

Triple P – Shasta County

Triple P Program Performance Dashboard Report 2017 Data Submission Prepared by Shasta County Health and Human Services Agency

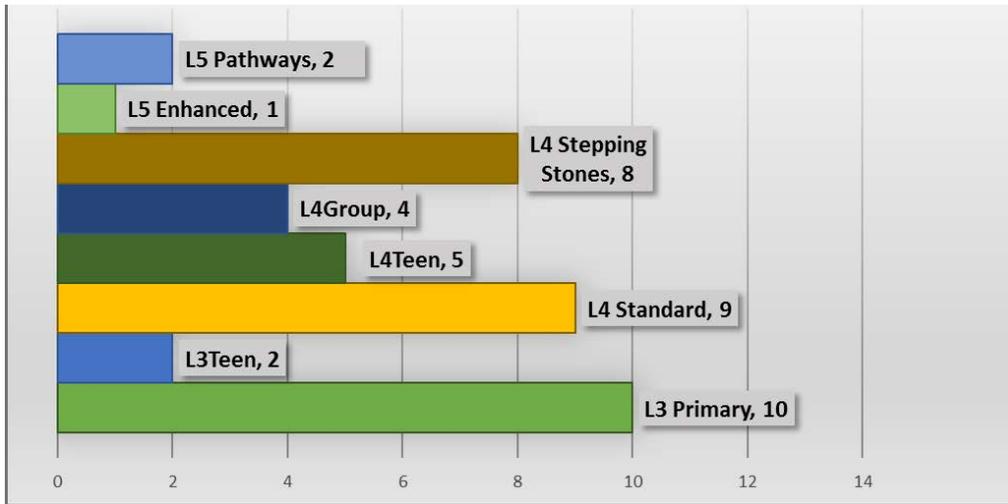
This aggregate program performance dashboard report describes caregivers who participated in Triple P programs in Shasta County. This data is entered into the Shasta County Scoring Application reflecting caregivers served for 2017.

This dashboard report reflects a total of **497 Triple P caregivers** served in Shasta County, representing **395 children**. This signifies the addition of **394** new caregivers representing **313** children for 2017.

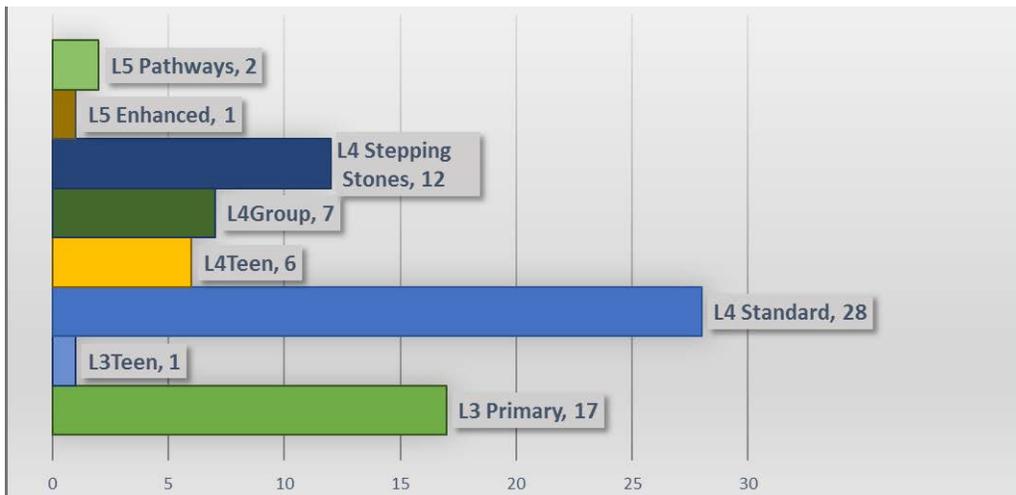
Practitioners from these organizations/private practices entered data into the Shasta County Scoring Application and served caregivers in 2017:

Table 1. Shasta County Triple P Programs Providing Data, 2017		
Name of Organization	Number of Practitioners entering into Scoring Application 2017	Total Number of Caregivers receiving Triple P 2017
Bridges to Success/ Shasta County Office of Education: Early Childhood Services/VOICES	7	96
Child Abuse Prevention Coordinating Council of Shasta County (CAPCC)	5	25
Family Dynamics	6	97
Gateway Unified School District/Great Partnership	2	10
Northern Valley Catholic Social Service	7	59
Remi Vista	2	8
Right Road Recovery Programs	1	5
Shasta County Health & Human Services Agency: Children's Services	6	36
Tara Tate – Private Practice	1	8
Tri-Counties Community Network: Bright Futures	1	5
Victor Community Support Services	3	36
Wright Education Services	4	58
Youth and Family Programs	3	54

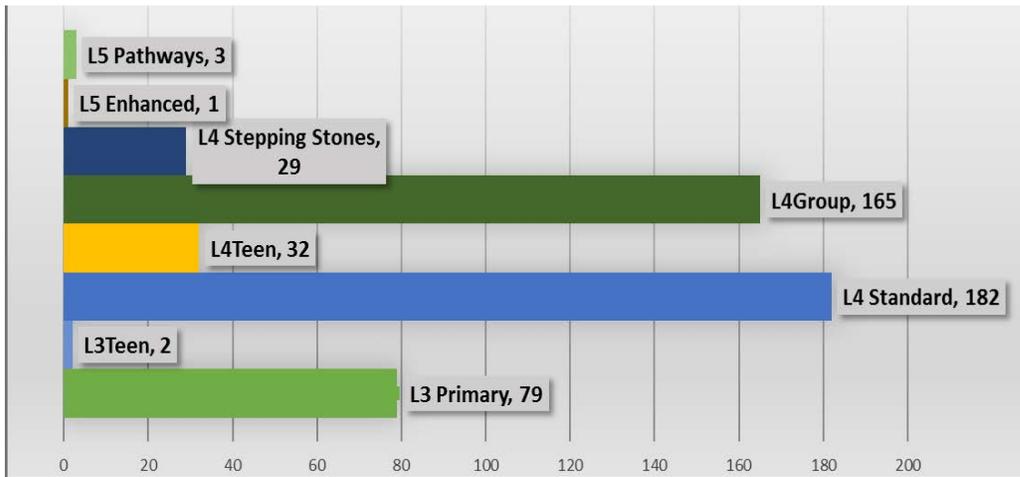
Thirteen organizations or private practice practitioners provided Triple P services in 2017. The chart below shows the number of organizations that provided the specific levels:



Of these 13 organizations, 44 practitioners provided Triple P services. Below is the number of practitioners that provided services in each level:

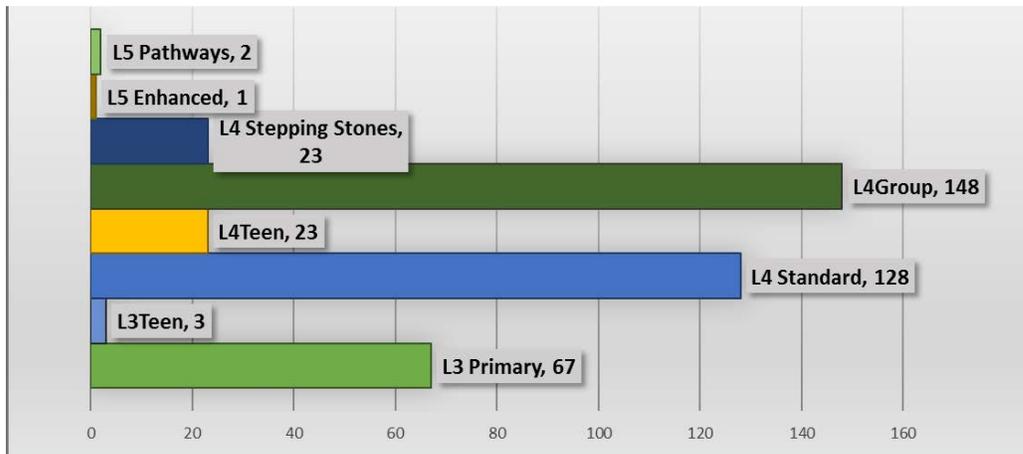


In 2017, 497 caregivers received Triple P services. The chart below shows the number of caregivers per level. Each caregiver is associated with a child, and there may be more than one caregiver per child:



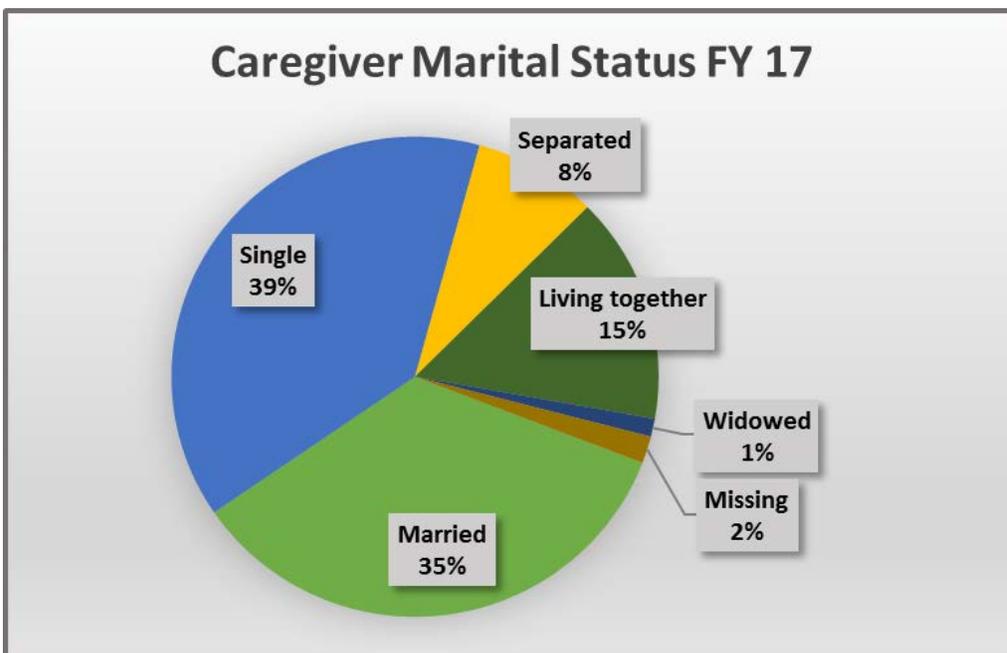
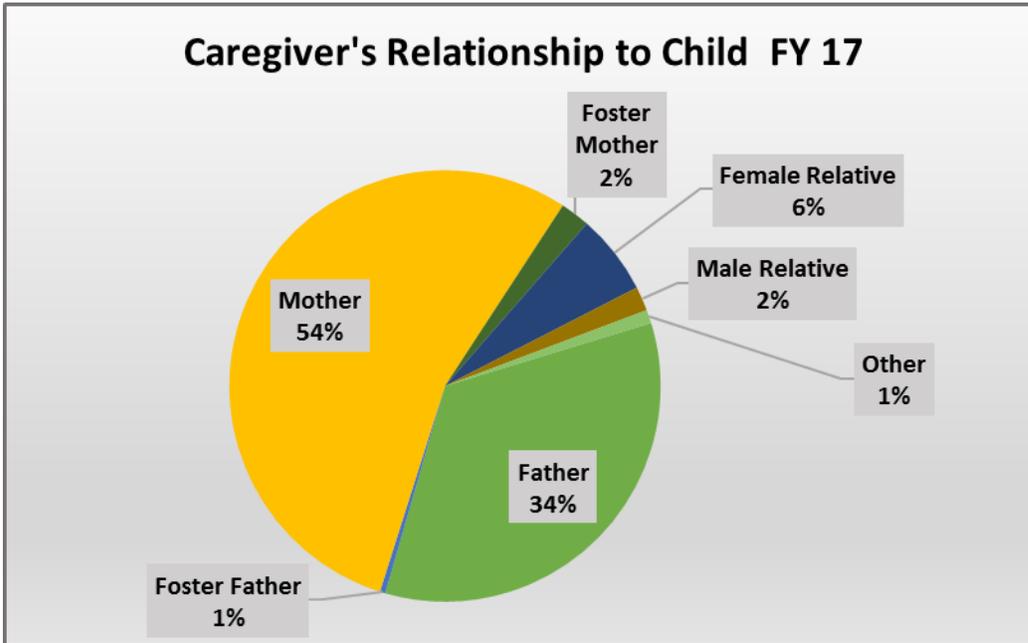
(Shasta County Scoring Application gives a point in time snapshot)

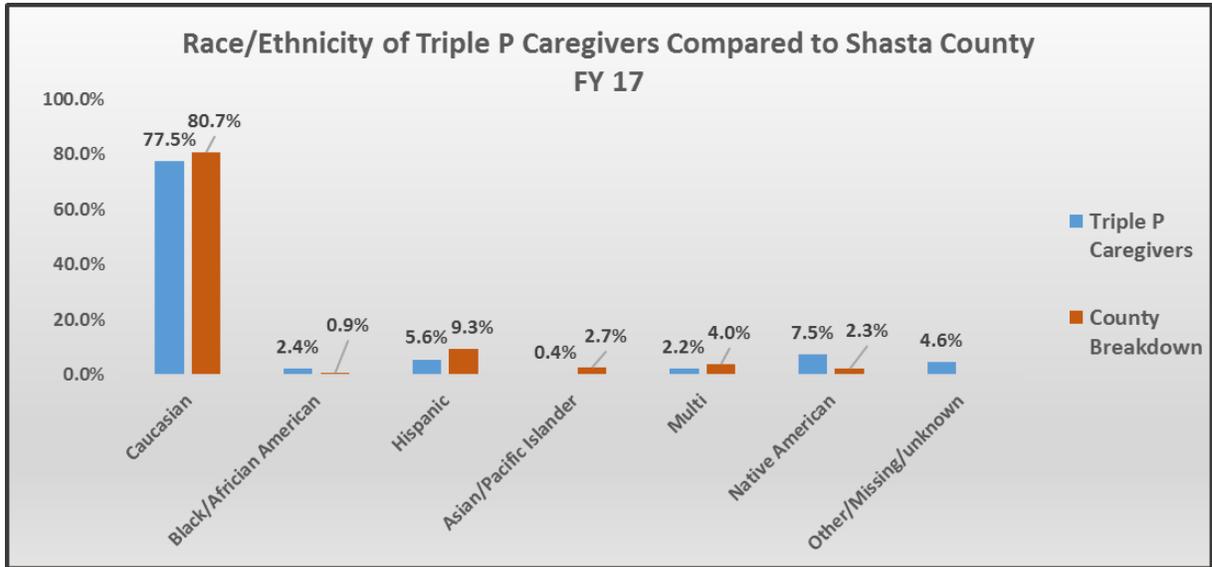
The total number of children represented by the caregivers in 2017 was 395. These levels were at a single point in time. There are instances where levels are changed as necessary types of help change.



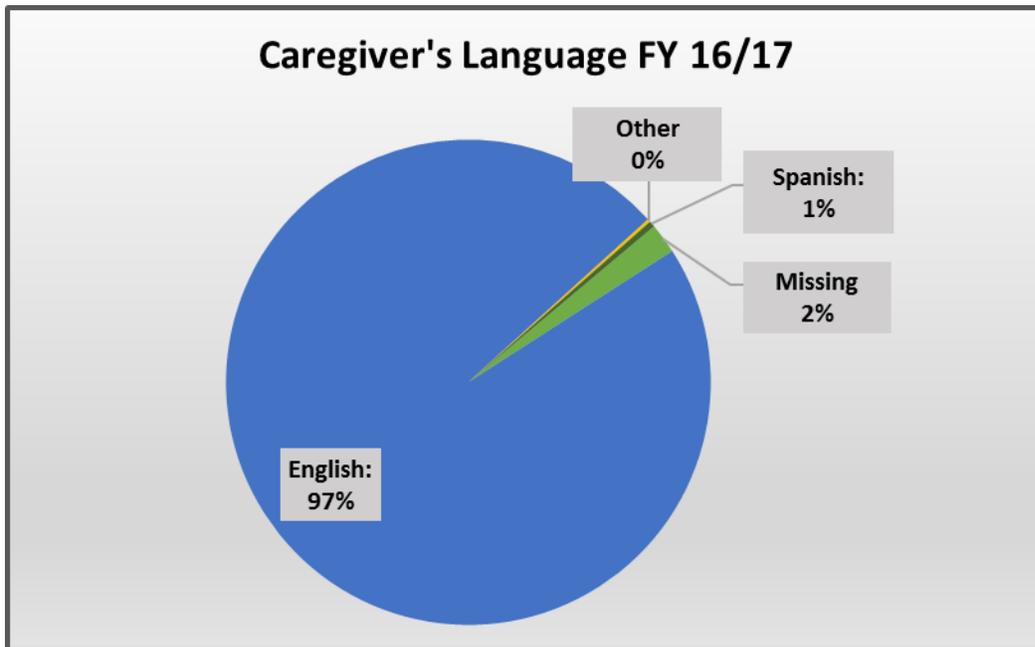
The largest group of children where caregivers are receiving Triple P services is 0-5 years (210 children), followed by ages 6-12 (156) and ages 13-18 (29). The average age is 6.

Demographic information for Triple P caregivers





*Hispanic includes respondents of any race. Other categories are non-Hispanic



Outcome Measures

All outcomes are reported as percentage of improvement from pre-Triple P participation to post-Triple P participation (e.g., improved parenting efficacy, improved parenting satisfaction).

Level 3 Primary Care & Level 3 Primary Care Teen

These levels are:

- A brief face-to-face or telephone intervention with a practitioner usually based around a certain problem or behavior
- Approximately four individual consultations lasting between 15 and 30 minutes
- Uses tip sheets and Positive Parenting Booklet to reinforce strategies
- For parents of children birth to 12 years

The two surveys used are the Parenting Experience and Strengths and Difficulties Questionnaire.

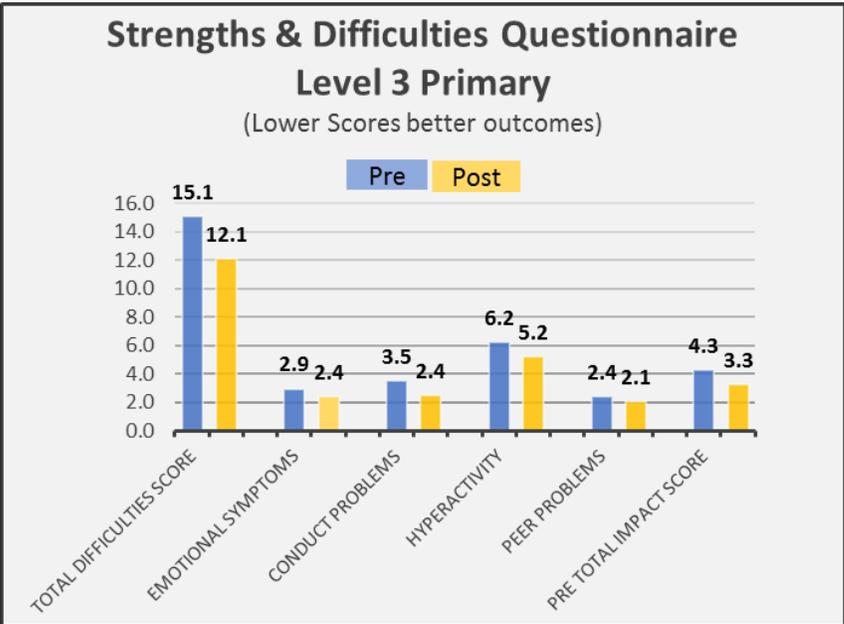
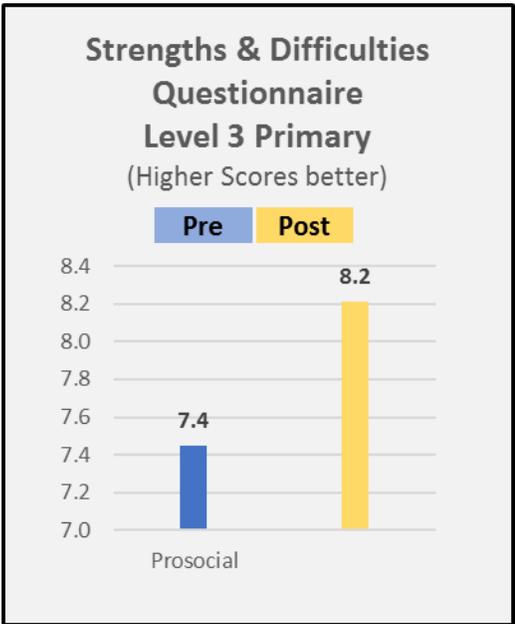
Parenting Experience Survey is a Level 3 Primary/Primary Teen questionnaire that includes questions about the child's behavior and issues related to being a parent. This survey gives practitioners information on how the parent perceives his or her parenting.

The Strengths and Difficulties Questionnaire (SDQ) is a brief behavioral screening questionnaire for children ages 3-16 years. It exists in several versions to meet the needs of researchers, clinicians and educators. This survey can give some idea on how the caregivers receiving Triple P have impacted the child.

Interpreting the SDQ			
Prosocial	higher score better		
all the rest	higher score greater difficulty		
Parent Versions	This score is close to average - clinically significant problems in this area are unlikely	This score is slightly raised, which may reflect clinically significant problems	This score is high - there is a substantial risk of clinically significant problems in this area
Total Difficulties	0-13	14-16	17-40
Emotional Symptoms	0-3	4	0-10
Conduct Problem	0-2	3	4-10
Hyperactivity Score	0-5	6	7-10
Peer Problem	0-2	3	4-10
Prosocial Behavior	6-10	5	0-4

"Before" and "after" SDQs can be used to audit everyday practice (e.g. in clinics or special schools) and to evaluate specific interventions (e.g. parenting groups). Studies using the SDQ along with research interviews and clinical ratings have shown that the SDQ is sensitive to treatment effects. Child and adolescent mental health services, and other specialist services for children with emotional and behavioral difficulties, can use an 'added value' score based on the SDQ as one index of how much help they are providing to the young people they see.

Overall, there has been a slight improvement in all areas of the Strengths & Difficulties Questionnaire which was taken by almost 40 caregivers. The Conduct Problem Score has decreased by 29.5% while the Prosocial has increase by 10.2%.



There is no data for Level 3 Primary Teen at this time.

Level 4 Standard

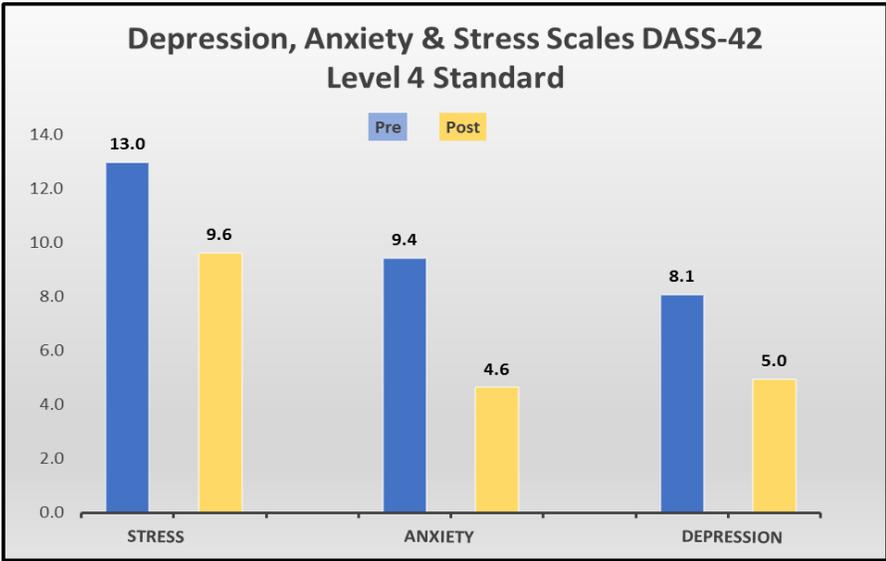
Level 4 is:

- For parents/caregivers of children from birth to 12 years with moderate to severe behavioral difficulties or ones who need intensive support
- Covers Triple P's 17 core positive parenting skills that can be adapted to a wide range of parenting situations
- Individual counseling is usually delivered over 10 one-hour sessions, but there can be more if needed

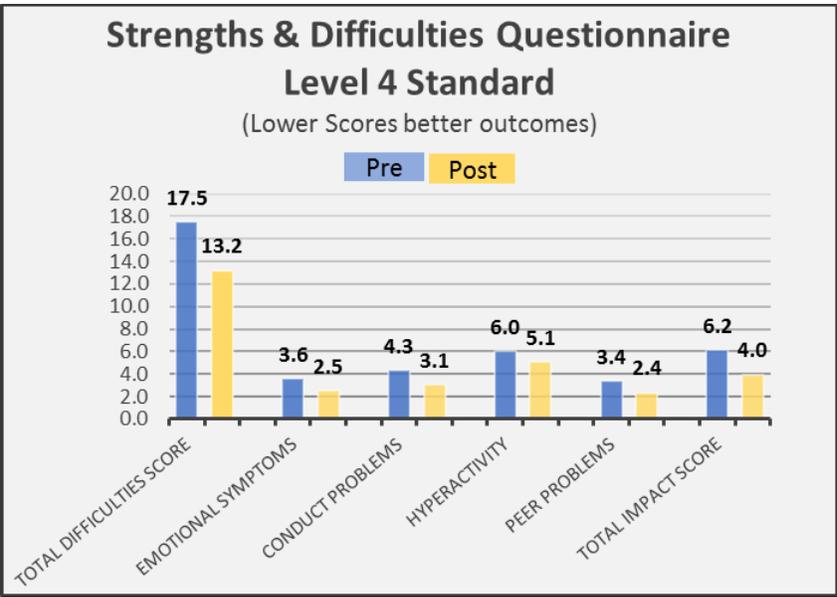
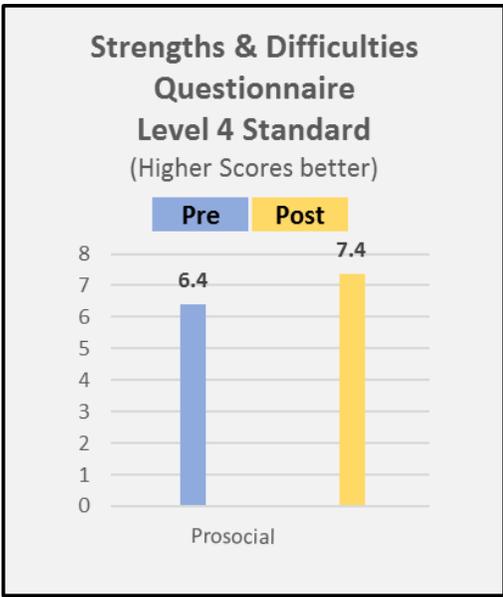
Depression, Anxiety and Stress Score (DASS-42)			
	Depression Score	Anxiety Score	Stress Score
Normal	0-9	0-7	0-14
Mild	10-13	8-9	15-18
Moderate	14-20	10-14	19-25
Severe	21-27	15-19	26-33
Very Severe	28+	20+	34+

Depression Anxiety Stress Scale-42 (DASS42)
 The *Depression Anxiety Stress Scale-42 (DASS42)* is a self-report assessment completed before and after participation in Triple P Level 4 Standard. This 42-item assessment inventory measures symptoms of depression, anxiety and stress in adults. Scores have a possible range of 0-42. Clinical cutpoints are 14 for Depression, 10 for Anxiety, and 19 for Stress. Scores at or above these cutpoints are considered to be clinically significant.

Overall, there has been significant improvement in all areas of the DASS-42, which was taken by almost 70 caregivers. The Anxiety Score has decreased by 50.8%.



Overall, there has been a slight improvement in all areas of the Strengths & Difficulties Questionnaire (see page 6 for guidelines in interpreting the SDQ) which was taken by almost 70 caregivers. The Total Impact Score has decreased by 35.8%.

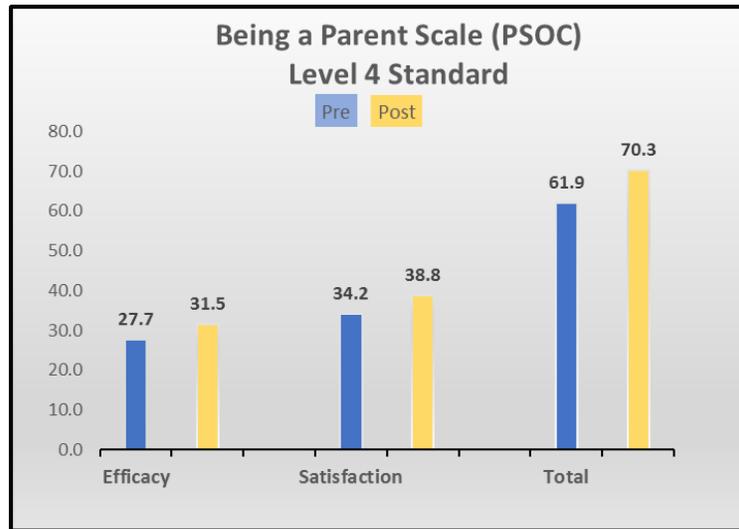


Being a Parent Scale (PSOC)

The *Being a Parent Scale* (PSOC) is completed before and after participation in Triple P Level 4 Standard and Level 4 Group. This 16-item assessment inventory measures parenting self-esteem, or efficacy, and satisfaction with parenting. Parents indicate their degree of satisfaction with their parenting role and their degree of confidence in carrying out their parenting role on a 6-point Likert scale (1 = strongly agree, 6 = strongly disagree).

Possible scores for the Efficacy scale range from 7-42, and for the Satisfaction scale from 9-54. Higher scores represent greater levels of parenting self-efficacy and parental satisfaction. Please note that the *Being a Parent Scale* is a strength-based measure. There are no clinical cutpoints, but

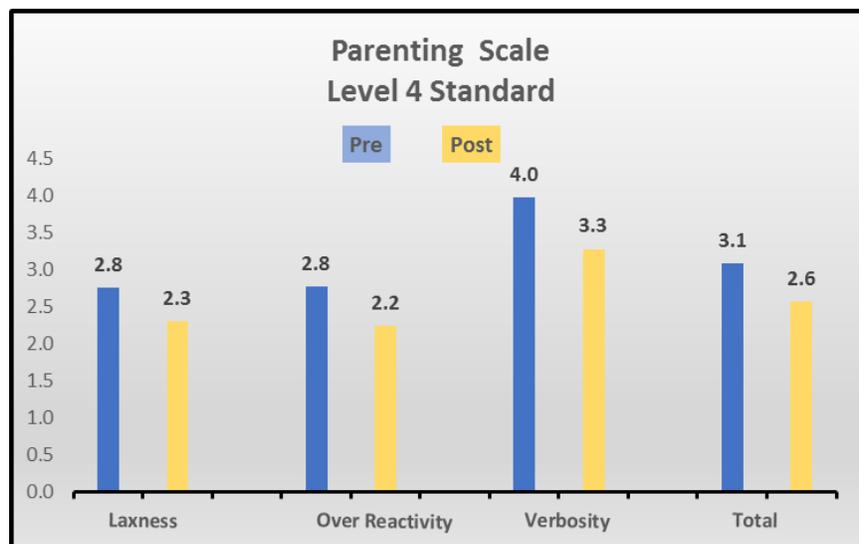
higher scores are better. With almost 55 caregivers completing the PSOC there has been improvement of about 13% in both areas.



Parenting Scale

The *Parenting Scale* is a self-report assessment completed before and after participation in Triple P Level 4 Standard Stepping Stones, Level 5 Enhanced and Level 5 Pathways. This 30-item questionnaire assesses parenting and disciplinary styles, particularly those found to be related to the development and/or maintenance of child disruptive behavior problems. It is completed by parents/caregivers of children ages 1-12.

The original factor structures of Laxness, Overreactivity, and Verbosity are reported, along with the Total Score. Clinical cutpoints in the original literature are not used, as they have not demonstrated stability over time. Possible scores on all factors and the total range from 1-7, as they each represent an average item response. Lower scores are better. With almost 55 caregivers completing the Parenting Scale there has been improvement of almost 17% for the total areas.



Level 4 Standard Teen

This level is:

- For parents/caregivers of children ages 12-18 years with severe behavioral difficulties or ones who need intensive support
- Covers Triple P's 17 core positive parenting skills that can be adapted to a wide range of parenting situations
- Individual counseling is usually delivered over ten (1 hour) sessions

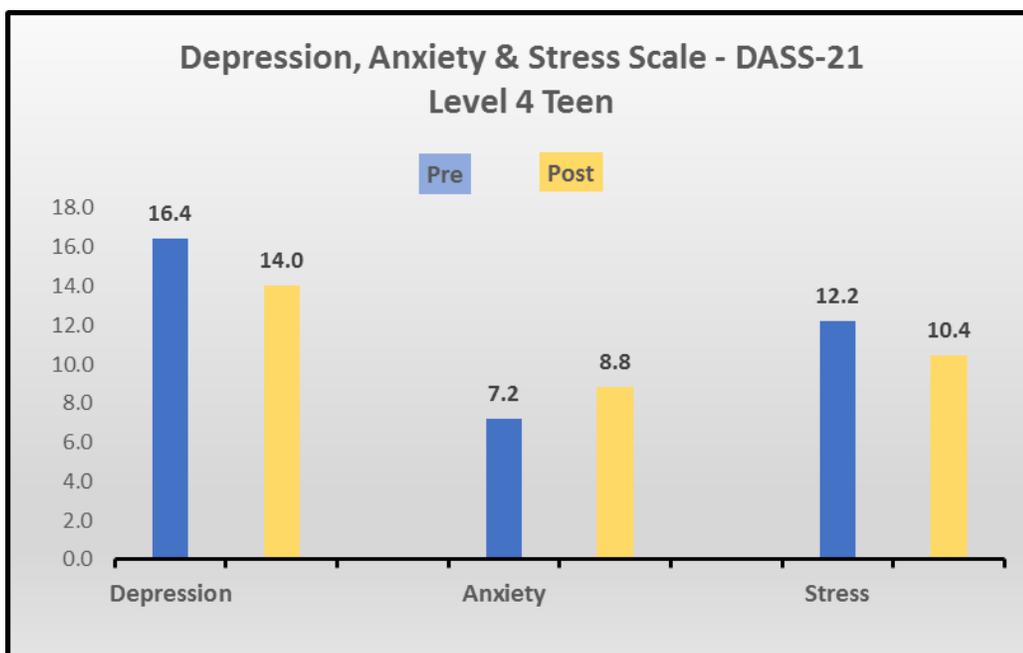
Depression Anxiety Stress Scale-21 (DASS21)

The *Depression Anxiety Stress Scale-21 (DASS21)* is a self-report assessment completed before and after participation in Triple P Level 4 Standard Teen and Level 4 Group Teen. This 21-item assessment inventory is a short form of the DASS42 that measures symptoms of depression, anxiety and stress in adults.

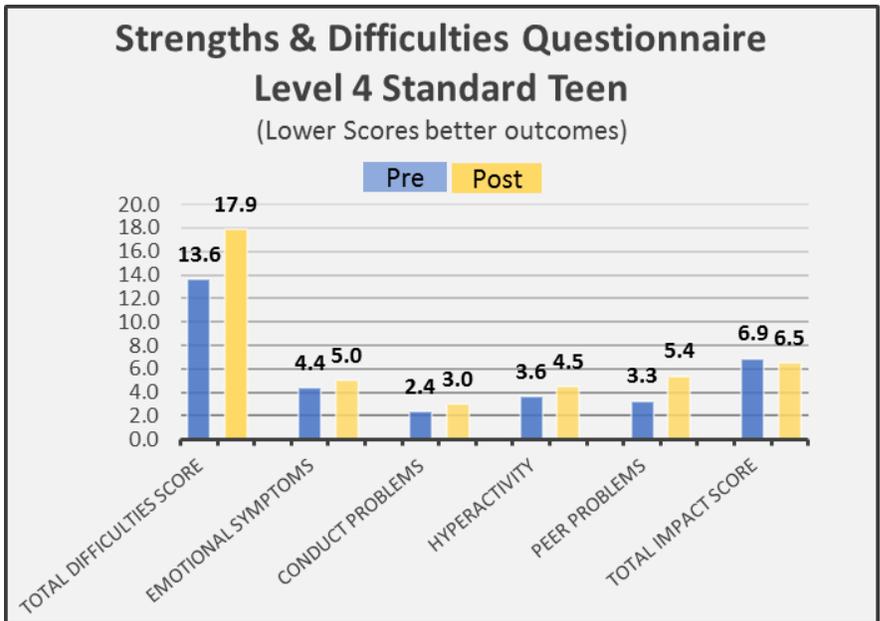
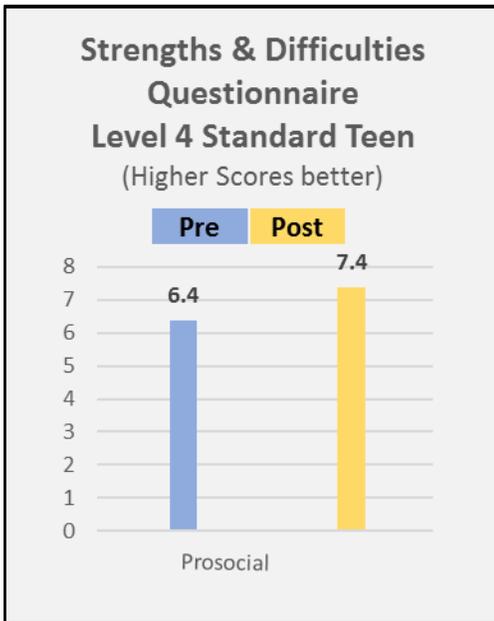
Each of the scale scores has a possible range of 0-42 (the raw DASS21 scale scores must be multiplied by two to be consistent with the DASS42 scale scores). Clinical cutpoints are 14 for Depression, 10 for Anxiety, and 17 for Stress. Scores at or above these cutpoints are considered to be clinically significant.

DASS - 21 Score			
	Depression Score	Anxiety Score	Stress Score
Normal	0-4	0-3	0-7
Mild	5-6	4-5	8-9
Moderate	7-10	6-7	10-12
Severe	11-13	8-9	13-16
Extremely S	14+	10+	17+

Overall there was slight improvement in two areas, with a 22% increase in Anxiety. There were nearly 10 caregivers completing at least part of both pre- and post surveys.



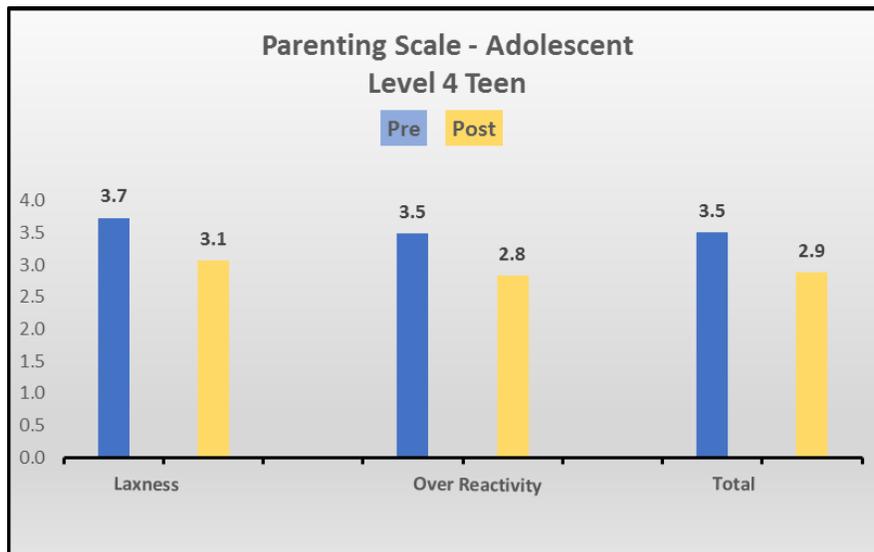
Nearly 10 caregivers completed both the pre and post SDQ surveys (see page 6 for guidelines in interpreting the SDQ). There has been a slight improvement in the Total Impact Score.



Parenting Scale – Adolescent Version

The *Parenting Scale-Adolescent Version* is a self-report assessment completed before and after participation in Triple P Level 4 Standard Teen and Level 4 Group Teen. This 13-item questionnaire is a shorter version of the Parenting Scale and assesses parenting and disciplinary styles, particularly those that are found to be related to the development and/or maintenance of disruptive behavior problems. It is completed by parents/caregivers of children ages 13 and higher.

This survey reports Laxness and Overreactivity. Clinical cutpoints have not yet been established. Possible scores range from 1-7, each representing an average item response. Lower scores are better. Almost 10 caregivers completed both the pre and the post surveys. There has been a slight improvement of approximately 18.5% overall.



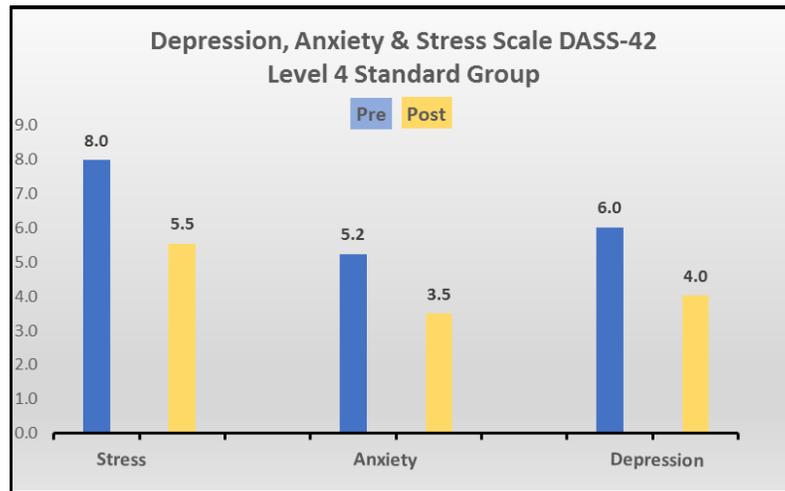
Level 4 Standard Group

This level is for parents/caregivers of children from birth to 12 years who are:

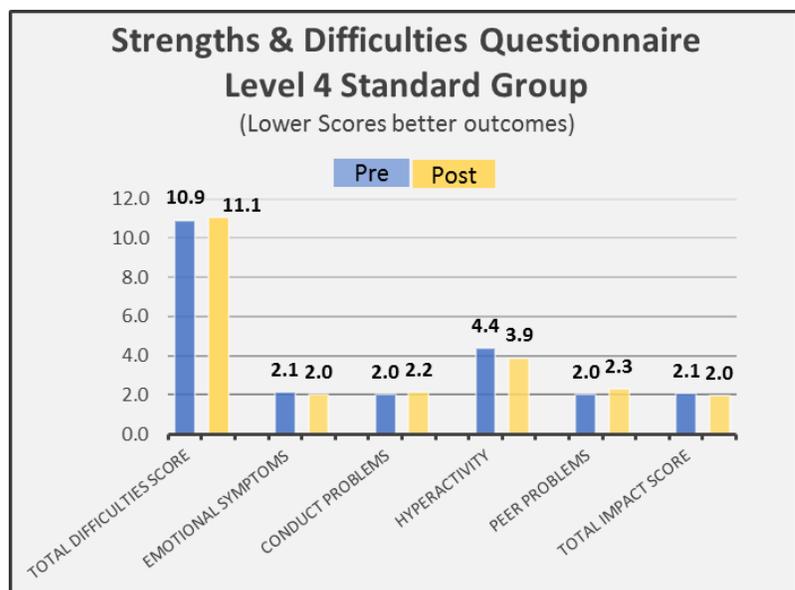
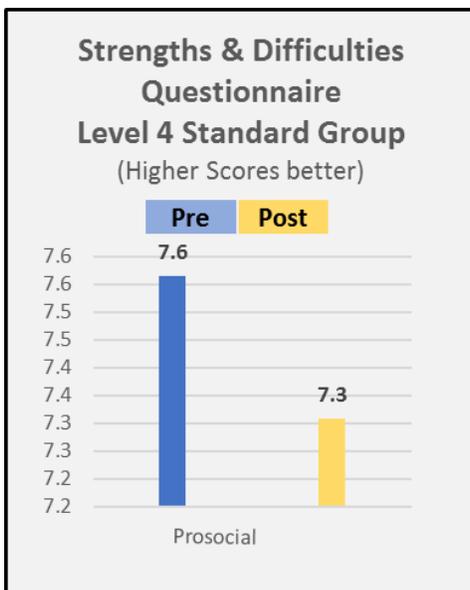
- Interested in promoting their child's development and potential OR
- May have concerns about their child's mild to moderate level of behavioral problems OR
- Simply wish to prevent behavior problems from developing

Group is a broad-based parenting intervention delivered over eight weeks which involves five (2-hour) group sessions of up to 12 parents. Parents actively participate in a range of exercises to learn about the causes of child behavior problems, setting specific goals, and using strategies to promote child development, manage misbehavior, and plan for high-risk situations. Then there are three (15 to 30 minute) individual telephone consultations to assist parents with independent problem solving while they are practicing the skills at home.

See p. 7 for guidelines in interpreting DASS42. Overall, nearly 90 caregivers completed pre and post surveys. There was an average of 33% decrease in all areas.

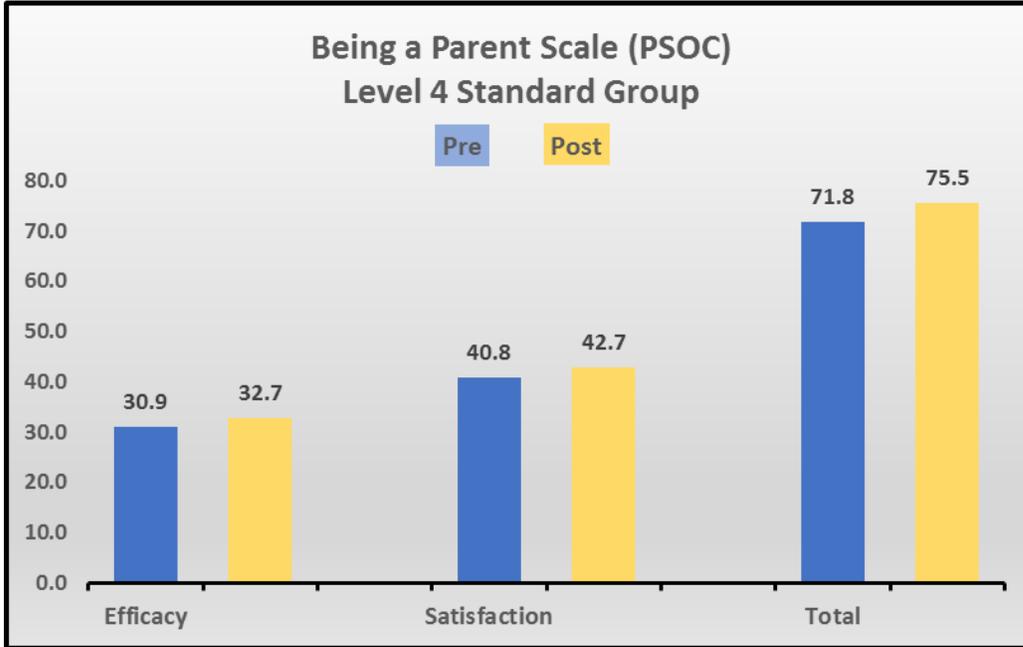


Nearly 80 caregivers completed both pre and post surveys for the SDQ (see page 6 for guidelines in interpreting the SDQ). Three areas showed improvement in symptoms.



Being a Parent Scale (PSOC)

With more than 80 caregivers completing both pre and post surveys, there has been a slight improvement of approximately 5% (see p. 6 for guidelines in interpreting this scale).



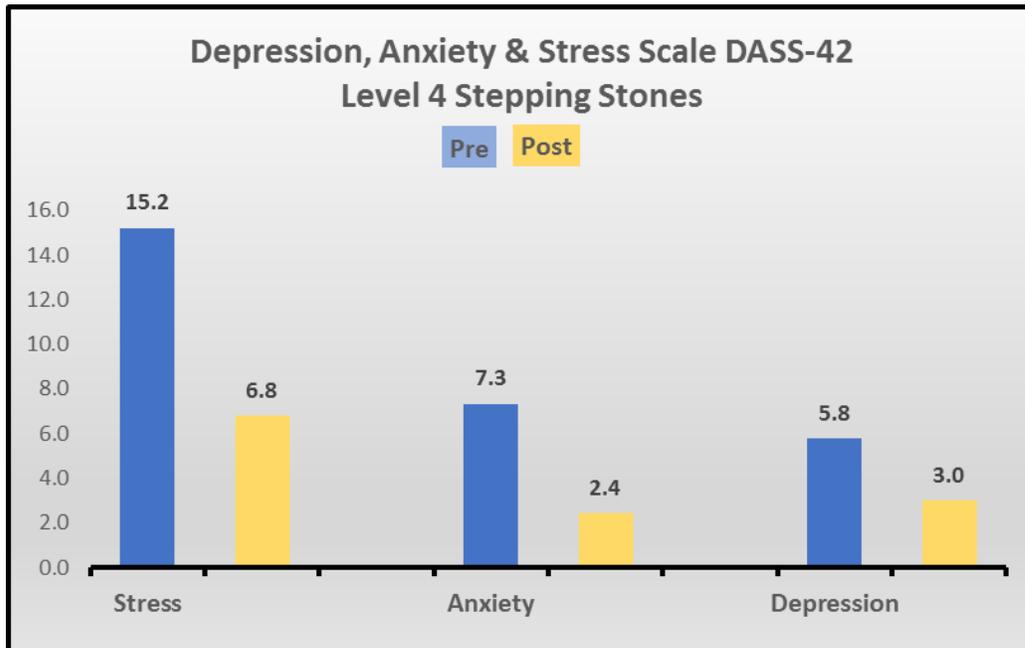
Level 4 Standard Stepping Stones

Stepping Stones Triple P is for parents of children who have a disability. It has been shown to work with children with intellectual and physical disabilities who also have disruptive behaviors. Stepping Stones gives support to help manage a child's behavior and prevent the kinds of problems that make family life stressful.

Stepping Stones is given over 8 to 10 individual sessions or as needed. Caregivers set their own goals and work out what changes they would like to see in their child's behavior. Caregivers learn the strategies they can use and adapt to suit their family's needs.

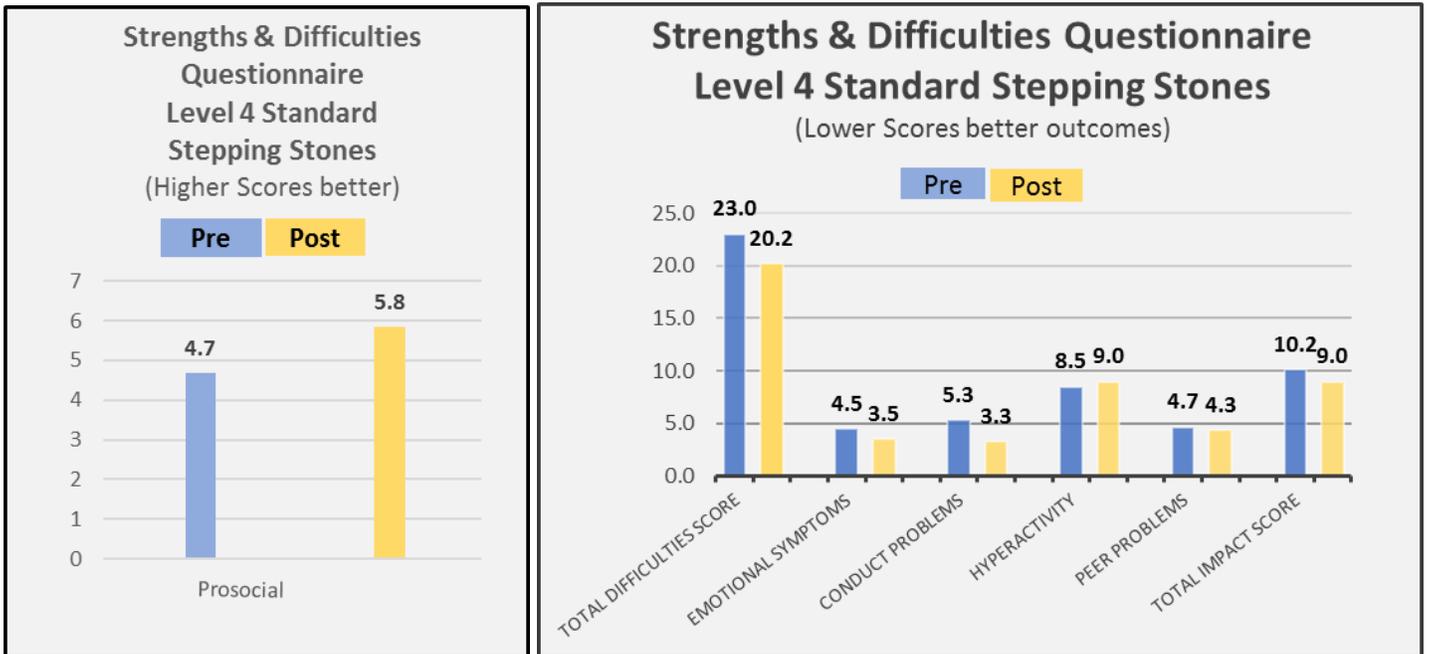
Depression Anxiety Stress Scale-42 (DASS42)

Nearly 10 caregivers completed pre and post surveys the results show a large improvement in all areas. The Anxiety score has improved by more than 66% (see p. 7 for guidelines on interpreting this scale).



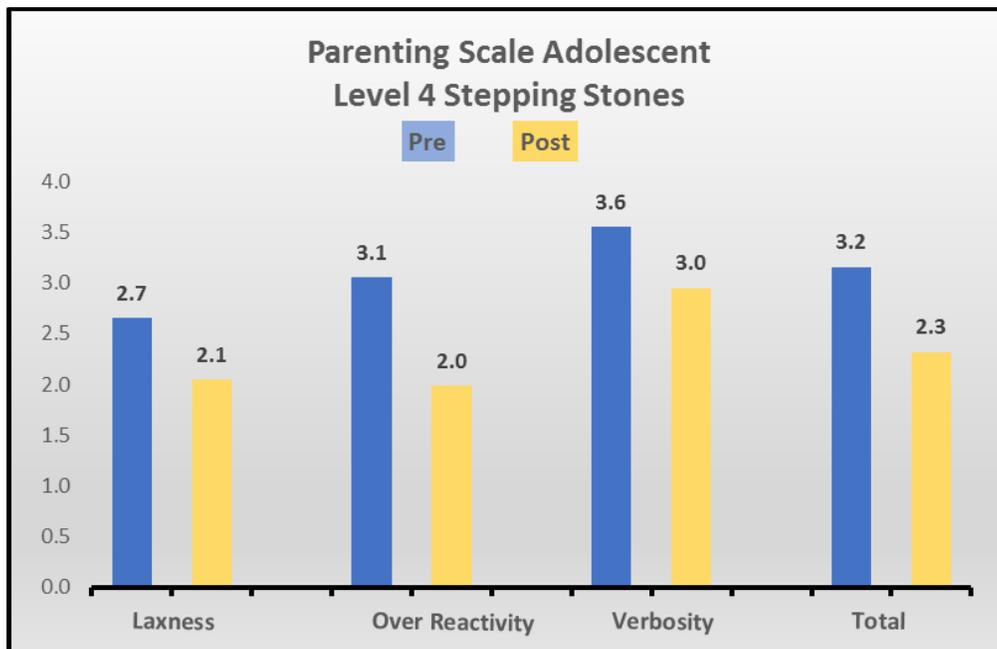
The Strengths and Difficulties Questionnaire (SDQ)

Nearly 10 caregivers that completed both pre and post surveys and most areas show an improvement. The Prosocial area has improved by 25% (see p. 6 for guidelines in interpreting the SDQ).



Parenting Scale – Adolescent Version

Nearly 10 caregivers completing both pre and post surveys there has been an improvement in all 3 areas (see p. 11 for guidelines on interpreting this scale).



Level 5 Enhanced/Pathways

This level provides intensive support for families with complex concerns. Parents must complete a Level 4 Standard or Group program before (or in conjunction with) a Level 5 course.

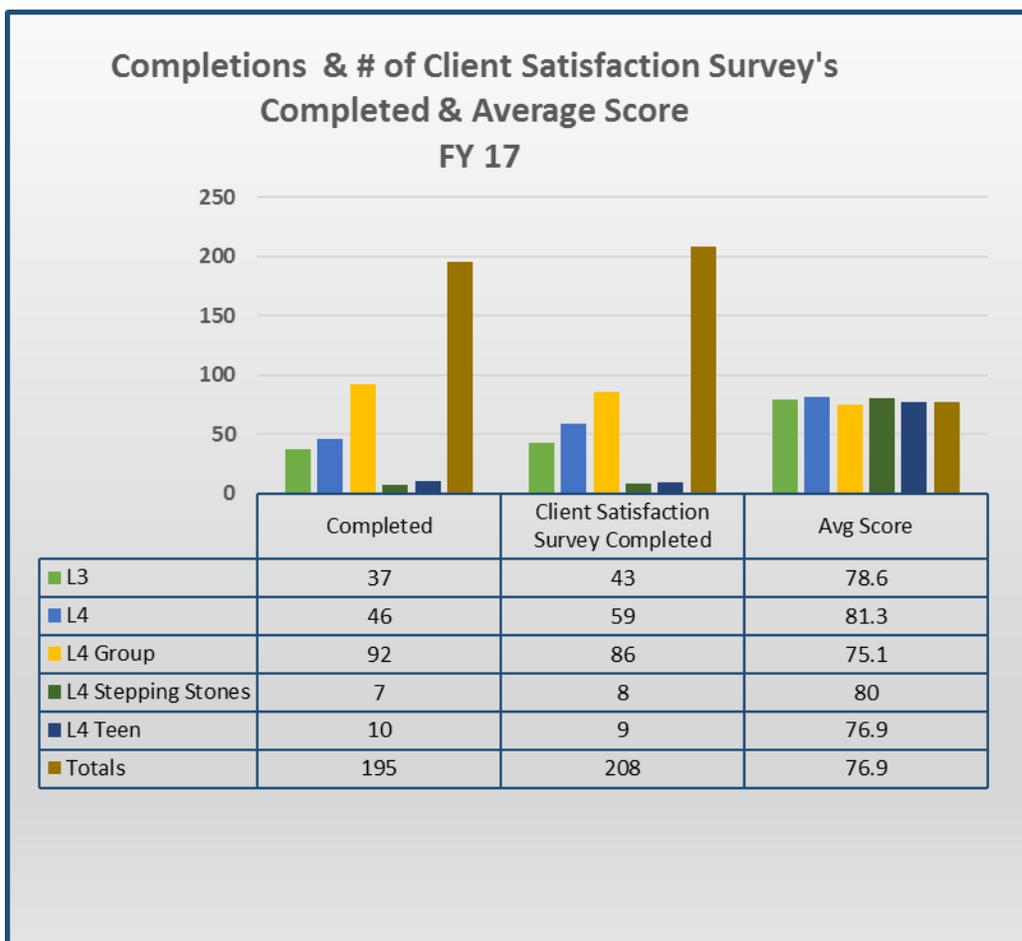
- **Enhanced Triple P** – This is for parents whose family situation is complicated by problems such as partner conflict, stress or mental health issues. Three modules target specific concerns. Parents can do one, two or three of the modules which work on partner relationships and communication, personal coping strategies for high stress situations and other positive parenting practice.
- **Pathways Triple P** – This is for parents at risk of child maltreatment. It covers anger management and other behavioral strategies to improve a parent's ability to cope with raising children.

As of March 26, 2018, there was only one caregiver for both Level 5 Enhanced and Level 5 Pathways.

Satisfaction Measure

Client Satisfaction Questionnaire (CSQ)

The *Client Satisfaction Questionnaire (CSQ)* measures consumer satisfaction after participation in all Triple P levels. It includes 13 items and scores range from 13-91. Higher scores are better. During 2017, 208 Client Satisfaction Surveys were completed with an average score of 76.9.



Summary of 2017 Triple P

All data entered into the Shasta County Scoring Application gives a snapshot in time.

A total of 3,722 caregivers have been entered into the Scoring Application since 2011. When a caregiver has completed a session, sometimes they want to either repeat that level or go on to another level. When this happens, it can result in duplicated numbers of caregivers.

Many more families have been introduced to Triple P, as several agencies provide Triple P in their counseling services. Shasta Head Start delivers Triple P to numerous families in Shasta County, but due to their structure, they are unable to enter data into the Shasta County Scoring Application.

Level 5 Transitions was recently introduced in Shasta County. Training was conducted in November 2017 and 13 practitioners were trained. This level will assist parents who need help with the transition from a two-parent to a single-parent family due to divorce.

Level 3 Discussions group series are also being given, which deal with commonly encountered problems such as disobedience, fighting and aggressions, and managing situations such as shopping with children and bedtime. These groups have four two-hour sessions. Due to the limitations of our Scoring Application, we are unable to enter this level's data.

A Level 5 Enhanced and Pathways training was conducted in December and was attended by 17 practitioners. This training will help to replace the practitioners that have left and are not providing Level 5 Enhanced or Pathways any longer. This level must be provided by a licensed clinician.

To learn more about local Triple P efforts, visit www.triplepshasta.com.