

Triple P – Shasta County

Triple P Program Performance Dashboard Report December 2016 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 through the end of December 2016.

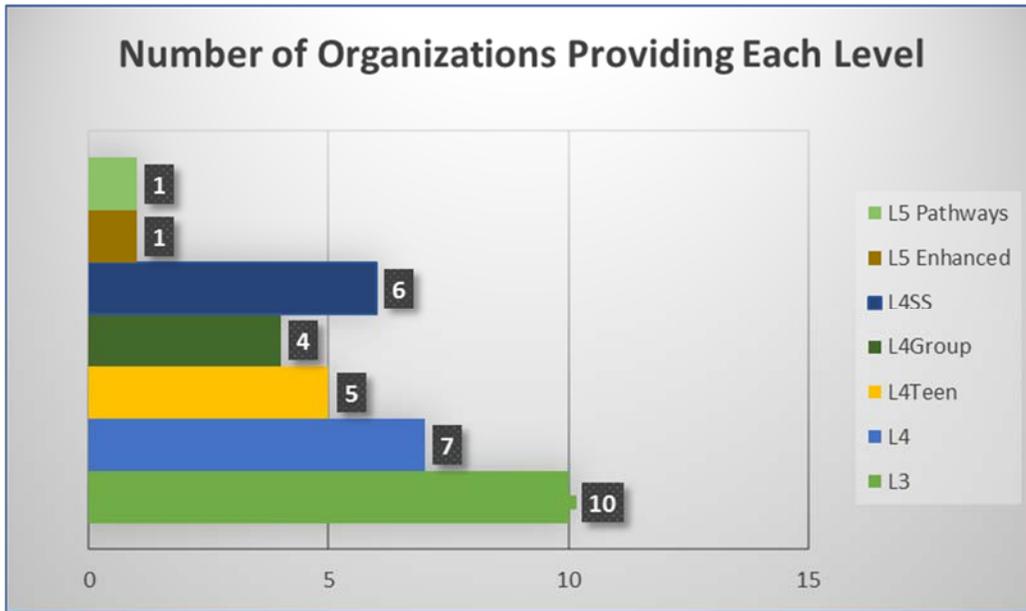
The source data for this report is from the Shasta County Scoring Application only and does not include data received from other sources. Though there are several input errors within the Shasta County Scoring Application, the effect of those errors is insignificant to the source data, thus have no effect on the outcome measures.

This 2016 dashboard report reflects a total of **576 Triple P caregivers** served in Shasta County, representing **477 children**. This signifies the addition of **536** new caregivers representing **445** children in 2016.

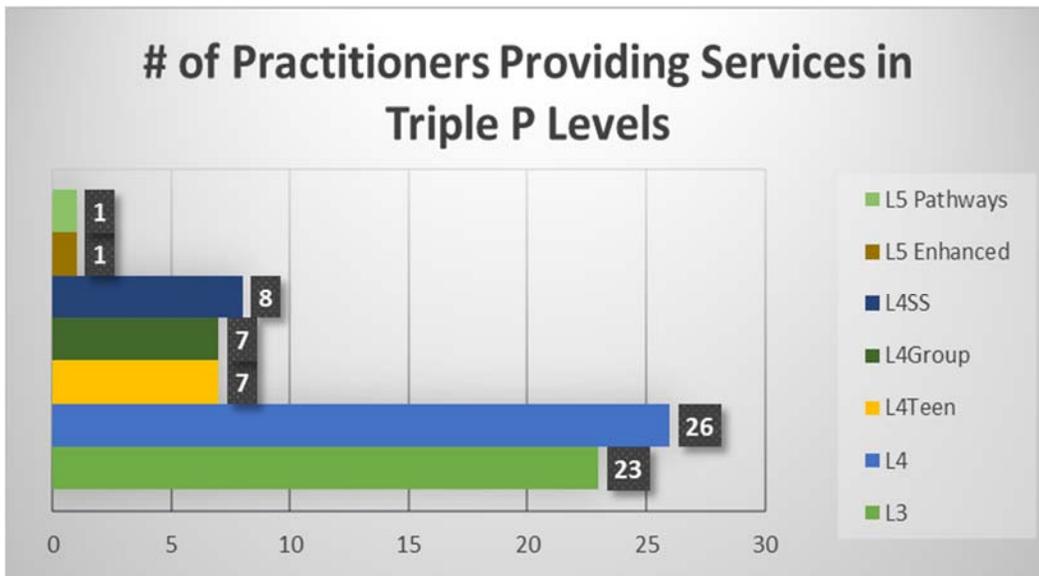
Below is the number of practitioners per Organization that entered data into the Shasta County Scoring Application and served caregivers in 2016.

Table 1. Shasta County Triple P Programs Providing Data through December, 2016		
Name of Organization	Number of Practitioners entering into Shasta Co Scoring Application 2016	Total Number of New Caregivers in 2016
Bridges to Success/ Shasta County Office of Education: Early Childhood Services/VOICES	8	73
Child Abuse Prevention Coordinating Council of Shasta County (CAPCC)	8	40
Family Dynamics	3	88
Gateway Unified School District/Great Partnership	1	15
Northern Valley Catholic Social Service	5	33
Remi Vista	5	27
Right Road Recovery Programs	3	43
Shasta County Health & Human Services Agency: Children's Services	10	55
Shasta County Health & Human Services Agency: Regional Services	1	4
Tri-Counties Community Network: Bright Futures	2	14
Victor Community Support Services	4	27
Wright Education Services	3	42
Youth and Family Programs	1	75

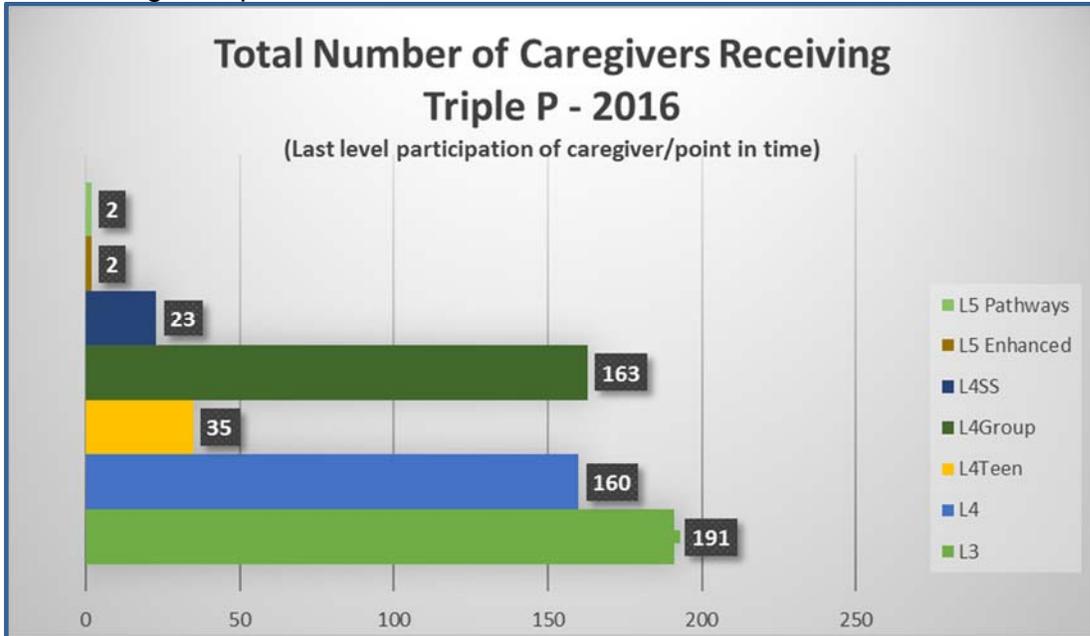
There was a total of 13 organizations providing Triple P services in 2016. The chart below shows the number of organizations that provided the specific levels.



Of these 13 organizations, there were 52 practitioners that provided Triple P services. Below is the number of practitioners that provided services in each specific level.

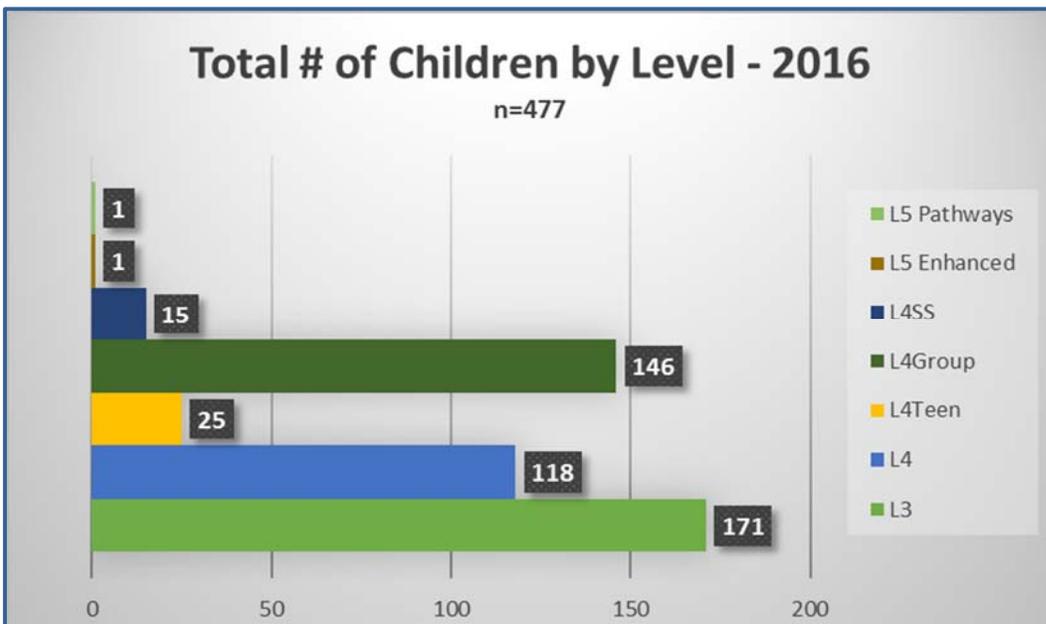


During 2016 there was a total of 546 caregivers that received Triple P services. The chart below shows the number of caregivers per level.

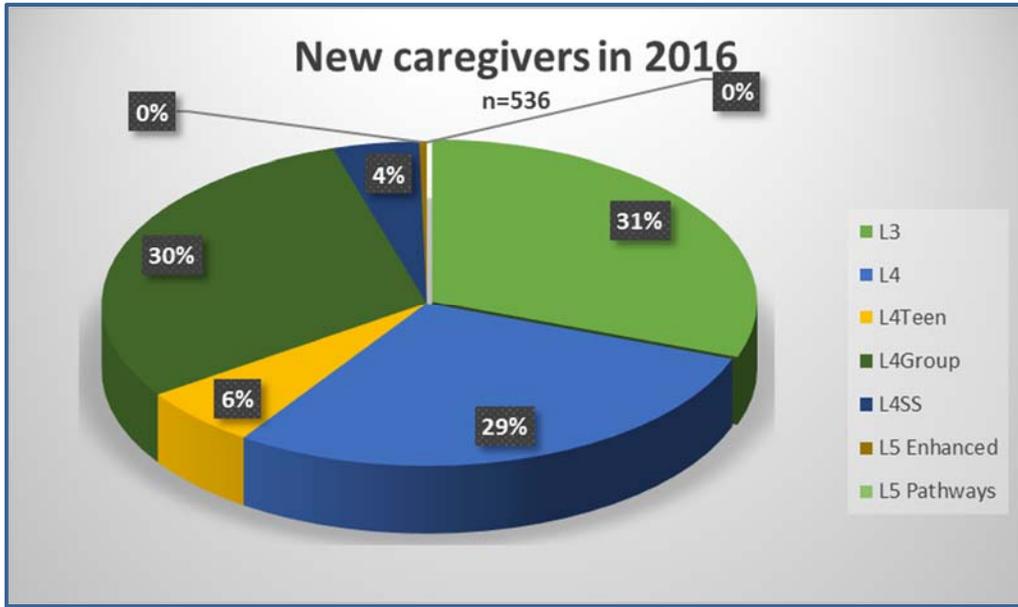


(Shasta County Scoring Application gives a point in time snapshot)

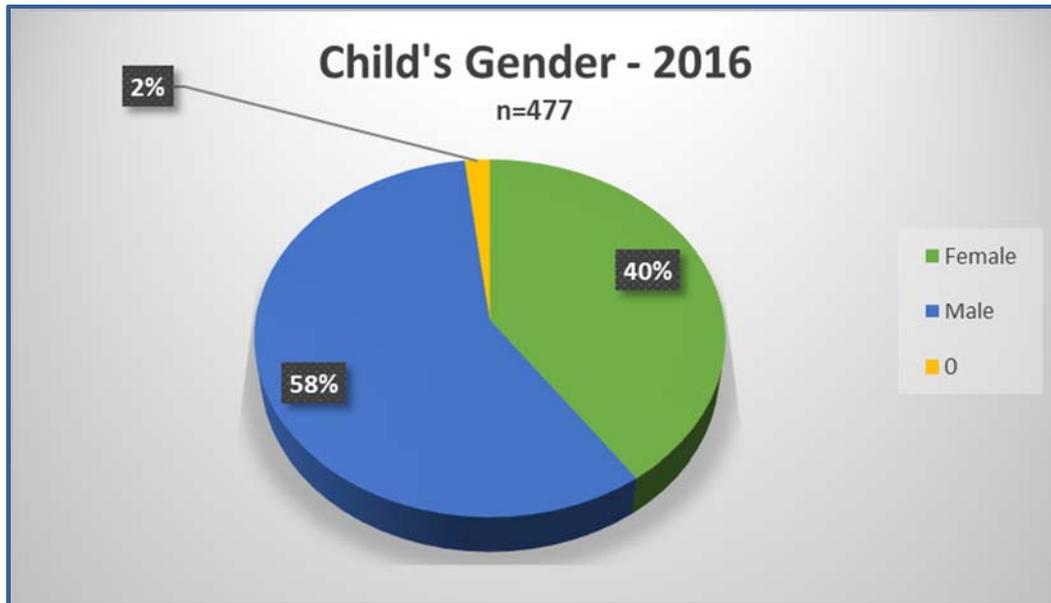
Each caregiver is associated with a child and there may be more than one caregiver per child. The total number of children represented by the caregivers in 2016 was 477.



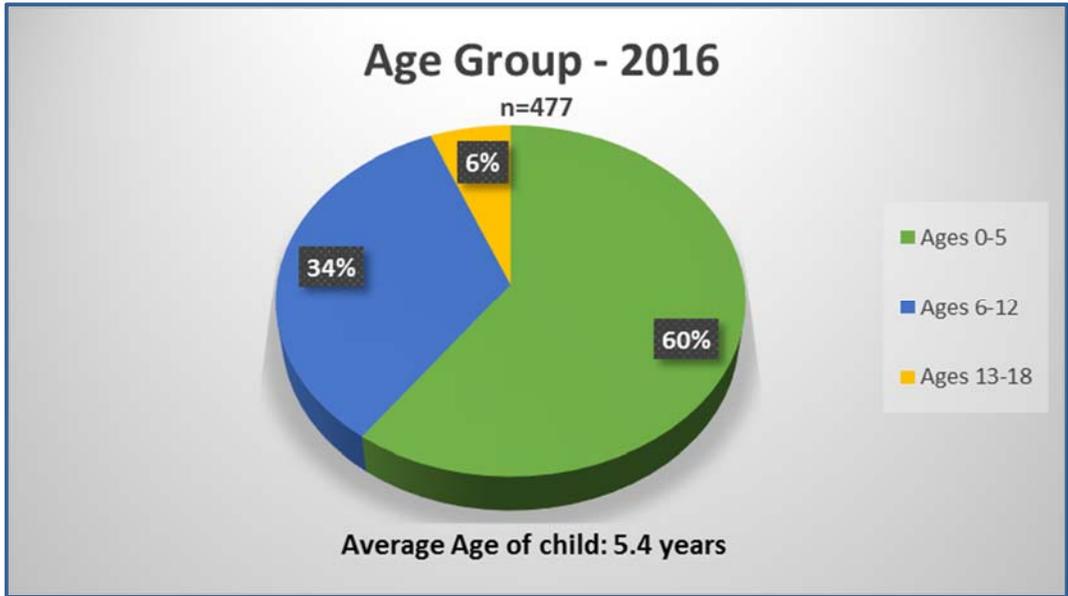
In 2016 there were 536 new caregivers that started receiving Triple P services representing an addition of 445 children.



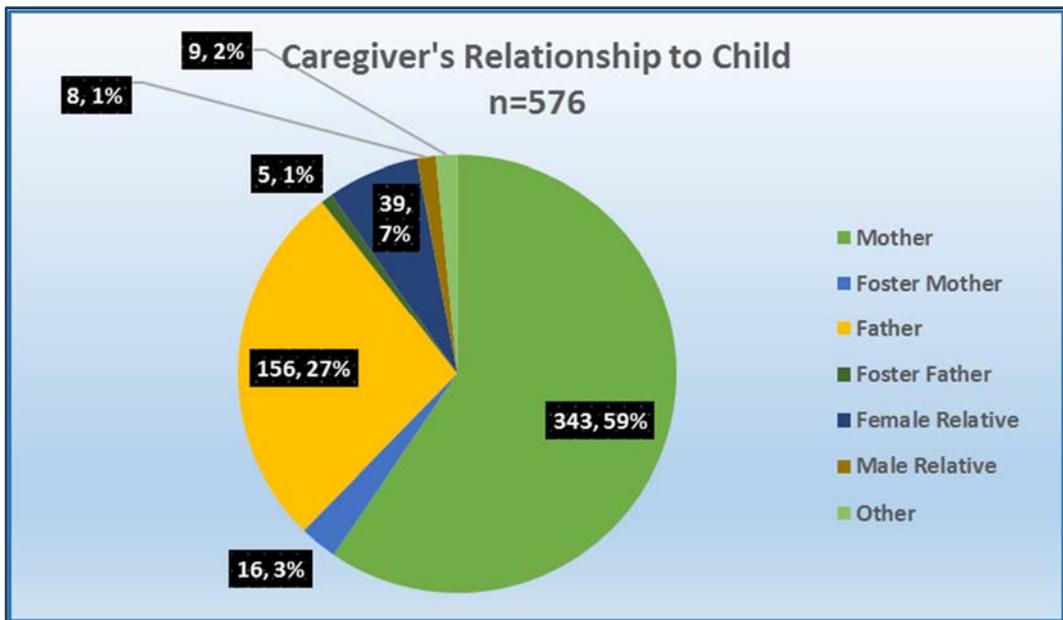
477 children were associated with the total caregivers. Of these, 276 were males, 192 females and 9 had neither male or female chosen.

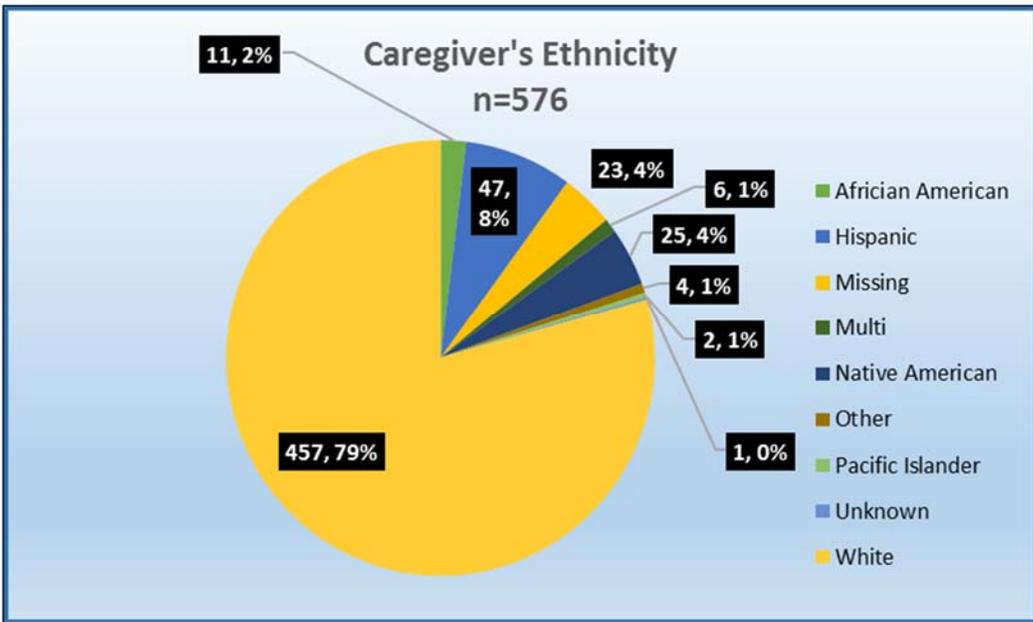
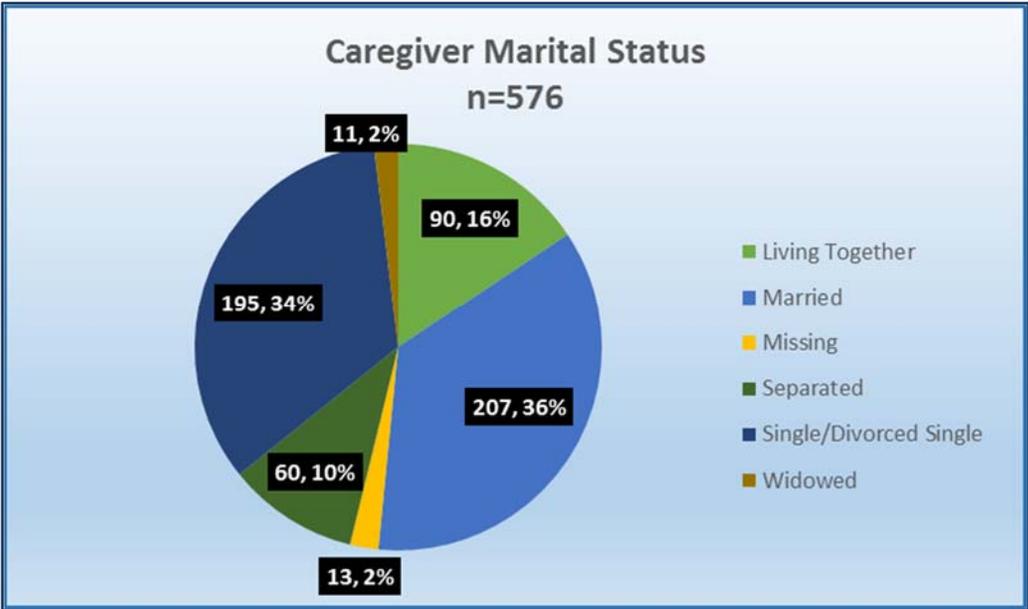


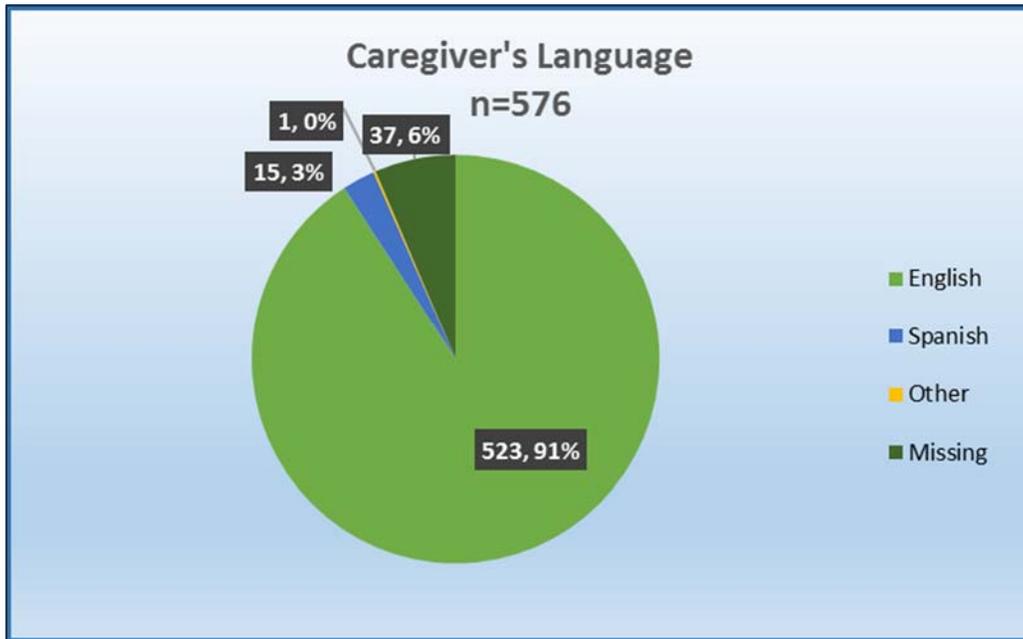
Two hundred and eighty-six children were 5 and under, 162 were ages 6-12 and 29 between the ages of 13-18 with the oldest being 16 years old.



Demographic information for Triple P caregivers







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

This level is:

- 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 required surveys are the Parenting Experience and Strengths and Difficulties Questionnaire.

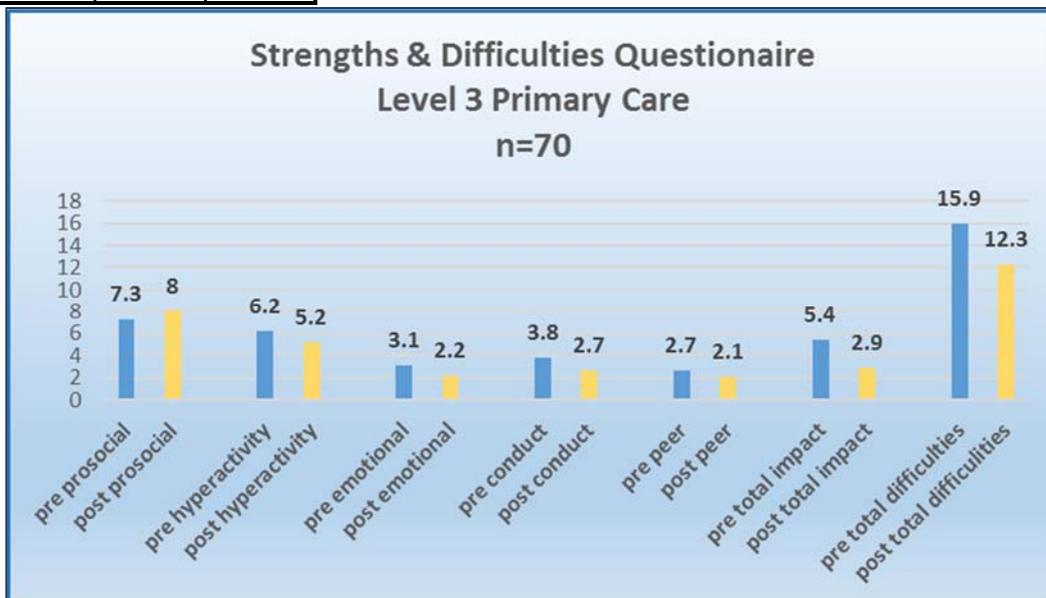
Parenting Experience Survey is a Level 3 Primary/Primary Teen questionnaire questioning about the child's behavior and issues related to being a parent. There is no data available for this survey except showing if it has been provided to the caregivers. This survey gives the practitioners information on how the parent perceives their parenting.

The Strengths and Difficulties Questionnaire (SDQ) is a brief behavioral screening questionnaire for children aged 3-16 year. 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.

"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.

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

Per the chart below there has been an improvement in all areas. The Total Impact score shows a 62% decrease in symptoms.



To date there have been 139 pre and 70 post surveys completed. 70 completed both pre/post.

Level 4 Standard

This level is:

- For parents/caregivers of children from birth to 12 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 but there can be more if needed

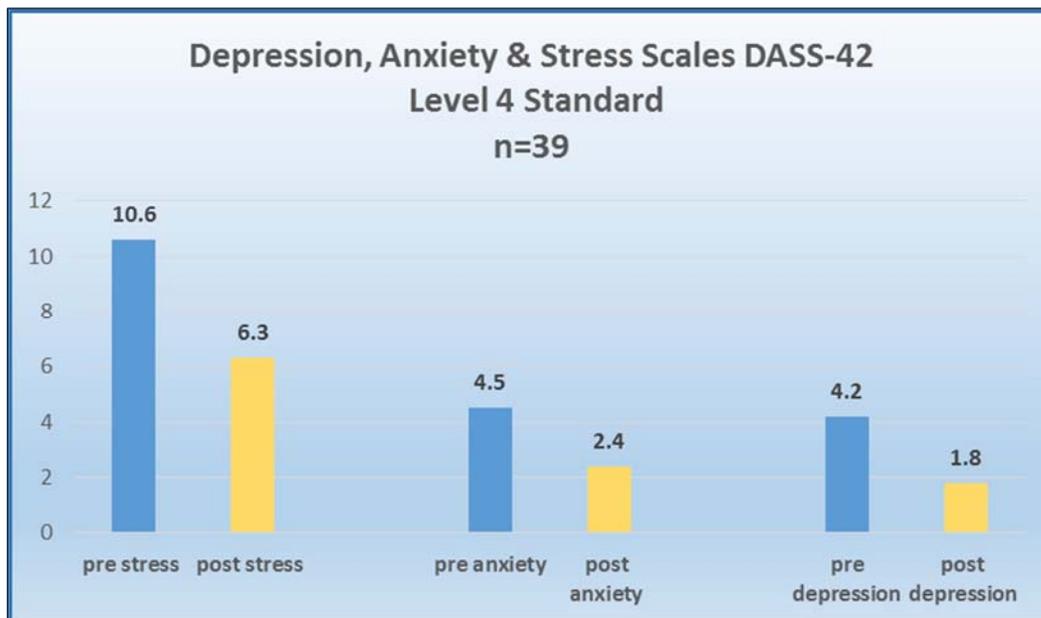
Depression Anxiety Stress Scale-42 (DASS42)

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.

Each of the scale scores has 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.

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+

There has been improvement in all areas. Depression symptoms have decreased by 57%.



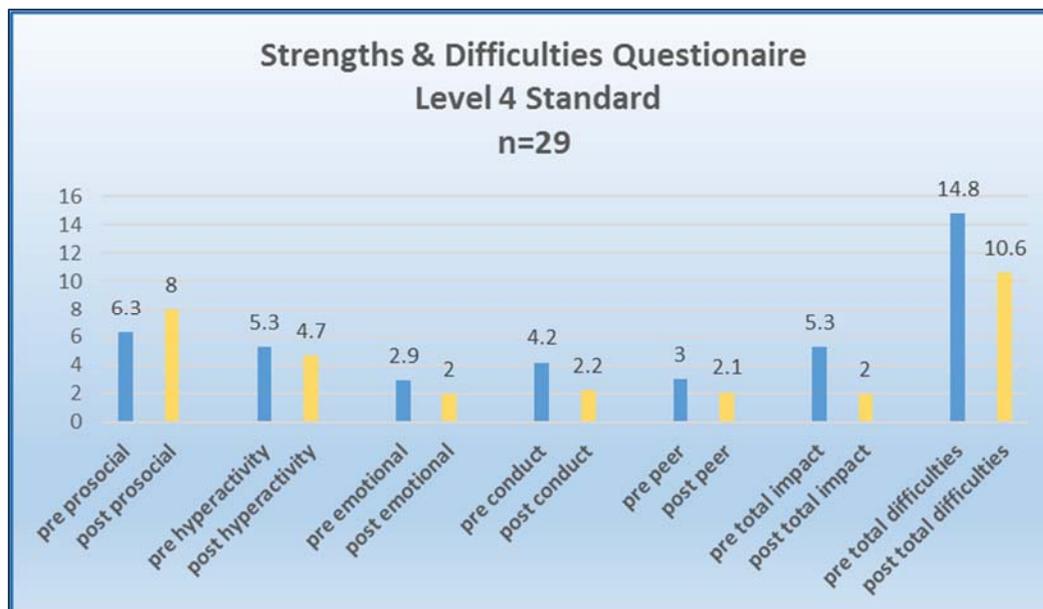
To date there have been 125 pre and 40 post surveys completed. 39 completed both pre/post.

The Strengths and Difficulties Questionnaire (SDQ) is a brief behavioral screening questionnaire for children aged 3-16 year. 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.

"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.

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

The Total Impact score has improved by almost 62%



To date there have been 95 pre and 30 post surveys completed. 29 completed both pre/post.

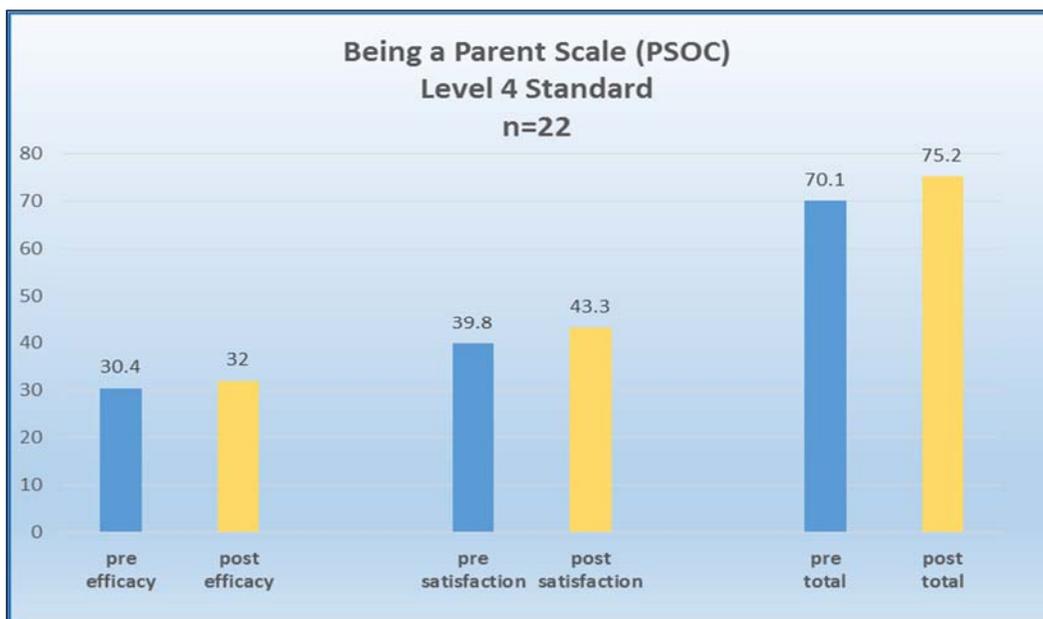
Being a Parent Scale (PSOC)

The *Being a Parent Scale* (PSOC) is a self-report assessment 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 the parenting role. Parents indicate their agreement with a series of statements about 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.

There has been a slight improvement in both areas.



To date there have been 78 pre and 22 post surveys completed. 22 completed both pre/post.

Parenting Scale

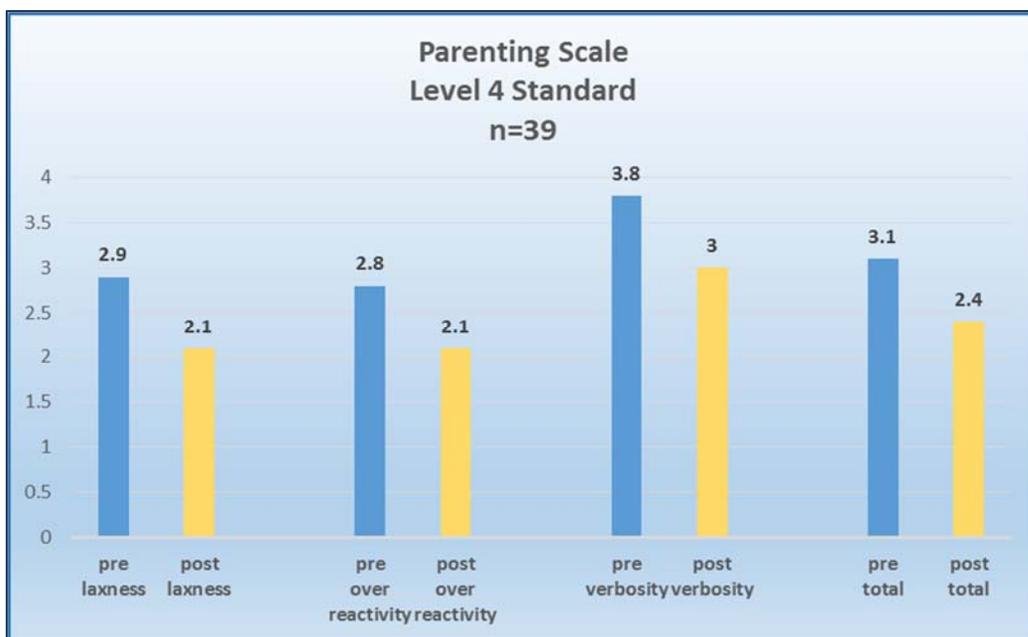
The *Parenting Scale* is a self-report assessment completed before and after participation in Triple P Level 4 Standard Stepping Stones, Level 5 Enhanced and Level 5 Pathways. This 30-item questionnaire assesses parenting and disciplinary styles, particularly those that are found to be related to the 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 employed, 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.

There has been a slight improvement in all areas.



To date there have been 123 pre and 40 post surveys completed. 39 completed both pre/post.

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

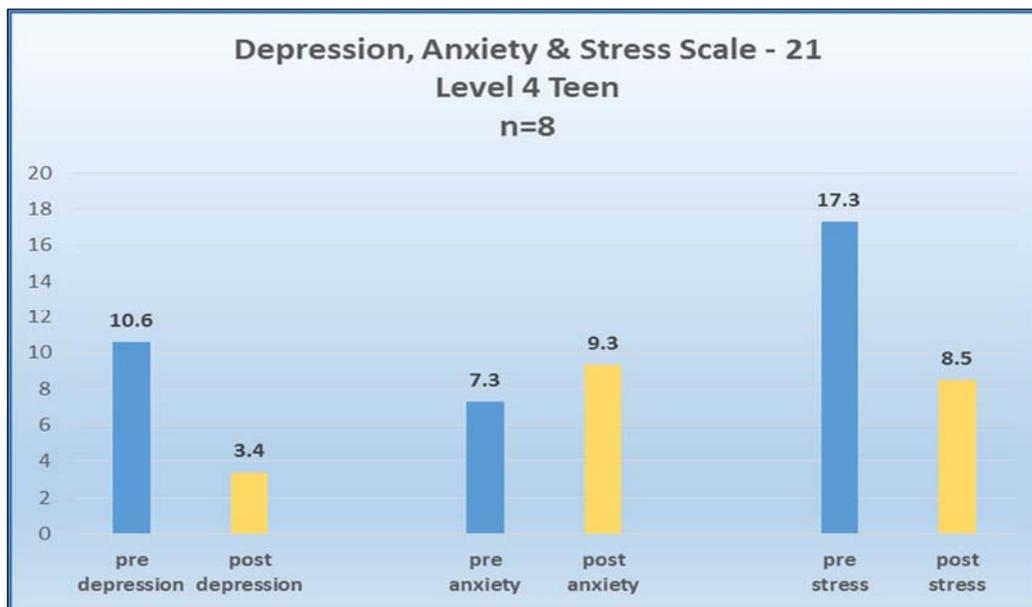
Depression Anxiety Stress Scale-21 (DASS21)

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 19 for Stress. Scores at or above these cutpoints are considered to be clinically significant.

	DASS 21 Score		
	Depression Score	Anxiety Score	Stress Score
	Depression	Anxiety	Stress
Normal	0-5	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	14+	10+	17+

Overall there has been an improvement in some areas with a slight increase in Anxiety.



To date there have been **29** pre and **9** post surveys completed. **8** completed both pre/post.

The Strengths and Difficulties Questionnaire (SDQ)

The SDQ is a brief behavioral screening questionnaire for children aged 3-16 year. 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.

There is no basis for a pre/post for this survey as the minimum number for any site-specific pre/post outcome analysis is 5. There were only 3 pre/post surveys completed.

Parenting Scale – Adolescent Version

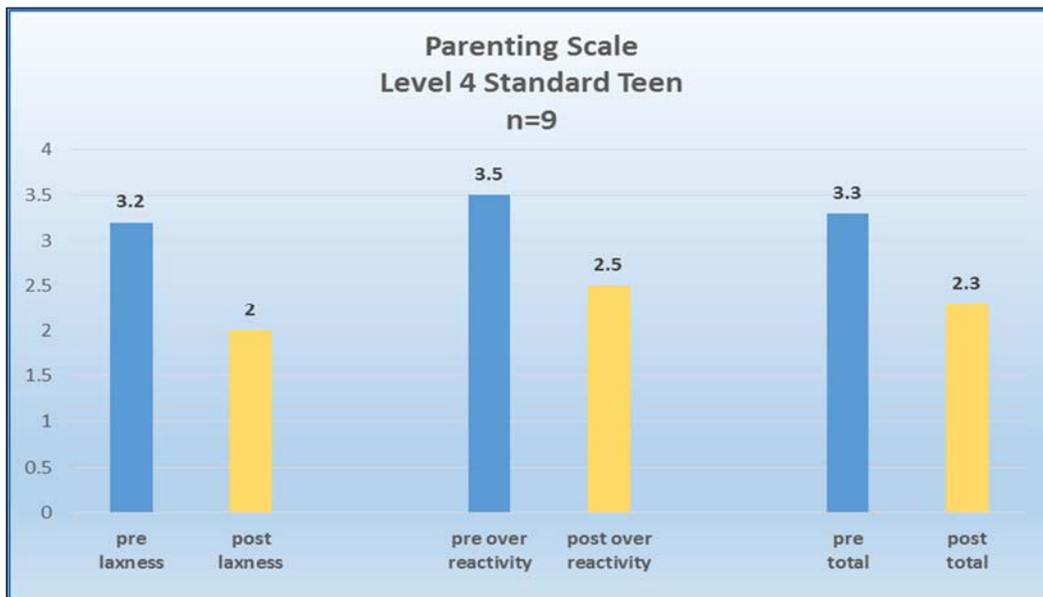
The *Parenting Scale-Adolescent Version* is a self-report assessment completed before and after participation in Triple P Level 4 Standard Teen and Level 4 Group Teen. This 13-item questionnaire is a shorter version of the Parenting Scale and assesses parenting and disciplinary styles, particularly those 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.

The factor structures of Laxness and Overreactivity reported, along with the Total Score. Clinical cutpoints have not yet been established.

Possible scores on all factors and the total range from 1-7, each representing an average item response.

Lower scores are better.

There has been a slight improvement in all areas.



To date there have been 29 pre and 40 post surveys completed. 9 completed both pre/post.

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.

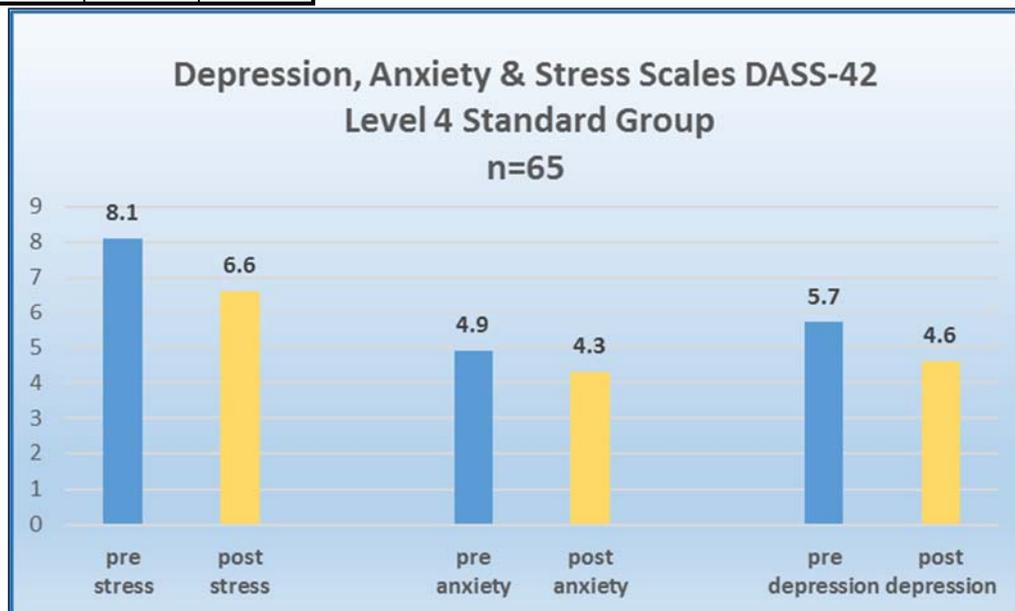
Depression Anxiety Stress Scale-42 (DASS42)

The *Depression Anxiety Stress Scale-42 (DASS42)* is a self-report assessment completed before and after participation in Triple P Level 4 Standard, Level 4 Group, Level 5 Enhanced and Level 5 Pathways. This 42-item assessment inventory measures symptoms of depression, anxiety and stress in adults.

Each of the scale scores has 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.

	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+

There has been a slight improvement in all areas.



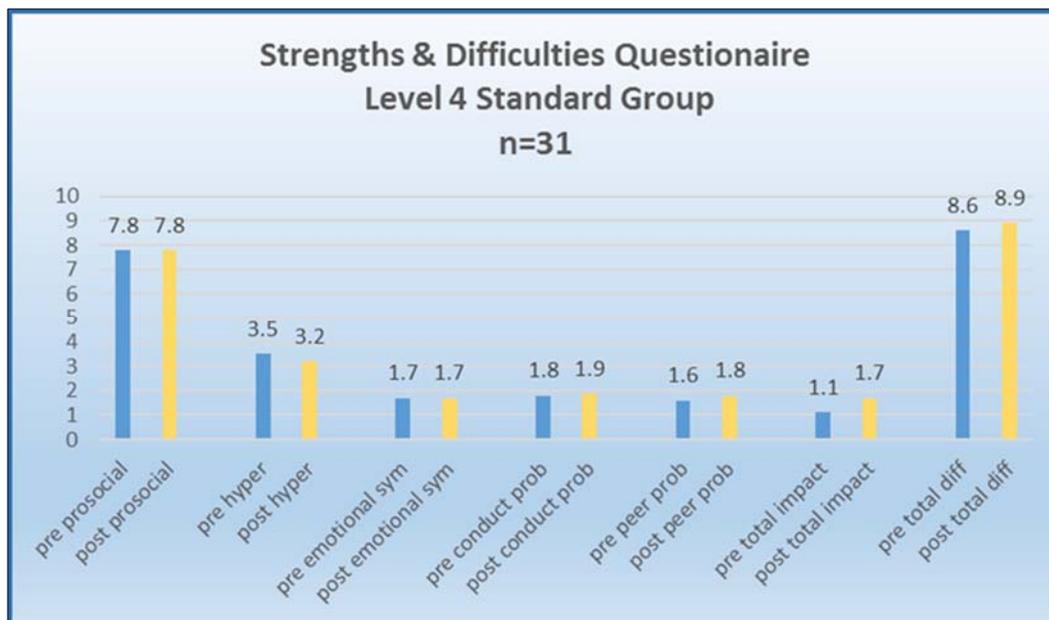
To date there have been 191 pre and 68 post surveys completed. 65 completed both pre/post.

The Strengths and Difficulties Questionnaire (SDQ) is a brief behavioral screening questionnaire for children aged 3-16 year. 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.

"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.

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

There doesn't seem to be improvement in any area. Some have had increases in problems. Due to all other levels having some success, it might be wise to look into this further.



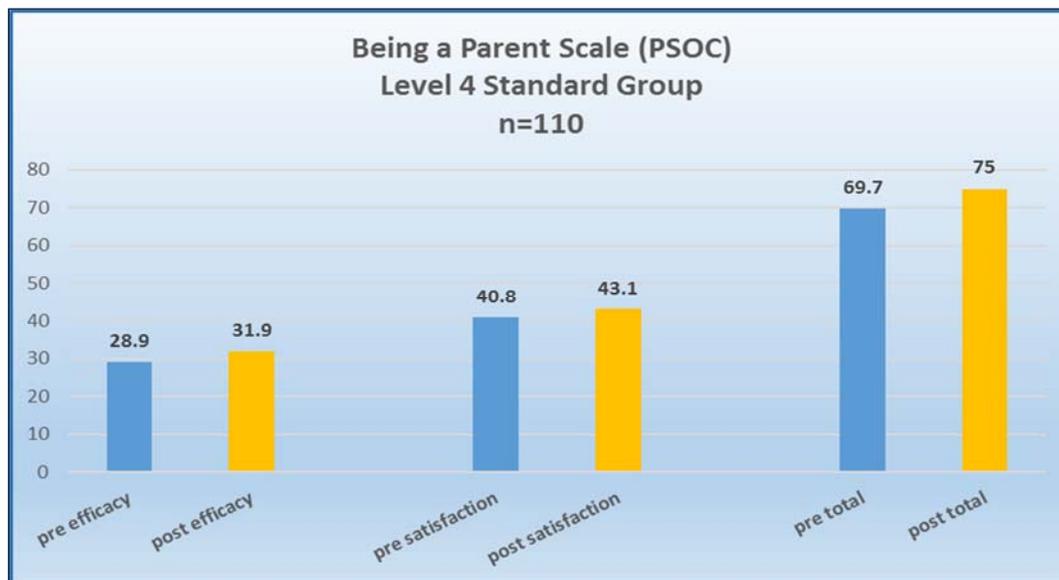
To date there have been 91 pre and 35 post surveys completed. 31 completed both pre/post.

Being a Parent Scale (PSOC)

The *Being a Parent Scale* (PSOC) is a self-report assessment 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 the parenting role. Parents indicate their agreement with a series of statements about 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.

All areas have a modest improvement.



To date there have been 183 pre and 124 post surveys completed. 110 completed both pre/post.

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)

The *Depression Anxiety Stress Scale-42* (DASS42) is a self-report assessment completed before and after participation in Triple P Level 4 Standard, Level 4 Group, Level 5 Enhanced and Level 5 Pathways. This 42-item assessment inventory measures symptoms of depression, anxiety and stress in adults.

Each of the scale scores has 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.

There is no basis for a pre/post for this survey as the minimum number for any site-specific pre/post outcome analysis is 5. There were no pre/post surveys completed.

The Strengths and Difficulties Questionnaire (SDQ)

The SDQ is a brief behavioral screening questionnaire for children aged 3-16 year. 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.

There is no basis for a pre/post for this survey as the minimum number for any site-specific pre/post outcome analysis is 5. There were only 2 pre/post surveys completed.

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.

The factor structures of Laxness and Overreactivity reported, along with the Total Score. Clinical cutpoints have not yet been established.

Possible scores on all factors and the total range from 1-7, each representing an average item response.

There is no basis for a pre/post for this survey as the minimum number for any site-specific pre/post outcome analysis is 5. There were only 2 pre/post surveys completed.

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.

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, Level 4 Group, Level 5 Enhanced and Level 5 Pathways. This 42-item assessment inventory measures symptoms of depression, anxiety and stress in adults.

Each of the scale scores has 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.

There is no basis for a pre/post for this survey as the minimum number for any site-specific pre/post outcome analysis is 5. There was only 1 pre/post survey completed.

The Strengths and Difficulties Questionnaire (SDQ)

The SDQ is a brief behavioral screening questionnaire for children aged 3-16 year. 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 can impact the child.

There is no basis for a pre/post for this survey as the minimum number for any site-specific pre/post outcome analysis is 5. There was only 1 pre/post survey completed.

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.

There is no basis for a pre/post for this survey as the minimum number for any site-specific pre/post outcome analysis is 5. There was only 1 pre/post survey completed.

Satisfaction Measure

Client Satisfaction Questionnaire (CSQ)

The *Client Satisfaction Questionnaire (CSQ)* is a measure of consumer satisfaction completed after participation in all Triple P levels. This 13-item measure assesses participant satisfaction with the parent training program. Possible scores range from 13-91. Higher scores are better.



Summary of data entered into the Shasta County Scoring Application

Data entered into the Shasta County Scoring Application is a picture in time. There are no dates entered for when the surveys are started or completed so some may have been completed and just entered after 12/2016. Another problem that is being worked on is that the practitioner needs to leave the completion field blank until the caregiver either completes the level or stops coming. It has been found that some practitioners automatically put "no" at the start and then don't change it later.

There has been a total of 3287 caregivers entered into the Scoring Application since 2011. There are many cases where a caregiver has not been entered, and this results in them not showing up when the is data pulled. Some of the possibilities for differences in the dates and numbers of caregivers being seen and surveys completed may be due to either the caregivers not completing the sessions or changing to another caregiver at a different time. When a caregiver has completed their sessions, there are times when they want to either repeat that level or go on to another level. When this happens, it is linked to the new practitioner and it doesn't show up in the previous practitioner or organization data when the next data is pulled.