



## Triple P Cabarrus Evaluation Manual

Dear Cabarrus Triple P Provider,

Thank you for partnering with the Cabarrus Health Alliance to demonstrate the impactful work you will be doing with families in Cabarrus County. Evaluation activities are a required part of being a Cabarrus Triple P Provider. Data collection tools not only provide useful information to the provider and caregiver during the intervention but also are mandated by the NC Department of Public Health for funding purposes. CHA was purposeful in selecting only the minimal number of tools and shortened versions in order to minimize the time needed for evaluation efforts. Please refer to the Memorandum of Agreement for a description of the evaluation commitment for your agency. Please contact Kristin Boatright at [kristin.boatright@cabarrushealth.org](mailto:kristin.boatright@cabarrushealth.org) or 704-920-1367 for questions regarding evaluation for Triple P Cabarrus or email [TripleP@cabarrushealth.org](mailto:TripleP@cabarrushealth.org).

Edited 3/6/2015

**Triple P Cabarrus Evaluation Manual**  
 Cabarrus Health Alliance  
 (CHA)  
**LEVEL 3**  
**INDIVIDUAL DELIVERY FORMAT INTERVENTIONS**

**CONTENTS**

1. Instructions
2. Caregiver Contact Record (CCR)
3. Parenting Experience Survey-PRE (PES-PRE)
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6. Fidelity Adherence Session Checklists

\*Electronic versions of these tools available at:

<http://www.cabarrushealth.org/268/Triple-P-Provider>

**EVALUATION INSTRUCTION SHEET**

**Data Collection Schedule**

<b>SESSION 1 (INITIAL SESSION):</b>
<ul style="list-style-type: none"> <li>• Document session on Caregiver Contact Record</li> </ul>
<ul style="list-style-type: none"> <li>• Collect Parenting Experience Survey-PRE for each caregiver present</li> </ul>
<ul style="list-style-type: none"> <li>• Complete Session 1 Checklist</li> </ul>
<b>SESSION 2:</b>
<ul style="list-style-type: none"> <li>• Document session on Caregiver Contact Record</li> </ul>
<ul style="list-style-type: none"> <li>• Complete Session 2 Checklist</li> </ul>
<b>SESSION 3:</b>
<ul style="list-style-type: none"> <li>• Document session on Caregiver Contact Record</li> </ul>
<ul style="list-style-type: none"> <li>• Complete Session 3 Checklist</li> </ul>
<b>SESSION 4 (FINAL SESSION):</b>
<ul style="list-style-type: none"> <li>• Document session on Caregiver Contact Record</li> </ul>
<ul style="list-style-type: none"> <li>• Collect Parenting Experience Survey-POST for each caregiver present</li> </ul>
<ul style="list-style-type: none"> <li>• Collect Caregiver Satisfaction Questionnaire</li> </ul>
<ul style="list-style-type: none"> <li>• Complete Session 4 Checklist</li> </ul>
<b>ADDITIONAL SESSIONS/FOLLOW-UPS:</b>
<ul style="list-style-type: none"> <li>• Document session on Caregiver Contact Record</li> </ul>

***\*INCOMPLETE INTERVENTIONS ONLY NEED TO SUBMIT CAREGIVER CONTACT RECORD***

## Description of Data Collection Tools

TOOL	COMPLETED BY:	COMPLETED DURING:	INSTRUCTIONS
<b>Caregiver Contact Record (CCR)</b>	Provider	Every session or contact with caregiver. Includes telephone conversations or follow-ups.	<ul style="list-style-type: none"> <li>• Enter Caregiver(s) name(s), DOB, zip code, county of residence, telephone #, your name, agency, and the intervention level (2 or 3) and type.</li> <li>• Record every date in which contact is made with caregiver.</li> <li>• Record who attended the intervention and their relationship to the primary child.</li> <li>• Provide a brief description of the activity (ex. Session 1, tip sheet, phone conversation, etc.).</li> <li>• Provide estimate of time spent with caregiver.</li> <li>• Maintain copy for your records and turn in a copy to CHA once intervention is completed or no further contact will be made with caregiver for Triple P.</li> <li>• Assign your own identifier if the caregiver does not authorize release of information.</li> </ul>
<b>Parenting Experience Survey-PRE (PES-PRE)</b>	Every caregiver present	Session 1 (Initial In-Person Contact)	<ul style="list-style-type: none"> <li>• Each caregiver present must complete a separate PES-PRE.</li> <li>• Provider fills out 'Provider Name' and 'Intervention type' at the top of the sheet.</li> <li>• Stress importance of being honest in order to get an accurate assessment.</li> <li>• Caregiver will need to identify a 'primary child' for whom they are primarily seeking Triple P services.</li> <li>• Unabridged survey is available in multiple languages on Triple P provider network. Triple P Cabarrus form is an abridged version of the PRE.</li> <li>• Maintain copy for your records and turn in a copy to CHA once intervention is completed or no further contact will be made with caregiver for Triple P.</li> </ul>
<b>Parenting Experience Survey-POST (PES-POST)</b>	Every caregiver present	Session 4 (Final In-Person Contact)	<ul style="list-style-type: none"> <li>• Each caregiver present must complete a separate PES-POST.</li> <li>• Provider fills out 'Provider Name' and 'Intervention type' at the top of the sheet.</li> <li>• Stress importance of being honest in order to get an accurate assessment.</li> <li>• Caregiver will need to identify a 'primary child' for whom they are primarily seeking Triple P services.</li> <li>• Unabridged survey is available in multiple languages on Triple P provider network. Triple P Cabarrus form is an abridged version of the POST.</li> <li>• Maintain copy for your records and turn in a copy to CHA once intervention is completed or no further contact will be made with caregiver for Triple P.</li> </ul>
<b>Caregiver Satisfaction Questionnaire (CSQ)</b>	Every caregiver present	Session 4 (Final In-Person Contact)	<ul style="list-style-type: none"> <li>• Each caregiver present must complete a separate CSQ.</li> <li>• Provider fills out 'Provider Name' and 'Triple P Level' at the top of the sheet.</li> <li>• Stress importance of being honest in order to get an accurate assessment.</li> <li>• Caregiver will need to identify a 'primary child' for whom they are primarily seeking Triple P services.</li> <li>• Original unabridged form is available in multiple languages on Triple P provider network. Triple P Cabarrus form is an abridged version of the CSQ.</li> <li>• Maintain copy for your records and turn in a copy to CHA once intervention is completed or no further contact will be made with Caregiver for Triple P.</li> </ul>
<b>Fidelity Adherence Session Checklist</b>	Provider	Every session	<ul style="list-style-type: none"> <li>• Document Client Information and session data (or date range if session is split up across several dates)</li> <li>• Check if each item was completed; enter 'not completed' if it was not completed</li> </ul>

## Submission of Data Collection Tools

### Timeline

Completed evaluation packets must be submitted to Triple P Cabarrus for the corresponding reporting period on the following dates each year:

REPORTING PERIOD	DATA SUBMISSION DUE DATE
January 1-March 31	<b>April 8</b>
April 1 – June 30	<b>July 8</b>
July 1 – September 30	<b>October 8</b>
October 1 – December 31	<b>January 8</b>

1. Submission Due Date: **April 8** for interventions completed during **[January 1 – March 31]**
2. Submission Due Date: **July 8** for interventions completed during **[April 1 – June 30]**
3. Submission Due Date: **October 8** for interventions completed during **[July 1 – September 30]**
4. Submission Due Date: **January 8** for interventions completed during **[October 1 – December 31]**

### NOTE:

- An email reminder will be sent to providers to submit evaluation packets for all Caregivers who have completed the intervention prior to the submission deadline.
- \*Providers may also choose to submit completed evaluation packets at any time prior to the submission deadline on an on-going basis if they prefer.
- **\*Incomplete interventions only need to submit the Caregiver Contact Record.**

### Method for Submission

Option 1: Mail completed evaluation packets (CCR, CSQ (if applicable), and Session Checklists) using pre-paid envelopes provided by Cabarrus Health Alliance. Contact Kristin Boatright if you need additional pre-paid envelopes at [kristin.boatright@cabarrushealth.org](mailto:kristin.boatright@cabarrushealth.org) or 704-920-1367.

Mail to: TRIPLE P CABARRUS  
Cabarrus Health Alliance  
300 Mooresville Rd.  
Kannapolis, NC 28081

Option 2: Scan evaluation packets (CCR, CSQ (if applicable), and Session Checklists) and email to Kristin Boatright at [kristin.boatright@cabarrushealth.org](mailto:kristin.boatright@cabarrushealth.org).

Option 3: Contact Kristin Boatright at [kristin.boatright@cabarrushealth.org](mailto:kristin.boatright@cabarrushealth.org) or 704-920-1367 to arrange for evaluation packet pick-up.

## Incentive Plan

Although evaluation activities are a part of the Triple P intervention and an agreement established upon training, CHA has the following incentive plan in place as an added measure to support and encourage our Triple P providers during the initial implementation phase. We recognize that evaluation incentives cannot be provided long-term; however, research demonstrates that incentives used during the start-up period encourage providers to immediately incorporate Triple P into their day to day work. This allows providers to experience first-hand the impact, thus increasing the likelihood for permanent use of the Triple P intervention.

**Incentive Amount:** \$100 Visa Card to the provider for first 5 families that receive the full level 3 intervention.

**Requirements/Submission:** Upon submission of the first 5 complete evaluation packets (CCR, PES-PRE, PES-POST, CSQ, & Session Checklists) to CHA, the provider will receive one \$100 Visa Card. Only 1 incentive per provider per level.



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PRE

Level 3  
PARENTING EXPERIENCE PRE-SURVEY

Caregiver Name or Client ID: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

Date: \_\_\_\_\_

Provider and Agency Name: \_\_\_\_\_

Triple P Intervention Type (ex: Level 3 Stepping Stones 0-12): \_\_\_\_\_

Below are a list of issues relating to being a parent.

Please circle the number describing the response which best describes how you honestly feel.

**1. In an overall sense, how difficult has your child’s behavior been over the last 6 weeks?**

Not at all	Slightly	Moderately	Very	Extremely
1	2	3	4	5

**2. To what extent do the following statements describe your experience as a parent in the last 6 weeks?**

	Not at all	Slightly	Moderately	Very	Extremely
Parenting is rewarding	1	2	3	4	5
Parenting is demanding	1	2	3	4	5
Parenting is stressful	1	2	3	4	5
Parenting is fulfilling	1	2	3	4	5
Parenting is depressing	1	2	3	4	5

**3. In the last 6 weeks, how confident have you felt to undertake your responsibilities as a parent?**

Not at all	Slightly	Moderately	Very	Extremely
1	2	3	4	5

**4. How supported have you felt in your role as a parent over the last 6 weeks?**

Not at all	Slightly	Moderately	Very	Extremely
1	2	3	4	5

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POST

Level 3  
PARENTING EXPERIENCE POST-SURVEY

Caregiver Name or Client ID: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_  
Date: \_\_\_\_\_  
Provider and Agency Name: \_\_\_\_\_  
Triple P Intervention Type (ex: Level 3 Stepping Stones 0-12): \_\_\_\_\_

Below are a list of issues relating to being a parent.  
Please circle the number describing the response which best describes how you honestly feel.

1. In an overall sense, how difficult has your child’s behavior been over the last 6 weeks?

Not at all      Slightly      Moderately      Very      Extremely  
1                    2                    3                    4                    5

2. To what extent do the following statements describe your experience as a parent in the last 6 weeks?

	Not at all	Slightly	Moderately	Very	Extremely
Parenting is rewarding	1	2	3	4	5
Parenting is demanding	1	2	3	4	5
Parenting is stressful	1	2	3	4	5
Parenting is fulfilling	1	2	3	4	5
Parenting is depressing	1	2	3	4	5

3. In the last 6 weeks, how confident have you felt to undertake your responsibilities as a parent?

Not at all      Slightly      Moderately      Very      Extremely  
1                    2                    3                    4                    5

4. How supported have you felt in your role as a parent over the last 6 weeks?

Not at all      Slightly      Moderately      Very      Extremely  
1                    2                    3                    4                    5

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**TRIPLE P CABARRUS**

**CAREGIVER SATISFACTION QUESTIONNAIRE**

Provider Name and Agency: \_\_\_\_\_

Triple P Level & Type: \_\_\_\_\_

Caregiver Name or Client ID: \_\_\_\_\_

Today's Date: \_\_\_\_\_

Relationship to Child: \_\_\_\_\_

**INSTRUCTIONS**

This questionnaire will help us to evaluate and continually improve the Triple P parenting program we offer. We are interested in your HONEST OPINIONS about the services you have received, whether they are positive or negative. Please answer all the questions by circling the response that best describes how you honestly feel.

**1. How would you rate the quality of the Triple P parenting program you and your child received?**

1                      2                      3                      4                      5                      6                      7  
Poor                      Fair                      Good                      Excellent

**2. Has the Triple P parenting program helped you to deal more effectively with your child's behavior?**

1                      2                      3                      4                      5                      6                      7  
No, it made things worse                      No, it hasn't helped much                      Yes, it has helped somewhat                      Yes, has helped a great deal

**3. Has the Triple P parenting program helped you to deal more effectively with problems that arise in your family?**

1                      2                      3                      4                      5                      6                      7  
No, it made things worse                      No, it hasn't helped much                      Yes, it has helped somewhat                      Yes, has helped a great deal

**4. If you were to seek help again, would you come back to Triple P parenting program?**

1                      2                      3                      4                      5                      6                      7  
No, definitely not                      No, I don't think so                      Yes, I think so                      Yes, definitely

**5. In your opinion, how is your child's behavior at this point?**

1                      2                      3                      4                      5                      6                      7  
Considerably worse                      Worse                      Slightly worse                      The same                      Slightly improved                      Improved                      Greatly improved

**6. Do you have any other comments about Triple P parenting program?**

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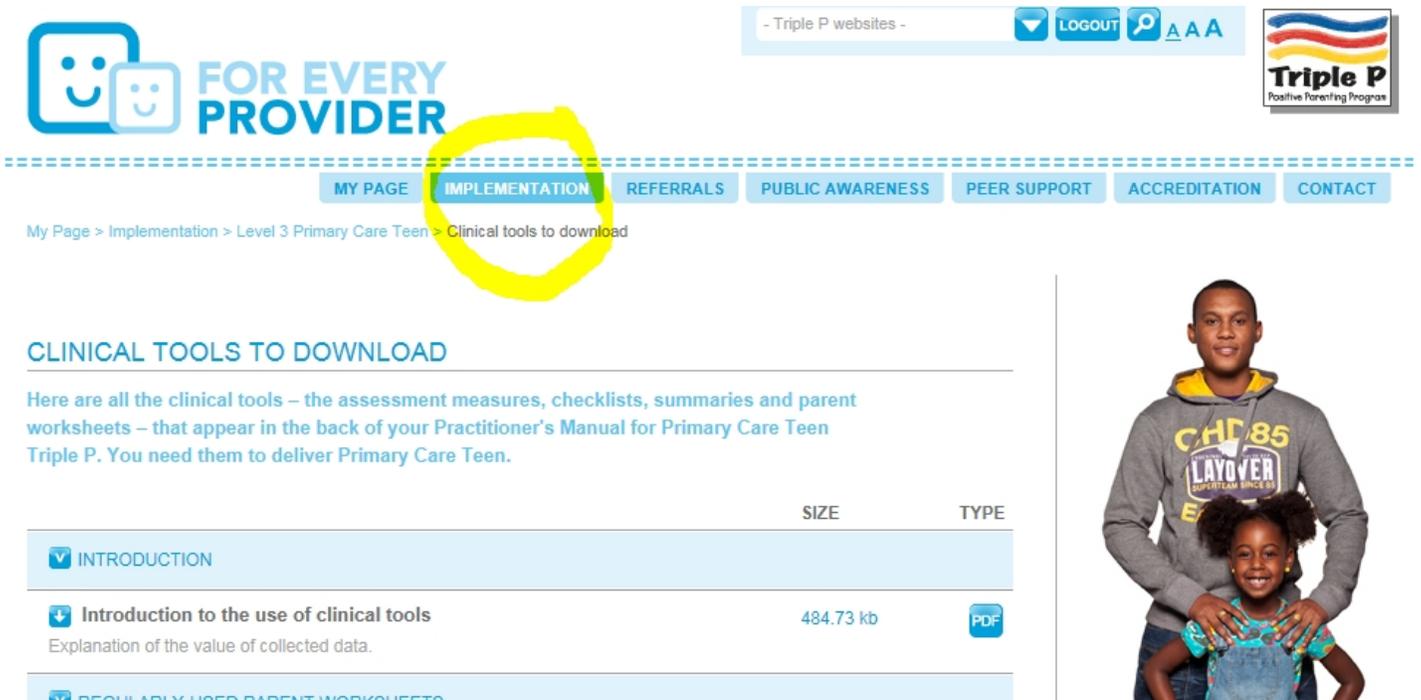
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# FIDELITY ADHERENCE SESSION CHECKLISTS

- Complete and turn in “Session Checklists” available from training practitioner handbook or on the Triple P provider network under implementation Tools



The screenshot shows the Triple P website interface. At the top left is the logo "FOR EVERY PROVIDER" with two smiley faces. To the right are navigation links: "- Triple P websites -", "LOGOUT", a search icon, and "AAA". On the far right is the Triple P logo with the text "Triple P Positive Parenting Program". Below this is a horizontal menu with items: "MY PAGE", "IMPLEMENTATION" (circled in yellow), "REFERRALS", "PUBLIC AWARENESS", "PEER SUPPORT", "ACCREDITATION", and "CONTACT". Below the menu is a breadcrumb trail: "My Page > Implementation > Level 3 Primary Care Teen > Clinical tools to download". The main content area is titled "CLINICAL TOOLS TO DOWNLOAD" and contains a paragraph: "Here are all the clinical tools – the assessment measures, checklists, summaries and parent worksheets – that appear in the back of your Practitioner’s Manual for Primary Care Teen Triple P. You need them to deliver Primary Care Teen." Below this is a table with columns for "SIZE" and "TYPE".

	SIZE	TYPE
<input checked="" type="checkbox"/> INTRODUCTION		
<input checked="" type="checkbox"/> Introduction to the use of clinical tools Explanation of the value of collected data.	484.73 kb	PDF
<input checked="" type="checkbox"/> REGULARLY USED PARENT WORKSHEETS		



- Tools also available at <http://www.cabarrushealth.org/268/Triple-P-Provider>
- Session Checklists differ between 0-12 or teen interventions
- Below are the session checklist for Level 3 Primary Care 0-12

# Fidelity Adherence Session 1 Checklist

Use this as a guide and as a record of what you covered in the session. Indicate with a check  if the item was covered. Indicate "not completed" if the item was omitted.

Caregiver name or Client ID: \_\_\_\_\_

Date(s) of session: \_\_\_\_\_

## CONTENT CHECKLIST

## COMPLETION STATUS

### 01. Introduction (welcome and self-introduction) and Agenda

- Outline proposed session goals and gain consent from the caregiver(s)
- Assessment of child behavior problems
- Options for intervention
- Keeping track of children's behavior
- Homework tasks

### 02. Intake Interview

- Discuss each parent's current main concerns about their child's behavior (nature; context; intensity; frequency; duration; onset; course; other caretakers' approaches)
- Check for any developmental difficulties or health problems
- Check on the child's educational history
- Explore family relationships and interaction

### 03. Options for Intervention

- Ascertain the appropriateness of Primary Care Triple P for the family
- Discuss continuation of the program if appropriate
- Discuss referral if appropriate

### 04. Keeping Track of Children's Behavior

- Decide on the target behavior/s to monitor
- Provide a rationale for monitoring children's behavior
- Devise a system for keeping track of the target behavior/s

### 05. Session Close

- Review the main points covered in the session
- Explain homework tasks (complete the *Family Background Questionnaire*, *Parenting Experience Survey*, and daily monitoring; review causes of child behavior problems and complete the checklist)
- Schedule the next appointment

**Explanation for why items not completed (if applicable):**

# Fidelity Adherence Session 2 Checklist

Use this as a guide and as a record of what you covered in the session. Indicate with a check  if the item was covered. Indicate "not completed" if the item was omitted.

Caregiver name or Client ID: \_\_\_\_\_

Date(s) of session: \_\_\_\_\_

## CONTENT CHECKLIST

## COMPLETION STATUS

### 01. Agenda

- Outline proposed session goals and gain consent from the caregiver(s)
- Review assessment information
- Discuss causes of child behavior problems
- Develop specific goals for change (*Goal Achievement Scales*)
- Develop a parenting plan
- Homework tasks

### 02. Feedback of Assessment Results

- Check the problem is still current and explain the feedback process
- Discuss data from each type of assessment (interview, monitoring, observation)
- Provide an integrating summary
- Check the accuracy of your summary

### 03. Causes of Child Behavior Problems

- Outline the purpose of discussing causes of child behavior problems
- Ask the caregiver/s which factors they consider relevant to their child
- Prompt the caregiver/s to identify other causes
- Share your own observations if necessary
- Provide an integrating summary

### 04. Goals for Change

- Devise Goal Achievement Scales

### 05. Parenting Plan

- Introduce a parenting plan from a tip sheet, tailor a plan from a tip sheet for a similar problem or develop a plan using the *Planning Ahead* form
- Prompt the caregiver/s to transfer key steps onto a *Parenting Plan Checklist*
- Rehearse strategies as required

### 06. Session Close

- Review the main points covered in the session
- Explain homework tasks (continue to monitor target behavior/s; implement parenting plan and monitor on *Parenting Plan Checklist*, practice specific skills)
- Schedule the next appointment

**Explanation for why items not completed (if applicable):**

# Fidelity Adherence Session 3 Checklist

Use this as a guide and as a record of what you covered in the session. Indicate with a check  if the item was covered. Indicate "not completed" if the item was omitted.

Caregiver name or Client ID: \_\_\_\_\_

Date(s) of session: \_\_\_\_\_

## CONTENT CHECKLIST

## COMPLETION STATUS

### 01. Agenda

- Outline proposed session goals and gain consent from the caregiver(s)
- Review monitoring
- Review of implementation of the parenting plan and fine-tuning where necessary
- Overcoming obstacles to implementation
- Additional agenda items
- Homework tasks

### 02. Update on Progress

- Review monitoring of the target behavior/s (try to link changes in child behavior to changes in parenting strategies used)
- Review implementation of the parenting plan
- Ask what worked (at least 2 positive points)
- Ask what the caregivers could have done differently
- Fine-tune routines required
- Provide a model and rehearse specific skills until caregiver(s) reach a sufficient level of proficiency
- Check for understanding, unhelpful thoughts and other obstacles to implementation of the parenting plan
- Develop a coping plan to overcome identified obstacles

### 03. Other Issues

- Discuss any other issues the caregiver wants to cover, such as developing a new parenting plan for another target behavior (use minimal prompts to help the caregiver(s) solve any problems)

### 04. Session Close

- Review the main points covered in the session
- Explain homework tasks (continue to monitor target behavior/s; continue to implement parenting plans; other personal goals for practice)
- Schedule the next appointment

**Explanation for why items not completed (if applicable):**

# Fidelity Adherence Session 4 Checklist

Use this as a guide and as a record of what you covered in the session. Indicate with a check  if the item was covered. Indicate "not completed" if the item was omitted.

Caregiver name or Client ID: \_\_\_\_\_

Date(s) of session: \_\_\_\_\_

## CONTENT CHECKLIST

## COMPLETION STATUS

### 01. Agenda

- Outline proposed session goals and gain consent from the caregiver(s)
- Review monitoring
- Review of implementation of the parenting plan/s and fine-tuning where necessary
- Review of progress
- Maintenance of progress made
- Additional agenda items
- Completion of post-intervention assessment forms

### 02. Update on Progress

- Review monitoring of the target behavior/s (try to link changes in child behavior to changes in parenting strategies used)
- Review implementation of the parenting plan
- Ask what worked (at least 2 positive points)
- Ask what the caregivers could have done differently
- Fine-tune routines and rehearse specific skills as required
- Check for obstacles to implementation of the parenting plan/s and develop a coping plan to overcome identified obstacles
- Ask caregiver(s) what improvements they have seen in their child's and their own behavior since starting the program (refer to goals set in Session 2 recorded on the Goal Achievement Scale Worksheet/s and note percentage success achieved)
- Ask the caregiver(s) what further improvements they would like to see in their own child's behavior and prompt them to think about how to achieve these goals
- Discuss ways of maintaining progress made

### 03. Other Issues

- Discuss any other issues the caregiver wants to cover, such as developing a new parenting plan for another target behavior (use minimal prompts to help the caregiver(s) solve any problems)

### 04. Session Close

- Review the session
- Ask caregiver(s) to complete the Parenting Experience Survey and Client Satisfaction Questionnaire
- Discuss referral options as appropriate
- Congratulate and thank the caregiver(s) for participating in Triple P

Explanation for why items not completed (if applicable):