Practice Self-Regulation™ Fidelity Monitoring Self Report

This form is used to monitor implementation of *Practice Self-Regulation™* (PS-R). Fidelity monitoring is essential for learning how a program is implemented, strengthening what works, and improving what doesn't. Completed forms show how much and which parts of the intervention each participant received. This information allows the program developer to improve the intervention and provide feedback for quality improvement. When indicated, additional training should be provided to improve implementation.

Self-Report Form Completion Instructions: Please complete this tool as soon as possible after each PS-R session (there is one form corresponding to each of the 8 sessions). The report takes about 5 minutes to complete. After each session in which a PS-R session is conducted:

1. **Complete the remaining administrative information at the top the form:** facilitator name, session date, session duration (in minutes), and if the session was video recorded (circle yes or no).

2. **For each intended activity within the session:**

   a. Identify if you completed the activity (yes, completely; yes, partially/with changes; or no).

   b. If the activity was *completed partially and/or with changes*, describe in the space provided any parts not completed and/or any changes made to the activity.

   c. If the activity was *not completed,* indicate the reason by checking the box: participant refused, not enough time, or other. If other, write in the reason in the space provided.

3. **Write down any comments about adaptation and/or challenges implementing the sess.**

Please note that some session activities may be optional. For any optional activities that are not completed, please indicate the reason for non-completion in the space provided (as with any other type of activity).

If the activities designated for one session require *more than one meeting* to complete, use the *same form* to fill in the remaining activities as you complete them and mark the date that you completed the activities on the left-hand margin of the page by each activity so it is clear when each activity was done. For example, if you meet with a participant and complete Session 2, activities 1-3 on June 3rd, and then complete Session 2, activities 4-6 on June 10th, please complete *one form for Session 2*. Activities 1-3 will be marked on the left-hand margin by the activity title with June 3rd. Activities 4-6 will be marked on the left-hand margin by the activity title with June 10th. Please note in the section for "Additional comments" below the matrix that the session plan was completed over two therapy sessions. For example: "Completed activities 1-3 on June 3, 2016; completed activities 4-6 on June 10, 2016."

If the participant complete activities from different session plans during a single therapy appointment, please record activities from another session plan at the end of the form in the extra 'additional activities' area.

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Participant name: _____ ID #: _____ Site name: _____

Facilitator name: _____ Session date: _____ Session duration: _____

Session recorded? Yes / No

Session 1: So Many Choices!	Did you complete the activity?	If activity completed partially and/or with changes, describe parts not completed or any changes below.	If activity not completed, check box or write in reason below.
Activity 1: Introduce the Intervention	☐ Yes, completely ☐ Yes, partially/ with changes ☐ No		☐ Participant refused ☐ Not enough time ☐ Other (write in):
Activity 2: Facilitate MI Values Card Sort	☐ Yes, completely ☐ Yes, partially/ with changes ☐ No		☐ Participant refused ☐ Not enough time ☐ Other (write in):
Activity 3: Introduce the Workbook	☐ Yes, completely ☐ Yes, partially/ with changes ☐ No		☐ Participant refused ☐ Not enough time ☐ Other (write in):
Activity 4: Obtain Client Feedback through Wrap-Up Questions	☐ Yes, completely ☐ Yes, partially/ with changes ☐ No		☐ Participant refused ☐ Not enough time ☐ Other (write in):

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Write in any additional activities from different session plans that were implemented

Session #: _____
Activity #: _____
Activity Name:

☐ Yes, completely
☐ Yes, partially/
   with changes

Session #: _____
Activity #: _____
Activity Name:

☐ Yes, completely
☐ Yes, partially/
   with changes

Session #: _____
Activity #: _____
Activity Name:

☐ Yes, completely
☐ Yes, partially/
   with changes

Write in any additional comments about adaptations and/or issues with implementing this session:

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Practice Self-Regulation™ Fidelity Monitoring Self Report

Participant name: _____ ID #: _____ Site name: _____

Facilitator name: _____ Session date: _____ Session duration: _____

Session recorded? Yes / No

Session 2: **Life Experiences**	Did you complete the activity?	If activity completed partially and/or with changes, describe parts not completed or any changes below.	If activity not completed, check box or write in reason below.
Activity 1: Check-In and Decision Dialogue	☐ Yes, completely ☐ Yes, partially/ with changes ☐ No		☐ Participant refused ☐ Not enough time ☐ Other (write in):
Activity 2: Monitor and discuss progress in Workbook and Reflect on Life Experiences	☐ Yes, completely ☐ Yes, partially/ with changes ☐ No		☐ Participant refused ☐ Not enough time ☐ Other (write in):
Activity 3: (Optional) Facilitate guided imagery: A Calm, Soothing, and Peaceful Place	☐ Yes, completely ☐ Yes, partially/ with changes ☐ No		☐ Participant refused ☐ Not enough time ☐ Other (write in):
Activity 4: Create a "Personal Shield"	☐ Yes, completely ☐ Yes, partially/ with changes ☐ No		☐ Participant refused ☐ Not enough time ☐ Other (write in):
Activity 5: (Optional) Review the Gendercharts	☐ Yes, completely ☐ Yes, partially/ with changes ☐ No		☐ Participant refused ☐ Not enough time ☐ Other (write in):
Activity 6: Wrap-up	☐ Yes, completely ☐ Yes, partially/ with changes ☐ No		☐ Participant refused ☐ Not enough time ☐ Other (write in):

Practice Self-Regulation™ Fidelity Monitoring Self Report

Write in any additional activities from different session plans that were implemented

Session #: _____
Activity #: _____
Activity Name:

☐ Yes, completely
☐ Yes, partially/
   with changes

Session #: _____
Activity #: _____
Activity Name:

☐ Yes, completely
☐ Yes, partially/
   with changes

Session #: _____
Activity #: _____
Activity Name:

☐ Yes, completely
☐ Yes, partially/
   with changes

Write in any additional comments about adaptations and/or issues with implementing this session:

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Practice Self-Regulation™ Fidelity Monitoring Self Report

Participant name: _____ ID #: _____ Site name: _____

Facilitator name: _____ Session date: _____ Session duration: _____

Session recorded? Yes / No

Session 3: Managing Life's Ups and Downs	Did you complete the activity?	If activity completed partially and/or with changes, describe parts not completed or any changes below.	If activity not completed, check box or write in reason below.
Activity 1: Check-In and Decision Dialogue	☐ Yes, completely ☐ Yes, partially/ with changes ☐ No		☐ Participant refused ☐ Not enough time ☐ Other (write in):
Activity 2: Monitor and Discuss Progress in Workbook	☐ Yes, completely ☐ Yes, partially/ with changes ☐ No		☐ Participant refused ☐ Not enough time ☐ Other (write in):
Activity 3: Create a Roadmap of Life	☐ Yes, completely ☐ Yes, partially/ with changes ☐ No		☐ Participant refused ☐ Not enough time ☐ Other (write in):
Activity 4: Acknowledge and discuss bad things that happen in life	☐ Yes, completely ☐ Yes, partially/ with changes ☐ No		☐ Participant refused ☐ Not enough time ☐ Other (write in):
Activity 5: Review Expert Tips for Resilience Card and give to participant	☐ Yes, completely ☐ Yes, partially/ with changes ☐ No		☐ Participant refused ☐ Not enough time ☐ Other (write in):
Activity 6: Wrap-up	☐ Yes, completely ☐ Yes, partially/ with changes ☐ No		☐ Participant refused ☐ Not enough time ☐ Other (write in):

Write in any additional activities from different session plans that were implemented

Session #: _____
Activity #: _____
Activity Name:
☐ Yes, completely
☐ Yes, partially/
   with changes

Session #: _____
Activity #: _____
Activity Name:
☐ Yes, completely
☐ Yes, partially/
   with changes

Session #: _____
Activity #: _____
Activity Name:
☐ Yes, completely
☐ Yes, partially/
   with changes

Write in any additional comments about adaptations and/or issues with implementing this session:

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Practice Self-Regulation™ Fidelity Monitoring Self Report

Participant name: _____ ID #: _____ Site name: _____

Facilitator name: _____ Session date: _____ Session duration: _____

Session recorded?   Yes   /   No

Session 4: Practicing Self-Regulation	Did you complete the activity?	If activity completed partially and/or with changes, describe parts not completed or any changes below.	If activity not completed, check box or write in reason below.
Activity 1: Check-In and Decision Dialogue	☐ Yes, completely ☐ Yes, partially/ with changes ☐ No		☐ Participant refused ☐ Not enough time ☐ Other (write in):
Activity 2: Monitor and Discuss Progress in Workbook	☐ Yes, completely ☐ Yes, partially/ with changes ☐ No		☐ Participant refused ☐ Not enough time ☐ Other (write in):
Activity 3: Review flowchart, "Getting Upset and Feeling Out of Control" and fill in blank template	☐ Yes, completely ☐ Yes, partially/ with changes ☐ No		☐ Participant refused ☐ Not enough time ☐ Other (write in):
Activity 4: Watch Sesame Street video: Belly Breathe	☐ Yes, completely ☐ Yes, partially/ with changes ☐ No		☐ Participant refused ☐ Not enough time ☐ Other (write in):
Activity 5: Wrap-up	☐ Yes, completely ☐ Yes, partially/ with changes ☐ No		☐ Participant refused ☐ Not enough time ☐ Other (write in):

Practice Self-Regulation™ Fidelity Monitoring Self Report

Write in any additional activities from different session plans that were implemented

Session #: _____

Activity #: _____

Activity Name:

☐ Yes, completely

☐ Yes, partially/
   with changes

Session #: _____

Activity #: _____

Activity Name:

☐ Yes, completely

☐ Yes, partially/
   with changes

Session #: _____

Activity #: _____

Activity Name:

☐ Yes, completely

☐ Yes, partially/
   with changes

Write in any additional comments about adaptations and/or issues with implementing this session:

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Practice Self-Regulation™ Fidelity Monitoring Self Report

Participant name: _____ ID #: _____ Site name: _____

Facilitator name: _____ Session date: _____ Session duration: _____

Session recorded? Yes / No

Session 5: The Trauma Outcome Process	Did you complete the activity?	If activity completed partially and/or with changes, describe parts not completed or any changes below.	If activity not completed, check box or write in reason below.
Activity 1: Check-In and Decision Dialogue	☐ Yes, completely ☐ Yes, partially/ with changes ☐ No		☐ Participant refused ☐ Not enough time ☐ Other (write in):
Activity 2: Monitor and Discuss Progress in Workbook	☐ Yes, completely ☐ Yes, partially/ with changes ☐ No		☐ Participant refused ☐ Not enough time ☐ Other (write in):
Activity 3: (Optional) Draw the T.O.P. flowchart	☐ Yes, completely ☐ Yes, partially/ with changes ☐ No		☐ Participant refused ☐ Not enough time ☐ Other (write in):
Activity 4: Introduce "Core Components of Self-Regulation" index card on the back side of the "Ten Expert Tips for Resilience"	☐ Yes, completely ☐ Yes, partially/ with changes ☐ No		☐ Participant refused ☐ Not enough time ☐ Other (write in):
Activity 5: Wrap-up	☐ Yes, completely ☐ Yes, partially/ with changes ☐ No		☐ Participant refused ☐ Not enough time ☐ Other (write in):

Write in any additional activities from different session plans that were implemented

Session #: _____
Activity #: _____
Activity Name:
☐ Yes, completely
☐ Yes, partially/
  with changes

Session #: _____
Activity #: _____
Activity Name:
☐ Yes, completely
☐ Yes, partially/
  with changes

Session #: _____
Activity #: _____
Activity Name:
☐ Yes, completely
☐ Yes, partially/
  with changes

Write in any additional comments about adaptations and/or issues with implementing this session:

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Practice Self-Regulation™ Fidelity Monitoring Self Report

Participant name: _____ ID #: _____ Site name: _____

Facilitator name: _____ Session date: _____ Session duration: _____

Session recorded? Yes / No

Session 6: **Taking Good Care of Yourself**	Did you complete the activity?	If activity completed partially and/or with changes, describe parts not completed or any changes below.	If activity not completed, check box or write in reason below.
Activity 1: Check-In and Decision Dialogue	☐ Yes, completely ☐ Yes, partially/ with changes ☐ No		☐ Participant refused ☐ Not enough time ☐ Other (write in):
Activity 2: Monitor and Discuss Progress in Workbook	☐ Yes, completely ☐ Yes, partially/ with changes ☐ No		☐ Participant refused ☐ Not enough time ☐ Other (write in):
Activity 3: Create a "Vision for Good Decision Making"	☐ Yes, completely ☐ Yes, partially/ with changes ☐ No		☐ Participant refused ☐ Not enough time ☐ Other (write in):
Activity 4: Watch Sesame Street video: But Me Wait	☐ Yes, completely ☐ Yes, partially/ with changes ☐ No		☐ Participant refused ☐ Not enough time ☐ Other (write in):
Activity 5: Wrap-up	☐ Yes, completely ☐ Yes, partially/ with changes ☐ No		☐ Participant refused ☐ Not enough time ☐ Other (write in):

Write in any additional activities from different session plans that were implemented

Session #: _____

Activity #: _____

Activity Name:

☐ Yes, completely
☐ Yes, partially/
  with changes

Session #: _____

Activity #: _____

Activity Name:

☐ Yes, completely
☐ Yes, partially/
  with changes

Session #: _____

Activity #: _____

Activity Name:

☐ Yes, completely
☐ Yes, partially/
  with changes

Write in any additional comments about adaptations and/or issues with implementing this session:

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Practice Self-Regulation™ Fidelity Monitoring Self Report

Participant name: _____ ID #: _____ Site name: _____

Facilitator name: _____ Session date: _____ Session duration: _____

Session recorded? Yes / No

Session 7: Becoming the Person You Want to Be	Did you complete the activity?	If activity completed partially and/or with changes, describe parts not completed or any changes below.	If activity not completed, check box or write in reason below.
Activity 1: Check-In and Decision Dialogue	☐ Yes, completely ☐ Yes, partially/ with changes ☐ No		☐ Participant refused ☐ Not enough time ☐ Other (write in):
Activity 2: Monitor and Discuss Progress in Workbook	☐ Yes, completely ☐ Yes, partially/ with changes ☐ No		☐ Participant refused ☐ Not enough time ☐ Other (write in):
Activity 3: Identify admirable qualities participant may aspire to embrace	☐ Yes, completely ☐ Yes, partially/ with changes ☐ No		☐ Participant refused ☐ Not enough time ☐ Other (write in):
Activity 4: (Optional) Review Top 10 Values, Expert Tips for Resilience, and reflect on personal values and resilience	☐ Yes, completely ☐ Yes, partially/ with changes ☐ No		☐ Participant refused ☐ Not enough time ☐ Other (write in):
Activity 5: Create a Self-Portrait of the Person I Want to Be	☐ Yes, completely ☐ Yes, partially/ with changes ☐ No		☐ Participant refused ☐ Not enough time ☐ Other (write in):
Activity 6: Wrap-up	☐ Yes, completely ☐ Yes, partially/ with changes ☐ No		☐ Participant refused ☐ Not enough time ☐ Other (write in):

Practice Self-Regulation™ Fidelity Monitoring Self Report

Write in any additional activities from different session plans that were implemented

Session #: _____
Activity #: _____
Activity Name:

☐ Yes, completely
☐ Yes, partially/
   with changes

Session #: _____
Activity #: _____
Activity Name:

☐ Yes, completely
☐ Yes, partially/
   with changes

Session #: _____
Activity #: _____
Activity Name:

☐ Yes, completely
☐ Yes, partially/
   with changes

Write in any additional comments about adaptations and/or issues with implementing this session:

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Practice Self-Regulation™ Fidelity Monitoring Self Report

Participant name: _____ ID #: _____ Site name: _____

Facilitator name: _____ Session date: _____ Session duration: _____

Session recorded? Yes / No

Session 8: Pursuing Your Dreams	Did you complete the activity?	If activity completed partially and/or with changes, describe parts not completed or any changes below.	If activity not completed, check box or write in reason below.
Activity 1: Check-In and Decision Dialogue	☐ Yes, completely ☐ Yes, partially/ with changes ☐ No		☐ Participant refused ☐ Not enough time ☐ Other (write in):
Activity 2: Monitor and Discuss Progress in Workbook	☐ Yes, completely ☐ Yes, partially/ with changes ☐ No		☐ Participant refused ☐ Not enough time ☐ Other (write in):
Activity 3: Identify personal dreams and clarify a plan to pursue them	☐ Yes, completely ☐ Yes, partially/ with changes ☐ No		☐ Participant refused ☐ Not enough time ☐ Other (write in):
Activity 4: List supportive individuals and their contact information	☐ Yes, completely ☐ Yes, partially/ with changes ☐ No		☐ Participant refused ☐ Not enough time ☐ Other (write in):
Activity 5: Facilitate "Scripting the Future"	☐ Yes, completely ☐ Yes, partially/ with changes ☐ No		☐ Participant refused ☐ Not enough time ☐ Other (write in):
Activity 6: Wrap-up	☐ Yes, completely ☐ Yes, partially/ with changes ☐ No		☐ Participant refused ☐ Not enough time ☐ Other (write in):

Write in any additional activities from different session plans that were implemented

Session #: _____
Activity #: _____
Activity Name:

☐ Yes, completely
☐ Yes, partially/
   with changes

Session #: _____
Activity #: _____
Activity Name:

☐ Yes, completely
☐ Yes, partially/
   with changes

Session #: _____
Activity #: _____
Activity Name:

☐ Yes, completely
☐ Yes, partially/
   with changes

Write in any additional comments about adaptations and/or issues with implementing this session:

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