

Parent Training Institute Science and Service Award Application Narrative

In September 2009, a year-long pilot of the Triple P Parenting program (Level 4 Group and Level 5 Pathways) was implemented in San Francisco, beginning with an initial training cohort of 20 practitioners providing parent training in six community-based agencies. The following year, based on the success of the pilot, the implementation of Triple P was expanded to include six new provider agencies. The rollout and expansion have been jointly funded by three public agencies: the county's child welfare agency, the Department of Public Health, and San Francisco First 5. These funding agencies created a Parent Training Institute (PTI), housed within the Department of Public Health, to manage all aspects of the pilot's implementation.

I. Demonstrating Community Need

The community's need for the Triple P was identified through three sources: 1) a local study estimating that approximately half of preschool children receiving publicly-funded childcare services in San Francisco evidence early symptoms of externalizing disorders, 2) a 2007 survey of child mental health providers in San Francisco showing limited ability of mental health professionals to respond to the need through evidence-based interventions, and 3) a summary of parenting services offered in San Francisco's 25 family resource centers indicating similarly limited use of evidence-based parenting interventions.

The intent of the pilot was to examine the feasibility and effectiveness of Triple P with 60 parents before deciding whether to bring the intervention to scale throughout the city. Because the initial target population included parents with child welfare involvement, one of the levels of Triple P selected for piloting was Level 5 Pathways, the specialized module intended for child welfare-involved parents. Each participating agency provided a minimum of two integrated (Group and Pathways) 9-session Triple P classes during the pilot year.

II. Sustainability

Triple P groups have been running in San Francisco for 20 months. As of May 2011 the joint funding agencies have committed to provide, at minimum, the same level of funding to sustain these groups in the next fiscal year (2011-2012) as they provided in the previous year. From the start of the Triple P rollout, the PTI has focused efforts toward sustaining Triple P through use of three primary strategies: 1) Careful selection of agencies and practitioners who are most able to successfully implement and sustain the intervention, 2) Regular data feedback to current funding agencies to demonstrate the ongoing effectiveness of the intervention, and 3) Provision of supports to the community-based agencies running Triple P group to enable them to secure and utilize new funding sources for delivery of Triple P services.

a. Selection of Triple P Provider Agencies Triple P provider agencies are selected for participation through a structured readiness process comprised of a series of contacts between the PTI and interested agencies prior to each Triple P training. The components of the readiness process include the PTI answering the agency's questions about the Triple P curriculum, completion of a written readiness assessment, agency review of the practitioner kits, and agency commitment to participate in all of the PTI's implementation and evaluation requirements.

The written readiness assessment clarifies for agencies the training schedule, available resources, and requirements for participation in the training. Each Triple P provider agency is required to have at least three staff trained, including one supervisor, to prevent agency depletion of trained Triple P practitioners in the event of staff turnover. Trained staff must begin running a Triple P group within 45 days of training, participate in biweekly consultation calls, engage in fidelity monitoring, and participate in the evaluation.

This readiness process is designed to insure that participants: 1) understand the implementation and evaluation expectations, 2) are certain that Triple P is a good fit for the work their agencies and practitioners, and 3) are motivated to learn to deliver the intervention with fidelity. It was also expected that this carefully-planned and thoughtful site selection process would lead to cost-effective implementation of Triple P, which was confirmed by comparing the cost per graduate for four agencies that completed the readiness process with two agencies that had not. Agencies that did not complete the readiness process cost the funders over seven times per graduate after the first group than agencies that completed the readiness process (\$7,811 vs \$1,052).

b. Data Feedback to Funding Agencies.

In order to sustain the current level of funding, the PTI provides frequent feedback to the three funding agencies. Each funder receives implementation and outcome reports that are customized to the funder's primary interest. For example, First 5 is primarily interested in outcomes for parents of children ages 0-5, child welfare is primarily interested in reductions in overly punitive parenting behaviors, and the Department of Public Health is primarily interested in seeing changes in child behavior. Funders are also provided cost outcomes (noted above), to help them better allocate resources.

c. Provision of Support for Accessing Additional Funding Sources

In addition to efforts to sustain current funding, the PTI supports Triple P provider agencies in utilizing additional funding sources. In the Fall of 2010 the PTI worked with a billing expert to develop a Triple P/ EPSDT Manual to help facilitators appropriately document all claimable aspects of Triple P services. This manual cross walks every session of each level of Triple P with the relevant billing codes, and provides examples of sample language for clinician progress notes. The PTI also created an accompanying PowerPoint presentation to help Triple P facilitators better understand EPSDT documentation. The PTI presented a webinar for San Francisco's Triple P providers to educate them about using the new materials. Later in the year, other counties expressed interest in these materials, so the PTI presented a statewide webinar on February 4, 2011 and posted the manual and powerpoint presentation on a webpage for download free of charge ([http://successfulmentalhealthsystems.wikispaces.com/Triple P](http://successfulmentalhealthsystems.wikispaces.com/TripleP)).

Another way that the PTI has supported providers in obtaining additional funding has been by developing customized outcome reports that can help well-performing agencies be competitive in responding to grant opportunities from private foundations and other potential funders. Finally, based on the evidence of effectiveness in both research literature and from local outcomes, Triple P Group and Pathways integrated groups have been approved by San Francisco County's child welfare agency for parents needing to fulfill a parenting class requirement on their child welfare case plans. In order for a Triple P class to be child welfare-approved, the class must be run through an agency affiliated with the Parent Training Institute and adhere to the high-fidelity implementation and evaluation standards set forth by the PTI. Agencies running child welfare-approved parenting classes also receive a modest financial incentive for each eligible parent who completes the class, which can help Triple P providers sustain their services.

III. Implementation

The pilot adapted the Integrated and Compensatory Implementation Model (Fixsen, Naoom, Blase, Friedman, & Wallace, 2005; Fixsen, Blase, Naoom, & Wallace, 2009). This model incorporates six core components for high-fidelity implementation 1) Recruitment and Selection, 2) Pre-Service Training, 3) Coaching and Consultation, 4) Staff Performance Evaluation, 5) Decision Support Data Systems, and 6) Facilitative Administrative Supports. The table below shows the required activities and measures associated with each component.

San Francisco Triple P Implementation

Core Component	SF Triple P Activities	Component Measurement
Recruitment & Selection	<ul style="list-style-type: none"> Agency readiness process 	<ul style="list-style-type: none"> Written readiness assessment
Pre-service Training	<ul style="list-style-type: none"> 3 training cycles: each cycle contained Level 4 Group (3 days), Pathways (2 days), Pre-accreditation workshop (1 day), & Accreditation (1 day) 	<ul style="list-style-type: none"> Attendance at training & accreditation days
Coaching & Consultation	<ul style="list-style-type: none"> Monthly consultation calls with Triple P trainer Monthly peer-led special topic workshops hosted by experienced Triple P sites 	<ul style="list-style-type: none"> Number & percentage of support calls attended (by agency & individual facilitator) Attendance at peer-led workshops
Staff Performance Evaluation	<ul style="list-style-type: none"> Outcomes in child functioning, parenting practices, & parental stress Model fidelity Parent engagement / retention 	<ul style="list-style-type: none"> Pretest / posttest data collection Session checklists (fidelity) Attendance (parent engagement) Parent focus group (outcomes, engagement & fidelity)
Decision Support Data Systems	<ul style="list-style-type: none"> Customized Access database for tracking attendance & outcome data. Rapid data feedback to facilitators 	<ul style="list-style-type: none"> Database facilitates reporting by agency, facilitator, & participant characteristics (e.g., ethnicity, education). Tracking of PTI timeline for each part of the data feedback loop
Facilitative Administrative Supports	<ul style="list-style-type: none"> Monthly administrator problem-solving calls with the PTI Free practitioner & group participant resources Approximately \$1500 to agencies for food, childcare, transportation & incentives per Triple P series 	<ul style="list-style-type: none"> Number & percentage of administrator calls attended Funding allocation / use by each agency & series (using Quicken) Attendance at PTI-hosted webinar Number of parent workbooks provided by PTI (matched with number of Triple P participants at each agency)

Fidelity

Session Checklists. All Triple P facilitators must be successfully accredited by Triple P International. Ongoing fidelity to the Triple P model is assessed through session checklists that the facilitator completes immediately after the session. Session checklists are collected at the end of the series. If an agency fails to complete the session checklists in a timely manner (e.g., completes them all at the end of the Triple P series), for the next series they are required to fax or email the checklist to the PTI after every session. This situation has only occurred twice.

Focus Groups. The PTI also monitors fidelity by conducting focus groups with parents one week after the final session of every Triple P class. The focus groups are conducted in the parent's preferred language (English or Spanish), participation is voluntary, and parents are given a \$25 giftcard to thank

them for their time and feedback. Parents are asked about a) how the class was conducted b) the usefulness of the Triple-P materials, c) any changes in their own behavior and in their child's behavior, and the extent to which they attribute these changes to the Triple P class. When deviations from fidelity were reported by parents in some of the early focus groups during the pilot year, the PTI added specific fidelity questions to the focus group protocol. Examples of fidelity questions include whether the two required Triple P videos were shown, how often parents role-played in class, and whether homework was assigned. Facilitators and their supervisors are provided feedback about the focus group findings within two weeks of completing the class.

Videotaping of Sessions. , The PTI encourages videotaping of Triple P sessions for the purpose of fidelity monitoring . Of the four agencies participating in the May 2011 Group and Pathways trainings, three have committed to videotape all sessions of their upcoming classes.

IV. Results

To date, 41 Triple P Groups have been provided by 10 agencies to 379 caregiver participants, affecting 680 target children. The sample of caregivers was ethnically diverse (36% African American, 32% Latino, 24% White, 11% Asian or Pacific Islander, 10% Other/unknown), mostly female (71%) and mostly unemployed (67%), with 45% reportedly making less than \$5,000 per year.

Outcomes for the Triple P class were evaluated in three domains pre- and post-intervention to determine: 1) changes in child behavior, measured with the *Eyberg Child Behavior Inventory* (ECBI; Eyberg & Pincus, 1999); 2) changes in parenting practices, measured with the *Parenting Scale* (PS; Arnold, O'Leary, Wolff, & Acker, 1993); and 3) changes in caregiver stress, measured with the *Depression, Anxiety, Stress Scale* (DASS21; Lovibond & Lovibond, 1995) Short Form. All three of the evaluation measures used were available in English and Spanish.

The ECBI is a parent-report measure of child behavior with two subscales, Intensity and Problem. The Intensity scale measures frequency of problematic behaviors from 1 (*never*) to 7 (*always*). The Problem scale measures whether parents are distressed by the behaviors ("yes" or "no"). The Parenting Scale measures the extent to which caregivers endorse using three less effective discipline styles (laxness, over-reactivity, and verbosity) using a visual analog scale with 7 possible markers. On this measure parents are provided with an incomplete statement and asked to indicate where they fall on a continuum that is anchored by two opposing parenting styles that completes the statement. The DASS Short Form is a 21-item measure of caregiver-reported symptoms of stress experienced in the previous week. Caregivers endorse the frequency of symptoms on a scale of 0 (*never*) to 3 (*most of the time*). Severity ratings have been established for each of the three subscales (Depression, Anxiety, Stress).

Using analysis of variance (ANOVA), pre-post Triple P change was determined to be statistically significant on all measures and their subscales. . Additionally, an analysis of co-variance was conducted, confirming that the slopes of change observed were equivalent across ethnic groups. Cohen's *d* was used to determine the magnitude of change in each area measured. Overall, there was a medium positive effect on child behavior: Intensity Scale (*Cohen's d* = .55) and Problem Scale (*Cohen's d* =.59). Effect sizes for changes in parenting style ranged from small to medium: Laxness (*Cohen's d* = .44), Over-reactivity (*Cohen's d* = .44), Verbosity (*Cohen's d* = .63), and Total Scale (*Cohen's d* = .63). Finally, more modest effects were found for reductions in Depression (*Cohen's d* =.35), Anxiety (*Cohen's d* = .21), and Stress (*Cohen's d* =.35).