-related, programme-based and management-related skills) according to the Wilcoxon signed-rank test. No statistically significant results were obtained for the intrapersonal skills category.

In the case of the *interpersonal skills* category, a statistically significant improvement could be observed in the

mean competence level of the influence sub-category. The participants started out with a mean competence level of 2.362 (0.724) for this variable, with it rising to 3.459 (4.188) on completion of the training—a statistically significant outcome ( $z = -3.593$ ;  $p < 0.001$ ). The results reported a large effect size (Cohen's  $d = 0.568$ ) (Gross-Sampson and Meneses, 2019) (see Table 2). On completion of the training, there was a significant increase in the mean competence level of the communication ( $z = -2.451$ ;  $p < 0.05$ ), negotiation ( $z = -2.297$ ;  $p < 0.05$ ) and teamwork ( $z = -2.033$ ;  $p < 0.05$ ) sub-categories. All have medium effect sizes: Cohen's  $d$  of 0.386 was obtained for the communication variable, Cohen's  $d$  of 0.379 for the negotiation variable and Cohen's  $d$  of 0.302 for the teamwork variable.

Improvements were observed in the competence levels of all the sub-categories of the *task-related competencies*, except for analytical capacity. Significant increases were observed in the mean competence level of the results orientation subcategory, which is associated with training in assessment processes and the administration of questionnaires: ( $M_{pre} = 2.985$  (0.754);  $M_{post} = 3.286$  (4.233);  $z = -4.481$ ;  $p < 0.001$ ). Significant improvements were also detected in the initiative ( $z = -3.216$ ;  $p < 0.001$ ) and decision-making sub-categories ( $z = -3.134$ ;  $p < 0.01$ ). The effect size for the initiative subcategory was high (Cohen's  $d = 0.518$ ) and was

medium-high for the decision making subcategory (Cohen's  $d = 0.473$ ) (Gross-Sampson and Meneses, 2019).

As for the fourth category (*programme-related competencies*), no increase was achieved in the mean competence level relating to the knowledge of the programme, participant orientation, opening, and identification with the programme sub-categories (see Table 2). An increase was only identified in the case of the anticipation sub-category ( $z = -2.561$ ;  $p < 0.05$ ), with a medium effect size (Cohen's  $d = 0.375$ ) (see Table 2).

Lastly, when an analysis was made of *management-related competencies*, statistically significant results were obtained ( $z = -2.335$ ;  $p < 0.05$ ) for leadership, with an increase in the mean competence level on completion of the training (Mpre = 2.123 (0.858); Mpost = 3.229 (4.282)). The effect sizes for the leadership subcategory were also medium (Cohen's  $d = 0.363$ ).

### Selection of Professionals with the Highest Levels of Competence Through Cluster Analysis

A cluster analysis was conducted to identify which professionals underwent the biggest improvement in their competence levels. From the non-hierarchical K-means cluster analysis, two clusters were formed, based on the professionals' competence levels. The ANOVA analysis of the clusters was statistically significant for all the competence levels ( $p < 0.001$ ). Figure 1 shows the levels of the clusters and their means. The clusters that were formed were the following:

- *Cluster 1.* This cluster encompasses the professionals who were found to have higher competence levels. In particular, higher means were detected for knowledge of the programme (M = 3.42), teamwork (M = 3.38) and participant orientation (M = 3.28). This cluster accounted for 65.35% of the sample.
- *Cluster 2.* This cluster groups together the professionals with lower competence levels. The lowest means were for leadership (M = 1.63), initiative (M = 1.34), decision making (M = 1.73) and management (M = 1.63).

### The Influence of Other Variables on the Improvement of Skill Levels. Evaluation Using Binary Logistic Regression

A binary logistic regression was conducted to determine the effects of the variables that might influence the probability of belonging to the cluster with the higher competence levels. From the regression, the following information was obtained with regard to the variables' influence on the professionals' competence levels: the coefficient (B), its standard error (SE), the Wald chi-squared test ( $W$ ), its significance ( $p$ ), and a confidence level of 95% for B.

The binary logistic regression model was statistically significant ( $\chi^2(3) = 6.265$ ;  $p < 0.05$ ). Only one of the two predictive variables was statistically significant. Specifically, from the results of the regression, favourable attitudes to evidence-based practice were found to be associated with a greater probability of having higher competence levels (B = 0.382;  $p < 0.05$ ) (see Table 3). The professionals with a favourable attitude were 1.465 times more likely to belong to the cluster with the higher competence levels. In contrast, the 'negative attitudes to evidence-based practice' variable was not statistically significant and so it was not associated with a greater probability of having lower competence levels (see Table 3).

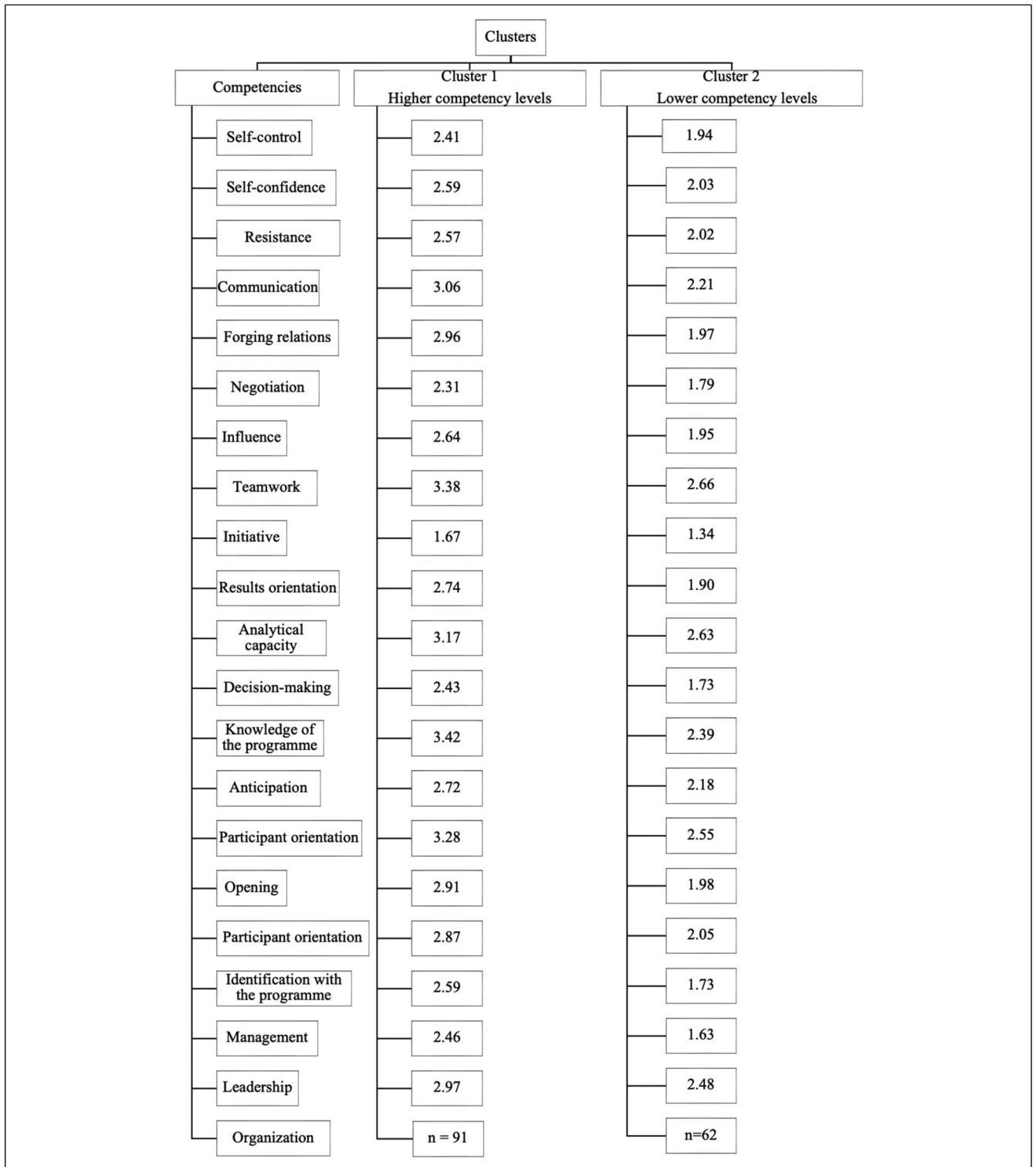
## Discussion and Applications to Practice

The facilitators of family prevention programmes play a key role in the delivery of implementations due to their influence on the intervention and on outcomes. Consequently, it is important to gather more information on how to improve training in the competencies needed by these professionals (Barlow et al., 2016; Greenwood et al., 2020; Orte et al., 2021a; Peacock-Chambers et al., 2017).

The main aim of this research study was to analyse the efficacy of the training given to the facilitators of the PCF-AFFECT programme through its impact on their competence levels. It also aimed to analyse whether homogenous categories could be formed, based on the participants' competence levels, and to determine whether their attitudes to evidence-based practice might influence the results.

In the case of the first hypothesis that was posed, prior training for professionals in the PCF-AFFECT programme was followed by improvements in their interpersonal, task-based, programme-related, and management-related skills. Two groups or clusters could also be distinguished, depending on whether the professionals had higher or lower competencies. Competence levels are an important factor in guaranteeing the efficacy of interventions (Greenwood et al., 2020; Peacock-Chambers et al., 2017), and programme facilitators with better competencies can be more effective in fostering change in families (Chilenski et al., 2016; De Greef et al., 2017; Hansen et al., 2013; Klimes-Dougan et al., 2009; Lochman et al., 2017; Mauricio et al., 2019).

As for the second hypothesis, it was observed that a favourable attitude to evidence-based practice was associated with higher competence levels of facilitators. Also, from the results, it was not possible to confirm whether having a negative attitude to evidence-based practice is associated with the probability of facilitators with lower competence levels. The findings of the second hypothesis corroborate the importance, according to Aarons et al. (2012), of taking into account attitudes to evidence-based practice in order to ensure more successful implementations. As Orte et al. (2021a, b) confirmed, higher competence levels improve the efficacy of evidence-based programmes (EBP). Hence, favourable attitudes to



**Figure 1.** Clusters of competencies.

**Table 3.** Binary Logistic Regression on Competence Levels.

Variables	B	SE	W	df	p	Exp (B)	95% Confidence Interval for B
Favourable attitudes to evidence-based practice	0.382	0.179	4.528	1	0.033	1.465	[1.031–2.083]
Negative attitudes to evidence-based practice	-0.201	0.170	1.404	1	0.236	0.586	[0.586–1.141]

evidence-based practice could influence the performance of the facilitators of EBPs. These results are also backed up by other research studies that uphold the influence of attitudes to evidence-based practice on the efficacy of implementations (Beidas & Kendall, 2010; Borntrager et al., 2009; Forehand et al., 2010; Sánchez-Prieto et al., 2023).

The results of this study contribute scientifically to research into the role and impact of prevention programme facilitators by highlighting the importance of prior training, providing evidence of the competencies that can be improved on and the importance of attitudes to evidence-based practice.

The study fills a gap in information on assessments of training processes. This is a particularly sensitive issue because insufficient training for facilitators could compromise a programme's outcomes if the facilitator is not able to offer a suitable response to the different challenges and rigorous requirements of evidence-based interventions (2014); hence the need for specific effective training in evidence-based interventions (Beidas & Kendall, 2010; Forehand et al., 2010). Our research study has demonstrated that improvements can be achieved in competence levels and that attitudes to evidence-based practice influence these levels.

As for the limitations of the study, it must be noted that the training process was a relatively short one, lasting for 16 h. It is not known whether longer training would lead to bigger improvements in competence levels. Also, qualitative interviews of facilitators to know their experience and opinions would have added value to the findings.

In terms of the practical and policy-related implications, confirmation of how important attitudes to evidence-based practice are in improving competence levels means that this must be taken into account in the design and planning of the training given to programme facilitators. In the case of professionals and policymakers, it also turns the spotlight on the relevance of favourable attitudes to evidence-based practice. Therefore, not only training of competencies collaborates in the effectiveness of preparation courses for family programmes, but attitudes to evidence-based practice should be also promoted.

With regard to future research, this paper contributes to more general research on the subject of how to improve the competencies of programme facilitators and attitudes to evidence-based practice by professionals. Having identified how to do so, the next step is to move scientifically toward the creation of a standard curriculum for working on key competencies or core components of the training given to the facilitators of research-supported family programmes.

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