



## LEVEL 2

# 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 11/16/2015

# Triple P Cabarrus Evaluation Manual

Cabarrus Health Alliance (CHA)

## LEVEL 2

### BRIEF PRIMARY CARE

#### CONTENTS

1. Instructions
2. Caregiver Contact Record (CCR)
3. Caregiver Satisfaction Questionnaire (CSQ)
4. 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:</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 1 Checklist</li></ul>
<b>SESSION 2: (IF APPLICABLE)</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>
<ul style="list-style-type: none"><li>• Collect Client Satisfaction Questionnaire</li></ul>

- ***INTERVENTIONS THAT ONLY HAD ONE SESSION ONLY NEED TO SUBMIT CAREGIVER CONTACT RECORD***
- ***Providers that work in a clinic/medical setting and cannot complete the individual client contact form may submit a printed or electronic document of all clients served during the reporting period. The form/document can be designed to meet the individual needs of the practice as long as it documents the number of clients, dates receiving Triple P intervention, and the Triple P provider. It does not have to contain identifying client information.***

## 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>Caregiver Satisfaction Questionnaire (CSQ)</b>	Every caregiver present	Session 2	<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. Incentives are dependent on grant funding availability and subject to change at any time.

**Incentive Amount:** \$100 Wal-Mart or Target gift card to the provider for first **20** families that receive the full level 2 intervention.

\*CHA staff is not eligible to receive gift cards due to CHA finance regulations and must receive direct pay via paychecks. Please refer to CHA incentive guidelines in separate document.

**Requirements/Submission:** Upon submission of the first 20 complete evaluation packets (CCR, CSQ (if applicable), and Session Checklists) to CHA, the provider will receive one \$100 gift card. Only 1 incentive per provider per level.

## Triple P Cabarrus Level 2 Caregiver Contact Record

### CAREGIVER 1

\*Name or Client ID: \_\_\_\_\_

Zip Code/County: \_\_\_\_\_

### CAREGIVER 2

\*Name or Client ID: \_\_\_\_\_

Zip Code/County: \_\_\_\_\_

*\*Please assign your own identifier if the caregiver does not authorize release of information.*

**Where did the client hear about Triple P Services?** (ex. Billboard, pamphlet, other parent, specific agency): \_\_\_\_\_

**Triple P Provider Name:** \_\_\_\_\_ **Triple P Provider Agency:** \_\_\_\_\_

**Triple P Level AND Type** (ex. Level 2 Primary Care 0-12 or Teen): \_\_\_\_\_

DATE	WHO ATTENDED	BRIEF DESCRIPTION OF ACTIVITIES	APPROXIMATE TIME SPENT

Return to Triple P Cabarrus:  
Cabarrus Health Alliance  
300 Mooresville Rd. Kannapolis, NC  
28081

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

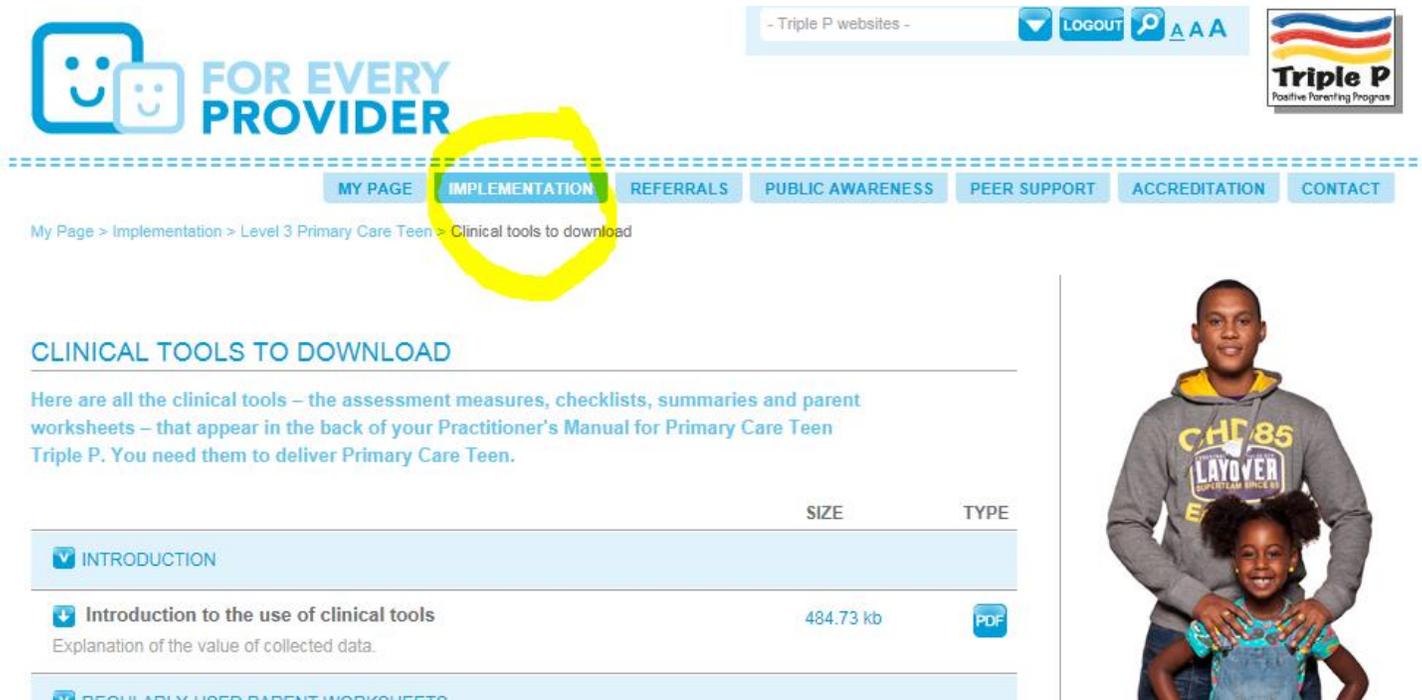
**6. Do you have any other comments about Triple P parenting program?**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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300 Mooresville Rd. Kannapolis, NC 28081

# 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 is a search bar with the text "- Triple P websites -", a "LOGOUT" button, and a font size selector "AAA". Below the logo is a navigation 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". The table lists two items: "INTRODUCTION" and "Introduction to the use of clinical tools" (484.73 kb, PDF). A photo of a woman and a child is on the right side of the page.

- 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 2 Primary Care 0-12

## Brief Primary Care Triple P Session 1 Summary

Use this as a guide and as a record of what you covered in the session. Indicate with a tick (✓) if the item was covered. Leave a blank if the item was omitted.

Client number: ..... Date of session: .....

Start time: ..... Finish time: .....

### Content Checklist

#### 1. Introduction and Assessment

- Introduce self warmly (if not already known to parent)
- Identify parent's immediate need and goals
- Ensure parent is suitable for Brief Primary Care Triple P or refer on as required
- Outline nature of the program (e.g. two 10-minute sessions)

#### 2. Introduce a Parenting Plan

- Introduce a parenting plan from a tip sheet or tailor a plan from a tip sheet for a similar problem or develop a plan using the *Parenting Plan* form
- Outline overall structure of the tip sheet or *Parenting Plan* form highlighting key steps
- Link tip sheet or parenting plan to parent's goals
- Teach key steps of prevention and management routine
- Prompt parent to note key steps on *Parenting Plan* checklist
- Check parent's reaction to the strategies presented
- Check parent's ability to implement the strategy
- Remind parent to check tip sheet if they get stuck
- Check parent understanding and whether information is sufficient

#### 3. Goal Setting

- Encourage parent to set implementation goals
- Teach parent to use the *Goal Achievement Scales*

#### 4. Session Close

- Review key points covered in the session
- Ask parent to complete the *Parenting Experience Survey*
- If necessary, introduce monitoring
- Lend *Every Parent's Survival Guide DVD* for home viewing if needed

## Brief Primary Care Triple P Session 2 Summary

Use this as a guide and as a record of what you covered in the session. Indicate with a tick (✓) if the item was covered. Leave a blank if the item was omitted.

Client number: ..... Date of session: .....

Start time: ..... Finish time: .....

### Content Checklist

1. **Agenda (outline proposed session goals and gain consent from the parent/s)** 
  - Review of monitoring (if conducted)
  - Review implementation of parenting plan and fine-tune where necessary
  - Overcome obstacles to implementation, if necessary
  - Review progress towards goals
  - Referral and/or closure
  
2. **Update on progress (review the parenting plan)** 
  - Review monitoring, if conducted (try to link changes in child's behavior with parenting strategies used)
    - Review implementation of the parenting plan and/or homework practice goals
    - Ask what worked or what the parent did well (at least two positive points):
    - Ask what the parent/s could have done differently:
  - Fine-tune parenting routine and rehearse strategies as required
  - Check for any obstacles to implementation (things that stopped the parent using any part of the plan) and develop a coping plan to overcome obstacles.
  - Ask the parent what improvements they have seen in their child's behavior and their own behavior since starting the program (refer to original goals and *the Goal Achievement Scales*.)
  - Ask parent what further improvements they would like to see and prompt how they could achieve these goals.
  
3. **Referral (only if necessary)** 
  - Reinforce parent for improvements made to date
  - Discuss referral options for higher-level parenting support (e.g. Level 3, 4, or 5) and the format of these levels
  - Ask parent if they would like further support
  - Provide details of where parent can access additional support
  
4. **Session Close** 
  - Review key points covered in the session
  - Ask parent to complete the *Parenting Experience Survey and Client Satisfaction Questionnaire*
  - Congratulate and thank parent for participating in Triple P.