TRIPLE P POSITIVE PARENTING PROGRAM – STANDARD LEVEL 4

The Triple P Positive Parenting Program is a parenting and family support system designed to prevent and treat behavioral and emotional problems in children. It aims to prevent problems in the family, school and community before they arise and to create family environments that encourage children to realize their potential. The "Triple P System" includes a suite of interventions with different intensity levels and delivery methods, to meet the individual needs of youth and parents.

Triple P – Standard Level 4 is designed to be delivered to the parents of children with moderate to severe behavioral difficulties. It is available for parents of children from birth to 12 years old and covers Triple P's 17 core positive parenting skills that can be adapted to a wide range of parenting situations.

Triple P – Standard Level 4 is a model used within the service "Outpatient Therapy by Licensed Practitioners." Therefore, it follows the requirements set out in the "Outpatient Therapy by Licensed Practitioners" section of this manual.

Evaluation of the Evidence Base for the EBP Model

Evaluation of the evidence-base for the Triple P model has been conducted by national registries.

Triple P Level 4 has received a CEBC Scientific Rating of 1-Well Supported by Research Evidence by the California Evidence Based Clearinghouse:
http://www.cebc4cw.org/program/triple-p-positive-parenting-program-level-4-level-4-triple-p/

Blueprints Programs lists Triple P as a Promising Program:
https://www.blueprintsprograms.org/programs/463999999/triple-p-system/print/

Target Population Characteristics

The target population includes children ages 0-12 with their parents/primary caregivers. The program is used as an intervention with the parents of children with social, emotional, or behavioral problems. Triple P Standard Level 4 is recommended for children with diagnosed social, emotional, or behavioral concerns.

Philosophy and Treatment Approach

Triple P draws on social learning, cognitive behavioral and developmental theories, as well as research into risk factors associated with the development of social and behavioral problems in children. It aims to equip parents with the skills and confidence they need to be self-sufficient and to be able to manage family issues without ongoing support.

Triple P - Standard Level 4 helps parents learn strategies that promote social competence and self-regulation in children and decreases problem behavior. Parents are encouraged to develop a parenting plan that makes use of a variety of Triple P - Standard Level 4 strategies and tools. Parents are then asked to practice their parenting plan with their children.

During the course of the program, parents are encouraged to keep track of their children's behavior, as well as their own behavior, and to reflect on what is working with their parenting plan and what is not working as well. Parents then work with their practitioner to fine-tune their plan. Triple P - Standard Level 4 practitioners are trained to work with parents' strengths and to provide a supportive, non-judgmental environment where a parent can continually improve their parenting skills.

Goals

The goals of Triple P- Standard Level 4 treatment are improved child behavior, improved parenting skills, increased parent confidence, and decreased parent stress.

Specific Design of the Service

The Triple P - Standard Level 4 service typically consists of 10 individual sessions with a family. The first two sessions have an assessment component, which involve: parent completion of standardized self-report measures of child adjustment as well as parenting styles; interviews with the parent; interviews with the child when that is appropriate; and behavioral observation of parent/child interactions. Based on information from these multiple sources, clinicians gather information relevant to diagnosis and functional impairment to determine medical necessity and fit of services.

The child's presence during the session is critical during the assessment phase, as well as during the observation practice sessions. During certain session components, the therapist's intervention is directed towards the parent (such as coaching the parent in fine-tuning their implementation of the parenting skills in their parenting plan). During parent-directed interventions, it is recommended that that the child be set up with an engaging activity for the period of direct work

with the parent. Typically, the sessions during which the therapist's activity is directed primarily toward the parent are conducted during Session 1 (Parent Initial Interview), introducing and teaching parenting skills during Session 3 (Positive Parenting), Session 4 (Managing Misbehavior), and Session 10 (final session and program close). During those parent-directed sessions, ideally the therapist meets with the parent(s) without the child present; if the parent(s) are unable to find childcare for the child during those parent-directed sessions, the parent(s) are encouraged to bring activities to the session to keep the child busy.

Recommended Intensity:

One 60-minute session per week.

Recommended Duration

Triple P Standard Level 4 is designed as a 10-session intervention, with specific tasks and components to be completed in each of the 10 sessions. For children and families with more complex needs who may take longer to master the core positive parenting skills within the Triple P model, certain tasks and components may need to be continued across more than one session, with the result that the treatment episode may take longer than 10 sessions.

If MCO policy requires prior authorization for a treatment episode of Triple P Standard Level 4, the following steps must be taken:

1. The provider requesting prior authorization should note that the evidence-based model Triple P Standard Level 4 is being used. An initial authorization of a minimum of 10 sessions is recommended so that the provider may complete the medically necessary treatment episode and provide evidence-based care to the youth and family; and

2. If additional sessions, beyond the initial authorization, are needed to complete a treatment episode of Triple P Standard Level 4, re-authorization should be requested indicating that the specialty model Triple P Standard Level 4 is being utilized, and should note the reason for a need for additional sessions to complete the treatment episode of evidence-based care.

Delivery Setting

Triple P-Standard Level 4 may be provided in a clinic or a home-based setting.

Cultural Considerations

Triple P research and evaluation studies have been conducted across many culturally, racially and linguistically diverse contexts, as well as with many different family types (e.g. two-parent, single-parent, and stepparent) and with families of diverse socio-economic status. Studies and evaluations consistently show similar impacts across different cultures. One of the reasons that Triple P is believed to have a wide breadth of cultural relevance is its basis in the self-regulatory framework. Parents set their own goals for themselves and their children, in alignment with their own beliefs and values. They also choose the strategies from the menu of strategies that will best fit their needs and preferences. Another key element for cultural relevance is that practitioners tailor the examples given to fit the particular family's needs and goals. Practitioners are encouraged to be sensitive to different beliefs, expectations and traditions, and may tailor their delivery to suit different parents. Various parent resources, which are simple and easy-to-follow, have been translated into 21 languages other than English.

Provider Qualifications and Responsibilities

EBP Model Requirements

To provide Triple P Standard Level 4 under Louisiana Medicaid, the provider must show accreditation by Triple P America (TPA). Triple P America (the dissemination body for Triple P in the US) holds the training and accreditation process for Triple P in the US. Only TPA is allowed to provide training and accreditation for Triple P in the US. Once a practitioner is accredited in Triple P, the accreditation does not expire and there are no further certification requirements.

Other Qualifications and Requirements

Practitioners must meet qualifications and requirements established in the "Outpatient Therapy by Licensed Practitioners" section of this manual.

Allowed Provider Types and Specialties

1. PT 31 Psychologist PS:
    a. 6A Psychologist – Clinical;
    b. 6B Psychologist – Counseling;

c. 6C Psychologist – School;

d. 6D Psychologist – Developmental;

e. 6E Psychologist - Non-declared;

f. 6F Psychologist – Other; and

g. 6G Psychologist – Medical.

2. PT 73 Social Worker (Licensed/Clinical) PS:

a. 73 Licensed Clinical Social Worker (LCSW); and

b. LL Lower Level – Licensed Master Social Worker (LMSW).

3. PT AK Licensed Professional Counselor (LPC) PS:

a. 8E CSoC/Behavioral Health – LPC; and

b. LL Lower Level – Provisionally Licensed Professional Counselor (PLCP).

4. PT AH Licensed Marriage & Family Therapists (LMFT) PS:

a. 8E CSoC/Behavioral Health – LMFT; and

b. LL Lower Level – Provisionally Licensed Marriage and Family Therapist (PLMFT).

5. PT AJ Licensed Addiction Counselor PS 8E CSoC/Behavioral Health;

6. PT 20 Psychiatrist PS:

a. 26 Psychiatry; and

b. 2W Addiction Specialist.

7. PT 78 Nurse Practitioner (APRN) PS 26;

8. PT 93 Clinical Nurse Specialist (APRN) PS 26; and

9. PT 94 Physician Assistant PS 26.

Training

The Triple P training process involves both an initial training and an accreditation process. To become accredited in Triple P- Standard Level 4, the practitioner must complete:

1. Initial 3-day training;

2. Approximately 2 weeks after initial training, a one (1) day Pre-Accreditation Workshop; and

3. Approximately 4 weeks later, an additional half (½)-day Accreditation process, including completion of a quiz as well as role-play demonstration of key competencies.

Quality Assurance

Outcomes

Within the Triple P -Level 4 Standard intervention, the outcomes measured are child adjustment, and effective parenting.

Child adjustment should be measured through a pre- and post- administration of a standardized tool to measure child adjustment, by parent report. For youth 2 years old and older, the Strengths and Difficulties Questionnaire (SDQ) may be used as a pre- and post- measure. For youth as young as 18 months, the Early Childhood Screening and Assessment-24 (ECSA-24) may be used.

Effective parenting should be measured through pre- and post- administration of the Parenting Scale.

Model-Specific Documentation Requirements

Triple P has developed "Session Checklists" for each of the 10 sessions in Standard Level 4 sessions. Use of these session checklists allows practitioners to summarize each session, and

assists practitioners to implement each session as intended. Triple P providers should complete a Session Checklist for each session and keep these in the client record.

These checklists should be completed by the practitioner. They may be completed either solely by the therapists or together with a colleague or supervisor observer. These checklists are both in the Practitioner Manual and downloadable from the Triple P Provider Network.

Session Checklists should be completed for the purposes of maintaining and monitoring fidelity to the Triple P model. Session Checklists are supplemental to, and do not replace, a full progress note documenting each session.

Fidelity

Fidelity to the Triple P model may be monitored as needed via document review of practitioner-completed Session Checklists. While practitioners should aim to complete 100 percent of the items on each Session Checklist, a completion rate of 80 percent of checklist items per session demonstrates acceptable fidelity to the model.

Limitations/Exclusions

Limitations and exclusions noted in the "Outpatient Therapy by Licensed Practitioners" apply.

Billing

1. Only direct staff face-to-face time with the child or family may be billed. Triple P-Standard Level 4 is a face-to-face intervention delivered to the parent/primary caregiver and child dyad, for the benefit of the identified child. When the intervention is provided with both the caregiver(s) and child present, procedure codes for Individual Therapy or Family Therapy with Patient Present may be billed. If the child is not present during a parent-directed intervention component, the appropriate procedure code must be billed, e.g. Family Psychotherapy without Patient Present;

2. Collateral contacts billable to Medicaid should involve contacts with parents, guardians using the appropriate procedure code as stated above. All contacts must be based on goals from the child's/youth's treatment plan or plan of care. Phone contacts are not billable;

NOTE: The exception to the allowance of collateral contacts while providing evidence-based practices is coordination with other child-serving systems such as parole and probation programs, public guardianship programs, special education programs, child welfare/child protective services and foster care programs. Coordination with these child-serving systems is considered collateral contact and may be necessary to meet their goals of the individual, but is not billable through Medicaid. Services may be provided by these child-serving systems, however, the services provided must be funded through the agency providing the service.

3. Therapists bill standard CPT individual and family therapy codes for sessions providing Triple P- Standard Level 4;

4. The EBP tracking code "EB06" should be indicated on claims to note that the therapy session utilized Triple P-Level 4 as an evidence-based model of therapeutic intervention;

5. To use the Triple P-Level 4 tracking code of "EB06" on claims, the therapist must first provide documentation of their accreditation in Triple P- Standard Level 4 (as issued by Triple P America) as part of the therapist's credentialing package; and

6. LMSWs, PLPCs and PLMFTs may not directly bill for services provided to a Medicaid enrollee. LMSWs, PLPCs and PLMFTs may be the rendering provider on a claim when in accordance with Title 46 and their individual practice act.