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Development and Validation of a Wraparound Parent Partner Fidelity Tool

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Parent partners are parents or caregivers such as foster parents who have had success in dealing with a difficult child in a child welfare, mental health, or probation system and who become key players on Wraparound teams for families with youths with emotional or behavioral disabilities who are in out-of-home care. Although many studies have been conducted on the Wraparound model, none of them have described the parent partner's role and fidelity to the model. The Parent Partner Fidelity Tool (PPFT) was developed to address this gap in Wraparound research; it is the first tool designed to measure parent partner adherence to the Wraparound model and identify parent partner training and support needs. The 28-item PPFT captures parent partner activities related to the four Wraparound phases designated by the National Wraparound Initiative: engagement, planning, implementation, and transition. Similar PPFT versions are completed by Wraparound facilitators, parent partners, and parents/caregivers to provide multiple perspectives on the parent partner's work. The PPFT pilot testing project was conducted with 14 California Wraparound programs. Analyses of the 585 responses showed good reliability and validity for the PPFT, indicating that it is a psychometrically sound tool.

KEY WORDS: *model fidelity; parent partner; validation study; Wraparound*

Wraparound, a comprehensive, team-based focus for engaging families with youths with emotional or behavioral disabilities who are in higher levels of out-of-home care, is one of the most important approaches to strengthening families that has been introduced in systems that serve families (Bruns, Burchard, Suter, Leverentz-Brady, & Force, 2004; Mears, Yaffe, & Harris, 2009; Walker & Bruns, 2006a, 2006b). Wraparound helps families prepare for the emancipation or return home of the youth. In California, families qualify for Wraparound through recommendations by a child welfare, mental health, or probation worker to their county's intersystem committee (members from all three systems) that reviews the recommendations and refers the family to a Wraparound program close to where they live. Much of the effectiveness of Wraparound may be due to the team process that embodies collective activity and collective identity (Walker & Schutte, 2004). In addition to a youth, a facilitator (staff person), a parent (or other child caregiver), and other key family members and service providers, California Wraparound teams often include a parent partner. A parent partner is a parent or caregiver such as a foster parent who has had success in the child welfare system and ideally has successfully engaged in a Wraparound program and thus, with appropriate supervision and training, can provide help and guidance to other families in a Wraparound program (Bruns, 2009; Mitchell & Hawkins, 2008). Although the Wraparound approach in general has been found to be effective in improving family functioning, especially when fidelity to the model has been demonstrated (Bruns, 2009; Bruns, Rast, Peterson, Walker, & Bosworth, 2006; Bruns, Suter, & Leverentz-Brady, 2006), the role and effect of the parent partner have not been clearly defined or codified.

In 2006 Parents Anonymous® Inc. began collaborating with the California Department of Social Services (CDSS) to investigate the role of the parent partner in California Wraparound, where child welfare Wraparound programs followed different models and many used parent partners as part of each family's team. However, little was known about parent partners, including their qualifications, roles, and needs for training and support. Because "Wraparound is a family-driven, team-based process for planning and implementing services and supports" (Bruns, 2009; slide 3), the

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role of the parent partner in helping the family express its needs and desires seems crucial to the team's success in achieving family improvement (Mitchell & Hawkins 2008). In addition, studies have shown that Wraparound initiatives with higher levels of fidelity demonstrate more positive outcomes for youths in out-of-home care than Wraparound initiatives with lower levels of fidelity; positive outcomes in these youths include improvements on Child and Adolescent Needs and Strengths scores (Bruns, Leverentz-Brady, & Suter, 2008; Effland, McIntyre & Walton, 2010). However, the Wraparound fidelity tools described in the literature (Bruns, Burchard, et al., 2004; Bruns & Sather, 2007; Wraparound Fidelity Assessment System, 2008) do not include a specific focus on the parent partner, indicating a need for a way to measure the effect of the Wraparound parent partner on youth and family outcomes.

In this article, we describe a validation study of the Parent Partner Fidelity Tool (PPFT), focusing first on the development of the tool and then on the pilot testing procedures, analytic approaches, results, and implications of the findings, as well as future plans.

METHOD

Development of the PPFT

The PPFT was developed over two years. Development activities included a statewide survey to determine existing parent partner roles and responsibilities, development of a definitive parent partner role description based on the survey findings and the Wraparound model defined by the National Wraparound Initiative, and development of PPFT items and versions to measure the degree to which parent partners adhered to the role description.

Statewide Survey. A work group was established with staff from Parents Anonymous® Inc.; CDSS; and known state, county, and local Wraparound experts, including parent partners, to develop and administer a survey tool for gathering information on parent partners in California Wraparound programs. The primary focus of the survey was the identification of the role, functions, responsibilities, and training and support needs of parent partners in child welfare Wraparound programs across the state. In response to an e-mail sent to the 35 California counties that had child welfare Wraparound program, 211 surveys were received describing programs in 23 counties; 92 from parent partners, 87 from program staff, and 32 from administrators and coordinators. A statewide summit was held to discuss the survey findings and set the stage for further examination of the parent partner role. Although parent partners had different names in different programs, including "parent advocate" and "family partner," the predominant name was "parent partner"; it was decided that this name would be used in all future work. The findings also revealed that parent partners were viewed quite differently across Wraparound programs and that some type of standardized role description would be necessary before a fidelity tool could be developed. Summit recommendations included establishing an Outcomes Work Group (OWG) to guide the development of a role description and fidelity tool.

Parent Partner Role Description. Seventeen California Wraparound experts, including staff and parent partners with connections to the National Wraparound Initiative, volunteered to serve on the OWG with Parents Anonymous® Inc. and CDSS staff. The OWG completed an extensive review of the survey findings, Wraparound training curriculums, and descriptions of parent partner roles (Bruns, Walker, et al., 2004; Burchard, Bruns, & Burchard, 2002; CDSS, 1999; Levine, 2008; Levine & Polinsky, 2007; Miles, 2001, 2006; Penn & Osher, 2007; Walker et al., 2004). Through a yearlong consensus process, the OWG (2009) agreed on a role description that included purpose, qualifications, and essential functions of parent partners for each Wraparound phase; considerations for employment; ways to maximize the parent partner role; and a glossary of terms . The survey findings and role description can be found on the Parents Anonymous® Inc. Web site (http://www.parentsanonymous.org/pahtml/wrap1.htm).

PPFT Items and Versions. The PPFT was developed by the OWG to measure the degree to which parent partners adhered to the 54 functions outlined in the role description. PPFT items were drafted on the basis of what the OWG considered to be parent partner core functions related to the National Wraparound Initiative phases of engagement, planning, implementation, and transition (Walker et al., 2004) and the 10 Wraparound principles (Bruns, Walker, et al., 2004). Over the next year, the OWG engaged in extensive discussion, negotiation, and voting to ensure mutual agreement on a 28-item tool for pilot testing with

the three main Wraparound team players: facilitators, parent partners, and parents/caregivers. It was agreed that these 28 items represented the core parent partner practices.

Four versions of the PPFT were developed, one each for facilitators, parent partners, English-speaking parents/caregivers, and Spanish-speaking parents/caregivers. The wording of the 28 items in the parent partner and facilitator versions was the same, except for the focus of the questions: Parent partners were asked to rate how much they performed specific actions, and facilitators were asked to rate how much the parent partner performed each action. The relatively complex wording of the items was simplified in the English language version of the PPFT for parents/caregivers before it was translated into Spanish; the focus was on rating how much their assigned parent partner engaged in specific actions. For example, in the PPFT for facilitators, the question "How much did the parent partner explore the family's situation regarding the need for rest and relief?" was simplified to "How much did the parent partner ask about your family's need for rest and relief?" for the parents/caregivers version. The Spanish version was reviewed by bilingual native Spanish speakers from Mexico and El Salvador but was not back-translated. Also, the parent/caregiver version had one less engagement phase item than the facilitator and parent partner versions; the parents/caregivers were not asked if the parent partner "shared Wraparound success stories with the family in a way that built hope," because the OWG thought that the parents/caregivers would not know if a success story was from a Wraparound experience.

In addition, the OWG requested that data be collected that would represent one of two Wraparound time points for a specific family: *four months,* when it was expected that a Wraparound family had completed the engagement, planning, and implementation phases; and *transition*, when it was expected that a Wraparound family had completed all phases. Thus, some respondents were to answer only the first three sections and some were to answer all four sections. The OWG agreed on a rating scale for all PPFT items where 1 = not at all, 2 = a little, 3 = some, 4 = much, and 5 = very much. The parent/caregiver version also offered a response category of "don't know." The PPFT was made available in a paper format, unless a parent or caregiver respondent requested an interview administration, which could be done in person or by telephone by a trained person not on their Wraparound team.

Pilot Testing of the PPFT

Pilot testing of the PPFT was conducted by agencies in northern and southern California, following their receipt of training on data collection and submission protocols. The pilot testing effort provided the data for this article.

Recruiting and Training the Data Collectors. In 2009, an e-mail to the 35 California counties with child welfare Wraparound asked for volunteer agencies to participate in the PPFT pilot testing project. Seven northern California and seven southern California programs volunteered, providing a convenience sample representing different-sized programs from across the state. Agency participation eligibility required current involvement of parent partners in their Wraparound approach. Emphasis was placed on the fact that the study was to assess the psychometrics of the PPFT, not the fidelity or effects of parent partners.

Parent partners and Parents Anonymous® Inc. staff conducted one-day project orientation and data collection trainings in northern and southern California. Fourteen people participated in each training—one Wraparound facilitator and one parent partner from each agency who would conduct the data collection and submission for their program.

Data Collection Procedures and Respondents. Each agency at the training was given a data collection kit that included a procedures manual, tracking forms, precoded data collection forms, and gift cards (Parents Anonymous® Inc., 2009). There was extensive discussion of the project history and data collection and submission procedures. The importance of confidentially was emphasized; reporting would be in aggregate formats with no individual person, family, or agency identified in any data analysis or report. Each version of the PPFT was reviewed and procedures were discussed for providing a "thank you" ($15 gift card) to the parents and caregivers who participated. Even if multiple parents/caregivers were on a Wraparound Team, only one parent/caregiver per family was recruited for the study.

We proposed that each agency try to collect facilitator, parent partner, and parent/caregiver PPFTs for 20 Wraparound families (five families at the four-month Wraparound time point and 15 families

at transition), including at least two parent/caregiver surveys in Spanish. Some agencies noted at the training that their programs were too small to recruit 20 families for the study, and they were asked to get as many as they could. Thus, we knew our goal of 840 PPFTs would not be realized. Data collection and submission occurred in spring 2009.

Respondents

The 14 California Wraparound programs submitted 565 PPFTs, representing 188 facilitators (33%), 186 parent partners (33%), and 191 parents/caregivers (34%). Of those, 207 (37%) represented families at the four-month Wraparound time point and 358 (63%) represented families at transition. Most of the 191 parents/caregivers responded in English (156, 82%) and 35 (18%) responded in Spanish. Forty percent ($n = 223$) of the responses were from northern California and 60% ($n = 342$) were from southern California. All of the families in the study had a youth in out-of-home care, but not all families were part of the child welfare system; some families were from the mental health or probation systems.

Missing Data

Missing data occurred for less than 5% of all respondents across all sections, with the highest in the implementation section (4.9%). The parent/caregiver version offered a response category of "don't know," but these responses represented less than 3% of all responses and are not included in any scoring calculations.

Data Analyses

Analytic approaches to explore the psychometric properties of the PPFT included frequencies, reliability and correlation analyses, analysis of variance (ANOVA), and exploratory factor analysis (EFA) conducted using SPSS version 18.0. EFA is an important part of scale development and was used in this study to determine the factor structure of the PPFT scale and whether it adhered to the theoretical conception behind the measure (Tabachnick & Fidell, 2007). All of the analyses used listwise deletion for missing data.

RESULTS

Reliability

The internal consistency of the subscale items was measured with Cronbach's alpha, a statistical test that identifies the degree to which items within a scale or subscale measure the same construct. The PPFT subscales were made up of the items from the four Wraparound phases. Items in each phase demonstrated internal consistency with Cronbach's alphas ranging from 0.71 to 0.97 (see Table 1), indicating an acceptable level of reliability (Nunnally & Bernstein, 1994).

Content-Related Validity

A well-constructed tool is based on input from experts regarding the suitability of each item and the degree to which the items reflect core constructs. In the case of the PPFT, the items were constructed, reviewed, revised, and agreed upon by the OWG—a group of Wraparound experts that included staff and parent partners. In this yearlong effort, the OWG engaged in multiple instances of pilot testing and refining the items to ensure good content validity in terms of measuring essential parent partner functions and activities.

Factor Analysis

An EFA was conducted using principal axis extraction. An oblique (oblimin) rotation of the factors was used to allow the factors to correlate as suggested by the theoretical framework that defined the four Wraparound phases. The SPSS rule of "eigenvalues greater than one" was applied as a starting point to explore how many factors to extract. This resulted in a four-factor solution that explained 64.9% of the variance in the data. A full listing of the four-factor solution loadings, along with the generic wording of the 27 PPFT items included in the EFA, is presented in Table 2. One of the 28 items was not included in the EFA (item 5: "How much did the parent partner share Wraparound success stories with the family in a way that built hope?"), because it was not present in the parent/caregiver version. As can be seen, in general, the highest item loadings corresponded to the Wraparound phases (except for items 7, 15, and 16), but individual item loadings were not clearly associated with only one factor. For example, the highest factor loading for item 4 was .565, but the loadings on the other factors were similar (.519, –.489, and –.437).

The factor correlation matrix generated by the oblimin rotation is presented in Table 3. Factor 1 had a strong correlation with factor 2 ($r = –.73$) and with factor 4 ($r = .67$). Correlations between the

Table 1: Cronbach's Alphas for PPFTs, by Phase and Type of Respondent

Scale	Facilitators ($n = 188$)		Parent Partners ($n = 186$)		English-speaking Parents/ Caregivers ($n = 156$)		Spanish-speaking Parents/ Caregivers ($n = 35$)		All Parents/ Caregivers ($n = 191$)	
	No. of Items	α	No. of Items	α	No. of Items	α	No. of Items	α	No. of Items	α
All items	28	.98	28	.95	27	.95	27	.92	27	.95
Engagement phase	7	.91	7	.82	6	.81	6	.71	6	.78
Planning phase	7	.94	7	.89	7	.90	7	.87	7	.90
Implementation phase	6	.94	6	.93	6	.92	6	.71	6	.89
Transition phase	8	.97	8	.92	8	.96	8	.92	8	.96

Note: PPFT = Parent Partner Fidelity Tool.

factors existed even though there were no signs of multicollinearity among items. Scree plot inspection further suggested that a four-factor solution was not optimal and that a one-factor solution might be most appropriate. A one-factor solution EFA using principal axis extraction was conducted and accounted for 52.0% of the variance in the data.

Time in Wraparound Position

Pearson correlations were computed to examine the association between facilitator or parent partner ratings and time in Wraparound position and parent/caregiver ratings and time with parent partner. The results were mixed. Although the correlation values were low, statistical significance was demonstrated for facilitators ($r = .14$, $p < .05$) and English-speaking parents/caregivers ($r = .15$, $p < .05$). However, there were no significant correlations for parent partners or Spanish-speaking parents/caregivers. Longer time as a facilitator was positively correlated with higher ratings of parent partner activities, and the longer an English-speaking parent/caregiver had been with a parent partner, the higher the ratings of the parent partner activities.

Method of PPFT Completion

Fifty-eight percent of the parent/caregiver ($n = 111$) surveys were administered by interview, the other 42% were self-administered ($n = 80$), as were all of the facilitator and parent partner surveys. An independent samples t test on data from self-administered and interview-administered parent/caregiver surveys showed no statistically significant difference between the PPFT scores for the interview ($M = 4.41$, $SD = 0.62$) and noninterview ($M = 4.40$, $SD = 0.61$) groups [$t(189) = 0.124$; $p > .05$].

Amount of Time to Complete the Tool

For the 515 respondents who provided information about the amount of time it took to complete the PPFT, the average was 11.5 minutes and ranged from two to 60 minutes. Forty-nine percent ($n = 274$) of the respondents took 10 minutes or less to complete the tool, 35% ($n = 199$) took 11 to 20 minutes, and 4% ($n = 20$) took 21 to 31 minutes. The remaining three respondents each took 40, 45, and 60 minutes. Including all respondents, a one-way ANOVA revealed significant differences in response time among the respondent groups

Table 2: Summary of Exploratory Factor Analysis Results for Survey Items, by Wraparound Phase Using Principal Axis Factoring with Oblimin Rotation (*n* = 376)

Item[a]	Factor 1	Factor 2	Factor 3	Factor 4
How much did the parent partner:				
Engagement phase				
1. Explain to the family that they are a parent of child with emotional or behavioral challenges?	.478	–.418	–.176	**.678**
2. Explain the role of the parent partner to the family?	.531	–.396	–.419	**.709**
3. Effectively share their own story with the family in a way that built connection and confidence?	.553	–.437	–.361	**.881**
4. Share their own story with the family in a way that built hope?	.601	–.481	–.401	**.812**
6. Explore the family's situation regarding the need for rest and relief?	.519	–.489	–.437	**.565**
7. Explore the family's situation regarding the need for safety?	**.566**	–.487	–.464	.556
Planning phase				
8. Check with child and family team to ensure they understood parent's perspective?	**.759**	–.542	–.470	.598
9. Check with child and family team to assure that having differences is acceptable?	**.810**	–.602	–.450	.643
10. Assist child and family team in acknowledging family's lived experience and culture?	**.754**	–.566	–.519	.614
11. Assist child and family team in acknowledging the family's beliefs to build agreement for a common team vision statement?	**.686**	–.568	–.456	.517
12. Actively participate by speaking up to support the family's perspective during the child and family team meeting?	**.759**	–.578	.465	.514
13. Actively participate with the family in the development of the initial child and family team plan?	**.823**	–.627	–.257	.506
14. Actively participate with other team members in the development of the initial child and family team plan?	**.832**	–.663	–.270	.532
Implementation phase				
15. Provide individualized peer-to-peer support to the parents?	.605	–.514	**-.652**	.549
16. Develop plans and/or strategies with the family to ensure their concerns were understood by the child and family team?	**.749**	–.615	–.670	.622
17. Develop communication strategies with the family to ensure their perspective was being heard by the child and family team?	.708	–.608	**–.730**	.632
18. Work with the parents to connect the family with identified community resources?	.555	–.589	**–.831**	.473
19. Assist the family in engaging with community resources?	.545	–.632	**–.769**	.467
20. Work with the parents and other team members to continue to identify unmet needs that the child and family team agreed to address?	.626	–.585	**–.727**	.580
Transition phase				
21. Help introduce the transition phase of Wraparound to the child and family team?	.636	**–.844**	–.353	.495
22. Help introduce the completion of the Wraparound process to the child and family team?	.636	**–.877**	–.347	.487
23. Practice implementation with the family, as identified in the child and family team plan?	.656	**–.831**	–.447	.507
24. Rehearse crisis responses with the family, as identified in the child and family team plan?	.646	**–.815**	–.413	.480
25. Continue to use the family's culture and beliefs in assisting them to engage in new resources/supports?	.637	**–.808**	–.587	.437
26. Continue to use each team member's individual strengths in assisting the family to engage in new resources/supports?	.631	**–.791**	–.521	.445
27. Assist the facilitator in preparing the family to transition from Wraparound by ensuring the family's culture and beliefs were evident in the process?	.622	**–.880**	–.369	.458
28. Assist the facilitator in preparing the family to transition from Wraparound by ensuring that the family's voice and choice were evident in the process?	.669	**–.846**	–.388	.505
Eigenvalues	14.50	1.92	1.37	1.07
% of variance	52.46	5.91	3.89	2.63

Notes: The boldface values represent the highest value for each row and clearly show the factor most strongly related to a specific item.
[a]Item 5, "How much did the parent partner share Wraparound success stories with the family in a way that built hope?", was not included in this factor analysis because it is not present in parent/caregiver version.

Table 3: Factor Correlation Matrix for a Four-Factor Solution Using Principal Axis Factoring with Oblimin Rotation

Factor	Planning Phase	Transition Phase	Implementation Phase	Engagement Phase
1. Planning phase	1.00			
2. Transition phase	–.727	1.00		
3. Implementation phase	–.473	.452	1.00	
4. Engagement phase	.670	–.528	–.422	1.00

Table 4: Time to Complete the Parent Partner Fidelity Tool, by Respondent Role

Respondent Role	*n*[a]	Average Number of Minutes to Complete PPFT (*SD*)	Min–Max Minutes
Facilitators	161	10.7 (4.6)	3–30
Parent partners	161	10.4 (6.4)	3–60
English-speaking parents/caregivers	141	12.7 (6.8)	3–45
Spanish-speaking parents/caregivers	33	15.6 (7.3)	2–30

Notes: PPFT = Parent Partner Fidelity Tool; Min = minimum; Max = maximum.
[a]Seventy respondents were excluded because they did not answer the question.

(facilitators, parent partners, English-speaking parents/caregivers, and Spanish-speaking parents/caregivers) [$F(3, 495) = 9.187$, $p < .05$]. Excluding the 40-, 45-, and 60-minute outliers, a one-way ANOVA still revealed significant differences among the groups [$F(3, 492) = 11.694$, $p < .05$]. On average, facilitators took the shortest amount of time ($M = 10.7$ minutes) and Spanish-speaking parents/caregivers took the longest ($M = 15.6$ minutes) (see Table 4).

Respondent Group Differences

Analyses were conducted to determine possible differences in average respondent group scores: facilitators, parent partners, English-speaking parents/caregivers, and Spanish-speaking parents/caregivers. A one-way ANOVA revealed statistically significant between-groups differences [$F(3, 561) = 10.06$, $p < .01$]. The average overall ratings were as follows: facilitators ($M = 4.00$, $SD = 0.83$), parent partners ($M = 4.24$, $SD = 0.59$), English-speaking parents/caregivers ($M = 4.38$, $SD = 0.65$), and Spanish-speaking parents/caregivers ($M = 4.40$, $SD = 0.55$). Ninety-five percent confidence intervals were calculated for each respondent type producing the following confidence limits: facilitators (3.90, 4.10), parent partners (4.14, 4.34), English-speaking parents/caregivers (4.27, 4.49), and Spanish-speaking parents/caregivers (4.17, 4.63).

Unexpected Answers

Respondents to surveys identified as "four-month" were instructed to not answer the transition phase section, but many did so anyway. The Spanish-speaking parents/caregivers provided unexpected answers most often (60% of the time), followed by parent partners (49%), facilitators (39%), and English-speaking parents/caregivers (35%).

DISCUSSION

The project goal was to develop a psychometrically sound tool for measuring the fidelity of the parent partner to the Wraparound parent partner role description based on research findings that support connections among fidelity, quality assurance, and outcomes in Wraparound (Bruns, 2009; Bruns, Burchard, et al., 2004; Suter & Bruns, 2008). The PPFT shows evidence of good reliability and validity to measure the degree to which the parent partner follows the model inherent in the parent partner role description when providing Wraparound services. However, further testing, such as test-retest and concurrent validity testing, is needed using other Wraparound fidelity measures, such as the latest version of the Wraparound Fidelity Index (WFI), WFI 4 (Bruns, 2008), and the Team Observation Measure of the Wraparound Fidelity Assessment System (Bruns, 2008), for data comparisons.

The EFA revealed that the highest item loadings corresponded to the four Wraparound phases, but the items also loaded on the other factors. This supports the premise of the National Wraparound Initiative that although the four phases exist, they are not mutually exclusive and activities related to phases can occur at any time in the process (Walker et al., 2004).

The positive correlation between length of time as a facilitator and parent partner ratings may indicate that people who had more experience with Wraparound were more likely to recognize the expertise that the parent partner brought to the team. Also, the positive correlation between length of time with a parent partner and being an English-speaking parent or caregiver may indicate that, in this situation, a longer time with a parent partner created a higher regard for the working relationship. In contrast, the lack of a statistically significant relationship between the length of time with a parent partner and Spanish-speaking parent/caregiver ratings of parent partner activities could suggest cultural differences in the acceptance of the parent partner on the Wraparound team. A thorough discussion has not revealed any plausible ideas to account for the lack of a statistically significant relationship between length of time as a parent partner and parent partner ratings of their own activities. These findings indicate areas for further study.

Parents/caregivers responded either by self-administered survey or in an interview with someone not on their Wraparound team; the fact that no significant differences were found in their overall average ratings indicates that either method of completion provides satisfactory parent/caregiver data. Other Wraparound fidelity tools use interview, observation, document review, and community and systems assessment methods (see Wraparound Fidelity Assessment System at http://www.wrapinfo.org), so the self-administered paper PPFT may provide the beginnings for an additional, less labor-intensive Wraparound fidelity data collection methodology.

Feasibility and utility of the PPFT were demonstrated by the relatively short average completion time of 11.5 minutes for the majority of respondents. However, the statistically significant between-groups difference, ranging from an average time of 10.7 minutes for facilitators to 15.6 minutes for Spanish-speaking parents/caregivers, indicates that people completing the Spanish version of the PPFT may need extra time or help. This finding could also be due to deficiencies in the Spanish translation, which may need further work.

With regard to respondent group differences, the average overall ratings were quite high (in the "much" [4.0] range) for each group, but, in general, facilitators provided statistically significant lower average overall ratings than the other three groups. The confidence interval for the facilitators did not overlap with those of the other groups; we can therefore be 95% confident that the facilitators' population mean falls below the population means of parent partners, English-speaking parents/caregivers, and Spanish-speaking parents/caregivers. The confidence intervals were calculated for each role separately, thus avoiding issues concerning dependent data.

This finding further reinforces the results found by the ANOVA. The OWG suggested that some facilitators may have negative attitudes about parent partners, not value their expertise, or have less awareness of parent partner activities because there was no parent partner role description for their program. We believe this finding clearly indicates a need for training on the role description and use of the PPFT as a quality assurance tool to increase team knowledge regarding the essential role of the parent partner on the team.

Participating agency staff and OWG members provided several possible explanations for why respondents answered the transition phase questions when they had been instructed not to. Other than misunderstanding or inadvertently not being given the instructions, the most common possible explanation was that even though the family was not yet at the transition phase, the Wraparound model requires that transition be discussed from the very beginning, and some respondents felt they could answer those items. The Wraparound phases were not meant to be temporally mutually exclusive (Walker et al., 2004); it is to be expected that different activities will occur in different phases at the same time. For example, although a family is in the implementation phase for one activity, the family may be in the planning phase for another. The authors will accommodate this finding by removing the four-month and transition timeframe categories from the next version of the PPFT.

A box at the end of the PPFT was used to allow respondents to identify any questions that were hard for them to answer or understand. Several parents and caregivers noted difficulties in answering questions regarding community resources that they felt they did not need, and others noted difficulties in answering questions about culture or beliefs, saying that they did not think their family had any special culture or beliefs. Some facilitators and parent partners expressed concerns about

answering questions related to phases that occurred before they became members of the Wraparound team. For example, they may not have been on the family's Wraparound team from the beginning, making it difficult for them to respond to the engagement phase questions. Some respondents noted that they did not know how to reply to questions for phases that had not yet occurred. The OWG discussed these comments and decided that adding response options of "don't know" and "does not apply" to all items on all forms would accommodate these situations.

There were several limitations to this study. One was the small number of Hispanic respondents, which suggests a need for testing the psychometrics of the PPFT with more people of different cultures. The findings were also limited because they represented responses from only 14 Wraparound programs in California; there is no way to know the level of representativeness of this sample of programs. However, because these programs represented counties in northern and southern California and were varied in size (small, medium, and large) and longevity (one month to five years), we would not anticipate major differences between these programs and others in California in terms of the views of facilitators, parent partners, and parents/caregivers in California Wraparound. At this point, there is some concern about a ceiling effect in the ratings; further investigation is needed to determine why most of the ratings are at the higher end of the scale.

Another limitation is that these findings cannot be generalized to a situation where the PPFT is used for quality assurance rather than research. Our "research" respondents were quite willing to participate when they knew that the results would not be used to monitor their performance, but acceptance of such a measure when it will be used to determine parent partner "performance" may create an issue of socially desirable responding or nonresponse. Parents and caregivers in particular are often very grateful for the help from their parent partners and may hesitate to say anything negative about them. Findings from applied use of the revised, nonresearch PPFT in agency settings will have to be examined for these possible effects. It is hoped that proper training in the administration of the PPFT and use of the data will deter negative attitudes and encourage honest responding.

Plans for implementing the PPFT in the California Wraparound program include modifying the current versions from a research format to a general use format and designing and implementing training on the parent partner role description as a guide for practice and on the administration and uses of the PPFT. There are plans to further pilot test the PPFT and conduct a randomized trial studying the effect of parent partner fidelity on California Wraparound family outcomes. The PPFT will help close the gap in Wraparound research by providing a reliable and valid tool for measuring the fidelity of parent partners to the model. It is expected that this groundbreaking effort will open doors for further studies to validate the significance of the parent partner role in strengthening family outcomes and to build an evidence base for parent partner practices. **SWR**

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