Facilitators and Barriers to Practitioners' Recommending Triple P Online for Baby in Prince Edward Island

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Acknowledgements

L.M Montgomery (1908) wrote through her character Anne Shirley in *Anne of Green Gables*, “Isn't it splendid to think of all the things there are to find out about? It just makes me feel glad to be alive — it's such an interesting world. It wouldn't be half so interesting if we know all about everything, would it? There'd be no scope for imagination then, would there?” (p.14-15). Just like Anne marvels at the boundless curiosities of life, Dr. Philip Smith has instilled in me a similar sense of curiosity and enthusiasm for learning. His mentorship has supported me throughout the journey of discovery in research. Dr. Smith’s vast knowledge has been the cornerstone of my thesis. With his continuous support and invaluable feedback, I've not only grown as a student but as a person. So, I want to heavily emphasize my gratitude for Dr. Smith’s guidance throughout the past year.

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Abstract

Triple P Online for Baby is an online parenting education program designed to enhance parenting skills and promote healthy development in infants. The program, funded by the Government of Prince Edward Island, offers accessible and evidence-based support for parents. The qualitative research presented in this study approaches Triple P Online for Baby using thematic analysis (Braun & Clarke, 2021) to consider the facilitators and barriers of health practitioners recommending the program on Prince Edward Island. Eight health practitioners who work with families on PEI were interviewed via Zoom. Analysis of interviews identified five major themes. These were: (1) practical considerations; (2) delivery format; (3) social support; (4) cultural sensitivity; and (5) awareness. These themes evidenced the importance of personalized care when recommending Triple P Online for Baby. Explicitly, the findings demonstrated the pivotal role of practitioners in advocating for Triple P Online for Baby. In the analysis, crucial findings included personalized care, accessibility considerations, the indispensable role of funding, diverse delivery formats, the importance of social support, culturally sensitive recommendations, and the trajectory for future program promotion. The implications of these findings on Prince Edward Island and considerations of the methodology are detailed in full. Overall, this study offers valuable insights for the promotion and enhancement of Triple P Online for Baby on Prince Edward Island. It highlights the need for tailored recommendations and accessible parenting interventions on Prince Edward Island.

Keywords: Triple P Online for Baby, Practitioners, Recommendations, Qualitative Research

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As Carl Jung once thoughtfully expressed, “If there is anything that we wish to change in the child, we should first examine it and see whether it is not something that could better be changed in ourselves” (Jung, 1953, p.170). Personal growth and development are encouraged, especially when raising children. Although parenting is a rewarding opportunity for some, everyone's experience differs based on their life experiences and current circumstances. A new role as a parent offers the potential for great joy; still, parents share many common concerns. Feeling unprepared is normal; many new parents experience anxiety and feel unequipped with the necessary skills to raise their infant (Winston & Chicot, 2016). Parents should no longer feel ashamed for not having everything figured out. Overwhelming feelings are central to parenting; seeking support has been the norm throughout history. For instance, before 1820, mothers met regularly in “maternal associations,” which were study groups that discussed child-rearing problems (Sunley, 1955). Parenting support and education are normal facets of the human experience, and intuitively, parents understand the weight of their newfound responsibility. Being a parent is important, which is why it is also challenging.

Importance of Parenting

Healthy childhood experiences set a path toward optimal development. Children's development is intertwined with their relationships. Most importantly, the parent and child relationship is critical in children’s socioemotional, cognitive, neurobiological, and positive health outcomes (Frosch et al., 2019). Beyond providing the basic necessities for their children to survive, parents have many different roles. For example, simple elements like play, may seem frivolous to adults. Yet, developmentally appropriate play encourages the development of executive function and a prosocial brain through social-emotional, cognitive, language, and self-regulation skills. Play also contributes to secure, consistent, and nurturing relationships with caregivers (Yogman et al.,

2018). Evidently, despite its importance, parenting is not always intuitive. All stages in parenting are critical; however, an especially important time in a child's development is the first year of life (Bianciardi et al., 2023). Infancy has a fundamental influence on a child's development and requires attention.

Child Maltreatment

Neglect is the most prevalent form of child maltreatment in North America and has been associated with adverse social, behavioural, and cognitive difficulties (Vanderminden et al., 2019). Normal development may be interrupted by deprivation, which negatively impacts neural systems. A dysregulation of the neural system is especially concerning during infancy and early childhood, an extremely vulnerable period of development (Spratt et al., 2012). Accordingly, the 'use it or lose it' principle is a simple annotation of the importance of neuroplasticity in development. Without nurturing experiences, infants may miss out on essential pathways for normal human growth. Unfortunately, children who have experienced early neglect have an enhanced vulnerability in cognitive, linguistic, and behavioural deficits, as well as impaired attachment behaviours (Spratt et al., 2012).

From this time on, current biological research advocates for antenatal education and postnatal support, recognizing the challenges faced by new parents and potential barriers to bonding. In line with these support programs, healthcare professionals should also share reassuring information to aid parents. It is important to reassure parents of the importance of simple interactions, like eye contact, cuddling, and smiling. Even small changes are tremendously important, as the mother-infant bond has a transformative influence on the child's well-being (Winston & Chicot, 2016). Holistic support strategies are essential to fostering secure attachment and healthy infant development.

Attachment

The mother-infant relationship shapes a child's cognitive, emotional, and social development. Positive experiences during the period, from the womb to the first year of life, are foundational. In fact, the mother-child attachment begins before birth and helps facilitate the transitional period (Bianciardi et al., 2023). Unfortunately, in the perinatal period, up to a quarter of women have relational problems with their fetus. Pregnancy causes women to face stressors that activate their attachment system. Insecurely attached women may find it more difficult to mentally conceptualize an unborn child as a distinct individual. Maternal insecure attachment style and women's dyadic adjustment in couple relationships correlated with lower maternal-fetal attachment (Bianciardi et al., 2023). A strong mother-fetus and mother-infant relationship may be impactful, given that infancy is a period of rapid brain growth and circuitry. Further research is required to investigate early paternal attachments and involvement with infants in diverse familial contexts. Generally, early experiences with caregivers are important to wiring, pruning, and enabling new connections in the brain (Winston & Chicot, 2016). A child's maternal and paternal relationship lays the foundation for a secure attachment throughout their lifespan, encourages infants' social-emotional development, and facilitates parenting later on (Bianciardi, 2023). The most valuable gift a child can receive is their parents' love, time, and support.

Developing secure attachment is often a primary goal for caregivers, as it positively influences various dimensions of an individual's life. A secure base encourages a socially cooperative relationship between parent and child. Additionally, Bowlby suggests that early attachment experiences influence the "Internal Working Models" of attachment figures. Expectations regarding the attachment figures' availability, responsiveness, and behaviour are formed. Inner Working Models are not static; they can be reinforced and revised based on new

experiences. They increase resistance to change over time and typically remain stable (Bowlby, 1988). Although it is challenging to provide empirical support for Inner Working Models during infancy, due to communication barriers with infants, behavioral evidence suggests that infants do engage in attachment-related interactions.

A comprehensive study Johnson et al (2010) found that 13-month-old infants' attachment classifications were related to their expectations of caregiver behaviour in attachment-related situations. Study 1 investigated how infants' attachment status influences their expectations of caregiver responsiveness. Study 2 examined whether infants' expectations of a generic infant match their behaviour in the Strange Situation (a measure of quality of infant-caregiver attachment). Study 3 tested the robustness of infants' expectations regarding responsive and unresponsive caregivers in different scenarios (Johnson et al., 2010). The results support Bowlby's original claims. 13-month-old infants showed three distinct patterns of expectations. Securely attached infants expected other infants to seek comfort from caregivers and anticipated responsiveness from caregivers. Insecure-resistant infants also expected other infants to seek caregiver comfort, yet anticipated caregivers would withhold comfort. Lastly, insecure-avoidant infants expected both infants to avoid caregiver comfort and expected caregivers to withhold comfort (Johnson, 2010). Evidently, infants develop cognitive models of their attachment figures within the first year of their life. Given that attachment is pivotal in shaping the human experience and influencing emotional well-being, relationships, and overall personality development (Bowlby, 1988), it is clear infant attachment is essential for a comprehensive grasp of human development. Further research and collaboration between attachment and social cognitive research is needed to understand the intersectionality between social, emotional, and

cognitive development in infancy (Sherman et al., 2015). Still, underscoring the importance of developing secure attachment in infancy is essential.

Evidence-Based Parenting

The International Parenting Survey (IPS-C), conducted by Lee et al (2014) investigated access to parenting services in Canada; around fifteen percent of parents participated in a parenting program in the past 12 months. Of those parents who attended parenting programs, only a quarter attended evidence-based programs. The IPS-C included *Community Parent Education Program (COPE), Incredible Years, Nobody's Perfect, Triple P, Stop Now and Plan, Services intégrés en périnatalité et en petite enfance* (Lee et al., 2014). Despite these numerous program offerings, an alarming 72.1% of parents participated in a program with an unknown evidence base (Lee et al., 2014). Given the enormity of information in the digital age, a poverty of attention develops. Distinguishing trustworthy methods is especially difficult with all the conflicting information facing parents.

Parents should not be faulted for their low attendance in evidence–based parenting programs. Systemic factors regarding participation must be considered. Evidence-based parenting support currently [acks adequate policy and practice support (Sanders, 2023). Most countries have underinvested in the wide dissemination of evidence-based parenting programs. Participation in evidence-based parenting programs is required to alter its public perception to become a socially normative stigma-free support (Sanders, 2023). A population approach strives to increase the proportion of parents participating in evidence-based parenting programs and decrease the frequency of coercive, dysfunctional, or unhelpful parenting practices (Sanders, 2023). A strong theoretical basis and evidence base are instrumental to providing parents and children with benefits.

Robust research supports evidence-based parenting programs which has been found to reduce children's social, emotional, and behavioural issues and reducing child maltreatment rates (Sanders, 2023). The results are promising, especially regarding programs with a strong theoretical foundation. In recent decades, evidence-based parenting interventions rooted in social learning, attachment, and other theoretical perspectives, such as parent coaching, have been widely implemented in community settings (Fisher & Skowron, 2017). Social learning parenting interventions, in particular, have successfully produced positive changes in the targeted areas of intervention. A meta-analysis, including 54 interventions in social learning parenting, indicated that social learning training prevented behaviour problems, such as antisocial behaviour and delinquency in children (Piquero et al., 2009). One parenting program theoretically founded in both social learning and attachment theory is the Triple P Positive Parenting Program.

The Triple P Positive Parenting Program

The Triple P Positive Parenting Program originated in Australia and has developed over four decades to support the evolving needs of parents, children, and adolescents within diverse contexts (Sanders, 2012). The developmental foundations of Triple P occurred at the Parenting and Family Support Center (PFSC) at the University of Queensland. The current plan of action (2022-2026) expresses four key goals that demonstrate the values of Triple P. First, it is a mission to improve the current lives of families and children. Next, creating healthy, non-violent, family-friendly communities is a crucial task. Moreover, the research team aspires to produce high-quality, culturally competent, evidence-based parenting programs accessible to everyone. Lastly, it is essential to apply these research findings to policy and practice (Sanders, 2023). Ultimately, Triple P combines universal and targeted approaches with a focus on fostering self-regulation in parents.

The program targets two different age groups. The first age group includes parents of children aged 0-12, and the second includes parents of adolescents aged 12-16 (Pickering & Sanders, 2016). Variations are offered according to the needs of specific parents. Diverse offerings ensure support across different populations (Sanders, 2012). Triple P works as an integrated leveled system for evidence-based parenting support. In order to achieve its goals, Triple P employs a life span perspective with a population health framework (Sanders, 2023).

Population Level Approach

Parenting is a modifiable risk factor, so clear implementation is important for a population-based approach (Smith et al., 2015). Prinz (2019) posits that a population-level approach toward parenting support is necessary for two central reasons. Firstly, parents often unknowingly participate in negative parenting practices, such as coercive techniques, and are unaware of the potential harm they are causing. Secondly, focused interventions may stigmatize parents with an elevated risk for child maltreatment (Prinz, 2019). It should be a priority that families at risk for child maltreatment seek support. Child Maltreatment (CM) and inadequate parenting are overlooked public health problems. CM is a type of trauma that has social, psychological, medical, and legal dimensions; there are potentially long-lasting consequences (Özyurt et al., 2018). It is costly both economically and ethically

. In order to mitigate the socio-economically disadvantaged community's limited access to empirically sound parental support, a public health approach is required (Prinz et al., 2009). The idea for population-based parenting programs, like Triple P, is to develop a family-friendly community wherein there is continued support. A key goal is to increase collective efficacy in parenting and reduce instances of CM. In a study conducted by Özyurt et al. (2018) in a hospital in the Cappadocia region in Turkey the ability of Triple P to prevent CM was imvestigated. The

results suggest that Triple P contributed to reduced instances of CM, lessened children's emotional and behavioral issues, and enhanced mothers' coping styles (Özyurt et al., 2018). Hence, a population-level approach is critical to promoting increased engagement with positive parenting programs, especially regarding stigmatized populations.

Minimal Sufficiency

A gold of Triple P Positive Parentingis to reach as many families as possible. In order to support parents, Triple P offers a minimally sufficient intervention for each family's needs. Minimal sufficiency is central to the ability of Triple P programs to provide widespread and enduring positive impacts on families. By fostering self-regulation, these programs facilitate skill transference to multiple contexts and maintain the benefits beyond ceasing use of the program (Smith et al., 2015). Parents are assigned interventions that foster parental knowledge, skills, and confidence. Ideally, the program will support parents with the least intensive and expensive resources possible. To support this goal, Triple P has five levels of intervention in order of increasing intensity. Multiple levels of Triple P programming reduces stigma and allow for the efficient allocation of limited resources (Smith et al., 2015). Flexibility allows for individualization and support for different subgroups of parents based on their needs.

Levels of Programming

Universal Triple P, or Level 1, is the lowest level of intervention in Triple P programming. It is a universal strategy to communicate important general information regarding parenting to all possible interested parents (Nogueira et al., 2022). A common tool program coordinators employ is media and communication kits to popularize parenting advice and provide social support for families (Li et al., 2021).

Selected Triple P is a Level 2 light-touch intervention approach, with a low-intensity format. Some program variants include Selected Teen Triple P and Selected Stepping Stones Triple P. Level 2, which are brief parenting interventions, focusing on parents seeking general advice or specific concerns about their child. As such, a series of 90-minute stand-alone parenting seminars or brief consultations, less than 20 minutes, constitute a Level 2 classification (Pickering & Sanders, 2016).

Primary Care Triple P is a Level 3 approach with a low-moderate intensity. It targets parents with specific concerns requiring more support than brief consultations. Programs in this level of intervention are narrow-focus parenting programs. Some examples include Primary Care P and Triple P Discussion groups. Accordingly, the Level 3 approach is a brief program, approximately 80 minutes, over three to four consultations or a series of 120-minute stand-alone group sessions focused on specific topics (Pickering & Sanders, 2016).

A Level 4 approach focuses on parenting programs with a moderate-high intensity. This level encapsulates many different programs, such as Standard Triple P, Group Triple P, Triple P Online for Baby. The main focus of these programs is parents seeking training in positive parenting skills. The program is intensive, with a duration of about ten hours; however, numerous delivery options are available to suit individual needs. The first delivery method includes ten-hour-long individual sessions. Another option is five two-hour-long group sessions with three brief telephone consultations or home visits. Parents could engage in ten self-directed workbook modules with a telephone option or eight interactive online modules (Pickering & Sanders, 2016). A variety of options are provided to support broadly improving parenting skills.

Additionally, Standard Stepping Stones Triple P is a Level 4 intervention that focuses on children with disabilities or with a high risk of behavioral or emotional problems (Kasperzack et

al., 2019). In this realm, a targeted program is recommended with ten individual sessions, 60 to 90 minutes in length, or 2-hour group sessions. The program allows a focus on the specific difficulties and strategies required by parents who have children with disabilities (Pickering & Sanders, 2016).

Enhanced Triple P is a Level 5 classification representing a high-intensity behavioural family intervention. Typically, families necessitating a more comprehensive intervention undergo the mandatory baseline of Level 4 before progressing to Level 5 (Nogueira et al., 2022). Currently, the four program variants, with a Level 5 intervention, include Enhanced Triple P, Pathways Triple P, Lifestyle Triple P, and Family Transitions Triple P. At the highest level of intensity, Enhanced Triple P introduces parents across ten sessions to additional cognitive-behavioral skills such as stress and mood management, partner support, effective couple communication and conflict management skills, anger management, and attributional retraining (Sanders, 2023). Pathways Triple P (PTP) has been developed as an intensive intervention for parents with trouble regulating emotions, and are at an elevated risk of child maltreatment. Pathways Triple P is an enhanced version of the Triple P-Positive Parenting Program, and is designed to promote positive parent-child relationships and reduce the risk for maltreatment (Lanier et al., 2018). Lifestyle Triple P is a parent-focused group program that focuses on nutrition, physical activity, and positive parenting (Gerards et al., 2012). Lastly, Family Transitions is a positive parenting program designed for divorced or separated parents, which provides ways to support the parents and children during this split (Stallman & Sanders, 2007). The modes of delivery and intervention methods used are all tailored specifically to each target population and their corresponding program (Pickering & Sanders, 2016). It is designed

for families contending not only with parenting challenges but also grappling with additional family stressors.

Evidence Base

Triple P is ranked first in parenting programs by the United Nations based on the extent of its evidence base (United Nations Office on Drugs and Crime, 2010). The program boasts an impressive evidence-based approach that spans forty years. In Sanders et al.'s (2014) meta-analysis of over a hundred Triple P studies, short- and long-term positive effects were seen on children's social-emotional development and behaviors. Furthermore, Triple P improved parenting practices by enhancing participants' parental efficacy, relationships, and adjustment (Sanders, 2014). The results of the meta-analysis reinforce the importance of Triple P by providing a comprehensive look at the program's positive outcomes for children and broader impacts on parenting practices.

Regarding the population-based approach, Prinz et al., (2009) provided strong empirical evidence of the benefits of Triple P in their study, which consisted of 18 medium-sized counties chosen based on population size. The U.S. Triple P System Population Trial (TPSPT) tested the reduction of Child Maltreatment (CM) at the population level based on implementing the Triple P parenting system. The study randomized geographical units to a condition. The demographics and child abuse variables matched the corresponding geographical region. At pre-intervention, no variability was found between the control and experimental groups. Ultimately, preventative effects for substantiated cases of CM, child out-of-home placements, and CM injuries were improved by the Triple P program in comparison to the control groups (Prinz et al., 2009). The rigorous study design and relevant outcome measures contribute to the strength of the empirical evidence supporting the benefits of Triple P at the population level.

The current research supports the efficacy of positive parenting programs in improving paternal outcomes and promoting child development (Viet et al., 2022). More specifically, Triple P is expertly crafted to promote well-being and reduce social, emotional, and behavioural problems in families. Li et al. (2021) conducted a comprehensive review of recent literature from 2013-2020 about children's social, emotional, and behavioural (SEB) development. Thirty-seven peer-reviewed articles were included in the meta-analysis, wherein all studies were randomized control trials. Ultimately, Triple P was found to promote children's social competence and limit emotional and behavioural issues. Moreover, positive changes in negative parenting styles, reduction in parental conflicts, and improved parental efficacy and self-confidence were witnessed. Further, Triple P reduced the psychological adjustment problems of parents, improved parent-child relationships, and reduced conflict (Li et al., 2021).

Triple P for Baby

Ultimately, evidence-based programs are dynamic and always evolving to maintain relevance regarding the changing needs of children, parents, and communities. From its strong foundational base, age-appropriate parenting skills were added into variants of Triple P (Sanders, 2023). Triple P for Baby is one of the program variants offered at Level 4 of Triple P Intervention. The main demographic of Triple P for Baby is new or expecting parents seeking training in positive parenting skills for infants (Pickering & Sanders, 2016). Another subgroup of importance in Triple P for Baby is parents of preterm infants, an especially vulnerable group. Premature birth has potential adverse outcomes that negatively impact parenting, such as parental depression and anxiety, postpartum psychological distress, etc. (McPherson et al., 2022). Premature infants face unique difficulties. Around 10% of preterm infants develop major

disabilities, around half develop behavioural problems, and 40% require special education (Ferrari et al., 2011).

Triple P Online for Baby

Triple P Online for Baby utilizes seven interactive self-guided online modules to engage parents and improve parenting skills, serving as an online toolkit. It includes interactive elements alongside each module. The modules offer a diversity of subject matter to cover various aspects of parenting (Triple P International, 2023). Central aspects of the program include an introduction to Triple P Online for Baby, ways to understand and promote your baby's development, healthy methods to respond to your baby's behaviors like crying and irregular sleep patterns, providing fundamental survival skills, enhancing partner support, reviewing, and maintaining progress. Parents work with these seven interactive models and nineteen downloadable resources over 12 months of unlimited access. Triple P for Baby is currently only offered online on Prince Edward Island. The Government of Prince Edward Island funds the online format to limit financial barriers, travel concerns, and childcare issues (Triple P International, 2023).

Online alternatives surged in popularity during the pandemic and have endured intriguing developments. Another practical issue is the current health system is overwhelmed, with staff shortages in tertiary mental health services. Many parents requiring intensive interventions are placed on long waiting lists. Triple P Online for Baby is an effort to respond as a waitlist intervention for parents immediately after their initial referral (Sanders, 2023). Further, online alternatives have special benefits, such as increased accessibility, cost-effectiveness, and quicker access to resources (Spencer, 2020). Beyond their practical benefits, online parenting programs have strong empirical support.

Evidence-Base

Spencer et al. (2020) provided a thorough meta-analysis regarding the empirical support for online parenting programs and their ability to produce change. Notably, online programs demonstrated significant positive effects on various parenting and child-related outcomes, with no substantial differences between those with and without clinical support (Spencer et al., 2020). Further empirical support surrounding studies on Online Triple P suggests positive results on the primary outcomes. Online Triple P improved parental sense of competence, reduced parental mental health issues, and improved children's behavioural and emotional problems. Additionally, the option of either live and recorded sessions provided flexibility for parents. The ability of Online Triple P to accommodate parents' busy schedules led to high "attendance" and completion of all sessions, alongside a lower attrition rate (Tuntipuchitanon et al., 2022). Brief online interventions may be particularly promising for engaging disadvantaged families who are typically less likely to participate in face-to-face interventions (Baker & Sanders, 2017). In short, empirical support regarding the online format of Triple P Online for Baby is robust and suggests a positive change in parenting practices.

Triple P for Baby has shown statistically significant effects on the mother-child relationship in the realm of mitigating overprotection (Abbaszadeh et al., 2021). A randomized control trial of Baby Triple P was conducted in a clinical sample and compared with a care-as-usual group. Significant group differences were found in crying behavior six months after birth. Still, more research on the effects of Baby Triple P regarding feeding and sleeping problems is required (Popp et al., 2019). Triple P Online for Baby is a relatively novel program; more studies are required to increase the robustness of its evidence base. It is necessary to acknowledge the positive outcomes without overselling the program as a panacea. Generally

speaking, Baby Triple P has moderate-high acceptance among parents (Ferrari et al., 2011). Moreover, mothers and fathers rated the program as feasible and relevant (Popp et al., 2019). Consideration of barriers and facilitators to parental involvement in parenting programs is critical.

Barriers to Parent Involvement

The fundamental barrier to participating in a parenting program is being unaware of the existence of parenting programs (Lee et al., 2014). Unfortunately, many parents are not informed of the existence of robust evidence-based parenting programs like Triple P. Yet, when parents gain awareness about these programs, many do not feel the need to participate (Lee et al., 2014). At the root of non-participation, many parents fear judgment and being negatively labeled (Jukes et al., 2022). Moreover, parents misinterpret parenting education as telling them how to be a parent. Instead, programs like Triple P merely provide them with the cognitive toolkit to deal with challenges. People require some direction but also a sense of agency. In line with minimal sufficiency, Triple P supports self-regulation for parents, children, and practitioners (Smith et al., 2015). Despite the numerous benefits and the notion that parenting education is for everyone, many parents remain hesitant. Joining parenting programs, unfortunately, still holds a stigma in certain communities. For instance, another barrier that prevented enrollment was the language used in programming. A qualitative study found that words like “support” and “problem” were labeled as demeaning to some parents. Sensitive and inclusive language is essential to reducing the stigma associated with parenting programs (Rahmqvist et al., 2014).

However, not all barriers relate to stigma; some are merely practical concerns that pervade the busy lives of parents. Some practical barriers include lack of time, competing work commitments, inconvenient timing of services, no access to child care, and an inconvenient

location of services (Jukes et al., 2022; Lee et al., 2014; Rahmqvist et al., 2014). Luckily, Triple P Online is able to mediate many of these potential inhibiting factors. An online format alternative is helpful in increasing the flexibility and adaptability of Triple P (Spencer et al., 2020).

Facilitators of Parent Involvement

Recruitment is facilitated by positive impressions of the service and positive views of parenting programs at an organizational level (Houle et al., 2022). Parents with high self-efficacy and competence in parenting skills feel self-assured enough to participate in these programs (Houle et al., 2022). Another strong influence is peer support and a wider social network, which may draw parents into the program and provide them with the support to complete them (Houle et al., 2022; Jukes et al., 2022).

Regarding the content, parents are drawn to programs that are customized and tailored to their individual needs. In that sense, practical and specific support is greatly valued (Boelsama et al., 2021). If parents feel that programs are specialized and support their inner resources, they are more likely to participate and benefit from these programs. Culturally sensitive support is especially critical in providing useful parental education (Boelsama et al., 2021). Moreover, a strong trust-based, non-judgemental relationship with the practitioner may influence parental involvement (Houle et al., 2022; Jukes et al., 2022).

Finally, practical considerations as facilitators must be made. Incentives such as childcare being offered are often viewed as a facilitator. Moreover, convenient timing and location are crucial to increasing participation. Many parents are unable to take time off work; hence, offerings like evening classes in the community are more feasible (Jukes et al., 2022). Still, some

parents prefer online support. An online option facilitates involvement by eliminating many of the practical barriers parents typically face (Spencer et al., 2020).

Recruitment

The model of phases of parental participation includes intent to enroll, enrollment/recruitment, attendance rates, involvement/engagement, and retention. Currently, the recruitment process is the least studied phase of parental participation (Houle et al., 2022). Recruitment requires thoughtful consideration of both individual and systemic factors to facilitate outreach.

A holistic approach to recruitment is based on an ecological perspective, first introduced by Brofenbrenner's ecological theory (Brofenbrenner, 1977). The ecological perspective is a community psychology viewpoint that refuses to look at psychological concepts, like recruitment, in isolation. The current approach to recruitment includes the microsystem, mesosystem, and exosystem. The microsystem focuses on relations between individuals and their immediate environments, such as their children and family. The mesosystem encompasses interactions between major settings containing an individual; a focus in this area is parent-practitioner interactions. Lastly, the exosystem embraces the social structures and major societal institutions, such as organizational decisions and actions (Houle et al., 2022).

Understanding the ecological perspective is paramount to understanding facilitators and barriers to parent recruitment. More specifically, focusing on the mesosystem, including parent-practitioner interactions, requires attention. The facilitators and barriers to practitioners recommending Triple P Online for Baby in Prince Edward Island are important aspects to take into account.

Parent-Practitioner Relationship

Healthcare professionals' support is paramount during the first two years of a child's life (Boelsma et al., 2021). Parent-practitioner interactions are especially influential for at-risk families (Houle et al., 2022). The importance of forming practitioner-parent relationships increases proportionately to the amount of vulnerability experienced (Eapen et al., 2017). Specifically, a power imbalance between health professionals and parents must be acknowledged and restructured. Traditional power dynamics cause parents to label health settings as unfamiliar and unfriendly environments (Chenhall et al., 2011). Instead, a partnership between parents and health professionals is necessary to foster involvement in services. In order for early childhood interventions to be effective, family-practitioner relationships are integral. Traditionally, in a position of power, practitioners must refigure their approach to supporting, engaging, and retaining vulnerable families (Frankel et al., 2017). Health professionals are in a privileged position to make recommendations. Still, it is necessary to review the potential facilitators and barriers to health practitioners' recommendations.

Health Practitioner Barriers to Recommendation

Many barriers may impede a health practitioner's willingness to recommend a program that they support, alongside parent's acceptance of recommendations. Feelings of distrust from parents toward the child healthcare center as an institution add a layer of complexity to health professionals' relationship with parents (Boelsama et al., 2021). Many parents do not disclose the truth about certain issues for fear that they are going to be judged or even have their baby taken away (Hennessy et al., 2020). Health practitioners cannot provide support to struggling families if they are unaware of the unique struggles that families face. Not to mention, time constraints on consultations limit the opportunity to form a relationship between parent and practitioner (Hennessy et al., 2020). Hence, without enough information or time to connect, it is difficult to

recommend services in line with parents' needs. An especially difficult disconnect may also occur due to various cultural backgrounds and language barriers (Gerchow et al., 2020). Without a common language and cultural understanding, meaningful recommendations are especially challenging.

Beyond barriers between the parent-practitioner interactions, there exist organizational decisions, actions, and policies that influence health professionals' probability of making recommendations (Houle et al., 2022). Health practitioners recognize parents' concerns but are subject to various professional guidelines and policies. At times, these policies may directly contradict parents' needs (Boelsama et al., 2021). Even if a health practitioner personally supports Triple P Online for Baby, they may hesitate to promote the program professionally. If health practitioners are not given adequate flexibility and support on the organizational level, they will be averse to making recommendations (Boelsama et al., 2021).

Health Practitioner Facilitators to Recommendation

The health-practitioner relationship is a key facilitator in successful recommendations. One of the favorable influences on parents’ willingness to enroll in early childhood parenting programs is a trust-based parent-practitioner relationship (Houle et al., 2022). The burden of ensuring greater use of available services falls upon health professionals and the services they offer. If health professionals support the design of a particular service, such as Triple P Online for Baby, they are in the privileged position of making recommendations. A relationship between health practitioners and parents, founded on mutual trust and respect, will enhance the likelihood of parents using recommended services (Houle et al., 2022).

The target population, parents, or caregivers must have positive attitudes and perceptions of the program, contributing to higher engagement and participation (Cooper et al., 2022). If

parents have positive views toward parenting education programs, recommendations will be more readily accepted and easier to present. Moreover, the parental experiences of professionals help facilitate trusting relationships and a tendency to make recommendations. Practitioners who had positive experiences with parenting programs in their personal lives would be more apt to recommend these programs. Still, healthcare professionals without children themselves can draw on their experiences with other parents to facilitate recommendations (Boelsama et al., 2021). Despite the importance of personal experiences, strongly evidence-based programs are integral to assisting practitioners' recommendations. Health professionals should generally adhere to evidence-based clinical practice guidelines (CPGs) to provide healthcare and support to parents. If clear implementation plans are provided at an organizational level, then practitioners are provided structure and accountability for providing recommendations (Correa et al., 2020). Hence, supportive policies and funding at the systemic level can facilitate the successful implementation of parenting programs (Cooper et al., 2022).

Present Study

The purpose of the present study is to collect the opinions from health practitioners in Prince Edward Island who can potentially make recommendations for Triple P Online for Baby. The study will involve health practitioners in Prince Edward Island, including but not limited to public health nurses, nurse practitioners, and psychologists, who have experience and expertise in providing parental support. Given the novelty of Triple P Online for Baby, collecting opinions on the program's feasibility is essential. Data will be collected through semi-structured interviews, which allow an in-depth exploration of health practitioners' perspectives. Qualitative data from interviews were analyzed using thematic analysis to identify common themes and patterns. This involved coding the transcripts, grouping codes into categories, and deriving

overarching themes. Understanding the opinions of health practitioners regarding Triple P Online for Baby is crucial for informing the potential integration of this intervention into the existing healthcare framework in Prince Edward Island. It is integral to understand the potential facilitators and barriers that affect health professionals' aptitude to make referrals. The findings will contribute to the knowledge base regarding the acceptability and feasibility of Triple P Online for Baby, guiding future implementation strategies and policy decisions.

Methods

Participants

The provincial coordinator for Triple P assisted in recruitment, and the researcher issued word-of-mouth invitations. Health and other practitioners were recruited via an email invitation from the Provincial Triple P Coordinator (Appendix A). Word of mouth among practitioners was also an option for drawing attention to the project. The primary researcher followed up with an email similar in content to the aforementioned attached invitation. The interviews aimed to better understand what aspects of Triple P Online for Baby would be perceived as facilitators for recommendations and what changes to the program could be made to increase the likelihood of practitioners making recommendations.

Eight health practitioners agreed to participate in a virtual interview; all who participated were female and Caucasian. English was the primary language for most participants (n = 7, 87.5%). Participants' occupation titles included public health nurse (n = 2, 25%), psychologist (n = 2, 25%), nurse practitioner (n = 2, 25%), speech-language pathologist (n = 1, 12.5%), and one individual who works as both a registered nurse and clinical nursing instructor (n = 1, 12.5%). The places of employment varied, with the majority working at Health PEI (n = 5, 52.5%). Additional places of employment include the University of Prince Edward Island (UPEI) Health

Centre (n = 1, 12.5%) and a Family Resource Centre (n = 1, 12.5%). Lastly, one individual works at the Hospital Emergency Department and the UPEI School of Nursing (n = 1, 12.5%). The years of experience ranged from 2-26, with an average of 13 years.

Procedure

Research Team. Collaborating with other Honours students Austin Gallant and Patrick Lank allowed each researcher to bring their unique perspectives and skills. From the outset, the importance of balancing independence and collaboration was established. The research began with familarizing with the literature individually, then conducting biweekly meetings with the research team to share insights. As the literature review progressed, we narrowed down our focus that refined our specific research questions. One of the pivotal moments in our collaboration was when we had the opportunity to meet with Kelly MacWilliams, the Triple P coordinator on PEI. This meeting helped us tailor our research interests to the demands on Prince Edward Island. Gallant focused on the facilitators and barriers of Triple P Online for Baby perceived by newcomer parents, Lank narrowed his research down to the facilitators and barriers of Triple P Online for Baby perceived by parents from Child Protective Services, and I focused on the facilitators and barriers to practitioners recommending Triple P Online for Baby. Throughout the fall semester, we maintained a schedule of regular meetings, where we brainstormed ideas, shared progress updates, and provided constructive feedback to one another. Although meetings decreased in frequency during the winter semester, the research team collaboratively created an introductory video, infographic, practiced and refined our interview guides, and a shared ethics proposal was submitted containing each of our individual projects. Once all projects are completed, a shared report will be provided to Kelly MacWilliams summarizing the findings of

our independent but complementary studies regarding the facilitators and barriers surrounding Triple P Online for Baby on PEI.

Collaboration with the Provincial Triple P Coordinator. The partnership with the Provincial Triple P Coordinator began in September 2023 when the supervisor, Philip Smith, contacted Kelly MacWilliams, Triple P Coordinator, to inquire whether she would have any interest in supporting an Honours student conducting research in the area of the Triple P Online for Baby Parenting Program in PEI.

Prior to submitting the research proposal for the Research Ethics Board review, the interview questions, demographic questions, and one email draft were sent to Triple P Coordinator Kelly MacWilliams for her review and approval. Upon review, she had no recommendations for changes, so the proposal was sent for review by the Research Ethics Board for Health PEI. After all researchers met with the Research Ethics Board, and some modifications were made and reviewed, final approval from the Research Ethics Board was received (Appendix B), and immediately filed with the UPEI Research Ethics Board. Following this approval, Kelly MacWilliams issued an invitation to participate to health and other practitioners in Prince Edward Island.

Design

The study was designed to investigate practitioners' perspectives regarding the facilitators and barriers surrounding their recommendation of Triple P Online for Baby. A comprehensive approach to ethical considerations was used. It was integral to ensure informed consent, confidentiality, and participant comfort. The Consent Form for Participants (Appendix C) provided insights into the study’s purpose, the target population for the study, and the study’s procedures. In addition, the letter of consent covered that the interviews were audio and video

recorded, the voluntary nature of participation, confidentiality measures to safeguard information, participants' ability to withdraw their data, potential risks, and assurances of anonymity.

Pediatricians and Public Health Nurses in Prince Edward Island were invited by Triple P Coordinator Kelly MacWilliams to take part in an interview. Contact occurred through email with an invitation to participate, the researcher's contact information, and a Consent Form for Participants. Kelly MacWilliams followed up by contacting UPEI Nursing Faculty staff and additional Nurse Practitioners. Since Triple P Coordinator Kelly MacWilliams distributed the email, the researchers did not have access to the list of emails issued the invitations by Kelly. No participants responded to the invitation. Word-of-mouth recruitment began at the same time, and all participants were contacted via email in a format similar to the invitation to participate and the Consent Form for Participants. All emails contacted through word-of-mouth recruitment were deleted from the researcher's inbox. Out of the 14 health practitioners contacted through word-of-mouth recruitment to participate, eight agreed to do an interview. The result was a final sample of eight interview participants and a response rate of 57%.

Upon expressing interest, participants engaged in a collaborative process with the researcher to schedule interviews based on availability, with options for either an online interview via Zoom or in-person meetings. All interviews in this particular study took place using the virtual option. The interview itself was intended to take less than an hour. Prior to the interview, participants were provided with the Consent Form.

At the beginning of the call, an opportunity to ask any questions surrounding the study design was offered. Verbal consent was obtained before the Zoom interview, ensuring participants were fully aware of their involvement and rights. Furthermore, participants were

granted a two-week window post-interview to withdraw their participation if desired. Pseudonyms were utilized in data analysis to uphold confidentiality, and all data were securely stored. Any identifying details were removed from transcripts, safeguarding participant anonymity. It was clearly outlined that interviews would be transcribed and coded to ensure the confidentiality of participants. The recordings will be destroyed upon completion of the thesis or two years after the project, whichever comes sooner. During the interview itself, practitioners were guided through a series of questions designed to elicit their perspectives on Triple P Online for Baby, with the researcher recording responses for later analysis.

Materials and Measures

Interviews. Regarding the interview format, semi-structured interviews were used, wherein the researchers recruited a small number of participants who met the predetermined criteria outlined in the Consent Form. The semi-structured interviews were conducted virtually in English from March 8th to April 2nd, 2024. The semi-structured interview consisted of a list of author-constructed questions, including six core questions, with the possibility of 22 additional probes for all the core questions. Participants were asked about their perspective on organized programs that offer education or support to parents, their thoughts on online skill development and education programs, their prior understanding of Triple P before the interview, what factors could facilitate their recommendation of Triple P Online for Baby Program, what potential barriers or challenges they could foresee in recommending the Triple P Online for Baby Program, and lastly health practitioners' recommendations to the Provincial Triple P Coordinator. See Appendix D for a complete list of the interview questions. An educational introductory video and infographic about the Triple P Online for Baby program created by the

researcher and other honours students, Austin Gallant and Patrick Lank, was shown after the second core question.

The audio and video-recorded interviews took between 34 and 65 minutes to complete. The recording was transcribed before beginning data analysis. The method of transcription used was closed captioning on Zoom, which provided a time-stamped transcription. The researcher then manually edited the transcripts based on the provided information. Transcripts of the interviews were analyzed using thematic analysis.

Educational Video. The researcher showed a 10-minute introductory video to the Triple P Online for Baby program before any specific questions surrounding the program were asked (https://youtu.be/ULKd3yqyaqE). The introductory video included the researcher and fellow Honours students, Austin Gallant and Patrick Lank, from the University of Prince Edward Island. The topics covered included an introduction, a brief summary of Triple P, a summary of the Triple P Online for Baby program, content screen-recorded directly from Module 3 of the program, and a conclusion where the infographic was briefly shown. Opportunity for questions and clarification was provided after the video was completed.

Infographic. Participants were provided an infographic with the option to reference information surrounding the program at any time during the interview (See Appendix E). The infographic included an array of visual aids in an effort to represent the diverse population in Prince Edward Island. Topics covered in the infographic include key points summarizing Triple P, key points surrounding Triple P for Baby, an overview of the Triple P Online for Baby program, potential parenting skills that may be enhanced, key takeaways, a Q.R. code to access the Triple P Online for Baby website, and a list of the seven module names.

Demographics. Demographic data were collected in the interview using six author-constructed questions relevant to their specific experience as a health practitioner: how they identify their gender, how they identify their ethnicity, what primary language they speak, their profession, the number of years of experience in their field, and their place of employment or practice.

Approach to Data Analysis

A six-phase Thematic Analysis (TA) approach was used to investigate the patterns across the interview transcripts. The reflexive approach requires movement across all stages, which are distinct yet recursive (Braun & Clarke, 2021). The analysis did not use an existing theory. Instead, a bottom-up inductive approach was conducted, which focused on patterned meaning (Borgstede & Scholz, 2021). Theoretical flexibility allowed for the exploration of both the descriptive and interpretive accounts of the data.

Results

Thematic Analysis

Eight Zoom interviews were held with health practitioners on Prince Edward Island who expressed interest, through word-of-mouth recruitment, in taking part in a virtual interview. Once evidence of the theoretical saturation point was reached, thematic analysis was used to identify themes across the interviews. The main themes that emerged were practical considerations, delivery format, social support, cultural sensitivity, and awareness.

When conducting reflexive thematic analysis, reporting frequency is inconsistent with the assumptions of a Big Q qualitative framework. When a theme is discussed, some quantifying language will be used to communicate its prevalence. Rather than attempting to ‘count’ the theme’s occurrence, as used in content analysis, terms are used to indicate the strength or

consistency of a theme. When all participants make a claim, it will be outlined by the term ‘all.’ Where ‘most’ or ‘almost all’ are used, at least six occurrences are referred to, and ‘some’ is referred to as three to four. Where the terms ‘many,’ commonly,’ or ‘often’ are used, they reference occurrences of the theme within at least five of the participant’s accounts. The terms’ occasionally’ or ‘uncommonly’ will refer to occurrences of the theme in one or two participants.

Practical Considerations

Program Cost. For all interview participants, practical considerations are key to providing personalized care and individualized recommendations. One variable to consider is the cost of the program and the family’s situation. After being informed that the government of Prince Edward Island currently covers the program cost of $90.90, participants were asked how the program being offered for free influences their willingness to make recommendations. Certainly, the importance of the program being provided for free varies vastly based on families’ socioeconomic situation. However, some participants claimed that there is rarely a family that is not struggling financially in some sort of capacity. So, program cost would likely be an even larger barrier for a socioeconomically disadvantaged family. As A.B. commented:

> “And when you think about the social determinants of health, and the impact of access, like if it was $85, then we are going to eliminate a huge sector of the population who would also benefit from the information”

Removing the cost barrier opens up recommendations of Triple P Online for Baby to a proportion of PEI that would otherwise be unable to access the resources. Some participants referenced program cost as the biggest factor influencing their willingness to recommend Triple P Online for Baby, whereas occasionally, others viewed program cost as a secondary consideration. Although the emphasis on the program cost being covered varied in magnitude

across health practitioners, all participants viewed the program cost as a facilitator to recommending the program to more families. There is always individual variability in recommendations; still, generally speaking, the cost barrier being removed is a key consideration regarding the potential recommendation of Triple P Online for Baby in PEI.

Evidence-Based Programs. All health practitioners support the existence of evidence-based parenting programs in general. Given the conflicting parenting advice online, it is useful to have reliable and trustworthy resources offered to parents. More specifically, some health practitioners explicitly mentioned the importance of the evidence base surrounding Triple P Online for Baby. Occasionally, it was claimed that it is helpful to have consistent and comprehensive delivery, allowing practitioners to lean on a robustly developed program. Not to mention, some participants suggested the evidence base as a tool to overcome some hesitancy from parents. As C.D. touched upon,

> "But knowing that it is evidence-based, and that we're we're telling parents that this is evidence-based, this is reliable, it is trustworthy, I think that would help with a lot of that hesitancy"

The program's evidence base served as a facilitator for all practitioners' willingness to make recommendations. Some participants suggested that since Triple P Online for Baby is government-endorsed and evidence-based, that works as a facilitator for many parents. However, uncommonly, it was acknowledged that people who are hesitant regarding government programs may view a government-endorsed evidence-based program as a barrier. Generally speaking, all practitioners supported the evidence-based nature of Triple P Online for Baby and viewed it as a facilitator to the recommendation of the program. Still, the parents' belief in the importance of an evidence-based program varies based on the individual.

Ease of Access. A family's ease of access to the program varies vastly based on their circumstances. The online versions provide geographic access, as suggested by some participants, which removes access barriers, especially for rural families. Aspects such as removing the cost of gas increase ease of access. Occasionally, participants discussed the online format, removing the need for childcare. Especially during the early days of parenting, parents are incredibly busy. The program timing takes place during a substantial life change, so flexibility is critical to improving accessibility. Uncommonly, a participant raised discourse around the program being self-paced, as it is available immediately and removes worries about potential conflicts. More generally, the convenience of online programs was considered by E.F., who mentioned:

> "I would almost say that online would be something that I would feel a little bit more comfortable with because in the moment it sounds a little bit more accessible, but I think it would really depend on the family or whoever I'm, I'm talking to this about"

However, many participants noted that if a family has limited access to technology, this program may be unsuitable for their situation. Given the number of rural places in Prince Edward Island, where individuals do not always have a smooth internet connection, an online program may be a barrier to access. As G.H. expressed:

> "I think it would be. Again, it's probably individual, so it would be more about you know, do they have access to a computer, to you know the web? You know what kind of situation are they in that could benefit? Is it something that you know would be beneficial for them?"

The effectiveness of the program depends on the specific situation of each family. A flexible approach is suggested, which recognizes and addresses parents' diverse needs and resources.

One participant's proposed solution to overcome the barrier of poor internet access was to collaborate with public institutions like libraries. Libraries often provide free access to computers and internet services, making them accessible to various individuals. By partnering with public establishments, practitioners could ensure that participants who lack adequate technology at home can still benefit from the resources and support Triple P Online for Baby offers.

Thus, based on the parents' circumstances, the program being offered exclusively online may inhibit or increase parents; ease of access to the program. In turn, ease of access influenced health practitioners' willingness to recommend Triple P Online for Baby. All practitioners mentioned the importance of tailoring recommendations to the individual; ease of access is a nuanced topic. In order to combat the vast variability in circumstances, most participants suggested offering as many delivery options for the program as possible.

Delivery Format.

Effectiveness. All participants acknowledged that online programs can be as effective as in-person options and serve as a valuable tool in parental education. However, ultimately, the effectiveness of programs relies on personal engagement, commitment, and preferences. G.H. encapsulated this belief by suggesting,

> "I think it's very individualized to the person using them and the buy-in and the commitment that you know each person brings when they're accessing these programs... So I suppose it's similar to in-person as you know each person takes away different things from the way information is presented"

It is crucial to acknowledge that each person may take away different insights and benefits depending on how information is communicated. Some participants emphasized that the material communicated to the families should be consistent between virtual and in-person options and

refused to claim one as superior. This individualized approach suggests that both online and in-person formats have their merits, and the choice between recommending them should be based on what best suits the users' needs and preferences.

In-Person Option: All participants acknowledged the online program's strengths and weaknesses and expressed a desire for an in-person option. Regarding learning style and preference, it is essential to offer a variety of options to parents without bias toward recommending any particular format. Providing access to both online and in-person options allows practitioners to align the program recommendations with their patients' preferences. The lack of an in-person option is a key barrier for almost all practitioners recommending the program to certain families. Generally speaking, most of the practitioners enjoyed the online format but preferred having multiple options, as expressed by A.B.,

> "So I really appreciate the accessibility of this online version, I would really, really love to see an in person option as well in different communities"

It is clear that all the practitioners interviewed want to help their patients and provide idealized care for their situation. Triple P Online for Baby is only offered online in PEI, which may be a key barrier to reaching as many families as possible. Uncommonly, it was suggested that although the uptake would be far larger online, an in-person option would be especially helpful for parents having children at an older age. Additionally, most participants suggested that an in-person option is critical to offer newcomers. Some participants acknowledged that linguistic barriers and a lack of social support are often especially pronounced in this population. So, offering an in-person option is integral in offering the Triple P for Baby Online resources in a variety of communities.

Social Support

External Support. When asked about potential barriers to recommending Triple P for Baby Online, some practitioners suggested that certain parents may prefer experiential learning and feel disconnected from the Triple P Online for Baby format. Some participants considered that certain individuals are not great online learners. There are concerns about screen time, which may be a key barrier for different families. Although the online self-paced format offers a consistent delivery, it was occasionally expressed that parents may feel a lack of support from the individuals providing the program as there is not a sense of familiarity or knowledge of the Triple P providers' personal experiences and opinions. Occasionally, participants considered a lack of options for clarification and questions offered in Triple P Online for Baby. Ultimately, the program may be unhelpful if the information is not effectively communicated in the individual's preferred format for learning. C.D. suggested,

> "Some people thrive in a group because then they have that opportunity to kind of talk to one another and get each other's opinions and stories"

The learning style of parents influences their desire for external support. To certain individuals, the flexibility of online programs is invaluable regardless of limitations regarding external support. However, a group learning setting and strong external support serve as the optimal delivery format for some families. Hence, a lack of external support and discussion opportunities may hinder recommendations of Triple P for Baby Online based on individual preferences.

Peer Support. Almost all of the practitioners are parents themselves. Accordingly, their first-hand experiences as parents often coloured their perceptions of the program positively. Understanding the overwhelming feeling of being a first-time parent allowed them to empathize with families. Some participants suggested they would have loved to have this program as a

first-time mom, as a safe place to gain information. However, participants often acknowledged the overwhelming loneliness experienced by first-time parents. As I.J. stated:

> "I think that the virtual option is lovely because it gives some flexibility for families... On the flip side of that, I think that some parents find becoming a parent incredibly lonely and overwhelming, and they would love to belong to a community"

Given their experiences as parents, the value of community was often viewed as integral to consider when making recommendations. Being a parent can be terribly isolating. In that sense, the program being delivered in a self-paced format online would act as a barrier for these families. The information is secondary to some, and all they really desire is a sense of community. As stated by I.J.,

> "I think having it online, you might miss out on the socialization, and you might not catch those people who are more interested in the social part, but then they reap the benefit of the socialization"

Developing social support, especially with families in a similar situation, is key to increasing their peer support. Certainly, individuals vary in their pre-existing familial support and communities. So, for individuals who lack social support, an in-person option may be essential to offer. For instance, many participants suggested newcomers may lack a secure social base. In that case, a lack of peer-support opportunities online may serve as a barrier to recommendation. Again, individual circumstances regarding peer support vary widely and must be considered by practitioners recommending Triple P Online for Baby in PEI.

Cultural Sensitivity

Commonly, a discussion of the suitability of Triple P Online for Baby for newcomers to PEI was brought up by participants. Newcomers often find themselves in a situation requiring additional

support. The mention of language barriers was a key consideration for some health practitioners. As K.L. claimed,

> "It's those language barriers. So if you don't speak English, this is not going to be a great method of education for you right. You would need somebody to interpret that for you and certainly I see a lot of individuals in the clinic where English is it's not the first language"

Linguistic barriers are a practical, cultural consideration that would work as a barrier to practitioners recommending Triple P Online for Baby. Additionally, there are cultural differences in parenting practices that should be considered and respected. It is unhelpful to apply an ethnocentric belief towards parenting, assuming that the Western method is correct. Certain teachings in Triple P Online for Baby may be inconsistent with various cultural beliefs and practices, as C.D. claims,

> "I mean, we see, you know, some of the cultures that we see in infancy, they don't put their children down ever..."

Health practitioners should engage in culturally sensitive and reflexive practice. Individual cultural beliefs should be respected and reflected in healthcare recommendations. Although Triple P Online for Baby attempts to promote cultural sensitivity, it would be misrepresentative to claim cultural universality. Therefore, health practitioners can exercise their professional judgment when making recommendations regarding the suitability of Triple P Online for Baby based on their patients' cultural backgrounds.

Awareness

Practitioners. Given the relative newness of Triple P Online for Baby in PEI, almost all health practitioners had limited awareness of the program's existence, aside from the public

health nurses. The current roll-out of information has placed public health nurses at the forefront of spreading awareness of Triple P Online for Baby in PEI. Still, all participants showed a level of interest in learning more about the program. In fact, it was even occasionally suggested as a potential educational tool for nurses, as M.N. said,

> "But I think it will be good to offer this to health care providers, like for the nurses, to complete those modules"

Practitioners cannot recommend a program they do not know about. As some practitioners mentioned, they can better advocate for the program if educated about its offerings. Some participants claimed that the main facilitator to them recommending the program is simply knowing more about it. Raising awareness of Triple P Online for Baby among practitioners may influence their likelihood to recommend the program. By offering nurses the opportunity to see and engage with the program, they can use their personal discretion and further their ability to personalize recommendations. Moreover, none of the health practitioners interviewed have completed the program. The interviews showed evidence of a lack of awareness among practitioners regarding Triple P Online for Baby being offered on PEI.

Public Knowledge. All participants mentioned the importance of public promotion and increasing parents' general awareness about Triple P Online for Baby. Commonly, health practitioners claim that increasing public knowledge and access to these resources may serve as a preventative health measure. All participants share the general sense that, as practitioners, they have some responsibility in informing the general population of resources like Triple P Online for Baby. A.B. expressed her belief in practitioners as an ideal form of program promotion when she stated,

> "We're the perfect people to be able to say to them that these resources exist"

However, it is often important to increase familiarity with a variety of avenues in order to influence uptake. The same participant furthered her belief in the importance of practitioners in promoting and supporting parenting programs by later suggesting,

> "Repeated exposures, if the psychologist mentioned it, and if the public health nurse mentioned it, and if I see it at the library because that's where moms are going, some moms are going with babies. I think repeated exposures would probably help"

Given the variety of settings families frequent, offering a variety of public promotion strategies is key to increasing general public awareness. In a similar realm, a public health nurse affirmed that they currently deliver programs in partnership with acute care and maternity-based units. So, these units offer a first dose of different program recommendations, and public health nurses follow up with a second dose to reinforce the message. Occasionally, participants suggested other promotion strategies such as posters, social media, library collaborations, and radio advertisements. From the variety of ways suggested to increase parents' awareness, the desire to promote the program in a diversity of places emerges. Different individuals' lifestyles influence their ideal avenue to gain awareness of the existence of resources. By providing multiple layers of opportunities, the individual preferences of knowledge acquisition between parents can be lessened, and increased awareness of Triple P Online for Baby may be gained among parents.

Additional Comments from Participants

While not an overall theme from the interviews, I.J. suggested a potential for institutional barriers surrounding recommending Triple P Online for Baby when she commented, "So I think the main barrier or institutional barrier would be that management doesn't buy in because I think it's pretty difficult. You know, frontline staff, I feel, often will buy in, but it's if we're not being told to do it in a systematic way, then there's going to be a lot of gaps." Although other

participants did not express this sentiment, the systematic barriers to practitioners' making recommendations of Triple P Online for Baby are important to consider. Consistent with an ecological model of health interventions, both population-level and individual-level determinants are integral. Stevenson (1998, p. 19) claims that "though it [social ecological perspective] is theoretical, it is very practical, it provides us with a kind of map to guide us through very confusing terrain." In order to successfully integrate Triple P Online for Baby in the PEI healthcare system, broader systemic considerations must not be overlooked.

Additionally, while not an overall theme, M.N. was previously a newcomer to PEI and shared useful insights regarding their experiences as a newcomer parent. The first-hand insights of M.N. are included to complement the discussion around cultural sensitivity. She discussed the strong positive impact of an organized parenting program in her experience. She was engaged in her community parenting program for two years. Ultimately, M.N. concluded, "It was great for me because at that time I didn't have like I said, I was a newcomer, not too much of the social network, and I was first-time mom. All of those factors were in place." M.N. touched on the importance of parenting programs for newcomer parents and thoughtfully reflected on her experience. Her unique lens informed a greater discussion of cultural sensitivity regarding recommendations of Triple P Online for Baby.

Discussion

Main Findings

The results of the study offer some preliminary insights into the facilitators and barriers for health practitioners recommending Triple P Online for Baby in Prince Edward Island and offer opportunities for future research into parenting education. Although quantitative researchers have embedded the concept of empirical generalizability as the aim of knowledge

generation (Maxwell & Chmiel, 2014), qualitative researchers have different goals. Instead of generalizability, the concept of transferability is a more qualitatively suited diagnostic (Braun & Clarke, 2021). Transferability allows the reader to judge the extent to which they can transfer the analysis to their own context and setting. Accordingly, rather than focusing on generalizability, 'sensitivity to context' in reporting helps acknowledge the context of the study, as well as potential limitations regarding transferability (Yardley, 2015).

Regarding sensitivity to context in the current study, critical perspectives may have been missed due to the number and demographics of participants. Evidence of theoretical saturation existed for this population, as limited new themes or patterns emerged from the data in the last interviews. All participants were Caucasian females. Contextually speaking, of the healthcare industry in Canada, a 2021 survey from the Canadian Institute for Health Information (CIHI) found that approximately 91% of regulated nurses in Canada were female (Canadian Institute for Health Information, 2021). Regarding Prince Edward Island, females are more likely than men to be enrolled in health and community studies, such as practical nursing, early child care, and education at Holland College (Government of Prince Edward Island, 2020). In terms of the composition of visible minorities, a 2021 Statistics Canada Census found that 90.50% of Prince Edward residents are not visual minorities (Statistics Canada, 2023). Readers must consider the demographics of the study and the relatively small sample size regarding the transferability of the study's key findings.

However, the study results indicated the important role of practitioners in making recommendations and potential facilitators or barriers to recommending Triple P Online for Baby. The main findings included personalized care, accessibility considerations, the

indispensable role of funding, diverse delivery formats, the importance of social support, culturally sensitive recommendations, and the trajectory for future program promotion.

Personalized Care. The role of personalized care acted as an overarching theme consistent throughout the interviews. Personalized care is a patient-centered and holistic approach to treatment planning. Rather than providing generalized care, patient-provider discussions help establish goals, addressing clinical and non-clinical needs, and share plans among providers to ensure coordinated care (Bolton et al., 2019). Personalized plans represent a shift from a disease-oriented model to one more aligned with patients' priorities. Collaboration and empathy are essential to creating personalized care planning A cultural shift in healthcare organizations should take place to prioritize patient-provider communication for successful implementations of resources like Triple P for Baby Online. Accordingly, a balance between empirical findings and personal circumstances must be struck by health practitioners. Ultimately, data acts as a useful congregate of individual stories but can hide meaningful differences for individuals. The facilitators and barriers to providing personalized recommendations for Triple P Online for Baby will vary based on the families' needs.

Accessibility Considerations. Interview responses provided some preliminary insights into accessibility considerations. Geographic access was suggested as a facilitator for recommendation by some health practitioners. Internet support groups can offer support despite geographic or time constraints (Niela-Vilén et al., 2014). Flexibility in program timing has been highlighted as crucial for accommodating parents' busy schedules, aligning with previous research emphasizing that inflexible work schedules are associated with greater parenting stress and work-family conflicts (Pilraz, 2020). Given the increased likelihood of work schedule inflexibility in single mothers and low-income families, Triple P Online for Baby offers a

flexible schedule that reduces the risks of conflicts. The self-paced nature of online programs aid in flexibility. Removing childcare needs through online programs also addresses a common barrier reported by parents, echoing findings that childcare responsibilities often hinder participation in health interventions, especially among lower-income women (Jain et al., 2022).

Still, the barrier of limited technology access cannot be ignored. There is a digital divide, particularly in rural areas, where unreliable internet connections pose challenges to accessing online resources. It is important to consider digital equity regarding access to online services. There are barriers to access for those who do not speak official languages, the rural population, and families with lower socioeconomic status (Singh & Chobotaru, 2022). A lack of access to a reliable internet connection and adequate technologies may act as a barrier for some families. Practitioners must consider the digital divide and accommodate their recommendations accordingly. A tailored approach to accessibility is essential to balance parents' diverse needs and preferences.

Indispensable Role of Funding. As highlighted by all interview participants, practical considerations, including program cost, have a significant role in providing personalized care to families. Given that the government of Prince Edward Island covers the program cost, participants' willingness to recommend the program increased. The magnitude of influence on recommendations that free program access provides varies depending on families' socioeconomic situations, with participants acknowledging that program cost could be a significant barrier for socioeconomically disadvantaged families. Participants recognize the role of social determinants of health and the impact of access, stressing that even a relatively low cost could exclude a substantial portion of the population from accessing valuable resources. The World Health Organization characterizes social determinants of health as the environmental and

societal factors that influence individuals' lives. Where individuals age, live, work, and grow are vital considerations. These factors are molded by political, social, and economic dynamics (World Health Organization, 2008). The social determinants of health are relevant to parenting in a multifaceted capacity. Parenting is a social determinant for a child's social, emotional, behavioral, and cognitive development. As such, healthy parenting behaviors are a social determinant of child health. So, it should be a priority to provide healthcare and parenting interventions to the entire population (Walker, 2021). Removing the cost barrier expands access to Triple P Online for Baby, enabling recommendations to reach a broader demographic of families in Prince Edward Island who would otherwise be unable to access the resources. Although it depends on a family's particular situation, program cost is a key factor facilitating practitioners' willingness to recommend the program.

Diverse Delivery Formats. All participants recognize the effectiveness of online programs in parental education, emphasizing their value as a tool for learning. Spencer et al. (2020) offered a meta-analysis regarding the empirical support for online parenting programs and their ability to be as effective as in-person options. Still, effectiveness ultimately depends on individual engagement, commitment, and preferences. Participants stressed the importance of individualized care, as, the effectiveness of both online and in-person formats ultimately depends on how each person ideally communicates and receives information. Nonetheless, the material communicated to families across different delivery formats must be consistent.

Despite acknowledging the strengths of online programs, participants expressed a desire for an in-person option. Providing access to both online and in-person options allows practitioners to align program recommendations with their patients' preferences, enhancing engagement and participation. The participants suggested that both online and in-person options

have their merits and refuse to claim superiority for one over the other. All in all, the lack of an in-person option is a crucial barrier for practitioners recommending the program to certain families.

Importance of Social Support. The need for external support in parenting programs like Triple P for Baby Online is highlighted by practitioners who express concerns about the program's asynchronous delivery style. The comments regarding the self-paced format align with online learning in university settings. Students in synchronous settings showed higher engagement in peer-centered activities like feedback and reported greater satisfaction and fulfillment of psychological needs than those in asynchronous settings (Fabriz et al., 2022). Furthermore, the therapeutic alliance is a crucial predictor of positive clinical outcomes in psychotherapy. Human connection and social support is a key consideration. The importance of familiarity and personal connection with program providers is consistent with studies emphasizing the role of therapeutic alliance in treatment outcomes (Ardito & Rabellino, 2011). Additionally, parents who attributed a greater role to the practitioners' skills in the Incredible Years Program reported more improvements in parental sense of competence and children's behaviors (Leitão et al., 2022). Contrastingly, some online programs demonstrated significant positive effects on parenting and child-related outcomes, with no substantial differences between those with and without clinical support (Spencer et al., 2020). The importance of external support in Triple P Online for Baby is highly dependent on individual circumstances, needs, and preferences.

The emphasis on peer support in Triple P for Baby Online recommendations is supported by research indicating the significance of social support for parental well-being and child outcomes (Sanders, 2023). The perceived loneliness and desire for community among first-time

parents is common. Social isolation among new parents often increases in times of transition. So, screening for loneliness in pregnant and new parents can help identify early signs of depression and parenting struggles (Kent-Marvick et al., 2022). Additionally, the importance of socialization for parental well-being is highlighted by the protective effects of social support against parental stress. Formal and informal social support act as protective factors for stress, anxiety, and depression in the postpartum period (Schobinger et al., 2022). Practitioners should consider social support factors when deciding whether to recommend Triple P for Baby Online. Understanding individual preferences and social support needs can optimize parenting intervention outcomes.

Culturally Sensitive Recommendations. Practitioners highlighted the significance of culturally sensitive recommendations when considering the suitability of Triple P Online for Baby for newcomers to PEI. A culturally sensitive approach aligns with research indicating that language barriers can impede access to healthcare services and educational resources. Language barriers often lead to miscommunication, reducing the quality of satisfaction and healthcare services (Shamsi et al., 2020). Acknowledging linguistic barriers underscores the importance of providing culturally competent resources to ensure equitable access to Triple P Online for Baby. Beyond language, practitioners must recognize cultural differences in parenting practices. Parenting is embedded in culture (Bornstein, 2012). Ethnocentric recommendations should be frowned upon in healthcare. Instead, practitioners highlighted the importance of avoiding cultural biases and respecting diverse parenting traditions when making recommendations. Health practitioners are urged to engage in culturally sensitive and reflexive practice when recommending parenting programs like Triple P Online for Baby. While Triple P Online for

Baby aims to promote cultural sensitivity, practitioners must exercise professional judgment to address the unique cultural backgrounds of families.

Trajectory for Future Program Promotion. There was a general lack of awareness among health practitioners regarding Triple P Online for Baby in PEI. Public health nurses were identified as the crucial disseminators of information, highlighting the importance of their role in spreading awareness around Triple P Online for Baby. The suggestion to incorporate the program into nurses' education aligns with research advocating for integrating parenting support into healthcare training programs (Callejas et al., 2022). Education and training sessions can enhance practitioners' ability to effectively individualize their recommendations and advocate for the program.

Increasing public awareness about Triple P Online for Baby is recognized as a vital preventative health measure by practitioners. Strategies such as repeated exposure through various channels, including libraries, social media, and radio advertisements were suggested. Collaboration with different community settings, such as libraries and maternity units, aligns with recommendations for multi-sectoral approaches to health promotion (Amri et al., 2022). By offering diverse promotion strategies, practitioners aim to reach a broader audience and accommodate various preferences for knowledge acquisition among parents. Efforts to enhance program promotion awareness among practitioners and the general public are essential for increasing the uptake of Triple P Online for Baby.

Methodology

The current study used semi-strcutured interviews to assess the valuable perspectives of health practitioners. This format was selected to collect qualitative and open-ended data that deeply explores practitioners' thoughts on recommending Triple P Online for Baby in PEI. Given

the lack of precedential studies, a semi-structured interview format offered participants and the researcher a flexible interview protocol. The guide provided by DeJonckheere & Vaughn (2019) serves as an essential tool for novice researchers conducting semi-structured interviews. Accordingly, it was used as a practical guide in this study. It offered essential steps to successfully implement the semistructured interview format in family medicine and primary care research settings. As evidenced by the aforementioned study purpose, semi-structured interviews were a suitable option for the current study.

The study's thematic analytic approach was a critical and constructionist perspective that shifted throughout the analytic process. Through data familiarization, I identified hypothetical areas of analytic interest. My coding initially produced 136 codes clustered into broad patterns of meaning related to personalized care, integrated wellness approaches, evidence-based health practices, and preventative measures. For this study, I focused on analyzing the data related to the provisional personalized care theme. Initial patterns related to personalized care were noted, including practical considerations, delivery format, social support, cultural sensitivity, and awareness. Upon review of the codes, coded data, and complete data set, the importance of individualization in recommendations was at the forefront of the analysis. Personalized care contains multiple complementary yet distinct ideas relating to implications for understanding the facilitators and barriers to practitioners recommending Triple P Online for Baby in PEI. Accordingly, I used an analytic structure with five themes, capturing various aspects of the importance of individualization in recommendations.

Limitations

There are opportunities to contact a larger sample with a more diverse population who would provide a unique perspective on facilitators and barriers to recommending the program.

Perspectives were missed, as all participants were Caucasian and female. The lack of health practitioners from different genders and ethnicities may have missed vital facilitators and barriers to the recommendation of Triple P Online for Baby in Prince Edward Island.

Regarding recruitment, the study relied on recruitment through word-of-mouth and email invitations from the Triple P Coordinator. The recruitment format may have limited the diversity of perspectives obtained, as not all potential health practitioners in Prince Edward Island were reached. Also, it is possible that those who declined participation had differing viewpoints, which we could not access. So, the recruitment strategy may have introduced a sampling bias, as participants who volunteered to participate in the study may have had a pre-existing interest or positive views toward the Triple P Positive Parenting Programs. The participants' pre-existing knowledge of Triple P Online for Baby was taken into account to recognize this limitation. Still, a potential sampling bias may skew the findings towards more favorable opinions.

Participants may have provided socially desirable responses due to the involvement of the Triple P Coordinator. The involvement of the Triple P Coordinator in the recruitment process and the study design may introduce bias, as participants may feel inclined to provide positive feedback about the program. Additionally, the researcher's knowledge of Triple P Online for Baby could influence the framing of interview questions or the interpretation of results. Although steps were taken to mitigate social desirability bias, specifically to request both barriers and limitations when designing the questions, there is still a potential limitation regarding collaboration with the Triple P Coordinator.

Another limitation was in the study design. The use of an introductory video and infographic about Triple P Online for Baby during the interviews may have influenced participants' perceptions or responses. The introductory video and infographic were deemed

necessary to educate health practitioners about the new program so that they could provide informed responses. However, given that the researcher appeared in the video, some participants may have felt inclined to speak highly of the program. The introductory video clearly stated that there are no right or wrong answers and that the project is merely seeking honest responses. Yet, it is possible that the attempts to mitigate social desirability bias were not entirely successful.

Finally, a limitation is that the study considered health practitioners as a group rather than looking at the differences between occupations. Given the relatively small sample size, saturation was not reached between different occupations. Moreover, ethical considerations regarding confidentiality limited an in-depth description of the participants' workplace. Still, considering the sample as a group may have reduced nuances in opinion based on the participants' professional backgrounds. For instance, participant A.B. acknowledged, "I inherently deliver it through the prism of me being a psychologist." Alas, the study design did not allow for a deeper exploration of differences between practitioners' professional backgrounds and years of experience.

Recommendations for Future Research

Future research on the facilitators and barriers to practitioners recommending Triple P Online for Baby in PEI should focus on diversifying the sample of participants. Qualitative methodologies are crucial in giving marginalized populations and underrepresented groups a voice in research. So, an aim to recruit a more diverse pool of health practitioners, including different ethnic backgrounds, genders, and professions in the healthcare field would be insightful. For instance, family physicians and pediatricians are essential areas of connection with families that could be explored further. In a similar realm, future investigations could delve

into the role of practitioners' occupations on their perspective of the facilitators, and the barriers surrounding Triple P Online for Baby.

An opportunity exists for a future mixed-methods approach to increase the comprehensiveness of the study. Surveys or questionnaires could be used in conjunction with the semi-structured interviews to gather both quantitative and qualitative data on practitioners' opinions of the facilitators and barriers to recommending Triple P Online for Baby in Prince Edward Island.

Future research that wishes to use the question guide developed as part of this study should consider opportunities for further development of questions, especially surrounding cultural sensitivity. By making this addition, researchers would be able to better understand practitioners' opinions on the facilitators and barriers to recommending Triple P Online for Baby to newcomer parents on PEI.

A comparative analysis of the views of health practitioners in Prince Edward Island, compared to different geographic locations, could help to reveal differences between barriers and facilitators to recommending Triple P Online for Baby. Comparisons across different geographical areas could reveal the importance of contextual factors that influence facilitators and barriers to recommending Triple P Online for Baby.

Finally, future research could involve a greater diversity of stakeholders to gain diverse perspectives that assure Triple P Online for Baby is aligned with the needs of the community as a whole on PEI. Given the interdependent nature of healthcare, involving the voices of parents, policymakers, and community leaders could enhance the practical applications for program development. Personalized care planning is a holistic approach, and so, future research could take into account a diversity of perspectives.

Implications for Triple P Online for Baby in Prince Edward Island

The results of this research have several implications for Triple P Online for Baby Program delivery format. It was noted that all health practitioners believed that an in-person delivery option would enhance their ability to recommend Triple P Online for Baby more often. By implementing multiple options for delivery format, there is the potential to reach otherwise inaccessible populations, leading more parents to access evidence-based parenting information on PEI.

Amidst the challenges posed by record inflation in a post-COVID-19 economy and historic weather events, families in PEI face financial struggles. Consumer prices increased dramatically in 2022, with PEI having the highest inflation growth among provinces (Department of Finance, 2022). The program should continue to be offered free of charge on PEI. As highlighted by healthcare practitioners, the coverage of program costs significantly facilitates their endorsement of Triple P Online for Baby. Hence, it is crucial for recommendations of Triple P Online for Baby that it remains accessible without cost on Prince Edward Island.

The opportunity to offer Triple P Online for Baby to health practitioners on Prince Edward Island emerges as a key implication for the program in Prince Edward Island. The program could be incorporated into professional development sessions and educational programs for health practitioners who interact with the parents of infants. The simple language and application of knowledge may facilitate effective communication with families.

The infographic and introductory video developed as part of this study can be used as a tool to inform parents and practitioners about the Triple P Online for Baby program. The infographic can be shared through various channels, such as social media and community

centers. The introductory video could be incorporated into information sessions for health practitioners and new parents. Both the infographic and introductory can provide visual messaging of Triple P Online for Baby in Prince Edward Island.

Expanding public awareness of the Triple P Online for Baby program presents an opportunity for outreach through an inclusive marketing strategy. The program can reach a broader audience by employing various promotion strategies, such as social media, community events, and collaborations with public institutions like libraries. Increasing awareness of Triple P Online for Baby can contribute to reducing the stigmatization of parenting knowledge. By promoting evidence-based parenting resources in public forums and community spaces, societal perceptions surrounding seeking help and support in parenting can shift positively. Families may feel more encouraged to seek assistance and information, leading to potentially healthier family dynamics and child development outcomes in Prince Edward Island.

Author's Personal Note on Reflexivity

An AMEE Guide, which emphasizes the critical role of reflexivity in qualitative research, was followed. Reflexivity is a continuous, collaborative process wherein researchers examine and assess their subjectivity's impact on the research. Subjectivity should be embraced and engaged in all stages of qualitative research for rigor and clarity (Francisco et al., 2023). The guide outlines four dynamic dimensions of reflexive processes: Personal, Interpersonal, Methodological, and Contextual Reflexivity. The definitions provided in the guide were adapted from Walsh's (2003) paper on reflexivity, which was referenced for each category. The author's role on each level is explored.

Personal Reflexivity. Personal Reflexivity analyzes how researchers' unique perspectives influence the research. It includes reflection on the expectations, assumptions, and

reactions throughout the process of research (Walsh, 2003). As a 21-year-old undergraduate student at UPEI, my perspective on parenting, technology, and healthcare will likely differ from that of the health practitioners I interviewed. I am not a parent myself, which may affect my understanding of the situations of parents accessing Triple P Online for Baby. My role as a student researcher may also influence how practitioners perceived and interacted with me in interviews. Awareness of these factors helped me reflect on how my personal experiences may shape the research process and my interpretations of findings.

Interpersonal Reflexivity. Interpersonal Reflexivity involves analyzing what relationships exist, how they influence the research, and the people involved. Relationships among research team members and participants should be taken into account. Power dynamics must also be considered (Walsh, 2003). My supervisor is a Triple P practitioner, and Kelly MacWilliams is the Triple P coordinator on PEI. So, their experience might have influenced my perspective on Triple P Online for Baby. Their expertise and experiences may have shaped my understanding of the program. The dynamics of power and authority as a younger researcher communicating with highly educated professionals is integral to consider. Additionally, collaborating with fellow Honours students Austin Gallant and Patrick Lank, who are working under Dr. Smith's supervision, on the introductory video and infographic introduced different viewpoints into the research process. Understanding these relationships and power dynamics is essential to ensure their role in influencing data interpretation and participant engagement.

Methodological Reflexivity. Methodological Reflexivity asks how methodological decisions are being made and their implications. An awareness of the researchers' paradigmatic orientations must be considered to align methodological choices with emerging data. An effort is made to produce ethical, rigorous, and paradigmatically coherent research (Walsh, 2003).

Selecting semi-structured interviews as the method for data collection and thematic analysis for data analysis reflects my belief in the importance of gathering in-depth perspectives from health practitioners. However, my limited research experience and lack of familiarity with other qualitative research methods might have influenced my decision-making process. Additionally, my supervisor's background as a psychologist and experience as a clinical psychologist might bias me towards favoring specific methodological approaches aligned with his experience. Being mindful of these influences helped me critically evaluate my methodological decisions and ensure they aligned with the research objectives and ethical considerations.

Contextual Reflexivity. Contextual Reflexivity considers how aspects of context influence the research and people involved. The project should be located in its cultural and historical context, influencing assumptions and practices (Walsh, 2003). The project is situated within 21st-century Prince Edward Island. In this context, post-COVID-19 realities shape healthcare delivery and parenting practices. Understanding contextual factors is crucial for interpreting health practitioners' perspectives on Triple P Online for Baby. Being aware of these contextual considerations enabled me to consider how broader societal, cultural, and historical factors shaped the research process and outcomes.

Conclusion

This research supports the claim that there is a demand for Triple P Online for Baby in Prince Edward Island and that practitioners plan to consider the program when providing personalized care recommendations. The online format was viewed positively, although the willingness to recommend Triple P Online for Baby highly depends on individuals' circumstances. The research shows that there is demand to offer an in-person option of Triple P Online for Baby in PEI. The

important consideration of cultural sensitivity and reflexive parenting recommendations for newcomer parents was highlighted. Further, the necessity for social support was noted to help smooth the transition period for new parents in PEI. Opportunities for professional development, and methods to increase public awareness were suggested. Ultimately, the positive program feedback provided further support for the demand for Triple P Online for Baby in PEI. Parenting education programs can be destigmatized by raising widespread awareness among health practitioners and parents in Prince Edward Island.

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Appendix A
EMAIL INVITATION TO PARTICIPATE IN THE STUDY

Dear (Insert Name),

I am reaching out in my capacity as the Triple P Coordinator on the island and on behalf of UPEI Psychology Honours student Alyssa Nolan. Alyssa is currently working under the supervision of Dr. Philip Smith.

Triple P is a government-funded and evidence-based parenting program offered on PEI. As I continuously strive to expand our resources, Triple P for Baby Online is a new offering. The program is specialized for expecting families and new parents.

The opinions of health practitioners who may recommend Triple P for Baby Online to patients are critical. Accordingly, Alyssa Nolan is currently conducting an Honours project on the program. Her goal is to interview practitioners on PEI. The interview is offered in person or via the Zoom platform and will take less than an hour. A brief overview of Triple P for Baby Online will be provided, and then you can share your honest opinions.

If you are open to sharing your insights and concerns about the program, she would be happy to schedule an interview at your convenience. Please rest assured that participation is entirely voluntary, and there is no pressure to participate. The aim is to gather valuable perspectives that can enhance our support services for parents in the community.

Your support and collaboration in this matter are highly valued. A copy of the detailed consent form is attached. Please let me know if you are interested in participating and if you are willing for me to pass on your name and contact information to Alyssa. Thank you for considering this request.

Kind regards,

Kelly MacWilliams, RSW, MSW
Provincial Triple P Parenting Program Coordinator c/o Family Ties

Appendix B
ETHICS APPROVAL LETTER

Health PEI
One Island Health System

Santé Î.-P.-É.
Un système de santé unique

PEI Research
Ethics Board

Comite d'ethique de la
recherche de l'I.-P.-E.

16 Garfield Street
PO Box 2000, Charlottetown
Prince Edward Island. Canada
C1A 7N8
www.healthpei.ca

16, rue Garfield
C.P. 2000, Charlottetown
Île-du-Prince-Édouard, Canada
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February 23, 2024

Dr. Philip Smith
Professor of Psychology
Director of Clinical Training, PsyD Program
University of Prince Edward Island
550 University Avenue
Charlottetown, PE C1A 4P3

Dear Dr. Smith;

RE: ***Exploring Triple P Online for Baby***
Principal Investigator: Dr. Philip Smith

The above noted study was reviewed by the full PEI Research Ethics Board on February 15, 2024. Thank you, Austin Gallant, Patrick Lank and Alyssa Nolan for joining the meeting. The following documents were reviewed (including revised documents submitted February 20, 2024);

Documents included for review:

- Letter from Dr. Smith outlining the revisions discussed at the February 15th REB meeting (Dated February 20, 2024)
- Cover Letter from Dr. Philip Smith (Dated January 31, 2024)
- Synto Application #62
- Revised Child & Family Parent Interview Guide (Dated February 20, 2024)
- Child & Family Services worker synopsis
- Social Media Content & Notices from Family Resource Centre
- Email Script for Honorarium
- Participant Honorarium Form
- Infographic TP Online for Baby
- Informed Consent Process
- Newcomers Interview Guide
- Revised Parent Consent Form (Child & Family) (Dated February 20, 2024)
- Parent Consent Form (Newcomers)

- Grade Level Confirmations (screenshots)
- Participants' Explanatory Video Outline
- Practitioner Consent Form
- Practitioner Interview Guide
- Practitioner Recruitment Email
- References
- Script for email forwarding consent form/confirming interview arrangements
- Script for invitation to parents from Child & family Services
- Supervisor Review Form
- Letters of Support; Kelly MacWilliams (Department of Social Development & Seniors) – Dated January 26, 2024 & Laura Quinn Graham (Family Resource Centre) – Dated January 20, 2024
- TCPS2 CORE Certificates for Dr. Philip Smith, Austin Gallant, Patrick Lank & Alyssa Nolan
- Letter of Information for Family Resource Centre Staff - Parent Invitation (Dated February 20, 2024)

I am pleased to advise you that full approval has been granted for the above noted study. This study was reviewed according to ICH GCP guidelines and will require an annual report and request for re-approval to be in place prior to February 23, 2025.

Notification of closure is required once the study is completed or terminates early. The "Continuing Review Reporting Requirements"; the "Reporting Study Closure and/or Early Termination"; and the "Request for Annual Approval" forms can be found on the Health PEI website under the PEI Research Ethics Board link.

ATTESTATION: This Research Ethics Board complies with Division 5 of the Food and Drug Regulations, the ICH Harmonized Tripartite Guidelines: Good Clinical Practice, and the Tri-Council Policy Statement.

Sincerely, [redacted]

Name: Kathryn Bigsby, MD, FRCPC
Title: Chair, PEI Research Ethics Board

Appendix C
CONSENT FORM

CONSENT FORM

Exploring the Facilitators and Barriers to Practitioners Recommending Triple P Online for Baby on Prince Edward Island

Principal Researcher: Dr. PhilipSmith, PhD
Professor of Psychology
Department of Psychology
University of Prince
Edward Island
Email: smithp@upei.ca
Tel: 902-566-0549

Co-Researcher: Alyssa Grace Nolan
Department of Psychology
University of Prince
Edward Island
Email: anolan8210@
upei.ca

INTRODUCTION

You are being invited to join a research study. The study is looking at practitioners' thoughts on recommending Triple P Online for Baby. The study will involve an online or in-person interview option. The information in this form will help you decide if you want to be part of the study or not.

WHY IS THIS STUDY BEING DONE?

To learn what health professionals' opinions are on Triple P for Online for Baby in Prince Edward Island.

WHY AM I BEING ASKED TO JOIN THIS STUDY?

You are being invited to join the study because you are a health or other professional on PEI working with parents. It is your choice whether you wish to participate or not. If you decide to take part, you can still change your mind and stop participating at any time.

WHO CAN TAKE PART IN THIS STUDY?

You can join in the study if the answer is YES to all the following:

- I am a health or other professional working with expectant parents or parents of infants.
- I practice/have practiced on Prince Edward Island

WHAT HAPPENS IN THIS STUDY?

First, you will have a short phone call or email with the researcher, Alyssa Nolan, to set up the time for an interview. Then you will have a one-on-one interview with the researcher. The interview will be on Zoom and last up to1 hour. Or, if you prefer, the interview can be done at your workplace.

The goal is to interview 6 to 8 people in total. There might end up being a few more if more information is needed. During the interview, the researcher will ask you questions about your opinions on Triple P for Baby Online. The kinds of questions that you will be asked are:

- I'm interested in your perspective on organized programs that offer education or support to parents. Can you share your general thoughts on these programs, considering factors such as their structure, content, and overall effectiveness?
- I would like to hear your thoughts on online skill development and education programs. Please explain your general views on their effectiveness, accessibility, any advantages or disadvantages?
- Tell me any prior understanding you had about Triple P before this interview?

To help us understand the group of people who participate in this study, you will be asked for information like your identified gender and ethnicity. A question will also be asked about the profession of people being interviewed.

The interview will be recorded. If it is on Zoom, both sound and video will be recorded using the Zoom platform. The Zoom recording will be saved on OneDrive and will be protected with a password. If the interview is in-person, the sound will be recorded using a digital recorder. The digital recorder will be kept secure in a locked bag. After the interview, the recording will be copied word for word (transcribed). Any names said during the interview will be taken out. The transcript will be kept in a password-protected file on OneDrive. The transcripts from all participant interviews will be analyzed. This is done to look for themes that will help answer the following research questions:

- What factors may facilitate your recommendation of the Triple P for Baby Online program to clients or patients?
- What are the potential barriers or challenges in recommending the Triple P Baby Online program to parents?
- As a practitioner, your perspective is valuable. I'm eager to learn from your expertise. Tell me your recommendations to the folks running Triple P on the island?

ARE THERE RISKS TO THE STUDY?

It is possible that you might feel uncomfortable answering some of the interview questions. If this happens, you do not have to answer the question. You can also stop the interview for any reason at any time. Also, you can withdraw from the study after you do the interview, and the video and transcript will be destroyed. If you withdraw, your information will not be used in the study. You have two (2) weeks after the interview date to let us know by email or phone if you would like to withdraw from the study.

Sometimes talking about things going on in our lives can be upsetting. If you feel upset after the interview, there are places on PEI where you can go or call if you would like help. You can also find help on-line. Here is a list of supports:

- Mental Health and Addictions Phone Line: 1-833-553-6983
- Mental Health Walk-in Clinics: https://www.princeedwardisland.ca/en/information/health-pei/mental-health-walk-in-clinics
- Bridge the Gapp: https://pei.bridgethegapp.ca
- BounceBack: A Free Cognitive Behavioural Therapy (CBT) Program for Mental Health: https://cmha.ca/bounce-back/

WILL IT COST ME ANYTHING TO PARTICIPATE?

No, it will not cost you anything to participate.

WHAT ABOUT MY RIGHT TO PRIVACY?

The researcher will do everything possible to keep your personal information private. Fake names and special codes will be used instead of your name. Quotations from the interview will be used in the final report, but no names or identifying information will be used. Only research

team members will have access to the recorded interviews. The recordings will be kept for two (2) years or until the project is finished, whichever comes first. The transcript of the interview will not have information that could identify you. Other information gathered will be kept private during the study. Paper documents will be in a locked file cabinet; electronic data will be in password protected files on OneDrive. If any hard-copy documents or devices (laptop,digital recorder) need to be transported, they will be put in a locked bag. When the study is finished, the documents will be kept for five (5) years in a locked cabinet in a secure area controlled by Dr. Philip Smith.

The results of the study will be written into a report and presented to a committee, but nobody will be able to tell that you were in the study. The results of the study might also be presented at a meeting or published. The Triple P Coordinator will be provided with a summary of the findings. You will also be sent a summary of what is learned, by email, after the study is finished.

WILL MY INFORMATION EVER BE SHARED WITH OTHERS?

Your information will not be shared with others without your knowledge and consent, however, there are limits to confidentiality. Researchers are required to act to protect children or other vulnerable persons at risk and when there is risk of serious harm to participants or others. Researchers must also comply with court orders to release information.

WHAT IF I WANT OUT OF THE STUDY?

Taking part in this study is completely up to you. If you decide to participate now and change your mind later, that is ok. You have two (2) weeks after the interview to withdraw from the study and have your information destroyed. Your choice to participate or not will not affect your relationship with your employer, Health PEI, or UPEI. If you decide to withdraw your consent, please tell the researcher.

HOW DO I GIVE CONSENT TO PARTICIPATE IF MY INTERVIEW IS ON ZOOM?

If the interview is on Zoom, giving your consent to take part in the study will happen verbally. The researcher will read a short statement out loud saying that you understand what the study is about and that you are aware the interview is being audio-and video-recorded. You will then be asked if you agree to join the study. If you say yes, the researcher will sign the paper consent form on your behalf. The form will be scanned and sent to you by email for your records. The scanned copy will be saved in a password-protected file on OneDrive. The original hard-copy document will be shredded.

HOW DO I GIVE CONSENT TO PARTICIPATE IF MY INTERVIEW IS IN-PERSON?

If your interview is happening in person, the researcher will read a short statement out loud saying that you understand what the study is about and that you are aware the interview is being audio-recorded. You will then be asked if you agree to join the study. If you agree, you will sign the consent form. The researcher will take the signed form (keeping it safe in a locked bag), scan it, and send it back to you by email for your records. The scanned copy will be saved in a password-protected file on OneDrive. The original hard-copy document will be shredded.

WHO DO I CONTACT IF I HAVE QUESTIONS OR PROBLEMS?
If you have any questions about the research now, please ask.

If you have questions later about the research, or what you are being asked to do, you can contact any of the people listed below.

- If you have questions about the study, you can contact Alyssa Grace Nolan, the researcher conducting the interviews. You can email her at anolan8210@upei.ca
- If you would like more information about the study, you can also contact Dr. Philip Smith. Dr. Smith is the Principal Investigator and supervisor for this study at UPEI. You can call him at 902-566-0549 or email him at smithp@upei.ca
- If you have any questions about being a research participant, you can call the PEI Research Ethics Board at (902) 569-0576.

CONSENT FORM SIGNATURE PAGE

For Interviews Happening by Zoom
After you have verbally consented, the researcher will sign this consent form on your behalf, and you will be emailed a scanned copy.

Verbal Statement (to be read to the participant by the principal researcher):
"I have reviewed all the information in this consent form about the study, *Exploring the Facilitators and Barriers to Practitioners Recommending Triple P Online for Baby on Prince Edward Island.* I have been given the chance to discuss this study and have had all my questions answered. The signature on this consent form, provided on my behalf by the researcher, means that I agree to take part in this study, and I am aware that the interview will be audio- and video-recorded. I understand that I am free to stop the interview at any time and I have two (2) weeks after the interview to withdraw my participation and not have any of my information included in the study".

_____	on behalf of	_____	_____
Signature of Researcher		Name of Participant	Year/ Month/ Day

For Interviews Happening In-Person
After you have consented and signed this form, the researcher will scan the form and email you a copy.

Verbal Statement (to be read to the participant by the principal researcher):
"I have reviewed all the information in this consent form about the study, *Exploring the Facilitators and Barriers to Practitioners Recommending Triple P Online for Baby on Prince Edward Island.* I have been given the chance to discuss this study and have had all my questions answered. The signature on this consent form means that I agree to take part in this study, and I am aware the interview will be audio-recorded. I understand that I am free to stop the interview

at any time and I have two (2) weeks after the interview to withdraw my participation and not have any of my information included in the study".

Signature of Participant	Name (printed)	Year / Month/ Day
Signature of Researcher	Name (printed)	Year / Month/ Day

Thank you for your time and patience!

Appendix D

INTERVIEW GUIDE WITH PROMPTS

Draft Interview Questions for Practitioners

1. I'm interested in your perspective on organized programs that offer education or support to parents. Can you share your general thoughts on these programs, considering factors such as their structure, content, and overall effectiveness?

- What is the role of practitioners in promoting and supporting parenting programs?
- How do you envision the collaboration between practitioners and parents regarding parenting programs?
- As a practitioner, what resources or training would you need to best support parents in accessing and engaging with parenting programs?

2. I would like to hear your thoughts on online skill development and education programs. Please explain your general views on their effectiveness, accessibility, any advantages or disadvantages?

- How do you think online programs compare to traditional in-person learning?
- Generally, what are your thoughts on the effectiveness and utility of online programs for supporting parents?
- What role, if any, does the delivery format have in influencing your willingness to recommend a program?

Provide Triple P for Baby Online Explanation (TBD)

3. Tell me any prior understanding you had about Triple P before this interview?

- I wonder what questions you have about Triple P, or the Triple P for Baby Online parenting program that we described?
- Tell me about any specific aspects of the program that caught your attention?
- What would motivate you to learn more about Triple P for Baby Online?
- In considering Triple P for Baby Online, how do you envision this program aligning with your current approach to supporting parents?

4. What factors may facilitate your recommendation of the Triple P for Baby Online program to clients or patients?

- In considering parenting programs, I'm curious about personal experiences' role in shaping recommendations. I’m wondering your perspective on whether your experiences,

either as a parent or through working with parents, might influence your likelihood of recommending Triple P for Baby Online?
- Tell me some examples of how you've successfully introduced new programs or concepts to parents in the past?
- If you placed yourself in the position of parents, what aspects of the Triple P for Baby Online program do you think parents would view as the most beneficial?
- As a practitioner, how would you promote Triple P for Baby Online to parents?
- Given that the access code for Triple for Baby Online is provided by the government for free, how does this influence your willingness to recommend the program?

5. What are the potential barriers or challenges in recommending the Triple P Baby Online program to parents?

- If you imagine yourself as a parent thinking about taking Triple P for Baby Online, what concerns or hesitancy would you express about the program?
- I wonder if there are any strategies to overcome potential reluctance from parents?
- I wonder if there are any institutional policies that you anticipate as potential obstacles to recommendation?

6. As a practitioner, your perspective is valuable. I'm eager to learn from your expertise. Tell me your recommendations to the folks running Triple P on the island?

- As a practitioner, I wonder what would help you feel comfortable making recommendations for Triple P for Baby Online?
- In what ways, if any, would you be interested in interacting with the Triple P coordinator?
- For this research project, our purpose was to understand the facilitators and barriers in order to promote Triple P for Baby Online to parents. So, we wanted to include your voice as a practitioner. Tell me any final comments or suggestions you would like to deliver regarding the promotion of the program.
- Is there anything you want to discuss that I have not brought up with my questions?

Potential Demographic Questions

1. How do you identify gender?
2. How do you identify your ethnicity?
3. What is your primary language spoken?
4. What is your profession?
5. How many years of experience do you have in your field?
6. Where is your place of employment or practice?

Appendix E

INFOGRAPHIC