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The Legacy for Children™ Program-- A Capstone on Fidelity Monitoring and Certification

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ABSTRACT

THE LEGACY FOR CHILDREN™ PROGRAM – A CAPSTONE ON FIDELITY MONITORING AND CERTIFICATION

By

CAMILLE T. KRAMER

April 18, 2017

INTRODUCTION: Child poverty in the United States results in severe adverse outcomes affecting child health, well-being, and mental and physical development. A burgeoning problem, researchers have sought primary prevention methods such as parent programs that target low-income mothers. Legacy for Children™, developed by the Centers for Disease Control and Prevention (CDC), is an evidence-based parent program designed for communities affected by poverty. The evidence-based outcomes of Legacy rely heavily on fidelity monitoring to ensure program efficacy and adherence to the tested model. As an Atlanta Legacy site is implemented, it presents an opportunity to improve the fidelity monitoring processes to ensure program uptake and sustainability.

AIM: To examine the existing tools used to measure Legacy fidelity, compile a compendium of tools to inform fidelity processes and recommend ways to improve fidelity monitoring.

METHODS: A literature review on fidelity monitoring best practices, implementation science research, and existing evidence-based parent programs was used to gauge ways to improve Legacy. Fidelity monitoring practices from the evidence-based parent programs directly informed Legacy's fidelity processes and recommendations. A practice fidelity assessment evaluated how fidelity is currently monitored.

RESULTS: Recommendations involve three distinct tasks: (1) intense monitoring early on post-workshop training, (2) video monitoring and technical assistance by the IS Supervisor, and (3) establishing a certification process. The practice fidelity assessment revealed that the fidelity assessment form for Miami intervention would work better if shortened and focused on the curricula and procedures versus the lengthy, more group process design.

DISCUSSION: Many tools exist to monitor fidelity of evidenced-based parent programs. Although the recommendations proposed compile literature and characteristics from existing parent programs, future research is necessary to determine which elements Legacy should adopt. This document serves to inform the Legacy implementation team and CDC by increasing knowledge and fostering conversations to improve Legacy fidelity monitoring.

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MONITORING AND CERTIFICATION

by

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B.S., THE UNIVERSITY OF GEORGIA

A Capstone Submitted to the Graduate Faculty of Georgia State University
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MASTER OF PUBLIC HEALTH

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APPROVAL PAGE

THE LEGACY FOR CHILDREN™ PROGRAM – A CAPSTONE ON FIDELITY
MONITORING AND CERTIFICATION

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AUTHOR'S STATEMENT

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INTRODUCTION

1.1 Child Poverty and Parent Programs

In the United States, child poverty remains a burgeoning problem with roughly 1 in 5 children living at or below the federal poverty level (FPL) (Dreyer, Chung, Szilagyi, & Wong, 2016; Pac, Nam, Waldfogel, & Wimer, 2017). Children are the poorest members of the society even in “good” economic times, and about 1 in 2 children are poor or nearly poor. Younger children are more likely to be poor. In 2013, 25% of children from birth to 5 years of age were poor compared to 19% of adolescents who were poor (Pascoe et al., 2016). Young children are particularly susceptible to the adverse impacts of poverty because they are entirely dependent on their caregivers for sustenance and care (Pac et al., 2017).

Poverty levels fluctuate based on demographic factors and adversely affect vulnerable groups of people. Race and ethnicity are strong indicators of individual and community level poverty (Pascoe et al., 2016). In 2014, 37.1% of black children and 31.9% of Hispanic children lived in poverty, compared with 12.3% of white children and 13.4% of Asian children. Single-parent households are four times more likely to be poor compared with 2-parent households. And, southern states exhibit higher levels of child poverty than northern states (Pascoe et al., 2016). In 2014, Georgia had 25-30% of children living in poverty.

Poverty has immediate and lifelong consequences on child health and well-being. Poverty in children is associated with lower developmental and educational outcomes and increased likelihood of criminal behaviors as an adult, teen pregnancy, food insecurity, chronic disease and higher mortality rates (Dreyer et al., 2016; Pac et al., 2017). And, intergenerational cycles of poverty exist, meaning if a child experienced child poverty, their children and their children’s children may experience it as well. Not only does child poverty affect physical well-being, but children living in poverty experience trauma and have worse behavioral and mental health outcomes (Pascoe et al., 2016). Early childhood is considered the sensitive period between birth and age five during which children’s neurological and cognitive abilities are molded by childhood experiences. Literature shows that low-income children have significant gaps in language development since the time of their first words which could lead to reduced school readiness (Pascoe et al., 2016). Further studies demonstrate that the influence of poverty can alter children’s structural brain development affecting their learning and ability to succeed in school (Hair, Hanson, Wolfe, & Pollak, 2015). Researchers highly recommend that targeted interventions are needed to avoid long-term impaired academic functions in households far below the federal poverty level.

Adverse child outcomes to poverty are dually noted in the literature, but poverty’s effect on parents of young children has also been examined. Low family income reduces the resources parents can provide (material hardship), damages family relationships, and increases parental stress (Dreyer et al., 2016). Parents experiencing the effects of financial stress are less likely to devote time to nurture the parent-child relationship and foster child development. Material hardship can also hinder a mother’s ability to gain social support from the community due to the lack of time or resources.

Many health care system changes have helped ameliorate the effects of childhood poverty. For instance, the expansion of Medicaid and strengthening of the Children’s Health Insurance Program (CHIP) helps give low-income children greater access to healthcare (Dreyer et al., 2016). Research shows that medical care and access to health care can lead to

improvements in childhood outcomes, but focusing efforts on primary prevention opportunities can yield greater change (Pascoe et al., 2016). Therefore, research has been directed toward investigating alternative methods to minimizing the effects of childhood poverty. Parent programs designed to increase parenting skills and child development act as primary prevention to adverse health outcomes. Parents are the key to safe, nurturing, and positive learning environments for children (Perou et al., 2012). Because parenting is vital to reducing the exposure to toxic stressors, investigators explore the role that evidence-based parent programs play in improving positive parenting.

Most parent programs focus on improving early childhood relational health, “the ability to form secure attachments with engaged, responsive caregivers in a safe, stable, and nurturing emotional environment” (Pascoe et al., 2016). Relational health can act as a protective health factor by building self-regulation and resilience throughout life. Thus, good relational health can help children tolerate poverty-related stress (Pascoe et al., 2016). Another benefit from parent programs is the promotion of play in promoting healthy child development and maintaining a strong parent-child bond (Milteer, Ginsburg, Health, & Mulligan, 2012). Play gives parents an opportunity to fully engage with their children and view the world from their perspective. Children who live in poverty are deprived the opportunity to participate in safe play and the social, emotional, cognitive and physical benefits that are associated with play (Milteer et al., 2012). Furthermore, parent-specific interventions are related to improving coping skills, reducing stress and teaching child-centered parenting (Mistry & Wadsworth, 2011).

A plethora of literature demonstrates the high prevalence of child poverty in the United States, the adverse outcomes of child poverty on children and parents, and the benefits of parent programs on alleviating the effects of child poverty. In Atlanta, one such evidence-based parent program, Legacy for Children™, gives low-income mothers and children an opportunity to overcome poverty and improve life outcomes.

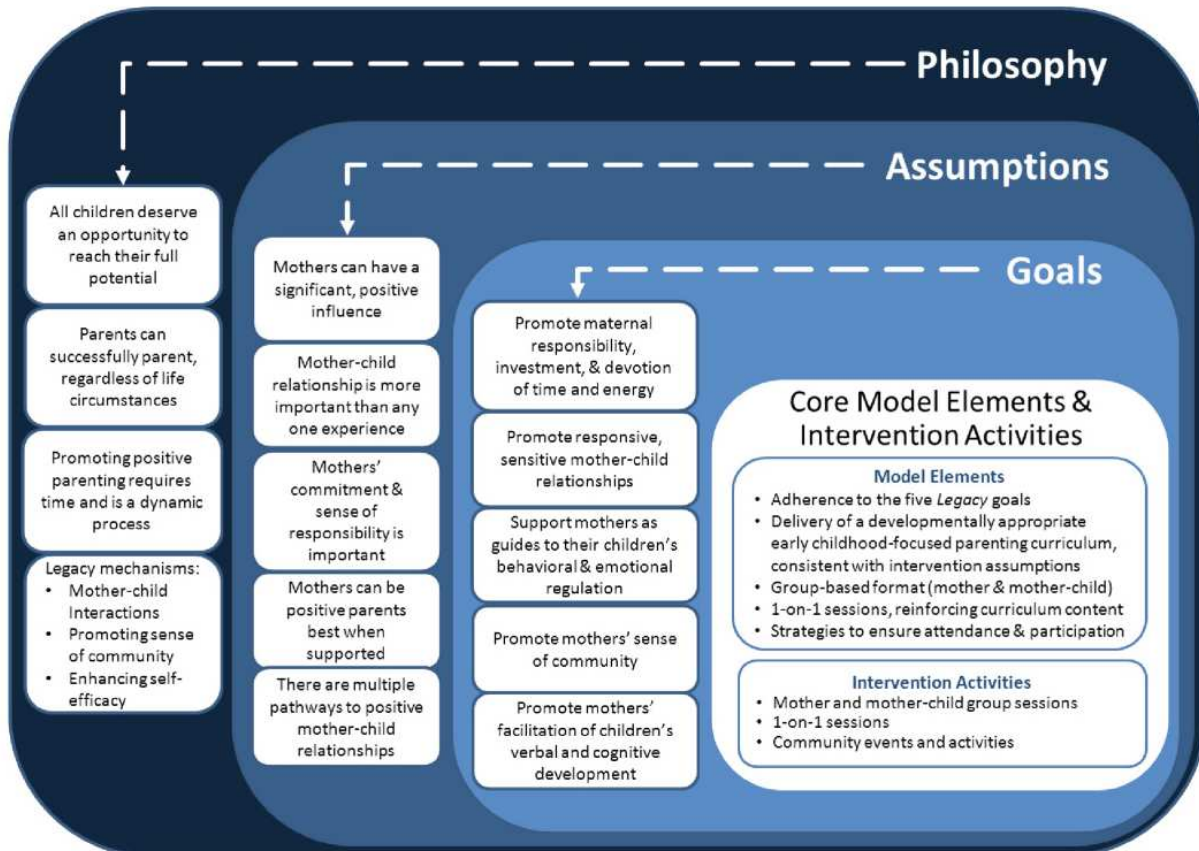
1.2 Legacy for Children™

Legacy for Children™ (Legacy) is an evidence-based parent program focusing on child health and development primarily in communities affected by poverty. Legacy uses epidemiology and public health perspectives to better address environmental risks for poor child developmental outcomes (Perou et al., 2012). It was designed to support and promote positive parenting skills among low-income mothers of infants and young children and is implemented with a group-based intervention approach for mothers and youth. Mothers bring their children to sessions in which they have mother-only time in group and mother-child time (“Legacy for Children™”, 2016). Group sessions allow mothers to interact and bond with other mothers in similar circumstances. It initiates network building and social support in the form of assistance, information, empathy, and understanding (Perou et al., 2012).

The name Legacy stems from the belief that parental investment of time and energy into children is invaluable. Thus, Legacy’s philosophy encompasses the credence that mothers can positively influence children’s development, the importance of mother-child relationships, there is no “right” way to parent, and mothers who are supported by a community help sustain their commitment to responsibility. Legacy maintains these philosophies through five key goals (Centers for Disease Control and Prevention, 2014):

1. Promote maternal responsibility, maternal investment and maternal devotion of time and energy for her child
2. Promote responsive, sensitive mother-child relationships
3. Support mothers as guides in their children's behavioral and emotional regulation
4. Promote each mother's facilitation of her child's verbal and cognitive development
5. Promote mother's sense of community

Figure 1: The Legacy for Children conceptual model (Perou et al., 2012).



It is also important that a target child is used for mothers with more than one child. Focusing on one child help mothers invest time and energy into the parent-child relationship, which may be rare if there is more than one child in the household. The children in the group should also be of similar ages and developmental levels.

The Centers for Disease Control and Prevention (CDC) designed and tested Legacy using randomized controlled trials (RCTs) to assess whether the Legacy model could improve early childhood outcomes. The model focuses on three core concepts: 1) promoting sensitive, responsive mother-child interactions, 2) promoting a maternal sense of community, and 3) enhancing maternal self-efficacy. Maternal self-efficacy helps mothers evaluate their behaviors and increase their belief in positively influencing their child's development (Perou et al., 2012). Two sites were chosen to test the model: the University of California at Los Angeles (UCLA) and the University of Miami (UM). Each site developed its curriculum to meet the needs of their

community: UCLA focused on prenatal through age three, and UM’s program started at birth through age five. Although the curriculums differ significantly by session scheduling, mother-child time and racial/ethnic composition, they both follow the Legacy model and are delivered with the same philosophy, assumptions, and goals. Both curricula cover a broad range of child development knowledge and parenting skills ("Legacy for Children™", 2016):

- basic care, health, and safety,
- language and literacy,
- social and emotional skills,
- playing and learning,
- behavior guidance and limit setting,
- praise and encouragement, and
- parent issues like stress and self-efficacy.

Table 1 highlights the key components of the UCLA and UM curricula (Centers for Disease Control and Prevention, 2014)

Table 1: Comparison of the UCLA and UM curricula

	UCLA	UM
Child Age	Prenatal to 3 years	6 weeks to 5 years
Session Recurrence	Each year, 3 Blocks of 10 week-long sessions; during breaks, make home visits	Weekly
Session Length	2 hours	1.5 hours
Parent-child Component	Alternating mother-only with mother-baby days	Children involved in a component of every session
Community Building	FUN Club	Building Sense of Community
Session Structure	(Rotating components) <ul style="list-style-type: none"> - Main Session Topic - FUN club or Mother Child Interaction Time 	(Each session) <ul style="list-style-type: none"> - Building Sense of Community - Main Session Topic - Parent-Child Time Together
Group Size	Approximately 10 mothers	
Curriculum	<ul style="list-style-type: none"> - Based on Legacy goals - Sequential and developmentally ordered - Repeated coverage of the same topic varies by developmental stage 	

Legacy was designed for families of low-income to prevent adverse impacts of poverty on child health and development (Centers for Disease Control and Prevention, 2014). Legacy is also intended to support similar programs targeted at helping at-risk children. After a pilot phase and main study phase, research showed the Legacy positively impacted child behavior by having effects on behavioral, social, and emotional problems in children for participating mothers. Positive effects on child IQ and maternal-child relationship were also found. The positive results

of Legacy are directly linked to main features of the program. The following characteristics should be implemented with fidelity to ensure the integrity of the evidence-based Legacy program (Centers for Disease Control and Prevention, 2014):

- A low-income, low resourced population of mothers
- The use of one of the two tested Legacy curriculum
- Regularly scheduled sessions
 - o Including mother-only and mother-child interaction time
 - o One on one time to reinforce content
 - o Community events and community building time
- A group-based format with target children of similar ages (ideally seven to ten mothers)
- A respectful, non-judgmental, non-didactic environment

Although Legacy has shown positive results in child outcomes, it is restrictive to only mothers as it was designed and tested with mothers. Research on the target population indicates that most primary caregivers are mothers and that mothers and fathers, in general, have different parenting styles. Parenting programs unique to fathers represent a large gap in the literature, but for the reasons above, the first intervention was only geared toward mothers. Additionally, the curriculum is written for a same gender group with dynamics that may change if it became mixed gender. In the future, the CDC may pilot a father-specific evidence-based version of Legacy.

1.3 Legacy for Children™ Fidelity Monitoring

Fidelity is a measurement of whether a program is implemented the way in which it was intended (Horner, Rew, & Torres, 2006). It is necessary for evidence-based programs, like Legacy, to uphold fidelity because the expected results on child development and parenting outcomes rest solely on how the program was designed and tested. Although cultural specific adaptations of the curricula that meet the needs of specific populations are warranted, the proven model should not be substantially changed. Legacy core components must remain the same, and the Legacy Technical Assistance (TA) Provider or the CDC must approve all adaptations. Currently, there two tested implementations of the Legacy model: UCLA and UM. Both have vastly different curricula but adhere to the Legacy model and enforce three essential intervention components: 1) mother only and mother-child group session, 2) one-on-one time, and 3) community events. Therefore, fidelity measures should assess all three components.

Legacy fidelity is evaluated and supported by fidelity monitoring tools, individual technical assistance (TA), group calls, and site visits (Centers for Disease Control and Prevention, 2014). Fidelity monitoring devices are used after each session to measure successes and areas of quality improvement. The monitoring tools help measure quality assurance and quality improvement by collecting information on how the mothers are doing, what worked well or needs to improve and what challenges exist (Centers for Disease Control and Prevention, 2014). There are three types of fidelity monitoring tools:

1. Parent Group Summary Form (PGS)- The Implementation Specialist (IS) completes the PGS form immediately after each session noting the content of the session, the participating staff, and presentation format. ISs self-report on how well the topic was covered, group participation, meeting success, and factors that affect group dynamics.

2. Parent Engagement Form (PEF)- The PEF is completed by the IS after ten weekly sessions. They report on each mother's level of participation and how much the mother incorporates the content into their lives.
3. Fidelity Assessment Monitoring Tool- A supervisor and/or Legacy TA should observe the IS at least once every six months to ensure quality control and provide feedback on session management. The UM site created an IS Supervisor form to assess achieve this.

Individual and group consultation calls allow Legacy experts to monitor and support fidelity implementation remotely. And, site visits provide an opportunity for the CDC and TA Providers to better understand what works and what challenges the site faces. Each year mothers in the program complete an annual fidelity assessment called the Parent Satisfaction Scale. It evaluates their Legacy experiences, opinions about Legacy (content, structure, IS), feelings about how Legacy has changed their parenting, and suggestions on how to improve the program and what they liked most.

Since its inception, Legacy has had limited implementation. The adaptation of Legacy to new communities is necessary as it is part of the spirit with which Legacy was originally developed and the benefits of Legacy to positively impact the lives of at-risk children have been documented. However, uptake of the Legacy program depends heavily on three key implementation processes: (1) fidelity monitoring and certification, (2) securing sufficient site resources to support sustainable implementation, and (3) increasing capacity for training and technical assistance. The motivation of this report is to translate the initial positive randomized control trial results into practical application for communities and to extend the reach of a strong evidence-based program to more mothers and babies. This is partly achievable through improving Legacy fidelity monitoring processes by proposing three characteristics: (1) intense monitoring upfront, (2) video recorded monitoring and (3) introducing a certification process. As a new Legacy site in Atlanta, GA is created utilizing the UM curriculum, the lessons learned by the Legacy implementation team and a review of the best available literature on fidelity will result in recommendations for best practices and ways to inform and sustain Legacy for Children.

COMPENDIUM OF TOOLS

Fidelity is monitored and assessed through an array of methods. But one notion consistent throughout literature is that achieving fidelity is vital for implementation science research and program efficacy. The literature review demonstrates the range of research on fidelity best practices (Table 2), implementation science literature (Table 3), and a summary of current fidelity and certification processes in place for other evidence-based parent programs that target similar populations to Legacy.

2.1 Literature on Fidelity

Table 2 details a summary of current knowledge and recommendations focused on fidelity monitoring. Fidelity has been defined in a variety of ways in implementation science literature, but at the core, fidelity of an intervention typically consists of two fundamental components: 1) adherence to an intervention's core components and 2) competent execution of the core concepts utilizing effective clinical and teaching practices (Forgatch, Patterson, &

DeGarmo, 2005).

Descriptions of current and best practices for addressing barriers to fidelity monitoring among evidence-based parenting programs from scientific literature.

Table 2: Brief Summary of Literature on Fidelity

Article Reference	Article Summary
Breitenstein, S. M., Fogg, L., Garvey, C., Hill, C., Resnick, B., & Gross, D. (2010). Measuring Implementation Fidelity in a Community-Based Parenting Intervention. <i>Nursing Research</i> , 59(3), 158–165. https://doi.org/10.1097/NNR.0b013e3181dbb2e2	Feasible and valid methods of implementation fidelity are needed to implement evidence-based interventions on a large scale. The study examined the reliability and validity of a fidelity checklist assessing group leader adherence and competence for the Chicago Parent Program serving low-income families.
Carroll, C., Patterson, M., Wood, S., Booth, A., Rick, J., & Balain, S. (2007). A conceptual framework for implementation fidelity. <i>Implementation Science</i> , 2(1).	This study introduced a new conceptual framework for understanding and measuring the process of implementation fidelity by critically reviewing existing conceptualized methods.
Chaffin, M., Hecht, D., Aarons, G., Fettes, D., Hurlburt, M., & Ledesma, K. (2016). EBT Fidelity Trajectories Across Training Cohorts Using the Interagency Collaborative Team Strategy. <i>Administration and Policy in Mental Health and Mental Health Services Research</i> , 43(2), 144–156.	The interdisciplinary collaborative team (ICT) strategy achieves multi-agency evidence-based treatment (EBT) implementation by utilizing providers for adaptation, training, and quality control. The implementation of SafeCare assessed the fidelity of ICT. Provider cohorts attained and sustained fidelity after 12 weeks.
Forgatch, M. S., Patterson, G. R., & Degarmo, D. S. (2005). Evaluating fidelity: Predictive validity for a measure of competent adherence to the oregon model of parent management training. <i>Behavior Therapy</i> , 36(1), 3-13.	The Fidelity of Implementation Rating System is introduced. FIMP was used as an observation-based measure for assessing competent adherence to a Parent Management Training by evaluating knowledge, structure, teaching, clinical skill, and effectiveness. Fidelity is essential in all phases of research but is loosely defined and open to interpretation. The comprehensive fidelity guide, outlining the four key components of intervention research (design, training, monitoring of intervention delivery, and intervention receipt), can be used by practitioners and researchers to increase fidelity.
Gearing, R. E., El-Bassel, N., Ghesquiere, A., Baldwin, S., Gillies, J., & Ngeow, E. (2011). Major ingredients of fidelity: A review and scientific guide to improving quality of intervention research implementation. <i>Clinical Psychology Review</i> , 31(1), 79–88.	Fidelity is essential in all phases of research but is loosely defined and open to interpretation. The comprehensive fidelity guide, outlining the four key components of intervention research (design, training, monitoring of intervention delivery, and intervention receipt), can be used by practitioners and researchers to increase fidelity.
Haynes, A., Brennan, S., Redman, S.,	Fidelity assessment challenges were identified

Table 2: Brief Summary of Literature on Fidelity

Article Reference	Article Summary
Williamson, A., Gallego, G., & Butow, P. (2015). Figuring out fidelity: A worked example of the methods used to identify, critique and revise the essential elements of a contextualised intervention in health policy agencies. <i>Implementation Science Implementation Sci</i> , 11(1).	and responded to by addressing: (1) difficulty in identifying essential elements of a contextualised intervention (2) an example of an approach for critiquing the validity for presumed key elements, and (3) demonstrated how essential elements could be refined during trial without comprising fidelity assessment.
Kemp, L. (2016). Adaptation and Fidelity: a Recipe Analogy for Achieving Both in Population Scale Implementation. <i>Prevention Science</i> , 17(4), 429–438. https://doi.org/10.1007/s11121-016-0642-7	Fidelity assessment for evidence-based programs may achieve research-based outcomes but may be a poor fit for the real world. But, an unplanned adaptation may result in a program that no longer adheres to the tested program model. The article investigated how both fidelity and adaptation can be managed and successfully achieved.
Kutash, K., Cross, B., Madias, A., Duchnowski, A., & Green, A. (2012). Description of a Fidelity Implementation System: An Example from a Community Based Children’s Mental Health Program. <i>Journal of Child & Family Studies</i> , 21(6), 1028–1040. https://doi.org/10.1007/s10826-012-9565-5	Implementation feedback systems for evidence-based practice can assist program administrators in adopting new practices or continuing with methods. Fidelity monitoring demonstrates the needs for adopting evidence-based practices. In the children’s mental health services field, fidelity informs components like adherence, dosage, participant responsiveness, quality of delivery and program differentiation.
Lee, C. S., August, G. J., Realmuto, G. M., Horowitz, J. L., Bloomquist, M. L., & Klimes-dougan, B. (2008). Fidelity at a Distance: Assessing Implementation Fidelity of the Early Risers Prevention Program in a Going-to-Scale Intervention Trial. <i>Prevention Science</i> , 9(3), 215–29.	The study evaluated the feasibility of an innovative technology designed to assess implementation fidelity of the Early Risers conduct problems prevention program. Web-based documentation and telephone interviews measured program exposure, adherence, and quality of delivery. The technology was found feasible and successfully measured multiple indices of fidelity.
Pérez, D., Van der Stuyft, P., Zabala, M. C., Castro, M., & Lefèvre, P. (2016). A modified theoretical framework to assess implementation fidelity of adaptive public health interventions. <i>Implementation Science: IS</i> , 11(1), 91–91.	Adaptive interventions may have positive or adverse effects on intervention fidelity. A modified theoretical framework is used to assess the fidelity-adaptation balance for dengue prevention in Cuba. More empirical research is needed to validate the modified structure.

Table 2: Brief Summary of Literature on Fidelity

Article Reference	Article Summary
Rollins, A. L., McGrew, J. H., Kukla, M., McGuire, A. B., Flanagan, M. E., Hunt, M. G., . . . Salyers, M. P. (2015). Comparison of Assertive Community Treatment Fidelity Assessment Methods: Reliability and Validity. <i>Administration and Policy in Mental Health and Mental Health Services Research Adm Policy Ment Health</i> , 43(2), 157-167.	The study compared the reliability and validity of on-site fidelity assessment, phone-administered fidelity assessment, and expert-scored self-report fidelity assessment to assess if alternative methods of on-site assessment can be used for large-scale program fidelity with limited resources.
Taylor, W., Asgary-Eden, V., Lee, C., & LaRoche, K. (2015). Service Providers' Adherence to an Evidence-Based Parenting Program: What are They Missing and Why? <i>Journal of Child & Family Studies</i> , 24(1), 50–56. https://doi.org/10.1007/s10826-013-9812-4	Monitoring fidelity in the delivery of evidence-based programs can inform what is missing from program implementation. The Triple P parent program service providers were assessed to determine adherence to program processes and exercises.
Tomioka, M., & Braun, K. L. (2013). Implementing Evidence-Based Programs: A Four-Step for Assuring Replication With Fidelity. <i>Health Promotion Practice</i> , 14(6), 850–858. https://doi.org/10.1177/1524839912469205	The article assessed how to implement an evidence-based program in a community by following a four-step protocol to fidelity. The four steps included preparing a step-by-step plan for program replication, selecting an agency and training the staff, monitoring program delivery using fidelity checklists, and measuring program outcomes by tracking participants. The fidelity monitoring portion features a system that was intense early on and less intense as the program continued.

2.2 Literature on Implementation Science Research and Evidence-based Practice

Legacy is a public health intervention implemented in a controlled setting with the intention of community use. Thus, implementation science research and literature on evidence-based practice is important to assess how research translates to the real world. How Legacy is implemented relates directly to fidelity monitoring. For instance, fidelity monitoring informs dosage, adherence, and program supervision which in-turn may need to be altered in the implementation plan. Table 3 highlights literature on the implementation of evidence-based practice to demonstrate the variety of methods used to implement and sustain programs such as Legacy that may help advise fidelity processes.

Descriptions of current and best practices for implementation science research and evidence-based parenting programs from scientific literature.

Table 3: Brief Summary of Literature on Implementation Science Research and Evidence-based Practice

Article Reference	Article Summary
<p>Aarons, G. A., Green, A. E., Trott, E., Willging, C. E., Torres, E. M., Ehrhart, M. G., & Roesch, S. C. (2016). The Roles of System and Organizational Leadership in System-Wide Evidence-Based Intervention Sustainment: A Mixed-Method Study. <i>Administration and Policy in Mental Health and Mental Health Services Research</i>, 43(6), 991–1008. https://doi.org/10.1007/s10488-016-0751-4</p>	<p>Leadership may be a determinant for program implementation and sustainment. The Exploration, Preparation, Implementation, Sustainment (EPIS) conceptual framework is used to examine the role of leadership in future sustainment of evidence-based interventions. Greater attention to leadership in the outer system and inner organizational contexts can enhance EBI implementation and sustainment.</p>
<p>Bass, D. M., & Judge, K. S. (2010). Challenges Implementing Evidence-Based Programs. <i>Generations</i>, 34(1), 51–58.</p>	<p>The article describes how six characteristics impact successful implementation of evidence-based programs (EBP). The characteristics include (1) community characteristics, (2) organization characteristics, (3) EBP characteristics, (4) Fidelity, (5) staffing and training, and (6) cost.</p>
<p>Beidas, R. S., Stewart, R. E., Adams, D. R., Fernandez, T., Lustbader, S., Powell, B. J., ... Barg, F.K. (2015). A Multi-Level Examination of Stakeholder Perspectives of Implementation of Evidence-Based Practices in a Large Urban Publicly-Funded Mental Health System. <i>Administration and Policy in Mental Health and Mental Health Services Research</i>, 43(6), 893–908. https://doi.org/10.1007/s10488-015-0705-2</p>	<p>Stakeholders provide a unique perspective on possible barriers and facilitators to the implementation of evidence-based practice. Through interviews with stakeholder groups from a large publicly funded mental health system, inner and outer contextual factors were pegged barriers to implementation.</p>
<p>Breitenstein, S. M., Fogg, L., Garvey, C., Hill, C., Resnick, B., & Gross, D. (2010). Measuring Implementation Fidelity in a Community-Based Parenting Intervention. <i>Nursing Research</i>, 59(3), 158–165. https://doi.org/10.1097/NNR.0b013e3181dbb2e2</p>	<p>Feasible and valid methods of implementation fidelity are needed to implement evidence-based interventions on a large scale. The study examined the reliability and validity of a fidelity checklist assessing group leader adherence and competence for the Chicago Parent Program serving low-income families.</p>
<p>Brookman-Frazer, L., Stadnick, N., Roesch, S., Regan, J., Barnett, M., Bando, L., ... Lau, A. (2016). Measuring Sustainment of Multiple Practices Fiscally Mandated in Children’s Mental Health Services. <i>Administration and Policy in Mental Health and Mental Health Services Research</i>, 43(6), 1009–1022.</p>	<p>Outcomes of system-driven implementation efforts rely on the sustainment of evidence-based practices. Researchers used administrative data claims to examine practice delivery over time to gain a better understanding of sustainment in care implementation for mental health services.</p>

Table 3: Brief Summary of Literature on Implementation Science Research and Evidence-based Practice

Article Reference	Article Summary
<p>https://doi.org/10.1007/s10488-016-0731-8</p> <p>Furlong, M., & McGilloway, S. (2015). Barriers and Facilitators to Implementing Evidence Based Parenting Programs in Disadvantaged Settings: A qualitative Study. <i>Journal of Child & Family Studies</i>, 24(6), 1809–1818. https://doi.org/10.1007/s10826-014-</p>	<p>The article addressed how evidence-based parenting programs face barriers when replicated in disadvantaged settings. Researchers found that successful implementation depended on: (1) compatibility between agency and intervention goals, (2) agency support for fidelity, retention, and funding, and (3) group composition and parental readiness.</p>
<p>Kotte, A., Hill, K. A., Mah, A. C., Korathu-Larson, P. A., Au, J. R., Izmirian, S., ... Higa-McMillan, C. K. (2016). Facilitators and Barriers of Implementing a Measurement Feedback System in Public Youth Mental Health. <i>Administration and Policy in Mental Health and Mental Health Services Research</i>, 43(6), 861–878. https://doi.org/10.1007/s10488-016-0729-2</p>	<p>Researchers examined the implementation of facilitators and barriers of the measurement feedback system (MFS) in a youth public mental health system. The facilitators and barriers that emerged paralleled the Exploration, Adoption/Preparation, Implementation, and Sustainment framework. Sustainment efforts may improve facilitators.</p>
<p>Nadeem, E., Weiss, D., Olin, S. S., Hoagwood, K. E., & Horwitz, S. M. (2016). Using a Theory-Guided Learning Collaborative Model to Improve Implementation of EBPs in a State Children’s Mental Health System: A Pilot Study. <i>Administration and Policy in Mental Health and Mental Health Services Research</i>, 43(6), 978–990. https://doi.org/10.1007/s10488-016-0735-4</p>	<p>Learning collaboratives (LCs) are commonly used to support the implementation of evidence-based practices. The study aimed to develop and test a theory-based LC model to enhance an evidence-based training program for clinicians providing mental health services to children. The effectiveness of LC on program implementation was assessed.</p>
<p>Olin, S. S., Nadeem, E., Gleacher, A., Weaver, J., Weiss, D., Hoagwood, K. E., & Horwitz, S. M. (2015). What Predicts Clinician Dropout from State-Sponsored Managing and Adapting Practice Training. <i>Administration and Policy in Mental Health and Mental Health Services Research</i>, 43(6), 945–956. https://doi.org/10.1007/s10488-015-0709-y</p>	<p>Workforce development is necessary for implementation and sustainment, but clinician dropouts are high for evidence-based practice training. The study examined multilevel predictors of clinician dropout from a statewide training on the Managing and Adapting Practice (MAP) program.</p>
<p>Powell, B. J., & Beidas, R. S. (2016). Advancing Implementation Research and Practice in Behavioral Health Systems. <i>Administration and Policy in Mental Health and Mental Health Services Research</i>, 43(6), 825–833. https://doi.org/10.1007/s10488-016-0762-1</p>	<p>There is very little literature that speaks to the importance of system-level influences on adoption, implementation, and sustainment. This article uses different contexts and strategies to inform system-level implementation research and practice that will enhance quality improvement in behavioral health.</p>

Table 3: Brief Summary of Literature on Implementation Science Research and Evidence-based Practice

Article Reference	Article Summary
<p>Powell, B. J., Beidas, R. S., Rubin, R. M., Stewart, R. E., Wolk, C. B., Matlin, S. L., ... Mandell, D. S. (2016). Applying the Policy Ecology Framework to Philadelphia's Behavioral Health Transformation Efforts. <i>Administration and Policy in Mental Health and Mental Health Services Research</i>, 43(6), 909–926. https://doi.org/10.1007/s10488-016-0733-6</p>	<p>Implementations strategies on multiple levels of the policy ecology (organizational, regulatory/purchases agency, political and social levels) can improve implementation of evidence-based practices. The policy ecology framework is used to demonstrate how multilevel implementation strategies can facilitate widespread implementation of evidence-based practices.</p>
<p>Ross, D. F., Ionita, G., & Stirman, S. W. (2016). System-Wide Implementation of Routine Outcome Monitoring and Measurement Feedback System in a National Network of Operational Stress Injury Clinics. <i>Administration and Policy in Mental Health and Mental Health Services Research</i>, 43(6), 927–944. https://doi.org/10.1007/s10488-016-0749-y</p>	<p>An evaluation of the development and implementation process of the Client Reported Outcome Monitoring Information System was performed. It assessed the usage, barriers, and facilitators to implementation. Barriers and facilitators were found to influence clinicians' use of routine outcomes monitoring</p>
<p>Rubin, R. M., Hurford, M. O., Hadley, T., Matlin, S., Weaver, S., & Evans, A. C. (2016). Synchronizing Watches: The Challenge of Aligning Implementation Science and Public Systems. <i>Administration and Policy in Mental Health and Mental Health Services Research</i>, 43(6), 1023–1028. https://doi.org/10.1007/s10488-016-0759-9</p>	<p>Evidence-based practice initiatives in community settings must strengthen their implementation and sustainment efforts. The asynchrony between implementation science research and policy of public systems significantly determines the funding, support and return on investment for EBPs. The article explores the system-level challenges to implementing EBPs.</p>
<p>Taylor, W., Asgary-Eden, V., Lee, C., & LaRoche, K. (2015). Service Providers' Adherence to an Evidence-Based Parenting Program: What are They Missing and Why? <i>Journal of Child & Family Studies</i>, 24(1), 50–56. https://doi.org/10.1007/s10826-013-9812-4</p>	<p>Monitoring fidelity in the delivery of evidence-based programs can inform what is missing from program implementation. The Triple P parent program service providers were assessed to determine adherence to program processes and exercises.</p>
<p>Walker, S. C., Hurvitz, P. M., Leith, J., Rodriguez, F. I., & Endler, G. C. (2016). Evidence-Based Program Service Deserts: A Geographic Information Systems (GIS) Approach to Identifying Service Gaps for State-Level Implementation Planning. <i>Administration and Policy in Mental Health and Mental Health Services Research</i>, 43(6), 850–860. https://doi.org/10.1007/s10488-016-0743-4</p>	<p>The Geographic Information System approach was used to perform a mental health needs assessment to determine where to make investments for evidence-based programs in children's healthcare. The technology can be beneficial when conducting a needs assessment for EBP implementation.</p>

2.3 Evidence-based Parent Programs

During the development of Legacy for Children™ attention was given to embedding fidelity monitoring tools in the curricula to ensure continuous quality improvement. However, the current fidelity system is not specific and focuses more on the process of curricula delivery within the group. Additionally, Legacy fidelity relies heavily on self-report, which is problematic given that the literature indicates that there is often poor validity in the self-report of fidelity. Further, given that much of the fidelity monitoring was set up in the context of research, it is imperative to consider what might be the best approaches to this process for a clinical program actively implemented in a community setting versus a research setting. Improving Legacy's fidelity tools will allow existing Legacy sites to better measure and communicate program impact in their communities. As recommendations on how to improve Legacy fidelity are crafted, it is important to learn from similar existing programs. Thus, the following summaries highlight other evidence-based parent programs featuring their fidelity and certification processes.

2.3a SafeCare

SafeCare is an evidence-based, parent-training curriculum that serves parents who are at risk or have been reported for child maltreatment ("What is SafeCare?"). Specifically for children from birth to age 5, SafeCare uses trained professionals to improve parent's skills while in their home environments. The curriculum includes how to plan and implement activities, enhance parent-child interactions, and improve home safety and health. The weekly home visits usually last 1-2 hours, and the program duration is typically 18-20 weeks. Three levels of training (Home Visitor, Coach, and Trainer) are offered through the National SafeCare Training and Research Center (NSTRC).

Home visitor fidelity monitoring ensures that SafeCare is delivered as it has been developed, tested and shown to be effective. SafeCare fidelity is monitored through three different modalities: live, video-recorded and audio-recorded. Tools to perform the fidelity assessment include the (1) appropriate fidelity form, (2) corresponding session outline, (3) fidelity definitions (See Appendix A for example forms) and (4) a calculator. NSTRC provides materials with each fidelity definition so one can determine an appropriate score. If the situation is not captured by the definition, NSTRC staff can provide assistance. And, a session can only be scored if it is complete. The overall fidelity score is calculated by the percentage of fidelity items completed by the Home Visitor. N/A values are not used to calculate the fidelity score. A comprehensive scoring checklists that feature the specific item, the scoring scale, and space for comments assists with accurate fidelity monitoring.

Fidelity scoring formula:

$$\frac{\text{Items scored +}}{\text{Items scored + and -}} \times 100 = \text{Fidelity Percentage}$$

A 'passing' fidelity score is 85% or higher. If scores are below 85%, it is deemed 'not passing' and requires additional training from the coach/trainer.

SafeCare is unique because it is concerned with quantity and quality. Fidelity is defined as whether or not an item has been performed (quantity), and competency is whether an item has been performed well (quality). Thus, the fidelity assessment form measures fidelity regarding quantity, and the coaching sessions assist Home Visitors to improve fidelity (quantity) as well as competency (quality). Assessments can also be delivered in a formal or informal manner in which feedback is given during an informal assessment.

In addition to the fidelity process, SafeCare has a certification process for the Home Visitors. Essentially, the home visitor is required to achieve 85% fidelity or greater in nine sessions to achieve certification ("How to Implement SafeCare"). Immediately post-workshop, the providers receive intensive coaching from their SafeCare Training. Every session is monitored for fidelity (either live, by video, or by audio). Once the Home Visitor completes nine sessions with fidelity, they are a certified provider, and from that point forward, only one session per month is monitored to ensure sustained quality assurance.

2.3b Incredible Years

The Incredible Years® Series is a comprehensive, interdisciplinary program that targets parents, teachers, and children with the objective of decreasing risk factors and increasing protective factors in the development of conduct issues ("Incredible Years® Parenting Programs"). It was designed to promote emotional, social, and academic competence and to prevent, reduce, and treat behavioral and emotional problems in young children. Together, proximal outcomes like increased school readiness, improved parenting interactions, and improved parent-teacher relationships can be achieved. Long-term outcomes include reduced youth school drop out, increased academic achievement, reduced youth conduct disorders and reduced youth drug and alcohol problems. Incredible Years® offers three audience tailored programs for parents, teachers, and children. The Parenting Program is distinct by child age and encompasses children from 0-12 years old. It aims to promote children's social, emotional and language development as well as strengthening parent-child interactions and attachment. Specific protocols are designed for children who have a history of conduct problems and ADHD.

Incredible Years® is an evidence-based and empirically validated mental health program that must be supervised to monitor the quality of implementation and retain similar program outcomes. To Incredible Years®, fidelity means that the program is delivered in its entirety, using all the recommended components, therapeutic processes and number of sessions. There are five steps to fidelity implementation to ensure the replication of the Incredible Years® programs with fidelity ("Quality Training, Supervision, Ongoing Monitoring, and Agency Support"):

1. Standardized and comprehensive intervention materials
2. Standardized training workshops for clinicians by certified mentors and trainers
3. Ongoing supervision, coaching and mentoring support
4. Fidelity monitoring
5. Agency organizational support

Incredible Years® offers standardized training and certifications. The training process features session protocols, leader's manuals, study videos, books, coaching, mentoring and consultation workshops to equip each site with the necessary support to deliver Incredible Years®. Group

leaders lead the sessions for each Incredible Years® program. Comprehensive leader manuals for each program include (“For Researchers”):

- Questions to promote discussion for each video
- Brainstorming and values exercises
- Role play practice exercises
- Home activities, handouts, and key point

Fidelity monitoring for Group Leaders consists of completing a checklist specific to the program. Sessions are videotaped to assist in the fidelity monitoring process. The fidelity checklist (See Appendix B for example forms) is to be completed by a group leader and a trainer/mentor together or by a single group leader as a self-evaluation in which he/she would review the video of the session. The recorded video allows self-reflection on his or her methods, therapeutic process and identifying ways of improvement for the future. The checklist asks tailored questions that correspond to each session and the material covered in the discussion video. The respondent can choose ‘yes,’ ‘no,’ or ‘n/a.’

The Incredible Years® certification process for group leaders is an involved process but recommended because it maximizes the quality group leader performance and program delivery fidelity (“Certification in Incredible Years® Programs”). Certified leaders are believed to achieve similar results to those in published literature while implementing the full program. Incredible Years® considers certification as part of the training process in which the leader will receive feedback from accredited coaches and mentors. Certified group leaders are also invited to Incredible Years® workshops that update program materials and provide a setting for sharing ideas. Certifications are also available for Incredible Years® Coaches, Mentors and Trainers (Page 11 of the IY Certification Portfolio). Incredible Years® offers eight steps to becoming certified:

1. Attend a certified Incredible Years® Training/Workshop
2. Acquire the appropriate program (materials) for your population
3. Self-study using Leader’s Manual, DVDs and the website
4. Start recruitment and planning for your groups
5. Implement first group and submit a DVD of one session for feedback from an Incredible Years® mentor/trainer
6. Obtain group, in-person, Skype or telephone consultation and receive peer review
7. Implement a second group and submit DVD for feedback from Incredible Years® mentor/trainer
8. Once the DVD review passes, send all paperwork to the Incredible Years® headquarters

In addition to the eight steps, a leader seeking certification must submit these items with the application:

- Application form
- Letter discussing your interest in becoming certified; your goals, plans, and philosophy of effective parenting and your clinical experience (one page)
- Background Questionnaire
- Two professional letters of reference (not co-leader)

- Parent weekly and final evaluations for two groups (Minimum 6 parents finishing)
- Attendance Lists for two groups (at least 50% retention)
- Session checklists for all sessions from two groups
- Two co-leader peer evaluations
- Two self-evaluations
- Passing DVD review report from Certified Mentor or Trainer

2.3c Triple P

The Triple P – Positive Parenting Program® aims to prevent and treat behavioral and emotional problems in children and adolescents by providing parenting skills and family support. It hopes to create family environments where children realize their full potential (“Triple P in a nutshell”). Triple P focuses on preventing problems in the family, school, and community settings by developing positive relationships, attitudes, and conduct. It is a research-driven program that draws on social learning, cognitive behavioral and developmental theory to assess the risk factors associated with the development of social and behavioral problems in children. Triple P offers programs for parents with children up to 12 years, a teen program for parents with children between 12 to 16 years old and specialist programs for parents in unique circumstances like going through a divorce or those with children who have disabilities.

Triple P is unique by the intensity in which it is delivered and how it’s delivered. It is a multi-level system that offers programs of increasing intensity that vary on the level of family need and dysfunction. Training is limited to a series of intensive workshops completed in either two or three days. It includes watching videos, group sessions, and rehearsals of interventions. Triple P training is coordinated by Triple P International, a network of trainers around the world ready to train new practitioners (“Benefits of Triple P”). Trainers are extensively trained in all Triple P programs and have a minimum of a Master’s in education or clinical psychology.

Triple P is delivered using high-quality, robust resources. The resources not only help the practitioners deliver Triple P with fidelity and consistency, but they give parents relevant, entertaining and informational materials. A facilitator kit is given to practitioners for each intervention level. The kit includes professionally produced videos, PowerPoint presentations, flipcharts, manuals, and workbooks. Session checklists are also available to assist the practitioner in implementing the service as intended. Additionally, trained practitioners can participate in a number of half-day workshops for ongoing professional development. One workshop, “Program Fidelity vs. Flexibility Workshop” highlights how to uphold Triple P core values while catering the session to the population.

Peer support networks are a crucial element in the adoption and implementation of Triple P across various sites. The Peer Assisted Support and Supervision (PASS) model of quality assurance gives practitioners the opportunity to present cases and obtain feedback from other quality practitioners (“Implementation Support”). This supports trainers’ continuing education and development of skills.

Triple P accreditation is another method to achieve program fidelity and recognize a practitioner’s proficiency in the program. A competency-based accreditation process must be completed to ensure that Triple P is delivered competently and successfully within the community. Accreditation usually occurs six weeks after the training has been completed. It consists of workshops in which practitioners demonstrate their proficiency in the specific areas, and subsequently receive coaching and feedback on their performance (“Accreditation”). If the

practitioner does not reach the minimum level of competence necessary for accreditation, then he or she must receive further support and coaching from colleagues and trainers. The practitioner can then either go through the accreditation process again, submit a DVD recording that demonstrates their competencies, or participate in a Skype video call with a Triple P Trainer. Accreditation also includes scoring at least an 80% on a mandatory 30 question multiple-choice quiz.

2.3d The Chicago Parent Program

The Chicago Parent Program (CPP) is an evidence-based parenting program created for parents with children between 2 to 5 years old and designed to serve culturally and economically diverse communities. Delivered in 12 sessions, it aims to address issues of greatest concern to parents. CPP uses video scenes to guide group discussions on problem-solving and managing real-world challenges that parents may encounter. Research on CPP outcomes have found that participants in the program report improvements in children’s behavior problems, decreases in parents’ use of corporal punishment, increases in parents’ consistency with discipline, increases in parent self-efficacy, and improvements in children’s classroom behavior (“Chicago Parent Program of Rush University”).

Trained group leaders guided by The Chicago Parent Program Group Leader Manual deliver a weekly 2-hour CPP session to parents over 12 weeks (“Training and Services”). CPP group leader training consists of a 2-day workshop encompassing program principles, structure, content, and how to facilitate group sessions. Trainees participate in mock group sessions to practice group-leading skills and take an assessment to demonstrate their knowledge of CPP. A CPP fidelity assessment is required for CPP group leader certification (“Training and Services”). The fidelity assessment is designed to determine whether trained group leaders are delivering the parenting groups as intended. It identifies what group leaders are doing well and what they can improve on to grow as a CPP group leader. Trained group leaders are required to audio-record all twelve of the 2-hour parenting sessions and then upload the files weekly to a secure website. The CPP team then listens to the recordings and rates the group leader using the CPP Fidelity Checklist (See Appendix C for example forms). Raters assess (1) adherence – does the group leader follow what is in the Group Leader Manual for each session, and (2) competence – how skillfully does the group leader conduct the group. The group leader and site administration can receive reports from the CPP fidelity assessment.

LEGACY FOR CHILDREN™ — FIDELITY RECOMMENDATIONS

The cited evidence-based parent programs each demonstrate unique fidelity monitoring with the goal of ensuring fidelity and quality assurance for program delivery. The literature features a fidelity scoring formula, measuring quantity versus quality, fidelity checklists, certification processes, consultation calls, peer support, and video and audio recordings. Some programs, like Legacy, rely heavily on self-report measures for assessing fidelity, which can be problematic when not accompanied by more objective measures, especially in the early phases of implementation. Thus, Legacy may benefit from considering additional tools that can offer a more rigorous measure of program fidelity.

The Incredible Years (IY) Series provides a standardized fidelity monitoring system that can significantly inform Legacy. IY incorporates mixed measures like DVD recordings,

consultation calls, site visits, supporting other trainers and future trainings as a part of the certification and post-certification processes. IY also demonstrates intensive monitoring in the early implementation phase immediately post-workshop which decreases in intensity over time. SafeCare, another evidence-based parenting program, uses a similar approach, which has been shown to be successful in getting more than 85% of SafeCare trainers that start delivery with families to deliver with fidelity (Whitaker, et al. 2012). Triple P emphasizes the use of peer support in the adoption and implementation of evidence-based programs. New trainers can gain insight on implementation challenges by presenting cases and obtaining feedback from seasoned practitioners. In the Chicago Parent Program (CPP), new trainers participate in mock group sessions to practice the skills they learned in training. CPP also uses trained group leaders to assess audio-recorded sessions for adherence and competencies using a fidelity checklist. Together, the tools and methods used to measure program fidelity in other evidence-based parent programs can inform Legacy fidelity.

Recommendations the Legacy program may consider are listed with an in-depth description provided in the sections below.

1. **Intense fidelity monitoring post-workshop training commensurate with the SafeCare and the Incredible Years Program.** For instance, Legacy could consider weekly fidelity checks on the first block of Legacy sessions, with feedback about fidelity before the next group session. This level of feedback will offer the IS the opportunity to understand her successes and challenges in achieving fidelity and make corrections instead of developing a pattern of behavior that is not consistent with the model early in the group delivery experience.
2. **Video recordings and a checklist rating system similar to the Chicago Parent Program and SafeCare as means for Technical Assistance to assess sessions.** Given that it is very difficult to have a supervisor or Legacy expert at the first several sessions of a group, the Legacy model may consider videotaping or audio recording sessions for a supervisor or trainer to observe. Developing a checklist that includes key elements of the Legacy program that the supervisor can utilize and score can assist in the feedback process and standardize what is considered to be implementing with or without fidelity. The checklist will enhance and build upon the IS supervisor checklist used in the Miami curriculum.
3. **A certification process for new providers modeling the Incredible Years certification processes.** Certification processes for evidence-based programs provide an opportunity not only for trainers to track their progress and success but for program leaders to do so as well. It will allow trainers to foresee what is expected of them by laying out each fidelity component. Furthermore, it creates a nurturing and transparent environment between trainers and experts.

3.1 Intense Monitoring Upfront

Legacy may benefit from more intense fidelity monitoring immediately post-workshop training. Intense monitoring upfront can be achieved by a video monitoring system and establishing a certification process. For instance, asking new trainees to collect videos of their first groups that can be submitted to Legacy trainers for review before the next scheduled group

could be very helpful. It will inform new trainees about the skills they are demonstrating for mastery versus areas of improvement that need to be addressed. Intense monitoring upfront benefits the trainers, mothers, and the overall success of the program. Trainers will be able to immediately reflect on their skills, receive feedback and alter their actions accordingly. Participants will quickly become acclimated with session structure and processes by being able to receive sessions that adhere to the Legacy model from the beginning. Intensive monitoring upfront will set the intervention specialists up to succeed.

3.2 Video monitoring & Technical Assistance

Video monitoring is an essential asset to fidelity monitoring because it eliminates the chance of recall bias. Reviewing video-recorded sessions takes time but the information yielded could considerably improve trainer performance and adherence to the Legacy model. Many parent programs (CPP, SafeCare, IY and Triple P) are already utilizing similar forms of monitoring. Incorporating this approach with Legacy could help minimize the adverse effects of the self-report bias and establish the needed upfront intensive fidelity assessment. Ultimately, we would like to work with the Legacy developers and support team to establish the specific benchmarks and timeline recommended for the video monitoring. As a first suggestion, based on our experience to date, it is suggested that the first six sessions be recorded and assessed by the IS supervisor. The supervisor will then provide feedback on group fidelity, evaluate whether the session is on track, and note any areas for improvement. Ideally, Legacy supervisors will give feedback before the following group session begins. Once the IS achieves fidelity and is consistently adhering to the Legacy model, the recordings submission requirement could be reduced. For instance, the requirement could be a submission once every four sessions or once a quarter throughout the first year. It is also recommended that the CDC create a fidelity checklist used solely for evaluating the DVD recordings that mirrors similar parent programs like CPP. The checklist should focus on measuring the key elements of the group that are responsible for positive behavior change. While group process and organization may be a contributor to these outcomes, the curricula, and skills taught and practiced are likely significantly more important, and that is a suggested focus of the checklist.

3.3 Certification Processes

Legacy may benefit from the consideration of a certification process for new providers. According to the IY program, certification promotes group leader performance and program delivery with fidelity, it provides an opportunity for increased feedback from accredited coaches and mentors and offers future opportunities for further skill advancement and collaboration ("Certification in Incredible Years® Programs"). Although certification is an asset to a program, it can be an intricate process. It is important to determine the benchmark criteria for certification, and what fidelity procedures compose post-certification (which should be less intense than pre-certification). The certification process will begin once the initial steps (e.g. gathering materials and resources, recruitment, etc.) to set up the program in that particular community are completed. The session trainers should have already attended a Legacy training, and self-studied the implementation guide and site curriculum with their supervisor. Pre-certification will approximately take six weeks from the first session to complete, or contingent on what the program decides is a good sample of behavior.

I. Pre-certification

1. Implement the first group & submit a DVD recording for feedback from the Legacy IS supervisor. DVD recordings should be sent on a weekly basis for the first six weeks (or the benchmark period determined by CDC team). The supervisor will provide prompt feedback on areas to improve and things done well.
2. For each session, the group leader will also use the Fidelity monitoring tools already in use such as the Parent Group Summary (PGS form). The IS will use the Parent Engagement Form (PEF) every 10th session as delineated in the Legacy fidelity monitoring.

Simultaneous monitoring, video recording, and assessment forms allow the group leaders to compare how they self-evaluated their fidelity with how the supervisor evaluated the video. It serves the purpose of creating an objective lens for the group leaders. Given the timeline suggested here, it is advised that the Legacy implementation team in conjunction with the CDC determine what specific metrics should be met to achieve certification. A new fidelity checklist used solely for the certification process in addition to the PGS form may also provide new insights for measuring fidelity early on. An evaluation of the current UM IS supervisor form including ways to enhance the established method should be considered as well.

II. Post-certification

After certification is reached at the time point determined by the Legacy implementation team and the CDC, the providers will continue to participate in fidelity monitoring activities.

1. The video recordings will reduce to one DVD submission every four sessions throughout the first year (or whatever benchmark the CDC believes is appropriate).
2. ISs will participate in consultation calls with expert Legacy staff and other sites implementing Legacy. This will provide ongoing feedback about site challenges.
3. IS will continue to implement the PGS form weekly and PEF every 10th session. The forms should be discussed with the implementation team and supervisor. This procedure is continued for the entirety of Legacy. Also, 1 out of every 10 sessions (or a more appropriate number to be discussed with the Legacy team) the IS will be required to submit a video recording to their supervisor or trainer who will code the video on the fidelity checklist (to be developed) and ensure that the provider is maintaining fidelity.
4. At the end of each year, the mothers will provide feedback using the Parent Satisfaction Scale.

Current Legacy fidelity processes involve an annual site visit. We advise redistributing the resources to have more intense follow-up weekly versus a large sum of it at once during a site visit. The intense fidelity monitoring early on would serve a better long-term investment for the duration of the program. Figure 2 illustrates a visual representation of the certification process proposed.

Figure 2: A Legacy Certification Map illustrating the proposed recommendations to improve Legacy’s fidelity monitoring.

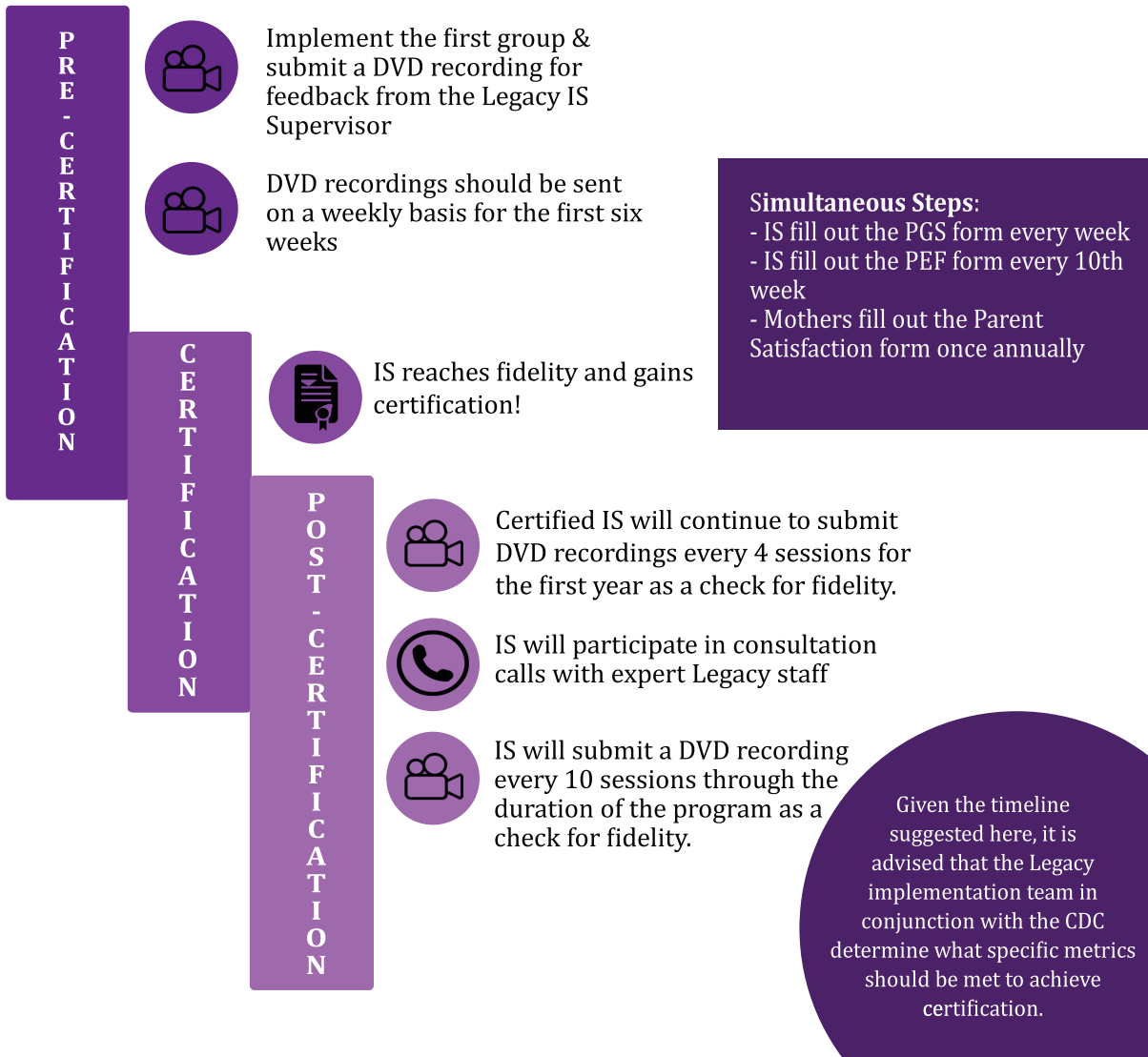


Legacy for Children™ Certification Map

Basic steps to become a certified Implementation Specialist

Requirements:

1. Attend Legacy Training
2. Adapt Legacy to your community
3. Self-study using the Implementation Guide
4. Start recruitment & planning of your group



PRACTICE FIDELITY ASSESSMENT

The fidelity recommendations propose broad ways to improve Legacy fidelity monitoring, but they do not speak how the existing processes function. Thus, a practice fidelity assessment was performed on the second group session using existing tools to measure Legacy fidelity. Specifically, the Fidelity Assessment Miami Intervention form was used since the Atlanta Legacy implementation utilizes the Miami curriculum. Ideally, the practice assessment would have been performed in a later session but the time frame was constrained due to recruitment challenges. At session two, “Favorite Things About Being a Mom,” three moms had previously attended at least one session, and one mother was a first-timer. The curriculum for the session included four parts each with goals and objectives.

4.1 Assessment Goals

The practice fidelity assessment was performed with specific goals in mind to best utilize the time allotted. First and foremost, evaluating the fidelity assessment form used by UM was the primary objective because it would set the process for measuring fidelity for the Atlanta implementation. Other goals included evaluating the assessment process, tool strengths and weaknesses, and gauging supervisor preparedness to perform the assessment. Ultimately, the practice fidelity assessment was performed to suggest how to improve the existing processes.

4.2 Procedures

Year 1 Session 2 of the Atlanta Legacy site was held on Thursday, March 30, 2017. Fidelity tools included the Parent Group Summary form, filled out by ISs, and the Fidelity Assessment for Miami Intervention Session form. For the purposes of the assessment, the author of this report filled out the Fidelity Assessment for Miami intervention form to gauge its usefulness. The form was completed simultaneously as the group was performed. The fidelity form was then compared to the PGS form for interpretation of fidelity between IS self-report and an objective third party.

4.3 Results

The IS filled out the PGS form immediately after the group (See Appendix D). The form guided the IS through each section of the group with very structured questions that left little room for interpretation. It used yes/no questions, Likert Scale questions, and check all that apply questions to gauge what occurred in the group. A group discussion was the only activity that reportedly took place. The IS reported the success of each section with the highest rating (“very successful”) and the overall functioning of the group as “extremely well.” The IS did not list any factors that made the session challenging. The IS reported that the mothers got to know each other and were able to “build a strong rapport.” Each incentive was accurately reported in response to the incentives offered question. Additional notes included “Moms did not mind getting on the floor for Parent-Child Time Together.”

The Fidelity Assessment for Miami Intervention Session form (IS Supervisor form) is a lengthier form that is also organized into the group sections (See Appendix E). Part 1, Building Sense of Community (BSC), was scored with mostly ‘yeses’ and a few ‘somewhats’ as the IS

met most benchmarks. The IS facilitated an engaging conversation, although it did go on tangents a few times. Overall, the dynamics of the group started off a bit awkward with the M&M game but evolved into a naturally flowing conversation. Parts 2 and 3, the Main Session Topic (MST) and Parent-Child Time Together (PCTT), were harder to score. Some items were clearer than others. As a rater, it was difficult to interpret what sufficed for each item to meet fidelity standards. The IS transitioned from MST to PCTT smoothly and facilitated a natural conversation. Each mother had adequate time to talk about their babies while answering the IS prompt questions. The IS scores met just about all the criteria in the overall performance assessment featured in Part 4 of the form.

DISCUSSION AND CONCLUSION

5.1 Discussion

In theory, the IS Supervisor form and the PGS form should gather similar information since both measure Legacy fidelity. In practice, the forms are very hard to compare and do not parallel in the items being measured. The PGS form presents items that are very clear while the IS Supervisor form gives leeway to rater interpretation. For instance, the PGS form asks, “did this component take place” and “were the goals of this session met.” Conversely, the IS Supervisor form asks for an evaluation of “IS is able to explain main session concepts and ideas clearly and accurately using terms/language that the participants can understand.” However, both assessments reported that the mothers successfully transitioned onto the floor for parent-child time together. The PGS form gave the IS an opportunity to reflect back on what curricula covered during the session and where to focus their attention in the next group. If challenges occurred, the PGS form clearly delineated what they were.

The IS Supervisor form is thorough in that it allows for very detailed feedback with the multiple comment sections and summary components. However, it would work better if it were shorter and more focused on the curricula and procedures versus the lengthy, more group process design. The form is seven pages double-sided which creates an issue when recalling whether or not items took place and how well they were implemented. Other items on how to improve the fidelity monitoring process include adding a ‘not applicable’ option to the form, as it currently captures “no,” “somewhat and yes.” Furthermore, the consideration of an IS Supervisor specific training may benefit the fidelity processes overall. Supervisors can interpret items differently making the fidelity monitoring inconsistent across sites. The IS Supervisor is asked to assess the fidelity of ISs, but there is no specific training on how to reach reliability using the tools in place to evaluate fidelity. In addition to the training provided for IS and IS Supervisors, supervisors should participate in a separate training solely focused on how to assess session fidelity.

5.2 Limitations of the Current Study

The practice fidelity assessment gives a critique of the current processes and areas for improvement. However, limitations include the time constraints in which the assessment was performed and who performed the IS Supervisor assessment. Performing the assessment again at a later session could yield more valuable information. Although under the guidance of an IS Supervisor, a practice fidelity assessment performed by an IS Supervisor and not the author of this document [who is not trained in Legacy] may return more accurate results and a greater

analysis of the items. Nevertheless, the assessment is replicable, and the fidelity recommendations are realistic and achievable.

5.3 Implications for Use and Conclusion

The strengths of this document ultimately secure its practicality for future use. This report features extensive literature on fidelity and implementation science research, which is needed when adapting evidence-based programs to the community. Further, it demonstrates how other evidence-based parent programs are monitoring fidelity. The highlighted programs display a variety of ways to assess fidelity that each informs Legacy. Also, the tools used by other programs are each adaptable if needed. And, experts from the other evidence-based parent programs offered their expertise for adapting fidelity tools.

Successful and sustainable implementation of Legacy in Atlanta is largely based on fidelity monitoring and certification. Thus, this document serves to inform the CDC and Legacy Implementation Team on ways to improve Legacy's fidelity monitoring processes with the hopes of creating program outcomes that aligns with the Legacy model. With that, future research on fidelity monitoring is warranted and the recommendations suggested would serve as a guide to foster discussions on how to improve Legacy fidelity. Ultimately, it is trusted that this knowledge will be disseminated to existing and future Legacy sites to increase community uptake of Legacy for Children™.

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APPENDIX A

SAFECARE HOME VISITOR FIDELITY MANUAL



SafeCare® Home Visitor Fidelity Manual



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Overview of Fidelity

PURPOSE

The purpose of fidelity monitoring is to ensure that SafeCare is delivered as it has been developed, tested, and shown to be effective.

PREPARING FOR FIDELITY ASSESSMENT

To prepare for fidelity monitoring, you will need the following items:

1. Appropriate fidelity form
2. Corresponding session outline
3. Fidelity Definitions
4. Calculator

LIVE VERSUS VIDEO VERSUS AUDIO FIDELITY MONITORING

Scoring of fidelity items is impacted by how you observe a session.

Observing a Home Visitor in-person (live in the home) will not limit your ability to monitor any items.

Observing a session via video recording (audio and visual) may limit some of your ability to monitor items depending on the angle of the recorder (e.g., facing Home Visitor).

Observing a session via audio recording (audio only) limits your ability to monitor fidelity items that are physically observed. Physically observed items are scored as N/A when monitoring fidelity via audio. The items scored N/A for audio recordings are: sits facing client, maintains open posture, and has good eye contact.

FIDELITY DEFINITIONS

The subsequent pages provide definitions for each fidelity item. Use these definitions to determine the appropriate score. If you encounter a situation that the definitions do not capture, contact your trainer or NSTRC for assistance.

SCORING

In order to score a session, a video or audio recording must be a complete session. Once you complete a session's fidelity observation, calculate the overall fidelity score, which is a percentage of fidelity items completed by the Home Visitor. N/As are not used to calculate the fidelity score.

The scoring formula is:

$$\frac{\text{Items scored +}}{\text{Total items scored + and -}} \times 100 = \text{Fidelity Percentage}$$

INTERPRETING FIDELITY SCORES

Scores of 85% or higher on fidelity are considered 'passing'.

Scores below 85% are considered 'not passing' and require additional support from the coach/trainer as specified by Home Visitor certification guidelines.

FIDELITY VERSUS COMPETENCY

Fidelity refers to whether an item has been performed or not (quantity).

Competency refers to whether an item has been performed well (quality).

**The purpose of the fidelity assessment forms is to assess fidelity (quantity). The purpose of coaching sessions is to assist Home Visitor to improve fidelity (quantity) as well as competency (quality).

DEFINITIONS OF TERMS

Subsequent pages provide detailed definitions for scoring each item. Below are definitions of terms used in these definitions.

Reflective Statements: Home Visitor paraphrases/summarizes the parent's comments or concerns and reflects back the underlying emotions in order to provide clarity and to empathize with the parent.

Examples:

"You sound frustrated that your child doesn't listen to you more."

"You feel stressed because you are having problems with your job."

Summarizing Statements: Home Visitor verbally summarizes statements that the parent has made during the session.

Examples:

"So, you're saying that you need to talk to the landlord about taking care of the broken step in front of the house."

"If I understand right, you're saying that you thought about using the Health Recording Chart, but you couldn't find a pen and you didn't have a chance to look for one because your other child needed your attention."

Formal Assessment: No feedback/direction given during the assessment observation. Home Visitor completed assessment form to assess initial skill level (at baseline), skill acquisition from previous training session (beginning of training sessions), or determine mastery or success for completion of module (at end of module).

Informal Assessment: Conducted during parent practice (training sessions) to document parent' skill acquisition. Guides Home Visitor's positive and corrective feedback to parent. Home Visitor may provide feedback or guidance to parent during informal assessment.

Baseline Assessment Sessions: Fidelity Checklist Definitions

1) Home Visitor assessment document(s)

- + Home Visitor refers to having appropriate assessment form(s) and documents (e.g., scenarios, PAT Checklist-HV, etc.), reads assessment form, and/or follows all correct steps in assessment form
- Home Visitor mentions that assessment form(s)/document(s) are not present and/or does not follow correct steps or instructions on assessment form
- n/a** Observing via audio, uncertainty whether assessment form(s) present
Observing via video, first time score n/a if forms/documents not visible (instruct Home Visitor to put documents in view of recorder)

2) Parent Materials

- + Home Visitor refers to parent materials required for the parent (iCards, cDevelop Cards, etc.) and/or appears to read from documents
- Home Visitor parent mentions that parent materials are not present
- n/a** Observing via audio, uncertainty whether parent materials are present

3) Materials & other supplies

- + Home Visitor has all materials required for session (noted in outline; e.g., toys, tape measure, doll), whether brought by Home Visitor or already in home. Home Visitor may refer to having materials or using materials during session
AND
Home Visitor may have additional supplies/materials needed but not specified in outline (e.g., referral numbers for pediatricians parent asked for previous session)
- Home Visitor or parent mentions materials/supplies are not present, session activity does not occur due to lack of supplies, or Home Visitor does not bring additional materials/supplies needed for parent or required by coach/trainer
- n/a** No supplies (according to outline) nor materials needed
Observing via audio, uncertainty whether supplies present/materials needed

4) Exchanges appropriate initial greeting

- + Home Visitor exchanges some sort of greeting (e.g., “Hi, how are you?” “Has anything changed since last week?”) and acknowledges a greeting from family
 - Home Visitor exchanges rude or derogatory greeting (e.g., “You look bad today”), does not greet family, and/or ignores greeting from family
- n/a** First time score n/a if Home Visitor did not turn on recording at onset of session and did not clarify initial greeting occurred prior to recording (instruct Home Visitor about turning on recorder at start of session or state greeting completed)

5) Give module overview

- + Home Visitor verbally summarizes or explains basics of current module
 - Home Visitor does not verbally summarize or explain basics of current module, or does so incorrectly
- n/a** None

6) Gives session overview

- + Home Visitor verbally summarizes or explains events to take place in session
 - Home Visitor does not verbally summarize or explain events to take place in session, or does so incorrectly
- n/a** None

7) Sits facing client

- + Home Visitor is oriented toward parent/child when addressing or observing them
 - Home Visitor is not oriented toward parent/child when addressing or observing them; Home Visitor has back or side to client or is in different room
- n/a** Observing via audio recording
Observing via video, first time score n/a if Home Visitor is not visible (instruct Home Visitor to put self in view of recorder)

8) Communicates empathy, warmth, understanding

- + Home Visitor uses an appropriate tone of voice and responds with empathy and understanding to concerns expressed by parent
 - Home Visitor ignores one or more concern raised by parent, verbally insults parent, raises voice above conversational level, or demonstrates restricted range of affect that does not communicate warmth and understanding
- n/a** None

9) Maintains open posture

- + Home Visitor has arms open and head up for majority of session
 - Home Visitor has arms crossed, head down, shoulders hunched, and/or is clutching materials against chest for majority of session
- n/a** Observing via audio recording
Observing via video, first time score n/a if Home Visitor is not visible (instruct Home Visitor to put self in view of recorder)

10) Has good eye contact

- + Home Visitor makes consistent, culturally sensitive eye contact when talking to or being spoken to by parent/child
 - Home Visitor does not consistently look or attempt to look at eyes or face of parent/child while conversing with them (e.g., looks at floor, ceiling, materials or elsewhere) or is culturally insensitive with use of eye contact
- n/a** Observing via audio recording
Observing via video, first time score n/a if Home Visitor is not visible (instruct Home Visitor to put self in view of recorder)

11) Uses words/expressions to encourage parent to talk

- + Home Visitor uses words/expressions to encourage parent to talk (e.g. “uh-huh,” “yeah,” nods head, etc.) at least once
 - Home Visitor does not use words/expressions to encourage parent to talk
- OR**
Interrupts/disrupts parent when talking (unless necessary to stay on topic)
- n/a** No opportunity to encourage parent to talk through words/expressions (e.g., parent does not talk or talks minimally in session)

12) Uses open-ended questions

- + Home Visitor asks parent one or more open-ended questions during session (e.g., what, when, why, how questions)
 - Home Visitor does not ask parent any open-ended questions
- n/a** None

13) Uses reflective OR summarizing statements

- + Home Visitor uses at least one reflective or summarizing statement during session in response to parent's verbalizations during session
- Home Visitor does not use any reflecting or summarizing statements in response to parent's verbalizations during session
- n/a** No opportunities for a reflecting or summarizing statement across session (e.g., parent does not make any statements for Home Visitor to reflect/summarize)

14) Explains purpose ("why") of assessment

- + Prior to assessment(s) being conducted, Home Visitor explains purpose ("why") of assessments to occur during session (e.g., "We're going to talk about your child's health so I can identify some of the areas that will be important for us to work on") This statement may be brief and include process, item #14 (e.g., "First, I'm going to observe a play session between you and your child to see you interact with him.")
- Home Visitor conducts assessment(s) without explaining purpose, explains purpose after assessment began or is complete, or explanation provided is inadequate or unclear as to why assessment(s) to occur
- n/a** No assessments conducted during session

15) Explains process ("how") of assessment

- + Prior to assessment(s) being conducted, Home Visitor describes "how" assessment will be conducted (e.g., "I'm going to look around the three rooms of your home where your child spends the most time.") This statement may be brief and include purpose, item #13 (e.g., "First, I'm going to observe a play session between you and your child to see how you usual interact with your child.")
- Home Visitor conducts assessment(s) without explaining process, explains process after assessment began or is complete, or explanation provided is inadequate or unclear as to how assessment(s) to occur
- n/a** No assessments conducted during session

16) Assesses required number of activities/rooms/scenarios

- + Home Visitor assesses required number of activities/rooms/scenarios
OR
At least one formal assessment from outline is completed and Home Visitor indicates a rationale for exclusion of other assessment(s) (e.g., session time expired, child not available, etc.)
- Home Visitor does not assess required number of activities/rooms/scenarios and does not indicate a rationale for why not completed (e.g., assessments will be conducted in next session)
- n/a** Required number of activities/rooms/scenarios not assessed due to circumstances beyond Home Visitor's control (e.g., parent only lets Home Visitor assess kitchen)

17) Assesses required variety of activities/rooms/scenarios

- + Home Visitor assesses required variety of activities/rooms/scenarios
OR
At least one formal assessment from session outline is completed and Home Visitor indicates a rationale for exclusion of other assessment(s) (e.g., session time expired, child not available, etc.)
- Home Visitor does not assess required variety of activities/rooms/scenarios and does not indicate a rationale for why not completed (e.g., assessments will be conducted in next session)
- n/a** Required variety of activities/rooms/scenarios not assessed due to circumstances beyond Home Visitor's control (e.g., parent received call to pick up her child)

18) Completes necessary assessment form(s)

- + Home Visitor completes or refers to completing appropriate assessment form(s) and/or follows all correct steps in form(s)
- Home Visitor does not complete necessary form(s)
- n/a** Home Visitor does not have assessment form (scored "--" for item #1)
Observing via audio, uncertainty whether Visitor completed necessary form(s)
Observing via video, first time score n/a if uncertain (coach Home Visitor about proper placement of video to record Home Visitor completing form)

19) Provides general, positive feedback about assessment(s)

- + Home Visitor provides parent with general verbal praise about engaging/allowing assessment (e.g., "Thank you for letting me observe you play with your child")
 - Home Visitor does not provide any general verbal praise about assessment
- OR**
Home Visitor provides inappropriate (e.g., praises incorrect responses) or gives specific feedback (e.g., "I like that you gave choices but you did not give any rules.") unless feedback is due to endangerment of child

n/a None

20) Provides appropriate materials to parent

- + Home Visitor refers to having appropriate parent materials (e.g., iCards, cDevelop Cards, Health Manual, etc.) and provides those materials to the parent
- Home Visitor does not have all parent materials needed or incorrect materials are given to parent

n/a Home Visitor does not have parent materials (scored "-" for item #2)
No parent materials required for session
Observing via audio, uncertainty whether appropriate materials used to train parent

21) Reviews parent materials with parent

- + Home Visitor reads materials and/or trains on all correct skills on materials
- Home Visitor does not use all materials needed to train parent, information from appropriate materials is not used or taught, or incorrect materials are clearly used

n/a Home Visitor does not have parent materials (scored "-" for item #2)
No parent materials required for session
Observing via audio, uncertainty whether appropriate materials used to train parent

22) Encourages parent to ask questions and express concerns

- + Home Visitor asks if parent has any questions at least once during session, and/or Home Visitor verbally encourages parent to express any concerns
- Home Visitor does not ask if parent has any questions during session, and Home Visitor does not ask or encourage parent to express concerns

n/a None

23) Responds to parent questions and concerns

- + Home Visitor acknowledges question(s) and/or concern(s) raised by parent, and responds to question(s) and/or concern(s), when possible
 - Home Visitor ignores one or more questions asked by parent and/or does not acknowledge or respond to one or more concerns raised by parent
- n/a** No questions or concerns were raised by parent during session

24) Uses problem solving when appropriate

- + Parent expresses a problem [defined as an immediate threat to child safety or basic needs of family (e.g. inability to pay rent, lack of childcare, no access to physician, etc.)] or concern that distracts parent from training (e.g., relationship issues)
AND
Home Visitor facilitates problem solving by having parent generate at least two ideas (not suggested by Home Visitor), and develops a plan to address problem/concern (if first time using problem solving, uses worksheet with parent)
 - Parent expresses problem/concern (as defined above) and Home Visitor does not facilitate problem solving
OR
Home Visitor solves problem for parent without parent generating at least two ideas and developing a plan (or does not use worksheet during first time problem solving with parent)
- n/a** No problem/concern (as defined above) present during session

25) Summarizes session

- + Following assessment, Home Visitor summarizes events of session
 - Following assessment, Home Visitor does not give summary of session or inaccurately summarizes session (e.g., states a task that did not occur)
- n/a** Session abruptly ends due to circumstances outside of Home Visitor's control (e.g., recorder stops)
Observing via video/audio, first time score n/a if Home Visitor turns off recorder before end of session (instruct Home Visitor to keep recorder on until session is complete)

26) Gives general, positive feedback

- +** Following assessment, Home Visitor gives at least one statement of positive feedback to parent about session (e.g., “You did well during the session today”)
- Following assessment, Home Visitor does not provide any positive feedback or provides inappropriate positive feedback (e.g., praises parent for something parent did not do or did incorrectly)
- n/a** Session abruptly ends due to circumstances outside of Home Visitor’s control (e.g., recorder stops)
Observing via video/audio, first time score n/a if Home Visitor turns off recorder before end of session (instruct Home Visitor to keep recorder on until session is complete)

27) Schedules meeting date/time for next session

- +** Home Visitor and parent specifically or generally acknowledge date/day and time of next meeting (e.g., “I’ll see you next week at the same time,” “We’ll meet next Thursday at 3:00”)
- Neither Home Visitor nor parent state/acknowledge time and day/date of next session
- n/a** Session abruptly ends due to circumstances outside of Home Visitor’s control (e.g., recorder stops)
Observing via video/audio, first time score n/a if Home Visitor turns off recorder before end of session (instruct Home Visitor to keep recorder on until session is complete)

Training Sessions: Fidelity Checklist Definitions

1) Home Visitor assessment document(s)

- + Home Visitor refers to having appropriate assessment form(s) and documents (e.g., scenarios, PAT Checklist-HV, etc.), reads assessment form, and/or follows all correct steps in assessment form
- Home Visitor mentions that assessment form(s)/document(s) are not present and/or does not follow correct steps or instructions on assessment form
- n/a** Observing via audio, uncertainty whether assessment form(s) present
Observing via video, first time score n/a if forms/documents not visible (instruct Home Visitor to put documents in view of recorder)

2) Parent training materials

- + Parent or Home Visitor refers to parent materials required for parent training (SICC-P, HAPI-P) and/or appears to read from documents
- Parent or Home Visitor mentions that parent training materials are not present
- n/a** Observing via audio, uncertainty whether parent training materials are present

3) Materials & other supplies

- + Home Visitor has all materials required for session (noted in outline; e.g., toys, tape measure, doll), whether brought by Home Visitor or already in home. Home Visitor may refer to having materials or using materials during session
AND
Home Visitor may have additional supplies/materials needed but not specified in outline (e.g., referral numbers for pediatricians parent asked for previous session)
- Home Visitor or parent mentions materials/supplies are not present, session activity does not occur due to lack of supplies, or Home Visitor does not bring additional materials/supplies needed for parent or required by coach/trainer
- n/a** No supplies (according to outline) nor materials needed
Observing via audio, uncertainty whether supplies present/materials needed

4) Exchanges appropriate initial greeting

- + Home Visitor exchanges some sort of greeting (e.g., “Hi, how are you?” “Has anything changed since last week?”) and acknowledges a greeting from family
 - Home Visitor exchanges rude or derogatory greeting (e.g., “You look bad today”), does not greet family, and/or ignores greeting from family
- n/a** First time score n/a if Home Visitor did not turn on recording at onset of session and did not clarify initial greeting occurred prior to recording (instruct Home Visitor about turning on recorder at start of session or state greeting completed)

5) Gives session overview

- + Home Visitor verbally summarizes or explains events to take place in session
 - Home Visitor does not verbally summarize or explain events to take place in session, or does so incorrectly
- n/a** None

6) Discusses parent’s practice since last session

- + Home Visitor asks parent to describe their practice since last session and provides parent with encouragement about practicing **OR** if parent did not practice, encourages the parent to practice between sessions
 - Home Visitor does not ask parent to describe their practice since last session **OR** if parent did not practice, does not encourage the parent to practice between sessions
- n/a** None

7) Sits facing client

- + Home Visitor is oriented toward parent/child when addressing or observing them
 - Home Visitor is not oriented toward parent/child when addressing or observing them; Home Visitor has back or side to client or is in different room
- n/a** Observing via audio recording
Observing via video, first time score n/a if Home Visitor is not visible (instruct Home Visitor to put self in view of recorder)

8) Communicates empathy, warmth, understanding

- + Home Visitor uses an appropriate tone of voice and responds with empathy and understanding to concerns expressed by parent
- Home Visitor ignores one or more concern raised by parent, verbally insults parent, raises voice above conversational level, or demonstrates restricted range of affect that does not communicate warmth and understanding

n/a None

9) Maintains an open posture

- + Home Visitor has arms open and head up for majority of session
- Home Visitor has arms crossed, head down, shoulders hunched, and/or is clutching materials against chest for majority of session

n/a Observing via audio recording
Observing via video, first time score n/a if Home Visitor is not visible (instruct Home Visitor to put self in view of recorder)

10) Has good eye contact

- + Home Visitor makes consistent, culturally sensitive eye contact when talking to or being spoken to by parent/child
- Home Visitor does not consistently look or attempt to look at eyes or face of parent/child while conversing with them (e.g., looks at floor, ceiling, materials or elsewhere) or is culturally insensitive with use of eye contact

n/a Observing via audio recording
Observing via video, first time score n/a if Home Visitor is not visible (instruct Home Visitor to put self in view of recorder)

11) Uses words/expressions (e.g., “uh-huh”) to encourage parent to talk

- + Home Visitor uses words/expressions to encourage parent to talk (e.g. “uh-huh,” “yeah,” nods head, etc.) at least once
- Home Visitor does not use words/expressions to encourage parent to talk

OR

Interrupts/disrupts parent when talking (unless necessary to stay on topic)

n/a No opportunity to encourage parent to talk through words/expressions (e.g., parent does not talk or talks minimally in session)

12) Uses open-ended questions

- + Home Visitor asks parent one or more open-ended questions during session (e.g., what, when, why, how questions)
 - Home Visitor does not ask parent any open-ended questions
- n/a** None

13) Uses reflective OR summarizing statements

- + Home Visitor uses at least one reflective or summarizing statement during session in response to parent's verbalizations during session
 - Home Visitor does not use any reflecting or summarizing statements in response to parent's verbalizations during session
- n/a** No opportunities for a reflecting or summarizing statement across session (e.g., parent does not make any statements for Home Visitor to reflect/summarize)

14) Explains purpose and/or process of assessment

- + Prior to formal assessment(s), Home Visitor describes purpose (why) and/or process (how) assessment will be conducted (e.g., "I'm going to look around the room we worked in last week to see what hazards have been removed.")
 - Home Visitor conducts assessment(s) without explaining purpose or process, explains purpose and process after assessment began/completed, or explanation provided is inadequate or unclear as to why and how assessment(s) to occur
- n/a** No formal assessments required for session

15) Assesses appropriate room/scenario/activity

- + Home Visitor assesses required activity/room/scenario
 - Home Visitor does not assess required activity/room/scenario and does not indicate a rationale for why not completed (e.g., parent demonstrated mastery in activity during previous session)
- n/a** No formal assessment required for session

16) Completes necessary assessment form(s)

- + Home Visitor completes or refers to completing appropriate assessment form(s) and/or follows all correct steps in form(s)
 - Home Visitor does not complete necessary form(s)
- n/a** Home Visitor does not have assessment form (scored "-" for item #1)
Observing via audio, uncertainty whether Visitor completed necessary form(s)

Observing via video, first time score n/a if uncertain (coach Home Visitor about proper placement of video to record Home Visitor completing form)

17) Uses appropriate materials to train parent

- + Home Visitor refers to having appropriate parent training materials (e.g., SICC-P and scenarios, HAPI-P, PAT-P, PAT-I, etc.), reads training materials, and/or trains on all correct skills on training materials
 - Home Visitor does not use all materials needed to train parent, information from appropriate materials is not used or taught, or incorrect materials are clearly used during training
- n/a** Home Visitor does not have training documents (scored “-” for item #2)
No parent training materials required for session
Observing via audio, uncertainty whether appropriate materials used to train parent

18) Explains skills/behaviors to parent

- + Home Visitor explains skills/behaviors (may be subset of skills/behaviors as Home Visitor matches training to parent’s learning style/circumstance)
 - Home Visitor does not explain all of skills/behaviors as described in session outline and/or parent materials
- n/a** Explaining skills/behaviors not necessary (e.g., parent clearly understands definition of and rational for step/behavior)

19) Physically models skills/behaviors to parent

- + Home Visitor *physically* performs at least one example of skills/behaviors being taught (e.g., performing PAT with child or in role-play, locking cabinet that contains hazards, taking child’s temperature, etc.)
 - Home Visitor does not *physically* model any of skills/behaviors being taught
- n/a** Physically models skills/behaviors not necessary (e.g., parent correctly demonstrates step/behavior, there are no safety hazards in house, etc.)
Observing via audio, uncertain whether Home Visitor physically modeled

20) Has parent practice skills/behaviors

- + Parent practices skills in real situation (or role-play with Home Visitor or doll)
 - Parent does not practice skills during session
- n/a** None

21) Uses assessment form to document parent practice

- + Home Visitor makes notes on, uses, completes or refers to completing appropriate assessment form as parent practices (or afterward if Home Visitor role playing child for parent)
- Home Visitor does not use/complete assessment form
- n/a** Home Visitor does not have assessment form (scored “–” for item #1)
Observing via audio, uncertainty whether Visitor completed necessary form
Observing via video, first time score n/a if uncertain (coach Home Visitor about proper placement of video to record Home Visitor completing form)

22) Provides specific, positive feedback

- + Home Visitor provides specific, verbal praise to parent’s correct responses/skills (e.g., “Great job removing the scissors,” “I like how you got down on his level.”)
- Home Visitor provides general positive praise (“good job”) without specifics
OR
Provides no verbal praise during session
OR
Only provides inappropriate praise (e.g., praises incorrect response/behavior)
- n/a** None

23) Provides specific, corrective feedback

- + Home Visitor acknowledges specific instances when parent does not display skills/behaviors correctly by providing parent with specific changes that can be made to enhance parent skill
- Home Visitor does not acknowledge instances when parent incorrectly display skills/behaviors being taught
OR
Acknowledges these instances with feedback that is not corrective and specific (i.e. “You didn’t follow the right skills,” “You need to improve your PCI skills”)
OR
Provides rude or degrading feedback (e.g., “You’re really bad at praising.”)
- n/a** Parent displays mastery of all skills being taught

24) Repeats SafeCare 4 process until mastery/success or session time expires

- + Home Visitor repeats SafeCare 4 process (explain, model, practice, feedback) until parent achieves mastery/success in activity/room/scenario type or as many times as circumstances allow (e.g., session time expires)
- Home Visitor does not repeat SafeCare 4 process until parent achieves mastery/success in activity/room/scenario type and has opportunity
- n/a** Parent displays mastery of all skills being taught

25) Plans parent's practice before next session

- + Home Visitor explains the rationale for practicing between sessions, and discusses when and how the parent will practice before the next session
 - Home Visitor does not discuss practicing between session with the parent
- n/a** None

26) Encourages parent to ask questions and express concerns

- + Home Visitor asks if parent has any questions at least once during session, and/or Home Visitor verbally encourages parent to express any concerns
 - Home Visitor does not ask if parent has any questions during session, and Home Visitor does not ask or encourage parent to express concerns
- n/a** None

27) Responds to parent questions and concerns

- + Home Visitor acknowledges question(s) and/or concern(s) raised by parent, and responds to question(s) and/or concern(s), when possible
 - Home Visitor ignores one or more questions asked by parent and/or does not acknowledge or respond to one or more concerns raised by parent
- n/a** No questions or concerns were raised by parent during session

28) Uses problem solving when appropriate

- + Parent expresses a problem [defined as an immediate threat to child safety or basic needs of family (e.g. inability to pay rent, lack of childcare, no access to physician, etc.)] or concern that distracts parent from training (e.g., relationship issues)
AND
Home Visitor facilitates problem solving by having parent generate at least two ideas (not suggested by Home Visitor), and develops a plan to address problem/concern (if first time using problem solving, uses worksheet with parent)
 - Parent expresses problem/concern (as defined above) and Home Visitor does not facilitate problem solving
OR
Home Visitor solves problem for parent without parent generating at least two ideas and developing a plan (or does not use worksheet during first time problem solving with parent)
- n/a** No problem/concern (as defined above) present during session

29) Summarizes session

- + Following assessment, Home Visitor summarizes events of session
- Following assessment, Home Visitor does not give summary of session or inaccurately summarizes session (e.g., states a task that did not occur)
- n/a** Session abruptly ends due to circumstances outside of Home Visitor's control (e.g., recorder stops)
Observing via video/audio, first time score n/a if Home Visitor turns off recorder before end of session (instruct Home Visitor to keep recorder on until session is complete)

30) Asks for and answers (if applicable) parent's questions

- + Home Visitor asks if parent has any questions and responds to questions and concerns appropriately
- Home Visitor does not ask if parent has any questions during closing sequence
OR
Ignores or answers inappropriately one or more question(s) asked by parent
- n/a** Uncertainty whether Home Visitor responded to parent questions appropriately
Session abruptly ends due to circumstances outside of Home Visitor's control (e.g., recorder stops)
Observing via video/audio, first time score n/a if Home Visitor turns off recorder before end of session (instruct Home Visitor to keep recorder on until session is complete)

31) Gives general, positive feedback

- + Following assessment, Home Visitor gives at least one statement of positive feedback to parent about session (e.g., "You did well during the session today")
- Following assessment, Home Visitor does not provide any positive feedback or provides inappropriate positive feedback (e.g., praises parent for something parent did not do or did incorrectly)
- n/a** Session abruptly ends due to circumstances outside of Home Visitor's control (e.g., recorder stops)
Observing via video/audio, first time score n/a if Home Visitor turns off recorder before end of session (instruct Home Visitor to keep recorder on until session is complete)

32) Schedules meeting date/time for next session

- +** Home Visitor and parent specifically or generally acknowledge date/day and time of next meeting (e.g., "I'll see you next week at the same time," "We'll meet next Thursday at 3:00")
- Neither Home Visitor nor parent state/acknowledge time and day/date of next session
- n/a** Session abruptly ends due to circumstances outside of Home Visitor's control (e.g., recorder stops)
Observing via video/audio, first time score n/a if Home Visitor turns off recorder before end of session (instruct Home Visitor to keep recorder on until session is complete)

End-of-Module Sessions: Fidelity Checklist Definitions

1) Home Visitor Assessment document(s)

- + Home Visitor refers to having appropriate assessment form(s) and documents (e.g., scenarios, PAT Checklist-HV, etc.), reads assessment form, and/or follows all correct steps in assessment form
- Home Visitor mentions that assessment form(s)/document(s) are not present and/or does not follow correct steps or instructions on assessment form
- n/a** Observing via audio, uncertainty whether assessment form(s) present
Observing via video, first time score n/a if forms/documents not visible (instruct Home Visitor to put documents in view of recorder)

2) Parent training materials (if needed)

- + Parent or Home Visitor refers to parent materials required for parent training (SICC-P, HAPI-P) and/or reads from documents (if needed for training)
- Parent or Home Visitor mentions that parent training materials are not present
No training needed for session
- n/a** Observing via audio, uncertainty whether parent training materials are present

3) Materials & other supplies

- + Home Visitor has all materials required for session (noted in outline; e.g., toys, tape measure, doll), whether brought by Home Visitor or already in home. Home Visitor may refer to having materials or using materials during session
AND
Home Visitor may have additional supplies/materials needed but not specified in outline (e.g., referral numbers for pediatricians parent asked for previous session)
- Home Visitor or parent mentions materials/supplies are not present, session activity does not occur due to lack of supplies, or Home Visitor does not bring additional materials/supplies needed for parent or required by coach/trainer
- n/a** No supplies (according to outline) nor materials needed
Observing via audio, uncertainty whether supplies present/materials needed

4) Exchanges appropriate initial greeting

- + Home Visitor exchanges some sort of greeting (e.g., “Hi, how are you?” “Has anything changed since last week?”) and acknowledges a greeting from family
 - Home Visitor exchanges rude or derogatory greeting (e.g., “You look bad today”), does not greet family, and/or ignores greeting from family
- n/a** First time score n/a if Home Visitor did not turn on recording at onset of session and did not clarify initial greeting occurred prior to recording (instruct Home Visitor about turning on recorder at start of session or state greeting completed)

5) Gives session overview

- + Home Visitor verbally summarizes or explains events to take place in session
 - Home Visitor does not verbally summarize or explain events to take place in session, or does so incorrectly
- n/a** None

6) Discusses parent’s practice since last session

- + Home Visitor asks parent to describe their practice since last session and provides parent with encouragement about practicing **OR** if parent did not practice, encourages the parent to practice between sessions
 - Home Visitor does not ask parent to describe their practice since last session **OR** if parent did not practice, does not encourage the parent to practice between sessions
- n/a** None

7) Sits facing client

- + Home Visitor is oriented toward parent/child when addressing or observing them
 - Home Visitor is not oriented toward parent/child when addressing or observing them; Home Visitor has back or side to client or is in different room
- n/a** Observing via audio recording
Observing via video, first time score n/a if Home Visitor is not visible (instruct Home Visitor to put self in view of recorder)

8) Communicates empathy, warmth, understanding

- + Home Visitor uses an appropriate tone of voice and responds with empathy and understanding to concerns expressed by parent
- Home Visitor ignores one or more concern raised by parent, verbally insults parent, raises voice above conversational level, or demonstrates restricted range of affect that does not communicate warmth and understanding

n/a None

9) Maintains open posture

- + Home Visitor has arms open and head up for majority of session
- Home Visitor has arms crossed, head down, shoulders hunched, and/or is clutching materials against chest for majority of session

n/a Observing via audio recording
 Observing via video, first time score n/a if Home Visitor is not visible (instruct Home Visitor to put self in view of recorder)

10) Has good eye contact

- + Home Visitor makes consistent, culturally sensitive eye contact when talking to or being spoken to by parent/child
- Home Visitor does not consistently look or attempt to look at eyes or face of parent/child while conversing with them (e.g., looks at floor, ceiling, materials or elsewhere) or is culturally insensitive with use of eye contact

n/a Observing via audio recording
 Observing via video, first time score n/a if Home Visitor is not visible (instruct Home Visitor to put self in view of recorder)

11) Uses words/expressions (e.g., “uh-huh”) to encourage parent to talk

- + Home Visitor uses words/expressions to encourage parent to talk (e.g. “uh-huh,” “yeah,” nods head, etc.) at least once
 - Home Visitor does not use words/expressions to encourage parent to talk
- OR**
 Interrupts/disrupts parent when talking (unless necessary to stay on topic)

n/a No opportunity to encourage parent to talk through words/expressions (e.g., parent does not talk or talks minimally in session)

12) Uses open-ended questions

- + Home Visitor asks parent one or more open-ended questions during session (e.g., what, when, why, how questions)
- Home Visitor does not ask parent any open-ended questions

n/a None

13) Uses reflective OR summarizing statements

- + Home Visitor uses at least one reflective or summarizing statement during session in response to parent's verbalizations during session
- Home Visitor does not use any reflecting or summarizing statements in response to parent's verbalizations during session
- n/a** No opportunities for a reflecting or summarizing statement across session (e.g., parent does not make any statements for Home Visitor to reflect/summarize)

14) Explains purpose ("why") of assessment

- + Prior to assessment(s) being conducted, Home Visitor explains purpose ("why") of assessments to occur during session (e.g., "We're going to talk about your child's health so I can identify some of the areas that will be important for us to work on") This statement may be brief and include process, item #14 (e.g., "First, I'm going to observe a play session between you and your child to see you interact with him.")
- Home Visitor conducts assessment(s) without explaining purpose, explains purpose after assessment began or is complete, or explanation provided is inadequate or unclear as to why assessment(s) to occur
- n/a** No assessments conducted during session

15) Explains process ("how") of assessment

- + Prior to assessment(s) being conducted, Home Visitor describes "how" assessment will be conducted (e.g., "I'm going to look around the three rooms of your home where your child spends the most time.") This statement may be brief and include purpose, item #13 (e.g., "First, I'm going to observe a play session between you and your child to see how you usual interact with your child.")
- Home Visitor conducts assessment(s) without explaining process, explains process after assessment began or is complete, or explanation provided is inadequate or unclear as to how assessment(s) to occur
- n/a** No assessments conducted during session

16) Assesses required number of activities/rooms/scenarios

- + Home Visitor assesses required number of activities/rooms/scenarios
OR
At least one formal assessment from outline is completed and Home Visitor indicates a rationale for exclusion of other assessment(s) (e.g., session time expired, child not available, etc.)
- Home Visitor does not assess required number of activities/rooms/scenarios and does not indicate a rationale for why not completed (e.g., assessments will be conducted in next session)
- n/a Required number of activities/rooms/scenarios not assessed due to circumstances beyond Home Visitor's control (e.g., parent only lets Home Visitor assess kitchen)

17) Assesses required variety of activities/rooms/scenarios

- + Home Visitor assesses required variety of activities/rooms/scenarios
OR
At least one formal assessment from session outline is completed and Home Visitor indicates a rationale for exclusion of other assessment(s) (e.g., session time expired, child not available, etc.)
- Home Visitor does not assess required variety of activities/rooms/scenarios and does not indicate a rationale for why not completed (e.g., assessments will be conducted in next session)
- n/a Required variety of activities/rooms/scenarios not assessed due to circumstances beyond Home Visitor's control (e.g., parent received call to pick up her child)

18) Completes necessary assessment form(s)

- + Home Visitor completes or refers to completing appropriate assessment form(s) and/or follows all correct steps in form(s)
- Home Visitor does not complete necessary form(s)
- n/a Home Visitor does not have assessment form (scored "--" for item #1)
Observing via audio, uncertainty whether Visitor completed necessary form(s)
Observing via video, first time score n/a if uncertain (coach Home Visitor about proper placement of video to record Home Visitor completing form)

19) Provides specific, positive feedback

- + Home Visitor provides specific, verbal praise to parent's correct responses/skills (e.g., "Great job removing the scissors," "I like how you got down on his level.")
- Home Visitor provides general positive praise ("good job") without specifics
OR
Provides no verbal praise during session

OR

Only provides inappropriate praise (e.g., praises incorrect response/behavior)

n/a None

20) Repeats SafeCare 4 to achieve mastery/success

- + Home Visitor acknowledges instances when parent does not display mastery of module skills and uses SafeCare 4 process to help parent achieve mastery/success
- Home Visitor does not acknowledge instances when parent incorrectly display skills/behaviors being taught

OR

Does not use SafeCare 4 process to help parent achieve mastery/success

OR

Acknowledges these instances with feedback that is not corrective and specific (i.e. "You didn't follow the right skills," "You need to improve your PCI skills")

OR

Provides rude or degrading feedback (e.g., "You're really bad at praising.")

n/a Parent displays mastery of all skills being taught

21) Determines mastery/success according to rules

- + Home Visitor correctly determines mastery/success according to SafeCare criteria
- Home Visitor incorrectly determines mastery/success or does not evaluate mastery/success

n/a Uncertainty whether Home Visitor determines mastery/success according to criteria

22) Respectfully communicates to parent if cannot move to next module

- + Home Visitor tells parent that they are unable to move to next module in a respectful, supportive way
- Home Visitor does not tell parent that they are unable to move to next module when they have not achieved success/mastery

OR

Tells parent they are unable to move to next module in a rude or derogatory way

n/a Parent achieved mastery or success and will move to next module
Uncertainty whether parent has achieved mastery/success

23) Encourages parent to ask questions and express concerns

- + Home Visitor asks if parent has any questions at least once during session, and/or Home Visitor verbally encourages parent to express any concerns
- Home Visitor does not ask if parent has any questions during session, and Home Visitor does not ask or encourage parent to express concerns

n/a None

24) Responds to parent questions and concerns

- + Home Visitor acknowledges question(s) and/or concern(s) raised by parent, and responds to question(s) and/or concern(s), when possible
 - Home Visitor ignores one or more questions asked by parent and/or does not acknowledge or respond to one or more concerns raised by parent
- n/a** No questions or concerns were raised by parent during session

25) Uses SafeCare problem solving worksheet when appropriate

- + Parent expresses a problem [defined as an immediate threat to child safety or basic needs of family (e.g. inability to pay rent, lack of childcare, no access to physician, etc.)] or concern that distracts parent from training (e.g., relationship issues)
AND
Home Visitor facilitates problem solving by having parent generate at least two ideas (not suggested by Home Visitor), and develops a plan to address problem/concern (if first time using problem solving, uses worksheet with parent)
 - Parent expresses problem/concern (as defined above) and Home Visitor does not facilitate problem solving
OR
Home Visitor solves problem for parent without parent generating at least two ideas and developing a plan (or does not use worksheet during first time problem solving with parent)
- n/a** No problem/concern (as defined above) present during session

26) Summarizes session

- + Following assessment, Home Visitor summarizes events of session
 - Following assessment, Home Visitor does not give summary of session or inaccurately summarizes session (e.g., states a task that did not occur)
- n/a** Session abruptly ends due to circumstances outside of Home Visitor's control (e.g., recorder stops)
Observing via video/audio, first time score n/a if Home Visitor turns off recorder before end of session (instruct Home Visitor to keep recorder on until session is complete)

27) Asks for and answers (if applicable) parent's questions

- +** Home Visitor asks if parent has any questions and responds to questions and concerns appropriately
- Home Visitor does not ask if parent has any questions during closing sequence
OR
Ignores or answers inappropriately one or more question(s) asked by parent
- n/a** Uncertainty whether Home Visitor responded to parent questions appropriately
Session abruptly ends due to circumstances outside of Home Visitor's control (e.g., recorder stops)
Observing via video/audio, first time score n/a if Home Visitor turns off recorder before end of session (instruct Home Visitor to keep recorder on until session is complete)

28) Gives general, positive feedback

- +** Following assessment, Home Visitor gives at least one statement of positive feedback to parent about session (e.g., "You did well during the session today")
- Following assessment, Home Visitor does not provide any positive feedback or provides inappropriate positive feedback (e.g., praises parent for something parent did not do or did incorrectly)
- n/a** Session abruptly ends due to circumstances outside of Home Visitor's control (e.g., recorder stops)
Observing via video/audio, first time score n/a if Home Visitor turns off recorder before end of session (instruct Home Visitor to keep recorder on until session is complete)

29) Provides overview of next session/module

- +** Home Visitor generally summarizes or explains next session/module
- Home Visitor does not generally summarize or explain next session/module
- n/a** Parent has finished their last session/module with Home Visitor
Session abruptly ends due to circumstances outside of Home Visitor's control (e.g., recorder stops)
Observing via video/audio, first time score n/a if Home Visitor turns off recorder before end of session (instruct Home Visitor to keep recorder on until session is complete)

30) Completes necessary form for next module (DAC, Home Safety Consent)

- + Home Visitor completes form for next module with parent (e.g., Safety consent form, DAC)
- Home Visitor does not complete form for next module with parent
- n/a** Parent completed last SafeCare module
No necessary form to be completed for next module
Session abruptly ends due to circumstances outside of Home Visitor's control (e.g., recorder stops)
Observing via video/audio, first time score n/a if Home Visitor turns off recorder before end of session (instruct Home Visitor to keep recorder on until session is complete)

31) Schedules meeting date/time for next session

- + Home Visitor and parent specifically or generally acknowledge date/day and time of next meeting (e.g., "I'll see you next week at the same time," "We'll meet next Thursday at 3:00")
- Neither Home Visitor nor parent state/acknowledge time and day/date of next session
- n/a** Parent has finished their last session/module with Home Visitor
Session abruptly ends due to circumstances outside of Home Visitor's control (e.g., recorder stops)
Observing via video/audio, first time score n/a if Home Visitor turns off recorder before end of session (instruct Home Visitor to keep recorder on until session is complete)

Appendices: Fidelity Forms

Home Visitor Fidelity Checklist: Baseline Assessment

Home Visitor _____ Session Date _____ Family _____
 Coach _____ Module, Session # _____ Mode (circle) In-Person Audio Video

#	Item	Score			Comments
1	Home Visitor assessment document(s)	+	-	n/a	
2	Parent materials	+	-	n/a	
3	Materials & other supplies	+	-	n/a	
4	Exchanges appropriate initial greeting	+	-	n/a	
5	Gives module overview	+	-	n/a	
6	Gives session overview	+	-	n/a	
7	Sits facing client	+	-	n/a	
8	Communicates empathy, warmth, understanding	+	-	n/a	
9	Maintains open posture	+	-	n/a	
10	Has good eye contact	+	-	n/a	
11	Uses words/expressions to encourage parent to talk	+	-	n/a	
12	Uses open-ended questions	+	-	n/a	
13	Uses reflecting or summarizing statements	+	-	n/a	
14	Explains purpose ("why") of assessment	+	-	n/a	
15	Explains process ("how") of assessment	+	-	n/a	
16	Assesses required <u>number</u> of activities/rooms/scenarios	+	-	n/a	
17	Assesses required <u>variety</u> of activities/rooms/scenarios	+	-	n/a	
18	Completes necessary assessment form(s)	+	-	n/a	
19	Provides general, positive feedback about assessment(s)	+	-	n/a	
20	Provides appropriate materials to parent	+	-	n/a	
21	Reviews parent materials with parent	+	-	n/a	
22	Encourages parent to ask questions/express concerns	+	-	n/a	
23	Responds to parent questions/concerns	+	-	n/a	
24	Uses problem solving when appropriate	+	-	n/a	
25	Summarizes session	+	-	n/a	
26	Gives general, positive feedback	+	-	n/a	
27	Schedules meeting date/time for next session	+	-	n/a	
TOTAL:					

Percent correct = $\frac{(+)}{(+)+(-)} \times 100 = \frac{\quad}{\quad} \times 100 = \quad\%$

Home Visitor Fidelity Checklist: Training

Home Visitor _____ Session Date _____ Family _____
 Coach _____ Module, Session # _____ Mode (circle) In-Person Audio Video

1	Home Visitor assessment document(s)	+	-	n/a	
2	Parent training materials	+	-	n/a	
3	Materials & other supplies	+	-	n/a	
4	Exchanges appropriate initial greeting	+	-	n/a	
5	Gives session overview	+	-	n/a	
6	Discusses parent's practice since last session	+	-	n/a	
7	Sits facing client	+	-	n/a	
8	Communicates empathy, warmth, understanding	+	-	n/a	
9	Maintains open posture	+	-	n/a	
10	Has good eye contact	+	-	n/a	
11	Uses words/expressions to encourage parent to talk	+	-	n/a	
12	Uses open-ended questions	+	-	n/a	
13	Uses reflecting or summarizing statements	+	-	n/a	
14	Explains purpose and/or process of assessment	+	-	n/a	
15	Assesses appropriate room/scenario/activity	+	-	n/a	
16	Completes necessary assessment form(s)	+	-	n/a	
17	Uses appropriate materials to train parent	+	-	n/a	
18	Explains skills/behaviors to parent	+	-	n/a	
19	Physically models skills/behaviors	+	-	n/a	
20	Has parent practice skills/behaviors	+	-	n/a	
21	Uses assessment form to document parent practice	+	-	n/a	
22	Provides specific, positive feedback	+	-	n/a	
23	Provides specific, corrective feedback	+	-	n/a	
24	Repeats SafeCare 4 process until mastery/success or session time expires	+	-	n/a	
25	Plans parent's practice before next session	+	-	n/a	
26	Encourages parent to ask questions/express concerns	+	-	n/a	
27	Responds to parent questions/concerns	+	-	n/a	
28	Uses problem solving when appropriate	+	-	n/a	
29	Summarizes session	+	-	n/a	
30	Asks for and answers parent's questions	+	-	n/a	
31	Gives general, positive feedback	+	-	n/a	
32	Schedules meeting date/time for next session	+	-	n/a	
TOTAL:					

Percent correct = $\frac{(+)}{(+)+(-)} \times 100 = \frac{\quad}{\quad} \times 100 = \quad\%$

Home Visitor Fidelity Checklist: End of Module

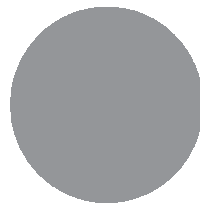
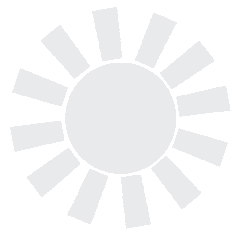
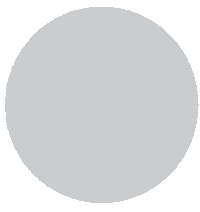
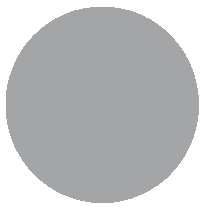
Home Visitor _____ Session Date _____ Family _____
 Coach _____ Module, Session # _____ Mode (circle) In-Person Audio Video

#	Item	Score			Comments
1	Home Visitor assessment document(s)	+	-	n/a	
2	Parent training materials (if needed)	+	-	n/a	
3	Materials & other supplies	+	-	n/a	
4	Exchanges appropriate initial greeting	+	-	n/a	
5	Gives session overview	+	-	n/a	
6	Discusses parent's practice since last session	+	-	n/a	
7	Sits facing client	+	-	n/a	
8	Communicates empathy, warmth, understanding	+	-	n/a	
9	Maintains open posture	+	-	n/a	
10	Has good eye contact	+	-	n/a	
11	Uses words/expressions to encourage parent to talk	+	-	n/a	
12	Uses open-ended questions	+	-	n/a	
13	Uses reflecting or summarizing statements	+	-	n/a	
14	Explains purpose ("why") of assessments	+	-	n/a	
15	Explains process ("how") of assessments	+	-	n/a	
16	Assesses required <u>number</u> of activities/rooms/scenarios	+	-	n/a	
17	Assesses required <u>variety</u> of activities/rooms/scenarios	+	-	n/a	
18	Completes necessary assessment form(s)	+	-	n/a	
19	Provides specific, positive feedback	+	-	n/a	
20	Repeats SafeCare 4 to achieve mastery/success	+	-	n/a	
21	Determines mastery/success according to rules	+	-	n/a	
22	Respectfully communicates to parent if cannot move to next module	+	-	n/a	
23	Encourages parent to ask questions/express concerns	+	-	n/a	
24	Responds to parent questions/concerns	+	-	n/a	
25	Uses problem solving when appropriate	+	-	n/a	
26	Summarizes session	+	-	n/a	
27	Asks for and answers parent questions	+	-	n/a	
28	Gives general, positive feedback	+	-	n/a	
29	Provides overview of next module/session	+	-	n/a	
30	Completes necessary form for next module (DAC/ Safety Consent)	+	-	n/a	
31	Schedules meeting date/time for next session	+	-	n/a	
TOTAL:					

Percent correct = $\frac{(+)}{(+)+(-)} \times 100 = \frac{\quad}{\quad} \times 100 = \quad\%$

APPENDIX B

INCREDIBLE YEARS FIDELITY AND CERTIFICATION DOCUMENTS



MY CERTIFICATION PORTFOLIO

Name: _____

Workplace: _____





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Introduction



“Become an Incredible Group Leader”

Receiving Incredible Years® (IY) Group Leader Training from a certified IY Mentor/Trainer is the first of eight steps toward becoming certified as an IY Group Leader.

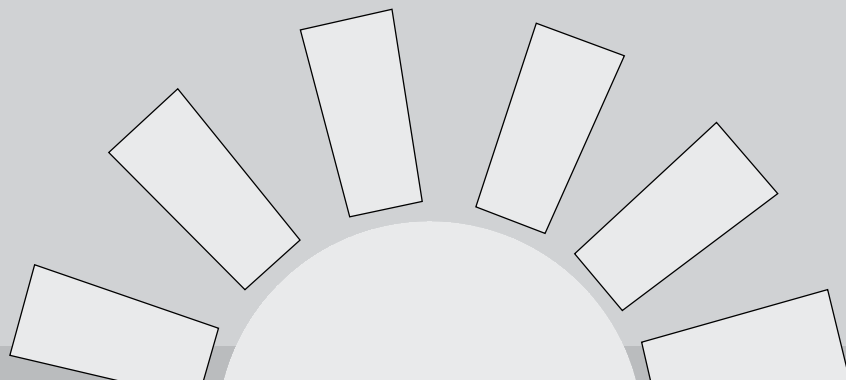
After attending the initial group leader training, it is highly recommended you engage in ongoing consultation, coaching, and peer review from certified Peer Coaches, Mentors, or Trainer.

Participating in this continued training and supervision process is not only helpful in assuring your clinical competence but also gives you the opportunity to continue on the path to becoming a certified Group Leader.

Becoming certified means you are offering the program with high quality and fidelity. Our research shows that certified group leaders have stronger, more sustainable outcomes (and lower dropout rates) than when programs are offered by non-certified group leaders.

This portfolio will help you keep track of each of your certification steps in one spot. You will find group checklists, fidelity measurements, evaluations, and more!

*The terms “Certified” and “Accredited” are used interchangeably



Contents

INTRODUCTION

- Why become certified?
- Useful contacts
- Road Map to Becoming Certified (2)
- Certification Progression

GETTING STARTED

- Step #1: Attend an IY group leader training
- Step #2: Acquire the appropriate program for your population
- Step #3: Self Study using leader's manual/DVDs (with coleader)
- Step #4: Start recruitment/planning for your groups

DVD REVIEW & FEEDBACK

- Step #5: Implement first group/submit DVD for feedback
- Step #6: Consultation/Peer Review
- Step #7: Implement second group/submit DVD for feedback
- Tips for Submitting a DVD

FIDELITY PAPERWORK

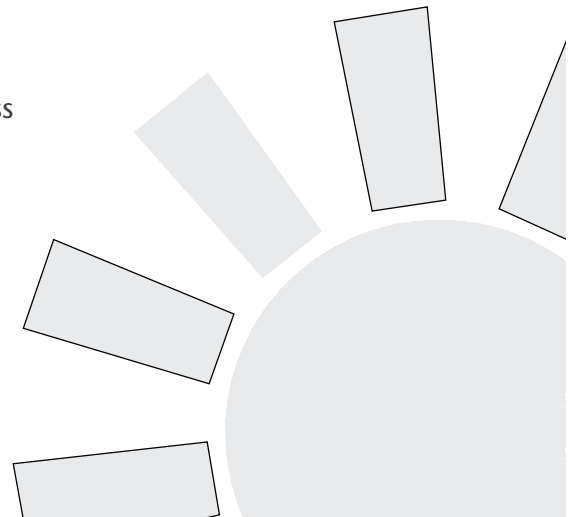
(Okay to photocopy)

- Step #8: Submit paperwork
- Certification Checklist
- Application for certification
- Background Questionnaire
- Weekly Checklists
- Parent Weekly Evaluation
- Parent Final Satisfaction Questionnaire
- Peer and Self Evaluation
- Group Leader Collaborative Process Checklist
- Outcome Questionnaire (PPI)

EXTRAS

(Not required for certification application)

- IY Learning Journey
- IY Weekly Activity Checklist
- Buzz: Strategies for Reducing Group Leader Stress
- Group Leaders Learning Like Scientists (2)
- Group Leader, Coach, and Mentor Gems



“A Certified IY Group Leader is someone who has been certified/accredited after demonstrating competency in facilitating groups using the IY standard materials, methods, processes, and protocols.”

Why Become Certified?

The certification/accreditation process is considered to be of value for many reasons:

- + The process of certification is considered part of the *ongoing* training process (after the initial workshop) wherein the leader receives feedback and consultation from accredited coaches and mentors on his/her group leadership ability.
- + The certification process maximizes the quality of IY group leader performance and program delivery fidelity. Certified group leaders implementing the full program have been shown to produce results similar to those in the published literature*.
- + Group Leader certification will grant listing as a Certified IY Group Leader with our center. Incredible Years® may recommend Certified IY Group Leaders for potential employment as a leader of groups.
- + Certified leaders will be invited to Incredible Years® workshops that provide consultation, updates on our program materials and methods, as well as provide a forum for sharing ideas and developing a support network with other group leaders.
- + Certification grants eligibility for an invitation to continue training to become an Incredible Years® Certified Peer Coach and/or Mentor of group leaders in selected programs.

* Webster-Stratton, C., Reid M.J., and Marsenich, L. 2014. Improving Therapist Fidelity During Implementation of Evidence-based Practices: Incredible Years Program. *Psychiatric Services*, Vol. 65 No. 6. 65:789–795. Online: <http://ps.psychiatryonline.org/article.aspx?articleid=1857285>

Useful Contacts

Incredible Years® Staff

- + Carolyn Webster-Stratton (*Program Founder & Developer*)
- + Lisa St George (*Administrative Director*)
- + Alyson Bryant Dietz (*Graphic Design & Marketing Coordinator*)
- + Lisa Wallace-Gloria (*Administrative & Certification Support*)
- + View list of IY Mentors here: <http://incredibleyears.com/workshop-info/ctm/>
- + View list of IY Trainers here: <http://incredibleyears.com/workshop-info/ctt/>

Incredible Years® Headquarters

1411 8th Avenue West
Seattle, WA 98119
United States

Contact

E-mail: incredibleyears@incredibleyears.com
Phone/Fax (toll free): (888)-506-3562
Phone/Fax (Seattle area): 206-285-7565

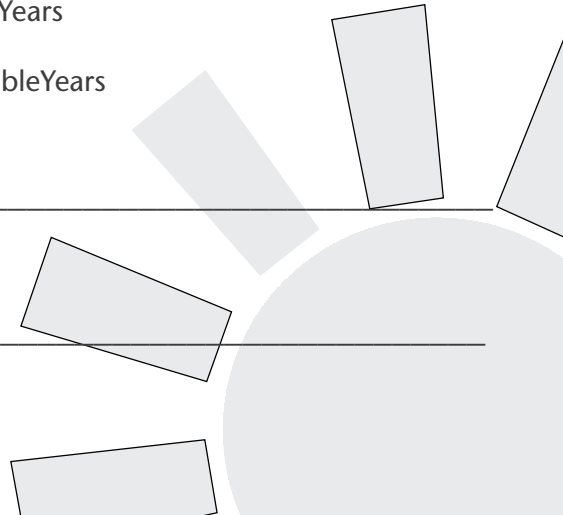
Further Information/Social Media

Website: www.incredibleyears.com
Group Leader Resources: <http://incredibleyears.com/resources/gl/>
Research Article Library: <http://incredibleyears.com/research-library/>

Blog: <http://incredibleyearsblog.wordpress.com/>
Facebook: <https://www.facebook.com/TheIncredibleYears>
Twitter: <https://twitter.com/IncredibleYrs>
YouTube: <https://www.youtube.com/user/TheIncredibleYears>

Peer Coach Name: _____

Mentor Name: _____



Map to Becoming Certified

The Incredible Years

Basic steps to become a certified IY Group Leader

START



1. Attend an IY training.



2. Acquire the appropriate program for your population.

(You may do this step prior to attending training.)



3. Self Study using Leader's Manual & DVDs (with coleader).

(You may begin self study prior to training if you have the program materials.)



4. Start recruitment and planning for your groups.



6. Obtain in-person, group, or phone consultation with Mentor/Trainer and engage in weekly peer review.



5. Implement first group & submit DVD of one session for feedback from IY mentor/trainer.

(If your agency has an IY Peer Coach, schedule video review meetings with them first.)



7. Implement second group & submit DVD for feedback from IY mentor/trainer. Continue participating in consultation.



8. Once DVD review passes, send all paperwork to IY headquarters.



9. Application is reviewed. Congratulations on becoming a certified group leader!

See next page for what comes next, once you are certified as a group leader

CERTIFICATION MAP – THE CONTINUED JOURNEY

The Incredible Years

Next steps once you have been certified as a group leader
(Continued from “Map to Becoming Certified”)



10. Continue group leader peer review every 2 weeks.



11. Group DVD consultations yearly with IY mentor/trainer.



12. Support new group leaders by delivering groups with them.



14. Continue attending IY training, including group leader training, as needed.



13. In-person or telephone consultations with IY mentor/trainer as needed.



15. Consider learning more about peer coach certification.

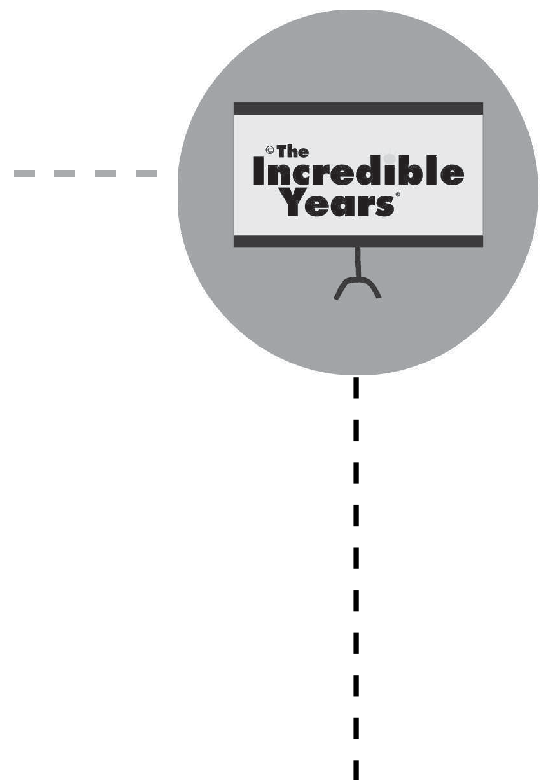


Incredible Years® - Profiles of (IY) Group Leaders, Mentors & Trainers

<p>IY Group Leader</p> <p>A person who facilitates groups using the IY standard materials, methods, processes and protocols. Aims to become a certified/accredited Group Leader.</p> <p>IY Training Experience</p> <ul style="list-style-type: none"> • Has attended an authorized three (3) day IY training workshop. • Has studied therapist manuals, books and videotapes. • Has on-going peer review, consultation and supervision. <p>Background</p> <p>Typically, a degree and experience in either teaching, nursing, social work, psychology or psychiatry. Has attended courses in child development.</p>	<p>IY Certified* Group Leader</p> <p>A Group Leader who has been certified/accredited after demonstrating competency in facilitating groups using the IY standard materials, methods, processes and protocols.</p> <p>IY Training Experience</p> <ul style="list-style-type: none"> • Has led two or more complete IY groups using the recommended session protocols. • Has participated in consultation workshops (at least one) with trainers, supervision with mentors and peer review. • Has successfully completed the requirements for certification. <p><i>Certification is based on positive participant evaluations, positive trainer or mentor evaluations of videotape review, positive peer review and satisfactory completion of session protocols.</i></p> <p>Background</p> <p>A degree and experience in either teaching, nursing, social work, psychology or psychiatry. Has attended courses in child development.</p>	<p>IY Certified* Coach</p> <p>A Coach who has been certified/accredited after demonstrating competency as a peer coach using the IY coaching methods and processes.</p> <p>IY Training Experience</p> <ul style="list-style-type: none"> • Is a certified Group Leader. • Has led 6 complete IY groups using the recommended session protocols. • Has participated in peer coaching workshops (at least 2 days) with trainers and has supervision from mentors or trainers. <p><i>Certification is based on positive evaluations of coaching received from group leaders and trainer or mentor evaluations of DVD reviews of coaching provided.</i></p> <p>Background</p> <p>A masters degree in counseling, psychology, social work or psychiatry. Extra courses and experiences would be considered as an alternate to a masters degree.</p>	<p>IY Certified* Mentor</p> <p><i>Nominated by a current mentor or trainer:</i> A certified IY Mentor provides authorized IY training workshops in his or her agency as well as ongoing mentoring & supervision to group leaders who s/he has trained.</p> <p>IY Training Experience</p> <ul style="list-style-type: none"> • Is a certified Group Leader and Coach. • Has led numerous (approx 8+) IY groups with fidelity & continues to deliver groups and participate in peer review. • Has obtained ongoing consultation from IY trainers for groups and supervision from mentors, including additional video reviews. • Has been trained to deliver authorized workshops using standard protocols. • Has observed mentors & trainers giving supervision and conducting workshops. • Has mentored new group leaders by co-leading groups with them and providing video feedback. <p><i>Certification based on positive trainer, mentor and group leader evaluations of workshop, positive evaluations by group leaders of mentoring received, and excellent group leadership skills.</i> (Follow complete process on Incredible Years website.)</p> <p>Background</p> <p>Generally, the same as the IY Group Leader & Coach categories. Graduate degree in teaching, nursing, social work, psychology or psychiatry.</p>	<p>IY Certified* Trainer</p> <p><i>By executive appointment:</i> A certified IY Trainer provides international training and consultation services. Possesses outstanding leadership skills based on consistent high workshop supervision and evaluations. Has a long-standing commitment towards evidence-based programs with fidelity and leadership skills.</p> <p>IY Training Experience</p> <ul style="list-style-type: none"> • Is a certified IY Mentor. • Possesses extensive experience with delivering the IY program and mentoring other therapists. • Has broad supervision experience • Has extensive knowledge of the IY research, and other research regarding evidence-based mental health programs for children. <p>Background</p> <p>A Masters, Ph.D. or MD degree - with extensive clinical & research experience.</p>
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*The terms "certified" and "accredited" are used interchangeably

Getting Started



BACKGROUND QUALIFICATIONS?

Group leaders come from many disciplines, including counseling, social work, psychology, psychiatry, nursing, and education. It is recommended that potential Group Leaders have prior training in child development, and cognitive social learning theory. They should have at least two years' experience with young children, as well as an understanding of parenting skills and family interactions. Group leaders should possess excellent interpersonal skills, leadership skills, and have had involvement with group activities and an awareness of group dynamics.

STEP TWO*: ACQUIRE APPROPRIATE PROGRAM FOR YOUR POPULATION

In order to implement the program, you will need to acquire the program materials. Your agency may already own the program set, or you may need to purchase it from The Incredible Years® office. The program(s) selected will depend on your agency's assessment of community risk factors, goals in regard to age group targeted or priority in regard to either a prevention or treatment focus with parents, teachers, or children. If you have questions about which program(s) you will use, take a look on our website: <http://incredibleyears.com/programs/>

You can also call or e-mail us if you have questions about what to order. We are happy to help make sure the program you select addresses your goals. You should also thoroughly read through the purchase section on our website, as there is important information regarding returns and payment options: <http://incredibleyears.com/order/>

**You may purchase the program prior to attending training (while this is marked as the second step, some group leaders may already own the materials prior to step 1)*



STEP THREE: SELF-STUDY USING LEADER'S MANUAL, DVD, AND WEBSITE

In addition to the initial workshop, it will be important to further your learning about the program by also doing your own self-study. Read through the introductory sections of your leader's manual and read through the full text book that comes with your program set (specific book will depend on which program you order). Watch through the DVD vignettes using your manual guide. *It is most helpful if you do this study with your co-leader and ideally practice with a mock group.*



Utilize the Implementation section of our website which has many useful resources and articles:

<http://incredibleyears.com/programs/implementation/starting-the-programs/>

The "Experts in Action" manual and DVD's can be purchased along with your full program set. These DVDs show certified IY Mentors and Trainers leading the groups and are intended to enhance group leader's understanding of implementation practices. There is an accompanying manual that provides questions and considerations to think through as you watch the DVDs.

NOTE: If you already have the program prior to training, you could begin this self-study at any time.



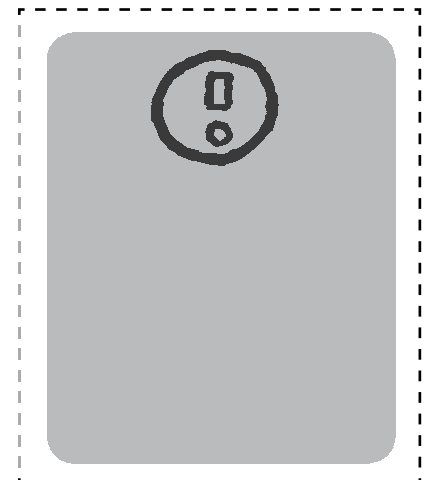
STEP FOUR: START RECRUITMENT AND PLANNING FOR YOUR GROUPS

1. Recruitment of families involves preparing a brochure, advertising programs, in-person meetings and presentations with administrators, teachers and parents in schools, child-welfare workers, and other referral sources. There are preview DVDs for each of the different types of programs (Parent, Child, or Teacher) which you can use to explain how the programs work. Contact us for your free preview DVD! (E-mail incredibleyears@incredibleyears.com)

2. Plan the location, date, and time for your groups. Send out questionnaires to participants ahead of time regarding their preference for meeting day/time, whether or not they will need childcare, if they require transportation assistance, needs for translators, or any other special needs. When offering child care, be sure to train these child care providers in advance.

3. Utilize the planning materials found in this portfolio and also in your leader's manual. Weekly agendas and checklists provide detailed information regarding the format of each session. Even though all of your paperwork will not be sent in until later, it is vital that you use all these forms from the start. Fill out the session checklists each week, have participants complete weekly and final evaluations, peer review, follow the process checklist, etc. Once your DVD review passes you will need to send paperwork from two complete groups.

Additionally, these forms are imperative in the planning and implementation process!



DVD Review & Feedback

STEP FIVE: IMPLEMENT FIRST GROUP & SUBMIT DVD OF ONE SESSION FOR FEEDBACK FROM IY MENTOR/TRAINER

Begin implementing your groups! Start video recording yourself right away so that you can get used to being recorded and feel more natural in front of the camera.

*The camera only needs to be focused on you. Reassure parents that this is a confidential video only to be used for your further professional development and will be destroyed after your video review has been completed. Develop a consent form explaining this to participants. (Contact us for a sample consent form.)



WHEN TO SEND IN YOUR DVD FOR REVIEW

If your agency has a certified IY coach or mentor we recommend that you regularly review videos of your group sessions with him/her, right from the beginning of your first group. If you don't have a coach or mentor in your agency, we recommend you and your co-leader regularly review videos of your group sessions using the *Group Leader Process Checklist* and the *Peer and Self-Evaluation* forms. By reviewing these DVDs together, you can self-reflect on your group leadership process and methods and determine goals for your learning and future sessions.

Once you have done this a few times, we recommend some outside IY telephone consultation from an IY trainer or mentor to answer your questions and discuss the group process. Next send in a DVD of one of your sessions for a detailed review by an accredited mentor or trainer. **There should be at least 6 parents in attendance of sessions that you send in a DVD for review - this is considered the lowest threshold for assessing group process.**

Ideally this should occur at some point during your first group. By doing this early, you can get feedback and support for your approaches and learn of new strategies you can use to make your groups more successful. This will move you faster towards certification!

HOW MANY DVDS WILL YOU NEED TO SEND FOR REVIEW?

Send one parent group session (2 hours) at a time. Then use the recommendations from the mentor/trainer's review of this session to make changes in your group leadership methods or processes. You can always contact the IY office if you have questions about the reviewer's report. Next, submit a 2nd DVD (from your second group) that addresses the suggestions from your prior review. After your 2nd submission, you will receive feedback about whether or not a 3rd review will be required. It is common to submit 3 (or occasionally more) sessions prior to certification. The goal of these reviews is to help you achieve high competency in IY program delivery and to give you support during this learning process. Group leaders find these reviews immensely useful.

***NOTE: If your agency has a certified Peer Coach, you will review your DVD with him/her first before submitting it to an IY Mentor/Trainer for review.**



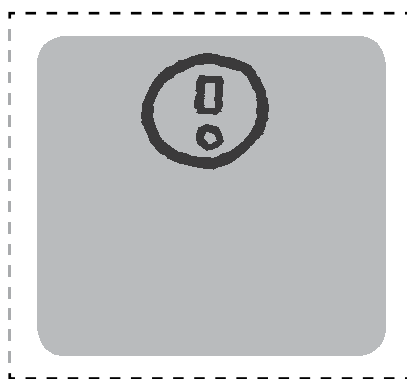
Peer Review

It is recommended that the leader and coleader for a group meet *weekly* to review segments of the DVD of their prior group session before starting their next group session. If your agency has a certified IY Peer Coach, schedule *monthly* coach meetings to review the videos of your group sessions together.

Reviewing these DVDs can help group leaders target leadership skills they want to strengthen and notice approaches that are particularly helpful to participants. After reviewing selected segments of their group sessions, group leaders also plan for the next session in terms of selected vignettes and practices to be carried out as well as goals and best learning strategies for each participant.

Consultation can be obtained by calling (888-506-3562) or e-mailing (incredibleyears@incredibleyears.com) the Incredible Years® office.

Let us know how we can help you and what your needs are!



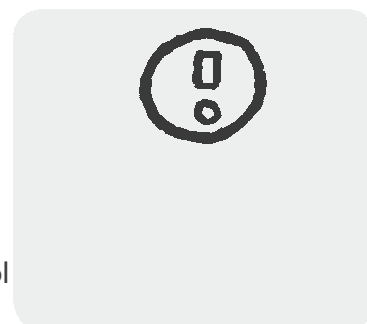
STEP SEVEN: IMPLEMENT A SECOND GROUP AND SUBMIT DVD FOR FEEDBACK FROM IY MENTOR/TRAINER

Implement the feedback provided in your first review as you begin leading your second group. See below for further tips for a successful DVD review.



TIPS FOR A SUCCESSFUL DVD REVIEW*:

- Review your DVD yourself with the Group Leader Collaborative Process Checklist (to make sure all aspects are covered) and the Group Leader Self Evaluation form. Please send these two forms along with the DVD for review.
- Send the entire 2-hour group session (with opening and closing session).
- Be sure your DVD shows you as the group leader (not just the group or your co-leader).
- Identify yourself clearly - indicate who you are in the DVD (i.e., "brown hair, red shirt") and label the tape accordingly.
- If you have a co-leader on your DVD, you must take responsibility for leading most parts of all the major session components, so we can see you "in action." (E.g., mediating vignettes, setting up practices, leading discussions, explaining key principles and reviewing homework.)
- Your DVD should be labeled with your name and also identify which program you are using (i.e., Toddler, Preschool Basic, Small Group Dina, etc.).
- Do not send more than one DVD or send bits of different sessions.
- DVD only (NTSC or PAL format). No mini DV or other small formats will be accepted (please call about converting). USB memory sticks are acceptable.
- CHECK that your DVD plays properly prior to sending it!
- Your DVD or USB will not be returned. DVD will be destroyed or video will be deleted once review is complete.



*If your agency has an IY Peer Coach, ask them to review your DVD with you first to provide feedback and decide if it is ready to be sent to an IY Mentor/Trainer.

Paperwork

STEP EIGHT: ONCE DVD REVIEW PASSES, SEND ALL PAPERWORK TO IY HEADQUARTERS





A large, empty rectangular box with a light gray background and a dark gray border, intended for submitting application items.







The Incredible Years® Parent Group Leader and Agency Background Questionnaire



We are asking you to complete this questionnaire about your professional background training and your agency/organization in order to improve the quality of our training workshops and materials. Thank you for taking the time to complete this confidential form.

Name: _____ Date: _____

School/Agency Name: _____

GROUP LEADER BACKGROUND CHARACTERISTICS

1. Please list educational degrees awarded, year, and field of study.

Year awarded	Degree	Field of Study
<input type="text"/>	<input type="radio"/> Associate	<input type="text"/>
<input type="text"/>	<input type="radio"/> Bachelor's	<input type="text"/>
<input type="text"/>	<input type="radio"/> Master's	<input type="text"/>
<input type="text"/>	<input type="radio"/> Ph.D.	<input type="text"/>
<input type="text"/>	<input type="radio"/> Other: _____	<input type="text"/>

2. What is your professional educational background? (Mark all that apply.)

- Special needs education
- Clinical Psychologist
- Social Work
- Child educational therapist
- Nurse
- Teacher
- School Psychologist/Counselor
- Psychiatrist
- Teacher Assistant
- Other: _____

3. In general, how much training have you had in each of the follow areas? (Check one for each.)

	No training at all	Very little training	Some training	Extensive training
a. Special needs training	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Child development	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Social Learning theory	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Facilitating groups	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Classroom management skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Related areas? (list below and give rating)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

4. What is your professional title?

Preschool Basic Parent Program Group Leader Certification/Accreditation Portfolio

5. Number of years of professional experience:

6. Please rate how much you theoretically subscribe to each of the following in your practice. (Provide a numerical rating for each item using the scale below.)

Don't know or don't subscribe to this approach

Somewhat subscribe to this approach

Strongly subscribe to this approach

0 1 2 3 4 5 6

	Rating (0-6)
Behavioral approaches	
Cognitive therapy	
Family therapy (e.g., structured, systemic, functional)	
Humanistic/existential therapy	
Psychodynamic therapy	
Solution-focused therapy	
Other (specify)	

7. How much have you used the following types of interventions for children with behavior problems and their parents? (Mark one for each item.)

	None at all	Very little	Some	Extensive
a. Individual intervention for child				
b. Family therapy				
c. Individual parent counseling				
d. Educational or small group therapy for children				
e. Educational or therapy groups for parents				
f. Combined groups for parents and children				
g. Consultation/supervision				
h. Teaching – Behavioral plans				
i. Other (describe):				

8. In general, how much experience do you have working with the specific populations/therapies below? (Mark one for each item.)

	None at all	Very little	Some	Extensive
a. Children and families				
b. Child-focused social skills groups				
c. Parent-focused therapy				
d. Parent training groups				
e. Family therapy				
f. Classroom teaching				

9. How many colleagues at your place of employment do the same type of work as you?

- None
 A few
 Quite a few
 Most

10. How supportive are your colleagues of your work?

- Not at all A little Somewhat Quite a bit Very much

11. What is your typical caseload of children/families/referrals per week?

- Not Applicable 21-30 cases per week
 1-5 cases per week 31-40 cases per week
 6-10 cases per week 41-50 cases per week
 11-20 cases per week Over 50 cases per week

THIS SECTION ASKS YOU ABOUT YOUR AGENCY OR ORGANIZATION CHARACTERISTICS.

12. What kind of organization/agency do you work for? (Select one.)

- Mental health agency Health maintenance organization/hospital
 Public elementary school University
 Private elementary school Family Center
 Preschool or Head Start center Other: _____
 Day care center

13. How many families and children does your organization serve?

- Fewer than 500 5,000-10,000
 500-1,000 10,000-50,000
 1,000-5,000 50,000-100,000

14. How would you describe the community where you work?

- Very rural Urban
 Rural Very urban
 Somewhat urban

15. How many mental health professionals are there in your agency?

- 1-5 21-50
 6-10 51-100
 11-20 100+

16. How are services financed in your agency? (mark all that apply)

- Grants State
 Fee for services Federal
 Insurance Other: _____

17. Please mark all target populations that you currently serve with **designated treatment or perventative service programs.**

	Treatment	Prevention	N/A
a. Adult drug and alcohol dependency			
b. Adolescent drug and alcohol dependency			
c. Adult mental health services (e.g., depression, stress, etc.)			
d. Child/adolescent mental health services			
e. Child/adolescent conduct problems			
f. Child/adolescent education programs (school services, life skills training, etc.)			
g. Adult education programs other than parenting (resources for employment, etc.)			
h. Adult education programs related to parenting (single parenting, parent training, etc.)			

18. Please indicate all age groups of children served at your organization (Mark all that apply.)

- Not applicable, none referred
- 0-4 years of age
- 5-9 years of age
- 10-12 years of age
- 13-18 years of age

19. Please indicate the largest age group of children served at your organization (mark only one)

- Not applicable, none referred
- 0-4 years of age
- 5-9 years of age
- 10-12 years of age
- 13-18 years of age

Agency or organization support can make a difference in the quality and integrity of program delivery. For this reason we are asking you a few confidential questions about your organization and job satisfaction.

20. How supportive does your agency seem in your efforts to deliver the Incredible Years® program?

- Not at all
- A little
- Somewhat
- Quite a bit
- Very much

21. Does your organization currently have a plan to offer ongoing supervision or peer support for delivering the Incredible Years® intervention?

- Not at all
- Very little
- Somewhat
- Quite a bit
- Very much

22. What types of supervision do you currently receive? (Mark all that apply.)

- Not applicable, I do not work with families
- I have no supervision and work independently
- I have no supervision but use outside educational resources when needed
- Computer email exchanges between my supervisor and me
- Telephone calls with my supervisor
- Direct meetings between my supervisor and me
- Group meetings with several staff members and our supervisor
- I have no supervision but use outside educational resources when needed
- Computer email exchanges between my supervisor and me
- Telephone calls with my supervisor

23. How satisfied are you with the **amount** of your current supervision?

- Not at all satisfied Not very satisfied Neutral Somewhat satisfied Very satisfied

24. How satisfied are you with the **quality** of your current supervision?

- Not at all satisfied Not very satisfied Neutral Somewhat satisfied Very satisfied

25. Which of the following best characterizes how decisions are made in your organization/school? (Mark all that apply.)

- One person generally makes decisions
- A committee NOT REPRESENTING all employees from top to bottom makes decisions
- A committee REPRESENTING all employees from top to bottom makes decisions
- Each employee from top to bottom has input that influences decision-making
- Each employee from top to bottom has decision-making authority

26. How much do you agree with Statement A compared to Statement B?

<p>Statement A We offer and adhere to <i>one</i> main source of mental health intervention for families</p>	compared to	<p>Statement B We offer and adhere to <i>many</i> diverse forms of mental health intervention for families</p>
--	-------------	---

- | | | | | | | |
|--------------------------|--------------------------|---------------------------|------------------------------|---------------------------|--------------------------|--------------------------|
| Completely
with A | Mostly with A | Somewhat more
A than B | Equal amount
with A and B | Somewhat more
B than A | Mostly with B | Completely
with B |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

	N/A	Not at all Satisfied	Not very Satisfied	Neutral	Some-what Satisfied	Very Satisfied
27. How satisfied are you with the level of autonomy you have as a therapist working with families?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
28. How satisfied are you with your organization's mental health services for children with behavior problems?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
29. How happy or satisfied are you with your current salary or pay?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
30. How satisfied are you with the level of autonomy you have in your job?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
31. Overall, how happy or satisfied are you with your job?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

32. What is *your* current level of stress directly related to your job?

- Not stressed at all
- A little stressed
- Somewhat stressed
- Quite a bit stressed
- Extremely stressed

33. What percent of staff turnover is there in your organization/school each year?

- <2%
- <5%
- <10%
- <15%
- <20%
- <30%
- <40%
- Other _____ %

Thank you for taking the time to fill out this questionnaire. We appreciate your dedication and commitment to parents and we hope to better serve your needs in the future.



These session checklists are to be completed after every group session. It is not unusual for group leaders to cover fewer of the vignettes or practices than they have planned for. This may occur due to group size or unfamiliarity with the content or the use of translators or other issues that may arise. *It is important to pace the participant's learning so there is time for practices, reflection, discussion, and problem-solving.* If you need to spread one session out over two sessions, you can make a photocopy of that session's checklist and fill one out for each session to show us you covered the topic over multiple dates.

Check your Leader's Manual for session agendas which accompany each session checklist (only session checklists need to be sent to us for Certification). When submitting the checklists, you may scan and send via e-mail or send to us through regular mail. If sending through mail, be sure to make photocopies in case items are damaged or lost.

NOTE: Each IY Program has a minimum number of sessions/lessons/workshops to be completed, which are outlined in your leader manual(s). Depending on the population you are serving, it may be necessary to implement more than the minimum number of sessions in order to pace the learning adequately.

See your leader's manual for more detailed guidelines and instructions.

*These session checklists are for treatment or high-risk parent groups. You may access the 14-week prevention protocol for Preschool Basic on our website:
<http://incredibleyears.com/resources/gl/parent-program/>





LEADER CHECKLIST

Session Two

Topic: *Child-Directed Play Promotes Positive Relationships*

Vignettes: *Play Part 1: 7-29*

SITE: _____ **DATE:** _____

LEADER NAMES: _____ **TIME:** _____

VIGNETTES COVERED: Play Part 1:

7*	8*	9	10*	11*	12*	13	14	15*	16*	17*	18
(19	20	21 or 22	23	24	25	26	27	28)	29*		

* Recommended minimum vignettes. (Circle vignettes shown.)

DID I	YES	NO
1. Write the agenda on the board	_____	_____
2. Review parents' home activities; elicit reactions and experiences (to play homework activity)	_____	_____
3. Review the concepts from last week's session (rules & principles)	_____	_____
4. Review parents' goals	_____	_____
5. Practice child-directed play concepts (large group)	_____	_____
6. Break out for small group practice	_____	_____
7. Buzz—play activities children would enjoy	_____	_____
8. Practice—ending play times	_____	_____
9. Highlight key principles from parents' discussion	_____	_____
10. Explain this week's home assignment, and parents set goals	_____	_____

Handout Pads:

Home Activities for the Week – Play with Your Child (Handout 1B)

Xerox:

Record Sheet: Play Times

Temperament Questionnaires (2)

Self-Evaluation

"Gems" of Session—Reminder of things to pursue next session





LEADER CHECKLIST

Session Four

Topic: *Play–Academic and Persistence Coaching Promotes School Readiness Cont’d*

Vignettes: *Play Part 2: Vignettes 17-28, Summary*

SITE: _____ **DATE:** _____

LEADER NAMES: _____ **TIME:** _____

VIGNETTES COVERED: Play Part 2

17* 18* 19 20 21 22 23 24* 25* 26 27 28
 Summary*

* Recommended minimum vignettes. (Circle vignettes shown.)

DID I	YES	NO
1. Write the agenda on the board	_____	_____
2. Review parents’ home activities; elicit reactions	_____	_____
3. Explain “teaching loop”	_____	_____
4. Role play the play skills using academic and persistence coaching	_____	_____
5. In triads, practice academic and persistence coaching	_____	_____
6. Practice interactive reading skills	_____	_____
7. Explain this week’s home assignment, and parents set goals	_____	_____
8. Explain “field assignment”	_____	_____

Handout Pads:

Home Activities for the Week—Academic and Persistence Coaching (Handout 2B)

Xerox:

Refrigerator Notes About Facilitating Children’s Language and School Readiness

Record Sheet: Play Times

Building Blocks for Reading With Care

Dos and Don’ts of Facilitating Learning Through Play

Self-Evaluation

“Gems” of Session—Reminder of things to pursue next session







LEADER CHECKLIST Session Seven

Topic: *The Art of Effective Praise and Encouragement*

Vignettes: *Praise Part 1: 1-17*

SITE: _____ **DATE:** _____

LEADER NAMES: _____ **TIME:** _____

VIGNETTES COVERED: Praise Part 1

Intro 1* 2* 3* 4* 5* 6* 7* 8 9* 10 11 12* 13* 14* 15* 16 17

* Recommended minimum vignettes. (Circle vignettes shown.)

DID I	YES	NO
1. Write the agenda on the board	_____	_____
2. Review parents' home activities; elicit reactions and experiences to coaching	_____	_____
3. Benefits and Barriers to Praise	_____	_____
4. Buzz—mealtime behaviors to praise (Vignette 3)	_____	_____
5. Practice praise (replay Vignettes 12, 13, 14)	_____	_____
6. Buzz—independent or self-regulation behaviors to praise (Vignettes 4, 7)	_____	_____
7. Buzz—behaviors “to see more of” and labeled praise words (See brainstorm handout.)	_____	_____
8. Talk about modeling self-praise	_____	_____
9. Explain this week’s home assignment (Remind them about “field assignment)	_____	_____
10. Parents set goals (on Self-Monitored Checklist)	_____	_____

Handout Pads:

Home Activities for the Week—Effective Ways to Praise and Encourage Your Child

Xerox:

Refrigerator Notes About Praising Your Child

Record Sheet—Praise

Behavior Record: Behaviors I Want to See More of!

Examples of Ways to Give Praise and Encouragement (2)

Piggy bank handouts (3)

Brainstorm/Buzz—Praise Words to Use

Self-Evaluation

“Gems” of Session—Reminder of things to pursue next session



LEADER CHECKLIST

Session Eight

Topic: *Using Tangible Rewards to Teach Your Child New Behaviors*
Vignettes: *Praise Part 1: Vignettes 18-33, summary review*
Tangible Rewards Part 2: 1-5

SITE: _____ **DATE:** _____

LEADER NAMES: _____ **TIME:** _____

VIGNETTES COVERED: Praise Part 1

18A* 18B* 18C* 19* 20* 21 22* 23 24* 25 26* 27 28
 29 30 31 32 33 summary

VIGNETTES COVERED: Tangible Rewards Part 2

Intro 1* 2* 3* 4* 5

* Recommended minimum vignettes. (Circle vignettes shown.)

DID I

YES

NO

- | | | |
|---|---|--|
| <ol style="list-style-type: none"> 1. Write the agenda on the board 2. Review parents' home activities; elicit reactions and experiences (to increasing praises and reading chapters) 3. Review behaviors want to see more of (do on board or flip chart as a group activity) 4. Buzz—praise buddy 5. Buzz—praise self (use handout) 6. Buzz—"positive opposites" (optional) 7. Brainstorm benefits of incentives 8. Buzz—surprise and low-cost/no-cost rewards 9. Practice explaining about chart in large group 10. Assign new buddies and ask about buddy calls 11. Review this week's home assignment and parents set goals 12. Use spontaneous rewards with parents (and remind parents to bring charts to next meeting) | <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> | <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> |
|---|---|--|

Handout Pads:

Home Activities for the Week—Motivating Children Through Incentives (2A)

Xerox:

- | | |
|---|---|
| Refrigerator Notes About Tangible Rewards | Brainstorm/Buzz Positive Self-Praise |
| Behavior Record—"Positive Opposites" | Examples of Teacher Behaviors to Praise |
| Practice Praising Yourself and Others | Brainstorm/Buzz—No-cost Rewards |
| Sticker Chart | |

Self-Evaluation

"Gems" of Session—Reminder of things to pursue next session



LEADER CHECKLIST

Session Nine

Topic: *Reward Programs Cont'd*

Vignettes: *Tangible Rewards Part 2: 6-19*

SITE: _____ **DATE:** _____

LEADER NAMES: _____ **TIME:** _____

VIGNETTES COVERED: *Tangible Rewards*

6 7* 8* 9 10* 11* 12 13 14 15 16* 17A* 17B*
 17C* 18* 19*

* Recommended minimum vignettes. (Circle vignettes shown.)

DID I

YES

NO

- | | | |
|--|-------|-------|
| 1. Write the agenda on the board | _____ | _____ |
| 2. Review and elicit reactions and experiences to praise and reward concepts | _____ | _____ |
| 3. Review list of behaviors parents "want to see more of" to see which ones might be amenable to a chart or incentive program (on board or flip chart) | _____ | _____ |
| 4. Buzz—behaviors to use on sticker chart or "positive opposite" exercise | _____ | _____ |
| 5. Buzz—practice explaining sticker chart to child (large group) | _____ | _____ |
| 6. Buzz—practice explaining sticker chart to child (with buddy) | _____ | _____ |
| 7. Practice responding to child who fails to earn reward | _____ | _____ |
| 8. Buzz—refueling for parents or self-care | _____ | _____ |
| 9. Review this week's home assignment | _____ | _____ |
| 10. Parents set goals for week | _____ | _____ |

Handout Pads:

Home Activities for the Week—Motivating Children Through Incentives (2B)

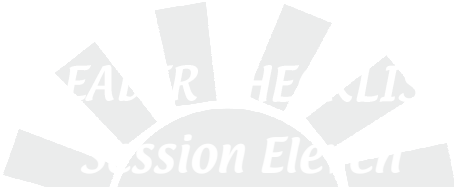
Xerox:

- Refrigerator Notes About Toilet Training (2) (if needed)
- Examples of Behaviors to Reward With Stars and Stickers
- Handout—Caring Days
- Handout—"Positive Opposites" (if not done in Session 8)
- Brainstorm/Buzz—Reward Yourself

Self-Evaluation

"Gems" of Session—Reminder of things to pursue next session













LEADER CHECKLIST Session Fifteen

Topic: *Time-Out for Aggression and Noncompliance*

Vignettes: *Handling Misbehavior Program 4, Part 3: Vignettes 20-29*

SITE: _____ **DATE:** _____

LEADER NAMES: _____ **TIME:** _____

VIGNETTES COVERED: Handling Misbehavior Part 3: 20-29

20* 21* 22* 23* 24* 25* 26* 27 28 29

* Recommended minimum vignettes. (Circle vignettes shown.)

DID I	YES	NO
1. Write the agenda on the board	_____	_____
2. Review parents' home activities; elicit reactions and experiences (to Ignore and Time-Out)	_____	_____
3. Ask about reading on losing control, handling stress and anger, and maintaining objectivity	_____	_____
4. Practice Time-Out steps for 6-8 year olds	_____	_____
5. Practice Compliance Training Scenario	_____	_____
6. Practice challenging negative self-talk	_____	_____
7. Brainstorm advantages versus disadvantages of spanking versus Time-Out	_____	_____

Handout Pads:

Home Activities: Time-Out (Handout 3B)

Xerox:

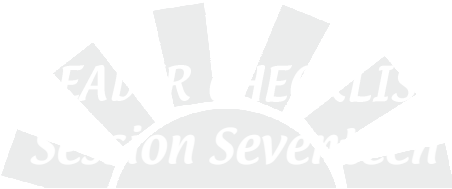
- | | |
|---|---|
| Refrigerator Notes about Stress and Anger | Refrigerator Notes—Handling Tantrum Storms |
| Record Sheet: Commands and Time-Out | Brainstorm/Buzz—Staying Calm & Managing Anger |
| Feelings Thermometer (2) | Brainstorm/Buzz—Coping and Calming Self-Talk |
| Pros and Cons of Time-Out | Maintaining Objectivity |
| Compliance Training Handout | Brainstorm/Buzz—Behaviors For Time Out |
| Brainstorm/Buzz—Staying Calm | Time-Out Scenarios for 6–8 Year Olds (2B, 2C, 2D) |

What to Do When You Are Losing Control and When New Problems Arise (2)

Self-Evaluation

“Gems” of Session—Reminder of things to pursue next session











The Parent Weekly Evaluation Form is photocopied and given to parents at the end of each session. End the group with enough time for parents to fill out the evaluation form and collect them before the session ends. These weekly evaluations help group leaders to know what aspects of the group sessions are more or less helpful to parents. When group leaders make their weekly calls to parents, they will discuss “not helpful” or “neutral” responses and ways they will work to make these methods more useful so they can achieve their goals.

These evaluations are to be collected from parents *each* week. For certification, we ask that you send all the weekly evaluations for two full groups. You may scan and e-mail the forms to us or send hard copies in the mail. If you send via mail, be sure to make copies of the set in case items are lost or damaged.



The Parent Final Satisfaction Questionnaire is photocopied and given to parents to complete either at the last session or the follow-up debrief interview. Parents should be given the option to complete this questionnaire anonymously and are not required to fill in their names. It is important to stress parent honesty on their responses.

For certification (please see that all three points are met):

1. Send ALL the final satisfaction questionnaires for those completing the group.
2. Retention: Submit an attendance list showing no fewer than 50% drop outs.
3. There must be a minimum of 6 final satisfaction questionnaires

You may scan and e-mail the forms to us or send hard copies in the mail. If you send via mail, be sure to make copies of the set in case items are lost or damaged.



Incredible Years®
Parent Final Satisfaction Questionnaire
BASIC Parent Program

(Hand out at end of the program)

Participant's Name _____ Date _____

The following questionnaire is part of our evaluation of the Incredible Years parenting program that you have received. It is important that you answer as honestly as possible. The information obtained will help us to evaluate and continually improve the program we offer. Your cooperation is greatly appreciated. All responses will be strictly confidential.

A. The Overall Program

Please circle the response that best expresses how you honestly feel at this point.

1. The bonding/attachment that I feel with my preschooler since I took this program is

considerably worse slightly the same slightly improved greatly
worse worse improved improved

2. My child's behavior problems which I/we have tried to change using the methods presented in this program are

considerably worse slightly the same slightly improved greatly
worse worse improved improved

3. My feelings about my child's social, emotional and academic developmental progress are that I am

very dissatisfied slightly neutral slightly satisfied greatly
dissatisfied dissatisfied satisfied satisfied

4. To what degree has the Incredible Years parenting program helped with other personal or family problems not directly related to your child (for example, your marriage, your feelings of support in general)?

hindered hindered hindered neither helped helped helped
much more hindered slightly helped helped
than helped nor hindered slightly very much

5. My expectation for good results from the Incredible Years program is

very pessimistic slightly neutral slightly optimistic very
pessimistic pessimistic optimistic optimistic

6. I feel that the approach used to enhance my child's social behavior in this program is

very inappropriate slightly neutral slightly appropriate appropriate greatly
inappropriate inappropriate appropriate appropriate

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7. Would you recommend the program to a friend or relative?

strongly not recommend not recommend slightly not recommend neutral slightly recommend recommend strongly recommend

8. How confident are you in parenting at this time?

very unconfident unconfident slightly unconfident neutral slightly confident confident very confident

9. How confident are you in your ability to manage *future* behavior problems in the home using what you learned from this program?

very unconfident unconfident slightly unconfident neutral slightly confident confident very confident

10. My overall feeling about achieving my goal in this program for my child and family is

very negative negative slightly negative neutral slightly positive positive very positive

B. Teaching Format

Usefulness

In this section, we would like you to indicate how useful each of the following types of teaching is for you *now*. Please circle the response that most clearly describes your opinion.

1. Content of information presented was

extremely useless useless slightly useless neutral somewhat useful useful extremely useful

2. Demonstration of parenting skills through the use of video vignettes was

extremely useless useless slightly useless neutral somewhat useful useful extremely useful

3. Group discussion of parenting skills was

extremely useless useless slightly useless neutral somewhat useful useful extremely useful

4. Use of practice/role play during group sessions was

extremely useless useless slightly useless neutral somewhat useful useful extremely useful

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5. I found the “buddy calls” to be

extremely useless slightly neutral somewhat useful extremely
useless useless useful useful useful

6. Reading chapters from the Incredible Years book or listening to the CD was

extremely useless slightly neutral somewhat useful extremely
useless useless useful useful useful

7. Practicing skills at home with my child was

extremely useless slightly neutral somewhat useful extremely
useless useless useful useful useful

8. Weekly handouts (e.g., refrigerator notes) were

extremely useless slightly neutral somewhat useful extremely
useless useless useful useful useful

9. Phone calls from the group leaders were

extremely useless slightly neutral somewhat useful extremely
useless useless useful useful useful

C. Specific Parenting Techniques

Usefulness

In this section, we would like you to indicate how useful each of the following techniques is in improving your interactions with your child and decreasing his or her “inappropriate” behaviors *now*. Please circle the response that most accurately describes the usefulness of the technique.

1. Child-Directed Play

extremely useless slightly neutral somewhat useful extremely
useless useless useful useful useful

2. Descriptive Commenting/Social, Emotion, Academic, and Persistence Coaching

extremely useless slightly neutral somewhat useful extremely
useless useless useful useful useful

3. Praise and Encouragement

extremely useless slightly neutral somewhat useful extremely
useless useless useful useful useful

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4. Tangible Rewards (charts)

extremely useless	useless	slightly useless	neutral	somewhat useful	useful	extremely useful
----------------------	---------	---------------------	---------	--------------------	--------	---------------------

5. Routines, Responsibilities, Rules

extremely useless	useless	slightly useless	neutral	somewhat useful	useful	extremely useful
----------------------	---------	---------------------	---------	--------------------	--------	---------------------

6. Ignoring

extremely useless	useless	slightly useless	neutral	somewhat useful	useful	extremely useful
----------------------	---------	---------------------	---------	--------------------	--------	---------------------

7. Positive Commands (e.g., “when-thens”)

extremely useless	useless	slightly useless	neutral	somewhat useful	useful	extremely useful
----------------------	---------	---------------------	---------	--------------------	--------	---------------------

8. Time Out to Calm Down and Helping Child Control Anger

extremely useless	useless	slightly useless	neutral	somewhat useful	useful	extremely useful
----------------------	---------	---------------------	---------	--------------------	--------	---------------------

9. Loss of Privileges, Logical Consequences

extremely useless	useless	slightly useless	neutral	somewhat useful	useful	extremely useful
----------------------	---------	---------------------	---------	--------------------	--------	---------------------

10. Helping My Children Learn to Problem Solve

extremely useless	useless	slightly useless	neutral	somewhat useful	useful	extremely useful
----------------------	---------	---------------------	---------	--------------------	--------	---------------------

11. Adult Anger Management Strategies

extremely useless	useless	slightly useless	neutral	somewhat useful	useful	extremely useful
----------------------	---------	---------------------	---------	--------------------	--------	---------------------

12. Adult Problem-Solving Strategies

extremely useless	useless	slightly useless	neutral	somewhat useful	useful	extremely useful
----------------------	---------	---------------------	---------	--------------------	--------	---------------------

13. This Overall Group of Techniques

extremely useless	useless	slightly useless	neutral	somewhat useful	useful	extremely useful
----------------------	---------	---------------------	---------	--------------------	--------	---------------------

D. Evaluation of Parent Group Leader(s)

In this section we would like you to express your opinions about your group leader(s). Please circle the response to each question that best describes how you feel.

Group Leader #1 _____

(name)

1. I feel that the group leader's preparation/teaching was

very poor poor below average average above average superior excellent

2. Concerning the group leader's interest and concern in me and my problems with my child, I was

very dissatisfied dissatisfied slightly dissatisfied neutral slightly satisfied satisfied greatly satisfied

3. At this point, I feel that the group leader in the program was

extremely unhelpful unhelpful slightly unhelpful neutral slightly helpful helpful extremely helpful

If more than one group leader was involved in your program, please fill in the following. (Go to Section E if only one leader was involved.)

Group Leader #2 _____

(name)

1. I feel that the group leader's preparation/teaching was

very poor poor below average average above average superior excellent

2. Concerning the group leader's interest and concern in me and my problems with my child, I was

very dissatisfied dissatisfied slightly dissatisfied neutral slightly satisfied satisfied greatly satisfied

3. At this point, I feel that the group leader in the program was

extremely unhelpful unhelpful slightly unhelpful neutral slightly helpful helpful extremely helpful

E. Parent Group

In this section we'd like to get your ideas about your group. Please circle the response that describes how you feel.

1. I feel the group was

very unsupportive	unsupportive	somewhat unsupportive	neutral	somewhat supportive	supportive	very supportive
----------------------	--------------	--------------------------	---------	------------------------	------------	--------------------

2. Concerning the other group members' interest in me and my child, I felt they were

very uninterested	uninterested	somewhat uninterested	neutral	somewhat interested	interested	very interested
----------------------	--------------	--------------------------	---------	------------------------	------------	--------------------

3. I would like to keep meeting as a group

YES	NO
-----	----

4. How likely is it that you will continue meeting with one or more of the parents in your group?

highly unlikely	unlikely	somewhat unlikely	neutral	somewhat likely	likely	very likely
--------------------	----------	----------------------	---------	--------------------	--------	----------------

F. Your Opinion

1. How could the program have been improved to help you more?

2. At this time do you feel the need for additional parenting assistance? Please elaborate.

3. What did you see as the main benefit of the Incredible Years Program?

This form is used for both your Peer and Self Evaluations. Have your co-leader, Peer Coach, or another colleague fill out the Peer Evaluation for you after they have watched you lead a session.

For your Self Evaluation, fill the form out upon completing a session or after reviewing your video of a session. Reflect on your strengths and weaknesses for each of the different questions.

For Certification, we require one peer and one self evaluation from EACH of the two groups you are submitting, but of course you may do this more than just once per group, as it is a very useful way to share feedback with your coleader and plan your goals for future sessions.

This form is editable, so you may type into it, but you may prefer to write – either way is fine. If you fill it out digitally, you can send to us via e-mail/Dropbox. If you write in the forms, please scan/e-mail it to us or send in the mail. If sending in the mail be sure to make photo-copies of the originals in the event items are lost or damaged.

II. Leader Leadership Skills	Comments
Ground rules posted for group and reviewed	
Started and ended meeting on time	
Explained agenda for session and invited input	
Emphasizes the importance of homework	
Reviews homework from previous session	
Summarizes and restates important points	
Focuses group on key points presented	
Imposes sufficient structure to facilitate group process	
Prevents sidetracking by participants	
Knows when to be flexible and allow a digression for an important issue and knows how to tie it into session's content	
Anticipates potential difficulties	
Predicts behaviors and feelings	
Encourages generalization of concepts to different settings and situations	
Encourages parents to work for long-term goals as opposed to "quick fix"	
Helps group focus on positive	
Balances group discussion on affective and cognitive domain	
Predicts relapses	
Reviews handouts and homework for next week	
Evaluates session	

III. Leader Relationship Building Skills	Comments
Uses humor and fosters optimism	
Normalizes problems when appropriate	
Validates and supports parents' feelings (reflective statements)	
Shares personal experiences when appropriate	
Fosters a partnership or collaborative model (as opposed to an "expert" model)	
Fosters a coping model as opposed to a mastery model of learning	
Reframes experiences from the child's viewpoint and modifies parents' negative attributions	
Strategically confronts, challenges and teaches parents when necessary	
Identifies and discusses resistance	
Maintains leadership of group	
Advocates for parents	

IV. Leader Knowledge	Comments
Demonstrates knowledge of content covered at session	
Explains rationale for principles covered in clear, convincing manner	
Prepares materials in advance of session and is "prepared" for group	
Integrates parents' ideas and problems with important content and child development principles	
Uses appropriate analogies and metaphors to explain theories or concepts	

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V. Leader Methods	Comments
Uses video examples efficiently and strategically to trigger group discussion	
Uses role play and rehearsal to reinforce learning	
Review homework and gives feedback	
Uses modeling by self or other group members when appropriate	

VI. Parents' Responses	Comments
Parents appear comfortable and involved in session	
Parents complete homework, ask questions and are active participants	
Parents complete positive evaluations of sessions	

Summary Comments:

.....

Name of Evaluator _____

Date: _____

Check:

- _____ Leader (Self-Evaluation)
- _____ Co-Leader
- _____ Peer Coach
- _____ Mentor/Trainer

This form is also used along with your Peer and Self Evaluation form. When you are watching the DVD of your session go through this checklist to identify your strengths, gaps, and goals for future sessions.

When you send a DVD for mentor/trainer review, please include the completed form for the session.

If you are reviewing your DVD with a peer coach in your agency, use this checklist to keep track of what you discuss.



Parent Group Leader Collaborative Process Checklist

This checklist is designed for group leaders to complete together following a session, or for a group leader to complete for him/herself when reviewing a video of a session. By watching the video of a session and looking for the following points, a leader can identify specific goals for progress. This checklist is designed to complement the checklist for the specific session, which lists the key content that should be covered.

Leader Self-Evaluation (name): _____

Co-leader Evaluation: _____

Certified Trainer/Mentor Evaluation: _____

Date: _____

Session Topic: _____

Preschool Basic Parent Program Group Leader Certification/Accreditation Portfolio

	YES	NO	N/A
12. Ask about and encourage "buddy calls"?	_____	_____	_____
13. If a parent's description of how they applied the skills makes it clear that s/he misunderstood, did the leaders accept responsibility for the misunderstanding rather than leaving the parent feeling responsible for the failure? (e.g., "I'm really glad you shared that, because I see I completely forgot to tell you a really important point last week. You couldn't possibly have known, but when you do that, it's important to..." vs "You misunderstood the assignment. Remember, when you do that, it's important to...")	_____	_____	_____
14. Make sure that the discussion is brought back to the specific topic at hand after a reasonable time without letting free flowing discussion of other issues dominate?	_____	_____	_____
15. Limit the home activity discussion (approximately 20-30 minutes) to give adequate time for new learning?	_____	_____	_____

WHEN BEGINNING THE TOPIC FOR THE DAY

Did the Leader:

16. Begin the discussion of the topic with open-ended questions to get parents to think about the importance of the topic?	_____	_____	_____
17. Do the benefits and/or barriers exercise regarding the new topic?	_____	_____	_____
18. Paraphrase and highlight the points made by parents - write key points on the board with their name?	_____	_____	_____

WHEN SHOWING THE VIGNETTES

Did the Leader:

19. Focus parents on what they are about to see on the vignettes and what to look for?	_____	_____	_____
20. Begin by asking an open-ended question about what parents thought was effective/ineffective in the vignette?	_____	_____	_____
21. Acknowledge responses one or more parents have to a vignette?	_____	_____	_____
22. Paraphrase and highlight the points made by parents - writing key points on the board?	_____	_____	_____
23. Move on to the next vignettes after key points have been discussed, rather than let the discussion go on at length?	_____	_____	_____
24. Use vignettes to trigger appropriate discussions and/or practices?	_____	_____	_____
25. Redirect group to the relevance of the interaction on the vignette for their own lives (if parents become distracted by some aspect of the vignette, such as clothing or responses that seem phony)?	_____	_____	_____
26. Refer to parents' goals for themselves and their children when discussing vignettes and learning principles?	_____	_____	_____

PRACTICE AND ROLE PLAYS <i>Did the Leader:</i>	YES	NO	N/A
27. Get parents to switch from talking about strategies in general to using the words they could actually use? (e.g., from “She should be more specific” to “She could say, John, you need to put the puzzle pieces in the box.”)	_____	_____	_____
28. Ensure that the skill to be practiced has been covered in the vignettes or discussion prior to asking someone to role play it. (This ensures the likelihood of success.)	_____	_____	_____
29. Do several planned role plays over the course of the session? Number of role plays: _____	_____	_____	_____
30. Do role plays in pairs or small groups that allow multiple people to practice simultaneously?	_____	_____	_____
31. Use all of the following skills when directing role plays:			
a. Select parents and give them appropriate roles?	_____	_____	_____
b. Skillfully get parents engaged in role plays?	_____	_____	_____
c. Provide each person with a description of his/her role (age of child, level of misbehavior)?	_____	_____	_____
d. Provide enough “scaffolding” so that parents are successful in their role as “parent” (e.g., get other parents to generate ideas for how to handle the situation before practice begins)?	_____	_____	_____
e. Invite other workshop members to be “coaches” (call out idea if the actor is stuck)?	_____	_____	_____
f. Pause/freeze role play periodically to redirect, give clarification, or reinforce participants?	_____	_____	_____
g. Take responsibility for having given poor instructions if role play is not successful and allow actor to rewind and replay?	_____	_____	_____
32. Process role playing afterwards by asking how “parent” felt and asking group to give feedback?	_____	_____	_____
33. Process role play by asking how “child” felt in role?	_____	_____	_____
34. Solicit feedback from group about strengths of parent in role?	_____	_____	_____
35. Offer detailed descriptive praise of the role play and what was learned?	_____	_____	_____
36. Re-run role play, changing roles or involving different parents (not always needed, but helpful to do for a parent who needs modeling by someone else first)?	_____	_____	_____

LEADER GROUP PROCESS SKILLS

Did the Leader:

	YES	NO	N/A
37. Build rapport with each member of group?	_____	_____	_____
38. Encourage everyone to participate?	_____	_____	_____
39. Use open-ended questions to facilitate discussion?	_____	_____	_____
40. Reinforce parents' ideas and foster parents' self-learning?	_____	_____	_____
41. Encourage parents to problem-solve when possible?	_____	_____	_____
42. Foster idea that parents will learn from each others' experiences?	_____	_____	_____
43. Help parents learn how to support and reinforce each other?	_____	_____	_____
44. View every member of group as equally important and valued?	_____	_____	_____
45. Identify each family's strengths?	_____	_____	_____
46. Create a feeling of safety among group members?	_____	_____	_____
47. Create an atmosphere where parents feel they are decision-makers and discussion and debate are paramount?	_____	_____	_____

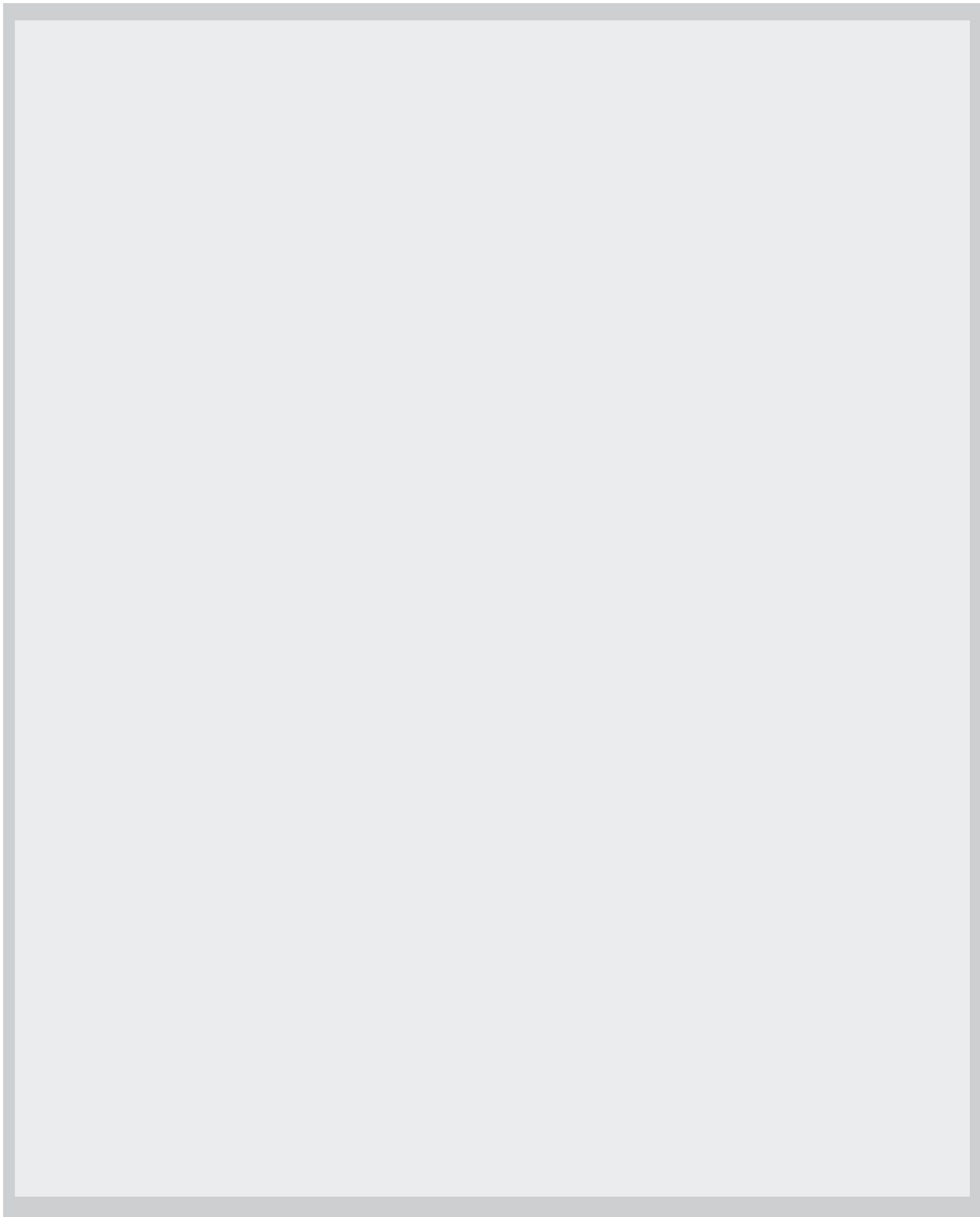
ENDING GROUP - REVIEW & HOME ACTIVITIES

Did the Leader:

48. Begin the ending process with about 15 minutes remaining?	_____	_____	_____
49. Summarize this session's learning? (One way to do this is to review or have the parents review each point on refrigerator notes out loud.)	_____	_____	_____
50. Review or have parents review the home activity sheet, including why it is important, and how they will try to do it?	_____	_____	_____
51. Talk about any adaptations to the home activity for particular families?	_____	_____	_____
52. Show support and acceptance if parents can't commit to all the home activities? (Support realistic plans.)	_____	_____	_____
53. Have parents complete the Self-Monitoring Checklist and commit to goals for the week?	_____	_____	_____
54. Check in on buddy calls?	_____	_____	_____
55. Have parents complete the evaluation form?	_____	_____	_____
56. End the session on time?	_____	_____	_____

REMEMBER: The goal in the group sessions should be to draw from the parents the information and ideas to teach each other. They should be the ones who generate the principles, describe the significance, highlight what was effective and ineffective on the video, and demonstrate how to implement the skills in different situations. People are far more likely to put into practice what they talk about than what they hear about.

Summary Comments:





THE INCREDIBLE YEARS®
Parent Practices Interview

Time	<input type="text" value="2"/>	CID	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Mom		Dad/Other		
	<input type="radio"/>		<input type="radio"/>		

Office Use Only

This section asks questions about different ways of disciplining children and teaching them right from wrong.

1. The following is a list of things that parents have told us they do when their children misbehave. In general, how often do you do each of the following things when your child misbehaves (that is, does something s/he is not supposed to do)?

Never
Seldom
Sometimes
About half the time
Often
Very often
Always

- a. Notice it but not do anything about it.
- b. Raise your voice (scold or yell).
- c. Get your child to correct the problem or make up for his/her mistake.
- d. Threaten to punish him/her (but not really punish him/her).
- e. Give him/her a time out.
- f. Ground your child.
- g. Take away privileges (like TV, playing with friends).
- h. Give your child a spanking.
- i. Slap or hit your child (but not spanking).
- j. Give your child extra work chores.
- k. Discuss the problem with your child or ask questions.

2. If your child hit another child, how likely is it that you would discipline your child in the following ways?

Not at all likely
Slightly likely
Somewhat likely
Moderately likely
Quite likely
Very likely
Extremely likely

- a. Notice it but not do anything about it.
- b. Raise your voice (scold or yell).
- c. Get your child to correct the problem or make up for his/her mistake.
- d. Threaten to punish him/her (but not really punish him/her).
- e. Give him/her a time out.
- f. Ground your child.
- g. Take away privileges (like TV, playing with friends).
- h. Give your child a spanking.
- i. Slap or hit your child (but not spanking).
- j. Give your child extra work chores.
- k. Discuss the problem with your child or ask questions.

3. If your child refused to do what you wanted him/her to do, how likely is it that you would use each of the following discipline techniques.

Not at all likely
Slightly likely
Somewhat likely
Moderately likely
Quite likely
Very likely
Extremely likely

- a. Notice it but not do anything about it.
- b. Raise your voice (scold or yell).
- c. Get your child to correct the problem or make up for his/her mistake.
- d. Threaten to punish him/her (but not really punish him/her).
- e. Give him/her a time out.
- f. Ground your child.
- g. Take away privileges (like TV, playing with friends).
- h. Give your child a spanking.
- i. Slap or hit your child (but not spanking).
- j. Give your child extra work chores.
- k. Discuss the problem with your child or ask questions.

Parent Practices Interview (Page 2)

4. How much do you agree or disagree with the following statements?

Strongly agree
Agree
Neither agree nor disagree
Disagree
Strongly disagree

- a. Sometimes it takes getting really angry with children in order to teach them a lesson.
- b. Children learn best when they don't know what punishment to expect for misbehaving.
-
-
- e. Being consistent in discipline is more important than giving big punishments for misbehavior.

5. In general, how often do the following things happen?

Never
Seldom
Sometimes
About half the time
Often
Very often
Always

- a. If you ask your child to do something and s/he doesn't do it, how often do you give up trying to get him/her to do it?
- b. If you warn your child that you will discipline him/her if s/he doesn't stop, how often do you actually discipline him/her if s/he keeps misbehaving?
-
-
- e. How often do you show anger when you discipline your child?
- f. How often do arguments with your child build up and you do or say things you don't mean to?

6. This is a list of things that parents might do when their child behaves well or does a good job at something. In general, how often do you do each of the following things when your child behaves well or does a good job?

Never
Seldom
Sometimes
About half the time
Often
Very often
Always

- a. Notice it but not do anything about it.
- b. Praise or compliment your child.
-
-
- e. Give him/her an extra privilege (such as cake, go to the movies, special activity for good behavior).
- f. Give points or stars on a chart.
-

Parent Practices Interview (Page 3)

7. In an AVERAGE week, how often do you praise or reward your child for doing a good job at home or school?

- Less than once per week
- About once per week
- A few times per week, but not daily
- About once a day
- 2-5 times per day
- 6-10 times per day
- More than 10 times per day

8. Within the LAST 2 DAYS, how many times did you:

a. Praise or compliment your child for anything s/he did well?

- Never
- Once
- Twice
- 3 times
- 4 or 5 times
- 6 or 7 times
- More than 7 times
- Not with my child in the last 2 days

b. Give him/her something extra, like a small gift, privileges, or a special activity with you, for something s/he did well?

- Never
- Once
- Twice
- 3 times
- 4 or 5 times
- 6 or 7 times
- More than 7 times
- Not with my child in the last 2 days

9. Please rate how much you agree or disagree with the following statements:

a. Giving children a reward for good behavior is bribery.

b. I shouldn't have to reward my children to get them to do things they are supposed to do.

e. I would like to praise my child more often than criticize him/her, but it is hard to find behaviors to praise.

f. If I give my child praise or rewards to encourage good behavior, s/he will demand rewards for everything.

Strongly disagree
Disagree
Slightly disagree
Neither agree nor disagree
Slightly agree
Agree
Strongly agree

○○○○○○○○

○○○○○○○○

○○○○○○○○

○○○○○○○○

○○○○○○○○

○○○○○○○○

10. Please rate how much you agree with the following statements:

a. I have made clear rules or expectations for my child about chores.

b. I have made clear rules or expectations for my child about not fighting, stealing, lying, etc.

○○○○○○○○

○○○○○○○○

○○○○○○○○

Not at all likely
Slightly likely
Somewhat likely
Moderately likely
Quite likely
Very likely
Extremely likely

11. Please rate how likely you are to do the followings things.

a. When your child completes his/her chores, how likely are you to praise or reward your child?

b. When your child does NOT complete his/her chores, how likely are you to punish your child (such as taking away a privilege or grounding him/her)?

○○○○○○○○

○○○○○○○○

Parent Practices Interview (Page 4)

Not at all likely
Slightly likely
Somewhat likely
Moderately likely
Quite likely
Very likely
Extremely likely

e. When your child does NOT go to bed or get up on time, how likely are you to punish your child?

12. About how many hours in the last 24 hours did your child spend at home without adult supervision, if any?

- None
- 1/2-1 hour
- 1 1/2-2 hours
- 3-4 hours
- Less than 1/2 hour
- 1-1 1/2 hours
- 2-3 hours
- More than 4 hours

13. Within the LAST 2 DAYS, about how many total hours was your child involved in activities outside your home without adult supervision, if any?

- None
- 1/2-1 hour
- 1 1/2-2 hours
- 3-4 hours
- Less than 1/2 hour
- 1-1 1/2 hours
- 2-3 hours
- More than 4 hours

None or almost none
About 25%
About 50%
About 75%
All or almost all

14. Please answer the following:

- a. What percentage of the time do you know where your child is when s/he is away from your direct supervision?
- b. What percentage of the time do you know exactly what your child is doing when s/he is away from you?
- c. What percentage of your child's friends do you know well?

Strongly disagree
Disagree
Slightly disagree
Neither agree nor disagree
Slightly agree
Agree
Strongly agree

15. How much do you agree or disagree with the following statements?

- a. It is very important for me to know where my child is when s/he is away from me?
- b. Parents who check up on how their child behaves at friends' houses are too anxious about their child.
- c. Giving children lots of free unsupervised time helps them learn to be more responsible.
- d. Children who are not supervised by an adult are more likely to develop behavioral problems.

Extras



My Incredible Years® Learning Journey

The following checklist corresponds to the steps listed on your “Map to Becoming Certified.” You can use this checklist to keep track of where you are at in the process!

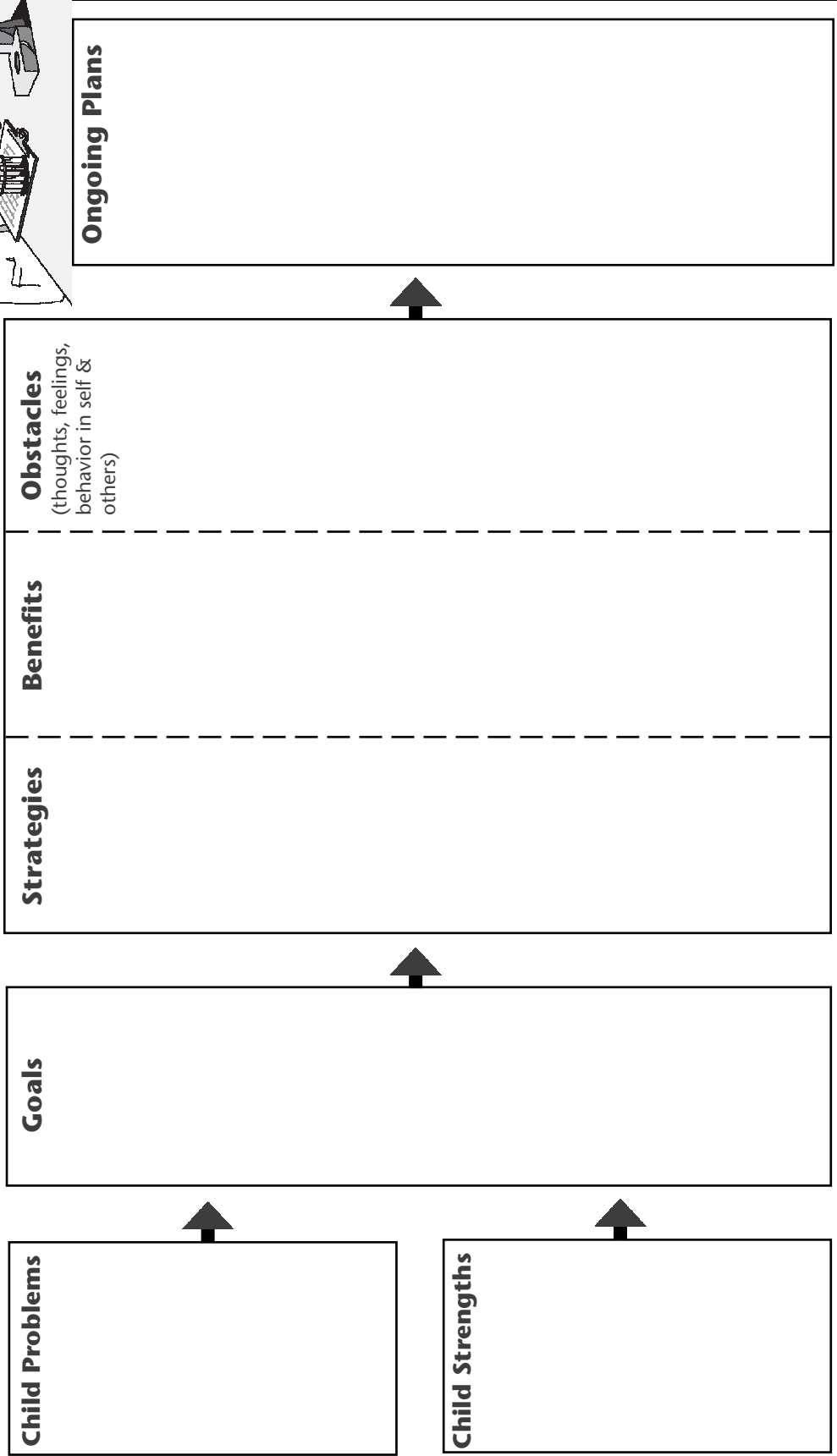
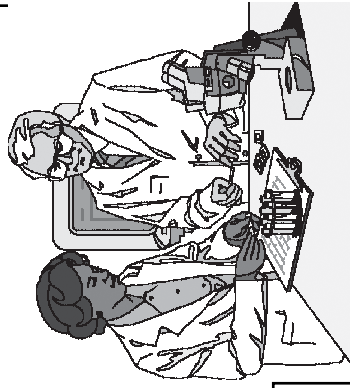
	Date(s) Completed	Peer Coach/Mentor/Trainer Name
Step #1: Attend Incredible Years® Training		
Step #2: Acquire Appropriate IY Program		
Step #3: Self-Study program manual/DVDs with co-leader		
Step #4: Start Recruitment & planning		
Step #5: Implement first group		
Step #5: Schedule meeting with Peer Coach for video review <i>(if applicable)</i>		
Step #5: Send first DVD for review from IY Mentor/Trainer		
Step #6: Schedule consultation (in-person, group, or phone) with Mentor/Trainer		
Step #6: Conduct Peer Review with Co-Leader		
Step #7: Implement second group		
Step #7: Schedule meeting with Peer Coach for video review <i>(if applicable)</i>		
Step #7: Send second DVD for review from IY Mentor/Trainer		
Step #7: Continue receiving consultation (in-person, group, phone)		
Step #8: Once your DVD review is “Passed” by Mentor/Trainer, send all paperwork to IY Headquarters		
Step #9: Application is reviewed. You receive letter of certification as group leader!		



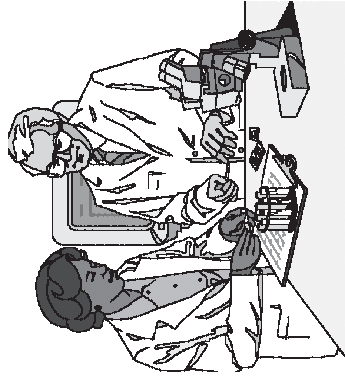




Group Leaders Thinking Like Scientists



Group Leaders Thinking Like Scientists



Goals

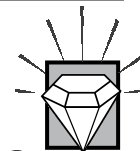
Child Problems

Child Strengths



Incredible Years

Group Leader and Coach/Mentor Gems



Teacher Child Video viewed? Topic _____ Date for next meeting _____

- Attendance
- Participant evaluations
- Home activities engagement
- Principles
- Mediating vignettes & Number
- Role play/practices/buzzes & Number
- Participant goals
- Tailoring to needs
- Weekly calls
- Session checklists
- Peer & self-evaluation forms
- Group process checklists
- Self-reflection inventories
- Accreditation/Certification
- Coaching evaluation

Group leader prior goals reviewed:



Group leader goals for group DVD review:

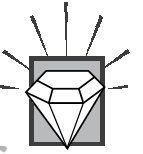
Issue problem solved and practiced:

Summary of Key Learning:



Incredible Years

Group Leader and Coach/Mentor Gems



New Goals and Plans:

Coach/Mentor Actions:

Additional Notes:

<input type="checkbox"/> Self-Evaluation <input type="checkbox"/> Certified Trainer/Mentor



Incredible Years
PARENT GROUP LEADER
CHECKLIST

3/10

This checklist is designed for group leaders to complete together following a group session, or for a group leader to complete for him/herself when reviewing a video of a session. By watching the tape of a session, and looking for the following points, a leader can self-reflect on his or her therapeutic process and methods and identify specific goals for future progress. This checklist is designed to complement the more specific checklist for each session, which lists the key content and vignettes that should be covered.

SET UP

YES NO N/A

Did the Leaders:

- | | | | |
|---|--------------------------|--------------------------|--------------------------|
| 1. Set up the chairs in a semicircle that allows everyone to see the TV/monitor? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Sit at separate places in the circle, rather than both at the front? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Write the agenda on the board and review verbally? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Have last week's home activities reviews placed in parents' personal folders, complete with your praise and encouragement written on them and even stickers? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

REVIEW PARENT'S HOME ACTIVITIES

Did the Leaders:

- | | | | |
|---|--------------------------|--------------------------|--------------------------|
| 5. Begin the discussion by asking how home activities went this week?
(Ask about home play and coaching times, chapters read, buddy calls) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Give every parent the chance to talk about their week and experiences with home activities and/or reading? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Praise whatever efforts parents made in working on their personal goals this week. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

	YES	NO	N/A
8. Highlight and write down key principles that their examples illustrate? (e.g., “That’s great! You remembered that making the task fun was more likely to motivate him. I think that our next principle will be ‘Fun Principle’ —kids are most likely to keep trying if they’re having fun.”)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Help parents integrate prior learning by asking them to use “principles” from prior sessions to solve new child problems that occur?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Explore with individuals who didn’t complete the home activities what made it difficult, and learn how they might adapt it to fit their needs and goals?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. If a parent’s description of how they applied the skills makes it clear that he/she misunderstood, did the leaders accept responsibility for the misunderstanding rather than leave the parent feeling responsible for the failure? (e.g., “I’m really glad you shared that, because I see I completely forgot to tell you a really important point last week. You couldn’t possibly have known, but when you do that, it’s important to…” vs. e.g., “You misunderstood the assignment. Remember, when you do that, it’s important to…”)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Praise and encourage parents for what they did well and recognize their beginning steps at change, rather than correct their process?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Look for opportunities to do spontaneous role plays when reviewing home activities and experiences?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. Limit the home activities discussion (approximately 30 minutes) to give adequate time for new learning?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

WHEN BEGINNING THE TOPIC FOR THE DAY

Did the Leaders:

15. Begin the discussion of new topic with brainstorming benefits to get parents to think about the importance of the topic? (Benefits and barriers exercises are described beginning of each new topic.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. Paraphrase and highlight the points made by parents—writing key points and principles on the board?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

WHEN SHOWING THE VIGNETTES

Did the Leaders:

- | | | | |
|--|--------------------------|--------------------------|--------------------------|
| 17. Focus parents on what they are about to see on the vignettes and what to look for <i>before</i> showing vignette? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 18. Begin discussion and problem solving by asking questions to parents about what they thought was happening in the vignette? (Some example open-ended questions the leader can ask are included in the manual after each vignette.) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 19. Acknowledge responses one or more parents have to a vignette? (For example, if a parent laughs during a vignette, as soon as the tape stops the leader may say, “Sue, you laughed at that one.” Then pause and let the parent share her impressions.) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 20. Paraphrase and highlight the points made by parents - writing key points and principles on the board next to parents’ names? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 21. Move on to the next vignette after key points have been discussed, rather than let discussion go on at length? (This ensures that the leaders will have sufficient time for role-playing, practices and for showing all vignettes.) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 22. Allow for discussion following each vignette? (If vignettes are played one after another, parents will not catch the key points illustrated. Additionally, they won’t have an opportunity to process emotional reactions they may have to vignettes. IF the group is clearly behind schedule, it is okay for such discussions to be brief, getting parents to highlight key points in a sentence and then quickly move on.) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 23. Redirect group to the relevance of the interaction on the video or the principle learned for their own lives and their children (if parents become distracted by some aspect of the vignette, such as clothing or responses that seem phony) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 24. Help parents understand how the concepts they are learning are related to their own goals for themselves and their children? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 25. Ask questions that focus on parents’ feelings, thoughts and | | | |

	YES	NO	N/A
behaviors?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
26. Use video vignettes to trigger role plays and practices?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
27. Pause longer vignettes several times to mediate what is happening and to ask parents what they would do differently or to predict what they would do next.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
28. Pause introductory narrations to ask parents if they have questions and to underscore key point being made. Then introduce vignette and what to watch for.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
29. Select additional vignettes according to group ethnicity, number of children in family, or age, development and temperament of children.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

PRACTICE AND ROLE PLAYS

Did the Leaders:

30. Ensure that the skill to be practiced has been covered in the vignettes or discussion prior to asking someone to role play it. (This ensures the likelihood of success)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
31. Do several spontaneous role plays that are derived from parents' descriptions of what happened at home? ("Show me what that looks like.")	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
32. Do several planned role plays over the course of the session?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
33. Do one or more role plays in pairs or small groups that allow multiple people to practice simultaneously?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
34. Use all of the following skills when directing role plays?			
<input type="checkbox"/> Select parents and give them appropriate roles			
<input type="checkbox"/> Skillfully get parents engaged in role plays			
<input type="checkbox"/> Provide each person with a description of his/her role and script (age of child, level of misbehavior)			
<input type="checkbox"/> Provide enough "scaffolding" so that parents are successful in their role as "parent"(e.g., get other parents to generate ideas for how to handle the situation before practice begins)			
<input type="checkbox"/> Invite other workshop members to be "coaches," to call out ideas if the actor is stuck)			

- Freeze role play periodically to redirect, give clarification, or reinforce participants.
- Take responsibility for having given poor instructions if role play is not successful and allow actor to rewind and replay?
- Debrief with each participant afterwards (How did that feel?)
- Solicit feedback from group about strengths of parent in role and feelings of parent in role as child
- Re-run role play, changing roles or involving different parents (not always needed, but helpful to do for a parent who needs modeling by someone else first)

REVIEW REFRIGERATOR NOTES, HOME ACTIVITIES AND WRAP UP

Did the Leaders:

- | | | | |
|--|--------------------------|--------------------------|--------------------------|
| 35. Begin the ending process with about 15 minutes remaining? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 36. Summarize this session’s learning? (One way to do this is to review or have parents review each point on refrigerator notes out loud.) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 37. Review or have parents review the home activity sheet, including why that is important, and whether and how they will try to do it? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 39. Talk about any adaptations to the home activity for particular families. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 40. Show support and acceptance if parents can’t commit to all the home activities. (support realistic plans) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 41. Have parents complete the Self-Monitoring Checklist and commit to their personal goals for the week.? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 42. Check-in on buddy calls? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 43. Have parents complete the session evaluation form? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 44. End the session on time? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

REMEMBER: Your goal in the group sessions should be to draw from the parents the key ideas, insights and management principles so they can self-reflect as well as learn from each other. When possible parents should be the ones who generate the principles,

YES NO N/A

describe the significance for achieving their goals, highlight what was effective or ineffective on the video vignettes, and practice how to implement the skills in different situations. People are far more likely to use new behaviors when they have seen them being used successfully (video and live modeling) and when they have practiced them with support and feedback than when they simply hear about them in a didactic way.

Developed by Carolyn Webster-Stratton, Ph.D.
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APPENDIX C

THE CHICAGO PARENT PROGRAM FIDELITY MANUAL AND CHECKLIST

Manual for The Fidelity Checklist

IMPLEMENTATION FIDELITY

Implementation fidelity is defined as the group leaders' *competence* in delivering the intervention and accurately communicating program principles and *adherence* to the defined intervention protocol.

PURPOSE OF THE FIDELITY CHECKLIST

- Monitor group leader implementation of the CPP in community settings
- Provide regular monitoring of the delivery of the Chicago Parent Program (CPP)
- Monitor the effectiveness of the group leader training protocol
- Potential use for CPP Group Leader certification

COMPETENCE

Competence in delivering the intervention relates to the group leaders skills for engaging, communicating, and responding to parent participants while delivering the intervention and meeting the intended goals for the group session. Group leaders use the dynamics of the group to reinforce intervention principles and provide support to parents in working towards effective change related to parenting behaviors. A competent group leader uses knowledge of group processes to formulate and deliver the needed structure for group interactions. The group leader as a facilitator exhibits the capability to recognize specific group and individual needs and can flexibly incorporate appropriate interventions into the group session. Effective facilitation and group leader's mindfulness to group process components should promote cohesiveness among parents and a feeling of being listened to and respected, and a sense of safety for parents in the group.

Group leaders are rated on competence using the following codes:

- 1= **skill rarely or never demonstrated** (*skill demonstrated < 25% of the time*)
- 2= **skill sometimes/occasionally demonstrated** (*skill demonstrated 25-75% of the time*)
- 3= **skill consistently demonstrated** (*skill demonstrated > 75% of the time*)
- √= **skill is a particular strength** (*skill performed with a high level of skill and competence*)

ADHERENCE

Adherence relates to the leaders observance of the defined intervention protocol for the group session. Each group session has a separate adherence checklist specific to the content of that group session. Group leaders are rated on adherence issues with yes or no answers (i.e., either they completed the task or did not complete the task). In some cases, fidelity coders may not be able to determine whether the group leader fulfills a particular task as specified by the adherence item, at these times, coders should not code yes or no but write **unable to determine** in the comments column (see general coding guidelines, p.3).

GENERAL CODING GUIDELINES

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1. ACTIVELY ENGAGES ALL PARENTS IN THE DISCUSSION.

Behaviors that reflect active engagement of parents in discussions include calling on parents, addressing parents individually, and including all parents in the discussion. Examples of active engagement include asking questions, encouraging parent involvement (ex: making comments such as, “we haven’t heard from ___” or “next everyone will have a chance to answer”), and going around the group to allow parents to participate in the discussion.

1	Skill rarely or never demonstrated <i>(skill demonstrated < 25% of the time)</i>	The group leader is not demonstrating the skill as evidenced by unresponsiveness to parents’ ideas, thoughts, and comments, and failure to: engage parents in discussion, asking specific questions of parents, or calling on individual parents.
2	Skill sometimes/ occasionally demonstrated <i>(skill demonstrated 25-75% of the time)</i>	The group leader demonstrates some of qualities of the skill as evidenced by engaging parents but not on a consistent basis throughout the session, failure to engage <i>all</i> parents in the discussion, or misses opportunities to engage parents.
3	Skill consistently demonstrated <i>(skill demonstrated > 75% of the time)</i>	The group leader demonstrates the skill as evidenced by consistently engaging parents by asking question, encouraging all parents to participate, and identifying parents who are not involved and encouraging their participation.
√	Skill is a particular strength	The group leader actively engages parents in the discussion the majority of time with a high level of skill and competence.

2. ACTIVELY LISTENS WHEN A PARENT IS TALKING.

Active listening includes listening, interpretation, and assigning meaning to what another individual is communicating (both verbally and nonverbally). Techniques used for active listening may include restatement (paraphrasing), reflection (verbalizes content and implied feeling of the parent statement), and clarification. Active listening on the part of the group leader helps the parent clearly convey what he/she is trying to say and provides parents with a sense of being heard and understood.

1	Skill rarely or never demonstrated <i>(skill demonstrated < 25% of the time)</i>	The group leader is not demonstrating the skill as evidenced by appearing distracted, switching topics, or not addressing and/or responsive to parents' questions or comments.
2	Skill sometimes/ occasionally demonstrated <i>(skill demonstrated 25-75% of the time)</i>	The group leader demonstrates some qualities of the skill as evidenced by use of active listening techniques; however, the group leader does not consistently use these techniques, misses opportunities, and/or misinterprets some of parent comments or questions.
3	Skill consistently demonstrated <i>(skill demonstrated > 75% of the time)</i>	The group leader demonstrates the skill as evidenced by use of active listening techniques, such as, restatement, reflection, and clarification, additionally, the group leader is responsive to parent's comments or questions.
√	Skill is a particular strength	The group leader demonstrates active listening of parents the majority of time with a high level of skill and competence.

3. COMMUNICATES WITH ALL PARENTS IN A RESPECTFUL, POSITIVE, AND NON-JUDGMENTAL MANNER.

Respectful: is polite and considerate regarding parents feelings and comments

Positive: characterized by or displaying affirmation, acceptance, and/or positive thoughts

Non-judgmental: refraining from making judgments or opinions regarding parent statements, feelings, or thoughts (particularly those based on personal opinions or standards)

1	<p>Skill rarely or never demonstrated <i>(skill demonstrated < 25% of the time)</i></p>	<p>The group leader is not demonstrating the skill as evidenced by displaying a negative tone or attitude towards parents by being disrespectful, critical, and/or judgmental.</p>
2	<p>Skill sometimes/ occasionally demonstrated <i>(skill demonstrated 25-75% of the time)</i></p>	<p>The group leader demonstrates some of qualities of the skill as evidenced by maintaining a non-judgmental stance and displaying respect, however, the group leader may display a neutral tone (e.g., is not negative but is not positive), uses minimal positive feedback and/or minimal reinforcement to parents comments, or misses opportunities for positive reinforcement and feedback.</p>
3	<p>Skill consistently demonstrated <i>(skill demonstrated > 75% of the time)</i></p>	<p>The group leader demonstrates the skill by conducting themselves in a positive and supportive manner as evidenced by respecting and supporting parent’s views, conveying value of parents input and comments, openness to others ideas, and liberal use of positive feedback.</p>
√	<p>Skill is a particular strength</p>	<p>The group leader communicates with all parents respectfully, positively and non-judgmentally the majority of time with a high level of skill and competence.</p>

4. APPROPRIATELY REINFORCES PARENTS' IDEAS AND OPINIONS.

Parents may express positive and negative ideas and opinions related to parenting practices, program principles, and the parents/families portrayed in the videotape vignettes. The group leader must balance responding to parent opinions and ideas in a supportive manner while emphasizing and clarifying program principles and assuring that parent comments are not viewed as overly critical or threatening to other parents.

1	Skill rarely or never demonstrated <i>(skill demonstrated < 25% of the time)</i>	The group leader is not demonstrating the skill as evidenced by actively negating parent's ideas and thoughts, dismissing others ideas, not paying attention to parents' ideas and opinions, and not accurately redirecting parents' ideas towards accurate interpretation of program principles.
2	Skill sometimes/ occasionally demonstrated <i>(skill demonstrated 25-75% of the time)</i>	The group leader demonstrates some of qualities of the skill as evidenced by responsiveness and positive reinforcement of parents ideas and opinions, however, at other times, the group leader is neutral in response to parents (e.g., does not negate ideas but does not provide positive feedback or provide any reinforcement to parent verbalizations) and/or misses opportunities to reinforce parents ideas and opinions.
3	Skill consistently demonstrated <i>(skill demonstrated > 75% of the time)</i>	The group leader consistently demonstrates the skill as evidenced by responsiveness to parent ideas and opinions, addressing positive and negative thoughts and feelings, asking questions/trying to understand parent's opinions, and open parents ideas and thoughts up to other parents to respond.
√	Skill is a particular strength	The group leader reinforces parents' ideas and opinions the majority of time with a high level of skill and competence.

5. CORRECTLY CONVEYS/COMMUNICATES PROGRAM PRINCIPLES.

The group leader conveys and communicates program principles by using discussion questions related to the videotaped vignettes, using ‘notes to group leaders’ outlined in the group leader manual, summarizing important points at the end of the session, and responding to parent questions and comments to describe and articulate program principles. In addition, the group leader may combine multiple principles during the session in order to reinforce various program principles. At times, parents may verbalize accurate or inaccurate interpretations of program principles and the group leader must address these interpretations to clarify and articulate the program principle¹.

1	<p>Skill rarely or never demonstrated <i>(skill demonstrated < 25% of the time)</i></p>	<p>The group leader is not demonstrating the skill as evidenced by not using the questions and outline in the group leader manual to address program principles, providing inaccurate descriptions and interpretations of program principles, or does not redirect or correct group members inaccurate descriptions of program principles.</p>
2	<p>Skill sometimes/ occasionally demonstrated <i>(skill demonstrated 25-75% of the time)</i></p>	<p>The group leader demonstrates some of qualities of the skill as evidenced by use of some the discussion questions in the group leader manual, however, there are times when the group leader misses opportunities to clarify or correct parent member’s inaccurate interpretations of program principles, fails to use discussion questions or ‘notes to group leader’ squares from the manual, and/or does not correctly convey program principles.</p>
3	<p>Skill consistently demonstrated <i>(skill demonstrated > 75% of the time)</i></p>	<p>The group leader consistently demonstrates the skill as evidenced by using the discussion questions and ‘notes to group leaders’ in the group leader manual, accurately summarizing important points and principles, and adding other questions to reinforce the principles based on the individual and group responses to the content throughout the session.</p>
√	<p>Skill is a particular strength</p>	<p>The group leader accurately conveys program principles the majority of time with a high level of skill and competence.</p>

¹ Addressing inaccurate interpretations of program principles should be done with respect but with clear articulation of the program principle. Refer to item #3 if disrespect or negativity towards parents occurs.

6. COMMUNICATES TO PARENTS THAT PARENTS ARE EXPERTS ABOUT THEIR OWN CHILDREN.

It is important for leaders to view parents as the experts about their children. Group leaders look to the parents as experts on their own children, acknowledging that children and families are different in a variety of ways. Explicit statements may occur that emphasize parents as experts about their children (e.g., “you know your child best”), however, when coding this item, look for implicit content in the discussion that points to group leaders communicating and valuing parents as expert about their children. Group leaders communicate that parents are experts about their own children by making statements like, “how might this principle work with your child?”, “what worked for you?”, “how did you choose to handle this situation?” and supporting parents knowledge and thoughts on how implementing strategies will work in their home.²

1	Skill rarely or never demonstrated <i>(skill demonstrated < 25% of the time)</i>	The group leader is not demonstrating the skill as evidenced by not verbalizing or valuing the parents as experts on their children, not acknowledging individual needs and issues related to parenting, and/or making generalizations regarding parenting practices.
2	Skill sometimes/ occasionally demonstrated <i>(skill demonstrated 25-75% of the time)</i>	The group leader demonstrates some of qualities of the skill as evidenced by verbalizing and conveying value for parents’ individuality and expertise related to their child, however, the group leader does not consistently communicate or misses opportunities to communicate and support the notion that parents are experts on their children.
3	Skill consistently demonstrated <i>(skill demonstrated > 75% of the time)</i>	The group leader demonstrates the skill as evidenced by looking to and valuing parents as experts on their children and continues to reinforce via discussions in which the leader engages the parents in individualizing principles and strategies in their families. The group leader supports parents’ decisions regarding which strategies they select to use in supporting positive behavior in their child.
√	Skill is a particular strength	The group leader values and communicates that parents are experts about their own children the majority of time with a high level of skill and competence.

Decision Rule: the group leader can only be rated a “3” if explicit statements are made emphasizing parents expertise regarding their children.

² See item #9 if group leader is not valuing parents as experts on their own children and communicates this by acting as a “parent expert” and imposing their own thoughts and ideas on parents

7. FACILITATES PROBLEM SOLVING.

When facilitating problem solving among parents, group leaders may utilize program principles and guidelines for problem solving, including, (a) defining the problem and goal, (b) assisting parents in developing and discussing a list and/or ideas of possible and realistic solutions, and (c) reviewing the list/ideas and developing a specific plan depending on the subject/issue for problem solving. Types of problems that might occur relate to parents questions regarding application of program principles, identified problems that parents are experiencing with their children, and/or any other problem identified by group members. When coding this item look to the discussion and determine whether a solution or resolution of the issue occurred. The solution might include the parents understanding or willingness to apply a principle or technique with their child. In addition, problem solving may occur between the group leader and a single group participant, coding occurs on this item based on facilitation of problem solving whether it was 1:1 or with the group.³

1	Skill rarely or never demonstrated <i>(skill demonstrated < 25% of the time)</i>	The group leader is not demonstrating the skill as evidenced by not identifying problems to solve, not addressing problems group members raise, does not come to resolution or conclusions, and/or ignoring problems or missing opportunities to problem solve.
2	Skill sometimes/ occasionally demonstrated <i>(skill demonstrated 25-75% of the time)</i>	The group leader demonstrates some of qualities of the skill as evidenced by identifying problems identified by group members, and engaging in identifying possible solutions when a problem arises or a parent verbalizes an issue, however, the group leader may miss opportunities for problem solving or may not fully come to conclusions for possible solutions.
3	Skill consistently demonstrated <i>(skill demonstrated > 75% of the time)</i>	The group leader demonstrates the skill as evidenced by identifying problems when arise, define and engage in development of possible solutions, and identifying a realistic and acceptable solution. The group leader ensures that the group member(s) are active in the process and comfortable with the solutions.
√	Skill is a particular strength	The group leader facilitates problem solving the majority of opportunities with a high level of skill and competence.

DECISION RULE: A group leader can only obtain a “3” rating on this item if they successfully resolve and address the problems. Some solution or plan to address the problem needs to occur. On the coding sheet, take note of the identified problem and resolution to help guide your coding.

³ Refer to item #8 related to facilitation of ideas among parents if the group leader is not engaging all parents in the problem solving process.

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8. FACILITATES SHARING OF IDEAS AMONG PARENTS.

When facilitating sharing of ideas, group leaders are open to parents' thoughts and feelings and ensure that the group feels safe for parents to share. Techniques for facilitating sharing of ideas occurs when group leaders ask questions rather than telling (e.g., reflect back or "throw back" a question/concern/comment to the group), the group leader asks for parent members' thoughts and ideas and encourage parents to share their experiences. Examples of statements that reflect facilitation of sharing among parents include: "does anybody have other ideas?", "anybody else share this experience?", and "can you relate to what ____ is saying?"

1	Skill rarely or never demonstrated <i>(skill demonstrated < 25% of the time)</i>	The group leader is not demonstrating the skill as evidenced by not directly asking parents to share thoughts and ideas, missing opportunities to encourage parents to share, not throwing questions back to the group, and/or answering questions and engaging in teaching.
2	Skill sometimes/ occasionally demonstrated <i>(skill demonstrated 25-75% of the time)</i>	The group leader occasionally demonstrates qualities of the skill as evidenced by occasionally acknowledging parents ideas and putting ideas and questions back to the group, however at other times, the group leader misses some opportunities to ask and facilitate parents sharing their ideas and feelings and answers questions rather than engage the group.
3	Skill consistently demonstrated <i>(skill demonstrated > 75% of the time)</i>	The group leader demonstrates the skill as evidenced by consistently putting ideas and questions back to the group, communicating acceptance of parent ideas, and providing a safe atmosphere for parents to discuss thoughts, feelings, and ideas.
√	Skill is a particular strength	Group leader facilitates sharing among parents the majority of opportunities with a high level of skill and competence.

DECISION RULE: consider whether the leader answers many of the questions defined by group members versus engaging other group members to answer the questions (e.g., throw back to the group). If the leader answers questions more often, they should receive a "2" even if they acknowledge parents ideas and encourage parents to share via the group leader manual questions.

9. DOES NOT IMPOSE HIS/HER IDEAS ON PARENTS.

Group leaders are not expected to act as “parenting experts” with the role of teaching one correct way of parenting. Group leaders are knowledgeable about the strategies and principles taught in the program, but act as facilitators of discussion and problem solving around the situations depicted in the videotaped scenes. Group leaders may impose their ideas on parents by defining a best way or their personal opinions on how to effectively parent a child or manage difficult behavior, or making value statements regarding a skill, principle, or vignette.

1	Skill rarely or never demonstrated <i>(skill demonstrated < 25% of the time)</i>	The group leader is not demonstrating the skill as evidenced by acting as an expert with rigidity to other ideas (e.g., identifying one right way and not open to other ideas), not collaborating with parents, acting as an expert by using “you should” or “I think” type of comments regarding parent behavior, and presenting personal opinions (not necessarily in line with program principles) regarding parenting.
2	Skill sometimes/ occasionally demonstrated <i>(skill demonstrated 25-75% of the time)</i>	The group leader demonstrates some of qualities of the skill as evidenced by refraining from discussing their personal opinion and/or reflecting questions back to the group rather than taking the role of an “expert”. However, the group leader may occasionally state their opinion or ideas related to parenting skills (a few “you should” statements) or communicate a best way rather than establishing options to respond to a variety of situations.
3	Skill consistently demonstrated <i>(skill demonstrated > 75% of the time)</i>	The group leader demonstrates the skill as evidenced by refraining from discussing their own opinion related to situations and parenting strategies, and instead, engages the group of parents to address the question/issue related to their thoughts and ideas and supports parents’ right to use principles they wish from the intervention. The group leader does not use “you should” statements.
√	Skill is a particular strength	The group leader does not impose his/her ideas on parents with a high level of skill and competence.

10. EFFECTIVELY RESPONDS WHEN PARENTS ARE RESISTANT TO NEW STRATEGIES OR IDEAS.

Some parents may initially be resistant to new strategies or ideas for a variety of reasons, including: they do not believe the strategy can work; the strategy does not fit with their values, and/or anxiety. How the group leader manages resistance is important in maintaining cohesion to the group, encouraging parents to continue to be open to different ways of doing things, and maintaining sensitivity and respect for parent and family values and norms. Effective management of resistance includes engaging in a discussion with the parent(s) to understand the underlying reason for resistance, responding to resistant ideas in a supportive and nonjudgmental manner, and reinforcing the ground rules for being open to different ways of doing things. If resistance persists, the group leader may agree to disagree with the parent (e.g., does not change or adapt principle to address the parent’s resistance). The group leader should not power struggle with a parent or try to convince a parent that their view is “correct”. Instead respect for the parents view but clear articulation of the program principle should occur. It is important to note, a low level of resistance to the principles is sometimes expected (particularly when a given principle is first introduced) and it may be appropriate for the group leader to not address the issue but continue emphasizing the program principles, the group leader should not be rated lower.



1	<p>Skill rarely or never demonstrated <i>(skill demonstrated < 25% of the time)</i></p>	<p>The group leader is not demonstrating the skill as evidenced by engaging in power struggle or disagreement with parent(s) regarding use of the principle or strategy and/or not attempting to understand the underlying issues surrounding the resistance.</p>
2	<p>Skill sometimes/occasionally demonstrated <i>(skill demonstrated 25-75% of the time)</i></p>	<p>The group leader demonstrates some of qualities of the skill as evidenced by allowing parent(s) to address their resistance to a certain principle/strategy. However, the group leader may not be fully effective in developing an understanding of the resistance, thus, has difficulty collaborating with the parent to address and/or resolve the resistance, or the group leader misses opportunities to address resistance to new strategies or ideas.</p>
3	<p>Skill consistently demonstrated <i>(skill demonstrated > 75% of the time)</i></p>	<p>The group leader demonstrates the skill as evidenced by engaging in a discussion with the parent(s) to understand the underlying reason for resistance, responding to resistant ideas in a supportive and nonjudgmental manner, and reinforcing the ground rules for being open to different ways of doing things. If resistance persists, the group leader agrees to disagree with the parent (e.g., does not change or adapt principle to address the parent’s resistance).</p>
√	<p>Skill is a particular strength</p>	<p>The group leader expertly deals with resistant parents with a high level of skill and competence.</p>

11. EFFECTIVELY MANAGES CHALLENGING BEHAVIOR FROM PARENTS IN THE GROUP.

Difficult or challenging behavior from parents in the group can have negative effects for the entire group. For example, monopolizing (monopolizing behavior includes: individuals who talk constantly, may be anxious if they are silent, insert themselves into all conversations, respond to every statement in the group, may present material that is slightly relevant or irrelevant to the topic of conversation) can become very frustrating to others, may promote silence in others, and add to growing tension and resentment in the group towards the parent. Other challenging behavior besides monopolizing, which may occur during group sessions include; extreme resistance to program principles, frequent tangential conversations (e.g., topics not clearly linked or supporting the topic of the session or the program principle), disrespectful behavior toward leaders or other group members, and/or a parent becoming extremely emotional or distraught. It is imperative that the group leader addresses problematic and/or challenging behavior in a respectful and supportive manner for both the individual and the group.



1	<p>Skill rarely or never demonstrated <i>(skill demonstrated < 25% of the time)</i></p>	<p>The group leader is not demonstrating the skill as evidenced by not addressing challenging behavior, ignoring individuals who may negatively influence the group functioning, and/or overreacting to challenging behavior leaving the parent and group feeling unsafe or unsupported.</p>
2	<p>Skill sometimes/ occasionally demonstrated <i>(skill demonstrated 25-75% of the time)</i></p>	<p>The group leader at times demonstrates the skill as evidenced by being respectful to parents exhibiting challenging behavior and attempting to manage situations that may negatively influence the group. However, the group leader may miss opportunities to manage challenging behaviors, and/or identifies problems and attempts to intervene but has variable response in the success of managing the behavior and problem behavior persists.</p>
3	<p>Skill consistently demonstrated <i>(skill demonstrated > 75% of the time)</i></p>	<p>The group leader consistently demonstrates the skill as evidenced by being respectful and empathic to parents exhibiting challenging behavior, addressing the problem for the individual and the group, setting limits if necessary, and using CPP program principles to address the challenging behaviors.</p>
√	<p>Skill is a particular strength</p>	<p>The group leader expertly deals with challenging behavior from parents with a high level of skill and competence.</p>

12. MAINTAINS A GOOD PACE FOR GROUP DISCUSSION (NOT TOO FAST, NOT TOO SLOW).

Pacing the group is an important skill in order to assure that the group gets through the content for the weekly session but also assuring that parents understand the strategies and principles. Depending on the group, certain strategies may take more time than others to discuss and reinforce. Group leaders who maintain a good pace facilitate the group in staying focused, not allowing the discussions to stray off the material for the week but supporting parent’s comments, questions, and thoughts. Often times tangential conversations (e.g., topics not clearly linked or supporting the topic of the session or the program principle) tend to slow the group down; expert group leaders allow some process of thoughts and ideas, brief tangential conversations, but always bring the discussion back to the program principles. Complete rigidity to the CPP group leader manual with out allowing parents to process their understanding of the principles may halt or limit the richness of group discussions.



1	Skill rarely or never demonstrated <i>(skill demonstrated < 25% of the time)</i>	The group leader is not demonstrating the skill as evidenced by the group leader belaboring points, allowing redundant conversations, moving through content quickly with extra time at the end of the group, and/or not covering all the content and main principles for the session.
2	Skill sometimes/ occasionally demonstrated <i>(skill demonstrated 25-75% of the time)</i>	The group leader occasionally demonstrates the skill as evidenced by covering all of the content for the session, however, the group leader may show some rigidity in sticking to the manual, move very quickly through the content not allowing for adequate group discussion, have some repetition of content that was previously addressed in group conversation, allows some off topic discussions to continue, and may miss opportunities to refocus the group to the program principles.
3	Skill consistently demonstrated <i>(skill demonstrated > 75% of the time)</i>	The group leader demonstrates the skill as evidenced by covering all content assigned for the group session, while, reading the needs of the group and focusing on a specific or troubling concept, moving on when it is clear that the group fully understands, and/or refocusing the group to the content of the program being covered.
√	Skill is a particular strength	The group leader maintains a good pace of the group with a high level of skill and competence.

DECISION RULE: if group leaders do not get through all the content and presentation of the principles in the session, it should be coded a “1”. If group leaders get through all the content and principles, but pacing is uneven (e.g., spends 45 minutes on one principle then hurries through other principles) it should be coded “2”.

13. EFFECTIVELY USES ROLE-PLAY OR GROUP ACTIVITY TO TEACH A PRINCIPLE OR STRATEGY.

Group leaders use role playing or group activities to illustrate a parenting strategy or concept. Group and role play activities are defined in the group leader manual.

Role-playing is the acting out of a part, in the context of parent groups the role would be of a child and/or parent. The purpose of role-playing as a training exercise is to achieve a better understanding of a situation by experiencing a realistic simulation.

Effective use of role-play includes adapting a role-play that accurately emphasizes program principles, setting up the role-play to be fun, supportive, and positive, and processing with the parents who role-played how each felt during the role-play and facilitate discussion among all parents about their experience and observations. Not all role-plays will go well, a skillful leader will identify if the role play is not being done in a useful way and will respond and adapt as necessary to reinforce the strategy and assure parents are feeling supported.



1	<p>Skill rarely or never demonstrated <i>(skill demonstrated < 25% of the time)</i></p>	<p>The group leaders is not demonstrating the skill as evidenced by not using any role-play or group activity during the session, missing opportunities to use role play, or not using role-play effectively (i.e., does not match the principle with the role-play, provides no structure, or the role-play does not have a good outcome).</p>
2	<p>Skill sometimes/ occasionally demonstrated <i>(skill demonstrated 25-75% of the time)</i></p>	<p>The group leader demonstrates some of qualities of the skill as evidenced by conducting at least one role-play or group activity during the group session. However, the group leader misses opportunities to implement a role play activity and/or does role-play but is not fully effective (e.g., parents still do not grasp/understand principle, does not manage negative tone of a role-play, and/or does not process the role play experience).</p>
3	<p>Skill consistently demonstrated <i>(skill demonstrated > 75% of the time)</i></p>	<p>The group leader demonstrates the skill as evidenced by using role-play and/or group activity accurately, emphasizing program strategies and principles, providing positive feedback and support throughout the role-play or group activity experience, and processing with parents participating and those observing related to their thoughts, feelings, and reactions to the role-play experience.</p>
√	<p>Skill is a particular strength</p>	<p>The group leader utilizes role-play to emphasize questions or program principles with a high level of skill and competence.</p>

14. BUILDS ON PARENTS' KNOWLEDGE BY INCORPORATING STRATEGIES DISCUSSED IN PREVIOUS SESSIONS INTO THIS SESSION.

This skill is important as it reinforces content from past group sessions and encourages parents to choose from a “bag of tricks” that may be effective in a particular situation. Incorporating strategies from other sessions may be seen by the group leader utilizing a shared language of CPP principles from past sessions (e.g., what about a “if, then” statement or “what other strategy did you see this parent using?”), rephrasing parent comments/thoughts to relate to CPP principles from past sessions, and providing positive feedback related to parent comments/thoughts/ideas of incorporating strategies discussed in previous sessions. This item may be more applicable and relevant as the group sessions progress, particularly in Unit 4, Part 1: Putting it all together. However, throughout the group sessions, particularly when discussion practice assignments, group leaders should continue to build on previous discussed principles and parenting strategies.

1	Skill rarely or never demonstrated <i>(skill demonstrated < 25% of the time)</i>	The group leader is not demonstrating the skill as evidenced by not incorporating strategies from previous sessions in the current session and/or does not reinforce parents comments related to previously discussed principles and strategies.
2	Skill sometimes/occasionally demonstrated <i>(skill demonstrated 25-75% of the time)</i>	The group leader demonstrates some of qualities of the skill as evidenced by identifying strategies discussed in previous sessions or reinforcing parents addressing strategies and principles from previous strategies. However, the group leader does not fully integrate content from past sessions with current content or reinforce parents' knowledge of previously discussed principles and strategies. The group leader misses some opportunities to highlight and incorporate strategies/principles from previous sessions during the current session.
3	Skill consistently demonstrated <i>(skill demonstrated > 75% of the time)</i>	The group leader demonstrates the skill as evidenced by incorporating and synthesizing previously discussed principles and strategies with content from the current session and balancing discussions related to previous sessions and contents with the content of the current session.
√	Skill is a particular strength	The group leader integrates principles from current and past session with a high level of skill and competence.

15. HELPS PARENTS ANTICIPATE CHALLENGES USING THE NEW SKILLS AT HOME.

This item reflects the group leaders’ ability to address issues and challenges that may occur when parents begin to use the skills and apply the program principles outside of the group. This may occur when the leader is responding to a specific question or concern from a group member or when reviewing the practice assignments at the beginning or end of the session. Pay particular attention to how the group leader addresses challenges that may occur for parents when reviewing the practice assignments both at the beginning of the session and when providing description of the assignment for the upcoming week. During the session, the leader might address challenges on an individual basis or globally for the group (e.g., time outs are very difficult when you are in public, what are some ways you might be able to use time out when you are away from your house?).

1	Skill rarely or never demonstrated <i>(skill demonstrated < 25% of the time)</i>	The group leader is not demonstrating the skill as evidenced by not addressing issues related to implementing skills and program principles at home and/or does not address specific questions/ concerns parents have related to implementing skills at home.
2	Skill sometimes/ occasionally demonstrated <i>(skill demonstrated 25-75% of the time)</i>	The group leader demonstrates some of qualities of the skill as evidenced by using open-ended questions to assess potential challenges parents might encounter when implementing the new skills, however, the group leader may not fully explore how to consider these challenges to assist the parent in successfully attempting using the new skills. In addition, the group leader may not directly ask parents what challenges they might anticipate in implementing the skill and/or may miss opportunities to explore potential challenges.
3	Skill consistently demonstrated <i>(skill demonstrated > 75% of the time)</i>	The group leader demonstrates the skill as evidenced by using open-ended questions to directly assess challenges parents might anticipate, giving attention to the practice assignments and addressing specifically how parents will implement skills and may address potential challenges in their home.
√	Skill is a particular strength	The group leader helps parents anticipate challenges using the new skills at home with a high level of skill and competence.

DECISION RULE: A group leader will be coded a “3” if they address this issue during the group session and when discussing the weeks practice assignments (at the beginning and end of the group). A group leader cannot receive a “3” if they do not address the practice assignment at the beginning and end of the group and discuss challenges parents might experience in the context of implementing the techniques over the next week. Group leaders must ask whether parents anticipate difficulties with the practice assignments, (e.g., is it going to be difficult? How will this work at home? What are some specific challenges you might anticipate in your family/with your child in implementing?).

16. OVERALL TONE OF THIS PARENT GROUP (QUALITY AND AFFECTIVE TONE OF DISCUSSION)

The overall tone of the group is a rating of the quality and affective characteristic of the group throughout the session. The overall tone can be influenced by both members and group leaders. For example, the group leader may be very positive, however, several members are quite negative regarding the program or principles. Therefore, the tone may be coded as a '2'. Consider the following factors when coding this item: level of engagement of group members, conflicts, warmth, comfort, cohesiveness, respect, positive regard towards each other, willingness to listen/pay attention to one another, acceptance of others ideas and thoughts, and cooperation.

1	Negative	Throughout the group session, group members and/or leaders may be disrespectful, negative regarding the program, talking over one another, argumentative, and do not convey a feeling of cohesiveness within the group.
2	Neutral	Throughout the group session, group members and/or leaders may have moments of both positive and negative behavior within the group or the group tone is neither negative nor positive.
3	Positive	Throughout the group session, group members and/or leaders are respectful, positive regarding the group experience, open to others comments and experiences, may infuse humor in the group, and are attentive and actively learning from each other.

17. OVERALL QUALITY OF CO-LEADER INTERACTIONS AND WORK TOGETHER.

The overall quality of co-leader interactions is a rating of the quality and ability to work together of the co-leaders throughout the session. Having co-leaders enable a division of labor, therefore, frequently one group leader will manage the videotape vignette, write a list, or perform other tasks, while the other attends to the process and questions of the group. A good co-leader relationship allows both leaders to facilitate and engage the group in a coherent and collaborative manner.

1	Negative	The co-leaders argue, disagree, are disrespectful or do not communicate with one another throughout the group.
2	Neutral	The co-leaders are not overtly negative, but may correct each other, at times do not collaborate or agree, and may have difficulty coming to a consensus.
3	Positive	The co-leaders balance and share the discussion and group tasks, are respectful to each other throughout the group, are affirmative, supportive, and encouraging to each other.

Each group session has a separate adherence checklist specific to the content of that group session. Group leaders are rated on adherence issues with yes or no answers (i.e., either they completed the task or did not complete the task). In some cases, fidelity coders may not be able to determine whether the group leader fulfills a particular task as specified by the adherence item, at these times, coders should not code yes or no but write **unable to determine** in the comments column.

A few notes regarding specific items on the Adherence Scale:

ALL SESSIONS

Review the agenda	Code yes if the group leader clearly states they have given the agenda to the members and reviews the agenda with the members
Review and post the “Ground Rules”	Code yes only if it is clear that the group leader(s) posted the ground rules (e.g., they refer to the ground rules or state they posted the ground rules). Code no only if the ground rules were not posted. Code Unable to Determine if there is no reference to the ground rules.
Begins and ends the group on time	Code yes if the group session is within a two hour time frame. Code no if the group leader or members identify that the group started late or ended early
Make a list	Code yes if it is clear that the group leaders discuss the content of for the list and/or write a list. Code no if group leader’s do not discuss or make a list.
Role Play or Group Activity	Code yes if a role play or group activity occurs (see item # 13 on the Competence Scale for definition of a role play and group activities). There are times that group leaders may say they are doing a role play but the activity is not a role play, in this case, code no .

SESSION 1

#7	Presents program goals	Code yes only if the group leaders clearly articulates the program goals as identified in the group leader manual.
#8	Explains format for meetings	Code yes only if the group leaders comprehensively explain the format for the meetings, including a description of the three units, number of groups, lay out of the groups (e.g., watching vignettes with discussion), practice assignments, use of group activities and role plays, and weekly surveys.

The Fidelity Checklist

Group ID #:	<input type="text"/>
Observer/Coder:	<input type="text"/>
Date of Group:	<input type="text"/>
Type of Observation (e.g.; audio, live):	<input type="text"/>
Number of Parents in the Group Session:	<input type="text"/>
Start time of tape/ group session:	<input type="text"/>
End time of tape/ group session:	<input type="text"/>
Total time of tape/ group session:	<input type="text"/>

CPP Parent Group Session Observed:

The Fidelity Checklist

Competence

skill rarely or never demonstrated
skill sometimes/occasionally demonstrated
skill consistently demonstrated

The Group Leader:

Skill

Rating

Strength?

Missed
opportunity

The Fidelity Checklist

Competence

The Group Leader:

Skill

Rating

Strength?

Missed
opportunity

The Fidelity Checklist
Adherence

Session 1: Unit 1 The Value of Your Attention, Part 1 - Child-centered Time

The Group Leader

Action

Comments

The Fidelity Checklist
Adherence

Session 2: Unit 1 The Value of Your Attention, Part 2 - Family Routines and Traditions

The Group Leader

Action

Comments

9. Distribute and review the "Summary of Important Points".	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
10. Distribute and discuss written handouts and practice assignments for next parent group session.	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
11. Hand out evaluation forms.	Yes <input type="checkbox"/>	No <input type="checkbox"/>	

The Fidelity Checklist

Adherence

Session 3: Unit 1 The Value of Your Attention, Part 3 - Praise and Encouragement

The Group Leader

Action

Comments

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10. Distribute and review the “Summary of Important Points”.	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
11. Distribute and discuss written handouts and practice assignments for next parent group session.	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
12. Hand out evaluation forms.	Yes <input type="checkbox"/>	No <input type="checkbox"/>	

The Fidelity Checklist

Adherence

Session 4: Unit 1 The Value of Your Attention, Part 4 - Using Rewards for Challenging Behaviors

The Group Leader

Action

Comments

The Fidelity Checklist
Adherence

Session 5: Unit 2 Using Your Authority Wisely, Part 1-Say What You Mean and Mean What You Say

The Group Leader

Action

Comments

The Fidelity Checklist

Adherence

Session 6: Unit 2 Using Your Authority Wisely, Part 2 - Threats and Consequences

The Group Leader

Action

Comments

11. Make a list of misbehaviors that might be handled with logical consequences, natural consequences, or when/then statements.	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
12. Distribute and discuss written handouts and practice assignments for next parent group session.	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
13. Hand out evaluation forms.	Yes <input type="checkbox"/>	No <input type="checkbox"/>	

The Fidelity Checklist

Adherence

Session 7: Unit 2 Using Your Authority Wisely, Part 3 - Ignore and Distract

The Group Leader

Action

Comments

CAN			
CANNOT			

11. Distribute and discuss written handouts and practice assignments for next parent group session.	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
12. Hand out evaluation forms.	Yes <input type="checkbox"/>	No <input type="checkbox"/>	

The Fidelity Checklist

Adherence

Session 8: Unit 2 Using Your Authority Wisely, Part 4 - Using Time-Outs

The Group Leader

Action

Comments

12. Hand out evaluation forms.	Yes <input type="checkbox"/>	No <input type="checkbox"/>	

The Fidelity Checklist

Adherence

Session 9: Unit 3 Managing Your Stress, Part 1 - Reducing Stress

The Group Leader

Action

Comments

11. Hand out evaluation forms.	Yes <input type="checkbox"/>	No <input type="checkbox"/>	

The Fidelity Checklist
Adherence

Session 10: Unit 3 Managing Your Stress, Part 2 - Problem Solving

and

or

or

The Group Leader

Action

Comments

12. Hand out evaluation forms.	Yes <input type="checkbox"/>	No <input type="checkbox"/>	

The Fidelity Checklist

Adherence

Session 11: Unit 4 Sticking With The Program, Part 1 - Putting it All Together

The Group Leader

Action

Comments

CPP Fidelity Checklist
Adherence

Session 12: Unit 4 Sticking With The Program, Part 2 - Booster Session

The Group Leader

Action

Comments

CPP Fidelity Checklist

Quality of Audiotape

Poor

Adequate

Good

Additional Comments:

APPENDIX D

PRACTICE FIDELITY ASSESSMENT: PARENT GROUP SUMMARY FORM

Legacy for Children™ Miami Parent Group Summary

The Intervention Specialist (IS) should complete this form immediately after every parent group session. The session date and time, the content of the session, the staff present, and the presentation format are all documented on the PGS.

The PGS is completed for all scheduled sessions, including those that are cancelled because no participants attended. PGS are not completed for sessions cancelled by intervention staff for reasons such as inclement weather or holidays.

Site name: GSU Date (MM/DD/YY): 03/30/17

Group ID #: 001 Session # (e.g., Year 1, Session 2): Year 1 Session 2

Main session topic: Favorite Things About Being A Mom

Name of person completing this form: Akilah Thomas and Beth McAdam

Other staff present at session: Shannon, Camille, Jeanette and Janee

Number of mothers present: 4 Number of *Legacy* children present (not siblings): 4

Actual session start time: 10:20 AM / actual end time: 11:50 AM

Session location: Urban Life Building 140 Decatur Street, Atlanta 30303

Section I: Building Sense of Community

1. Did this component take place?

Yes

No, not planned

No, other reason (*specify*):

N/A

2. List the topics discussed and/or questions raised during the open discussion period.

Played the game with M & M's and asked the mom's the questions about themselves that were provided in the curriculum.

3. Your overall impression of the success of this segment of today's session:

Not Successful

Somewhat Successful

Very Successful

1..... 2..... 3..... 4..... 5..... 6..... **7**

4. Were the goals of this segment of the session met?

Yes

No

Please describe *how* the goals of the session were met or not met.

The ladies were able to get to know each other better and build a stronger rapport.

Section II: Main Session Topic

5. Did this component take place?

Yes

No, not planned

No, other reason (*specify*)

N/A

6. Main session topic:

What you love about being a mom.

7. Below, please indicate if you were unable to complete any significant part of the planned main session topic. Also, please list any topics or activities that were unscheduled, but took more than a few minutes of the session. *If any changes occurred, please explain why.*

a. *Scheduled* topics or activities that were *not* presented.

N/A

b. *Unscheduled* topics or activities that *were* presented.

N/A

8. Please check any activities that took place during this session:

Formal presentation

Group discussion

Videotape (*commercial or other video*)

Videotape (*being taped*)

Role play

Handouts/written materials

Other (*specify*)

9. Did someone other than the IS facilitate the group session?

Yes No

If yes, who facilitated the session? (*indicate name and role*)

N/A

The session length was too short for material planned

Other (*specify*)

No challenges

14. Were the goals of this segment of the session met?

Yes

No

Please describe *how* the goals of the session were met or not met.

Mom's got a chance to really think about what they loved about being a mother.

Section III: Parent-Child Time Together (PCTT)

15. Did this component take place?

Yes

No, not planned

No, other (*specify*)

N/A

16. Please list any specific toys or activities that promoted mothers' interactions with their babies.

Mom's played with the toys that are provided for the babies and talked about where they got the baby's name.

17. Was the Intervention Specialist (IS) able to provide guidance to individual mother-child dyads during PCTT (i.e., one-on-one time with the IS)?

Yes

- options continued on next page -

APPENDIX E

PRACTICE FIDELITY ASSESSMENT: FIDELITY ASSESSMENT FOR MIAMI INTERVENTION SESSION (FORM)

Fidelity Assessment for Miami Intervention Session

The Intervention Specialist Supervisor completes this form after every observation he or she makes to assess the fidelity of the curriculum sessions. Please observe one session per quarter, for a total of four observations per year.

Site name: Atlanta Date (MM/DD/YY): 03/30/17
 Group ID #: _____ Session # (e.g., Year 1, Session 2): 32 year 1 session
 Main session topic goal: participants feel comfortable w/ each other & w/ staff
 Name of person completing this form: Camille
 Name of IS being observed: 4 Akilah & Beth - co-leaders
 Number of participants present: 4
 Time session started: ~10:30 / ended: ~11:45

Introductory comments:

Room was set up for mothers & babies. IS organized log-in table ~~to~~ with paperwork, incentives, gifts appropriately. IS greeted new & returning moms warmly.

Part 1. Building Sense of Community (BSC)		No	Somewhat	Yes
1	IS greets participants equally and warmly.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2	IS introduces discussion related to reviewing information/content from previous sessions.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3	IS plans meaningful discussion for participants.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4	IS engages participants in meaningful discussion throughout this component.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Part 1. Building Sense of Community (BSC)		No	Somewhat	Yes
5	IS is able to redirect participant discussion back to topic, as necessary.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
6	IS engages participants in problem solving about issues related to parenting and child rearing.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
7	IS prepares in advance to guide this component.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
8	IS displays a high level of enthusiasm throughout this component.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Additional BSC comments:

continuous conversation, a few tangents unrelated to the topic but facilitated engaging discussion
 group dynamics started off a bit awkward as the mems were beginning to engage. The use of mems didn't feel as easy flowing & natural.

Part 2. Main Session Topic (MST)		No	Somewhat	Yes
1	IS demonstrates understanding and knowledge of session topic.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2	IS enthusiastically introduces session topic, conveying its importance.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3	IS is able to explain main session concepts and ideas clearly and accurately using terms/language that the participants can understand.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4	IS is able to assess (and expand upon - scaffold) participants' current level of understanding related to the current topic.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5	IS invites comments, questions, concerns, and suggestions.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
6	IS is able to expand on participant comments.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Part 2. Main Session Topic (MST)		No	Somewhat	Yes
7	IS is able to redirect participant comments or questions not directly relevant to the planned topic.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
8	IS is able to summarize session content and relate to goal of promoting maternal self-efficacy.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9	IS's advance preparation is apparent.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
10	Did IS meet main topic objectives outlined in the curriculum session?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Additional MST comments: Mothers began to open up more.

Objective 1-

Objective 2-

Objective 3-

Part 3. Parent Child Time Together (PCTT)		No	Somewhat	Yes
1	IS facilitates group interaction time by enthusiastically encouraging mothers to interact with their babies.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2	Advance coordination of activities by IS and child care workers is evident.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3	Developmentally appropriate activities are planned for mothers and their babies, and the importance of activities is explained to mothers.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4	Group Interaction time has a clear beginning, middle, and end.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Part 3. Parent Child Time Together (PCTT)		No	Somewhat	Yes
One-on-one modeling and interactions during PCTT				
5	IS explains <u>one-on-one interaction goal</u> and its importance in language that the participants can understand.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6	IS appropriately models <u>interaction strategies</u> with children.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7	IS strongly, as appropriate, encourages participants to <u>practice strategies.</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8	IS gives appropriate feedback to participants, highlighting maternal strengths and the impact of maternal actions on children's behavior.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
9	IS is able to individualize time to address parent level of understanding and interaction style.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
10	IS consistently engages in responsive, balanced interactions with children. <i>OTHER PARTS</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
11	IS successfully monitors the flow of this component, reading the cues of the mothers and their babies.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Additional PCTT comments:

Each mom has a designated turn to talk & transition to the floor with their babies smoothly. IS went around the circle talking with each mother & asking them about the baby. IS listened intently & provided appropriate feedback. Conversation felt natural.

Part 4. Overall		No	Somewhat	Yes
1	IS has a warm, welcoming, nonjudgmental, responsive, and caring attitude with participants.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2	IS incorporates reviews of information previously presented throughout session.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3	IS encourages maternal problem-solving throughout session.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4	IS promotes a sense of community among group members throughout session.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
5	IS promotes the concept/goal of promoting maternal self-efficacy throughout session.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6	IS's advance preparation and organization is evident throughout session.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
7	IS is able to promote participant active participation, engagement, and discussion throughout the session.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
8	IS is able to manage the flow of the entire session – e.g., session has a smooth feel.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
9	IS conveys parenting expertise.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10	IS acts professionally at all times during session.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
11	Did IS meet overall session goal as described in the curriculum?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Outside of curriculum sessions				
12	IS accurately completes session-related paperwork.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
13	IS adheres to security and confidentiality guidelines.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Additional comments on the session overall:

Summary comments:

Describe strengths:

Describe areas to improve:

Indicate steps for improvement:

FOR REVIEW ONLY

Include any additional feedback or notes on the session here:

Please meet with the Intervention Specialist one week following the observation to discuss comments. Common areas for discussion include adherence to program format and session content, IS strengths and opportunity areas, and strategies to address drift (if applicable).