

# 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):

# Practice Self-Regulation™ Fidelity Monitoring Self Report

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

Session #: \_\_\_\_\_  Yes, completely  
Activity #: \_\_\_\_\_  Yes, partially/  
Activity Name: with changes

Session #: \_\_\_\_\_  Yes, completely  
Activity #: \_\_\_\_\_  Yes, partially/  
Activity Name: with changes

Session #: \_\_\_\_\_  Yes, completely  
Activity #: \_\_\_\_\_  Yes, partially/  
Activity Name: with changes

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

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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	<input type="checkbox"/> Yes, completely <input type="checkbox"/> Yes, partially/ with changes <input type="checkbox"/> No	<input type="checkbox"/> Participant refused <input type="checkbox"/> Not enough time <input type="checkbox"/> Other (write in):
Activity 2: Monitor and discuss progress in Workbook and Reflect on Life Experiences	<input type="checkbox"/> Yes, completely <input type="checkbox"/> Yes, partially/ with changes <input type="checkbox"/> No	<input type="checkbox"/> Participant refused <input type="checkbox"/> Not enough time <input type="checkbox"/> Other (write in):
Activity 3: (Optional) Facilitate guided imagery: A Calm, Soothing, and Peaceful Place	<input type="checkbox"/> Yes, completely <input type="checkbox"/> Yes, partially/ with changes <input type="checkbox"/> No	<input type="checkbox"/> Participant refused <input type="checkbox"/> Not enough time <input type="checkbox"/> Other (write in):
Activity 4: Create a "Personal Shield"	<input type="checkbox"/> Yes, completely <input type="checkbox"/> Yes, partially/ with changes <input type="checkbox"/> No	<input type="checkbox"/> Participant refused <input type="checkbox"/> Not enough time <input type="checkbox"/> Other (write in):
Activity 5: (Optional) Review the Gendercharts	<input type="checkbox"/> Yes, completely <input type="checkbox"/> Yes, partially/ with changes <input type="checkbox"/> No	<input type="checkbox"/> Participant refused <input type="checkbox"/> Not enough time <input type="checkbox"/> Other (write in):
Activity 6: Wrap-up	<input type="checkbox"/> Yes, completely <input type="checkbox"/> Yes, partially/ with changes <input type="checkbox"/> No	<input type="checkbox"/> Participant refused <input type="checkbox"/> Not enough time <input type="checkbox"/> Other (write in):

# Practice Self-Regulation™ Fidelity Monitoring Self Report

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

Session #: _____	<input type="checkbox"/> Yes, completely
Activity #: _____	<input type="checkbox"/> Yes, partially/ with changes
Activity Name:	
Session #: _____	<input type="checkbox"/> Yes, completely
Activity #: _____	<input type="checkbox"/> Yes, partially/ with changes
Activity Name:	
Session #: _____	<input type="checkbox"/> Yes, completely
Activity #: _____	<input type="checkbox"/> Yes, partially/ with changes
Activity Name:	

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

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Participant name: \_\_\_\_\_ ID #: \_\_\_\_\_ Site name: \_\_\_\_\_

Facilitator name: \_\_\_\_\_ Session date: \_\_\_\_\_ Session duration: \_\_\_\_\_

Session recorded? Yes / No

## Session 3: Bad Things That Happen in Life

Did you complete  
the activity?

If activity completed partially  
and/or with changes, de-  
scribe 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	<input type="checkbox"/> Yes, completely <input type="checkbox"/> Yes, partially/ with changes <input type="checkbox"/> No	<input type="checkbox"/> Participant refused <input type="checkbox"/> Not enough time <input type="checkbox"/> Other (write in):
Activity 2: Monitor and Discuss Prog- ress in Workbook	<input type="checkbox"/> Yes, completely <input type="checkbox"/> Yes, partially/ with changes <input type="checkbox"/> No	<input type="checkbox"/> Participant refused <input type="checkbox"/> Not enough time <input type="checkbox"/> Other (write in):
Activity 3: Create a Roadmap of Life	<input type="checkbox"/> Yes, completely <input type="checkbox"/> Yes, partially/ with changes <input type="checkbox"/> No	<input type="checkbox"/> Participant refused <input type="checkbox"/> Not enough time <input type="checkbox"/> Other (write in):
Activity 4: Acknowledge and discuss bad things that happen in life	<input type="checkbox"/> Yes, completely <input type="checkbox"/> Yes, partially/ with changes <input type="checkbox"/> No	<input type="checkbox"/> Participant refused <input type="checkbox"/> Not enough time <input type="checkbox"/> Other (write in):
Activity 5: Review Expert Tips for Resilience Card and give to participant	<input type="checkbox"/> Yes, completely <input type="checkbox"/> Yes, partially/ with changes <input type="checkbox"/> No	<input type="checkbox"/> Participant refused <input type="checkbox"/> Not enough time <input type="checkbox"/> Other (write in):
Activity 6: Wrap-up	<input type="checkbox"/> Yes, completely <input type="checkbox"/> Yes, partially/ with changes <input type="checkbox"/> No	<input type="checkbox"/> Participant refused <input type="checkbox"/> Not enough time <input type="checkbox"/> Other (write in):

# Practice Self-Regulation™ Fidelity Monitoring Self Report

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

Session #: _____	<input type="checkbox"/> Yes, completely
Activity #: _____	<input type="checkbox"/> Yes, partially/ with changes
Activity Name:	
Session #: _____	<input type="checkbox"/> Yes, completely
Activity #: _____	<input type="checkbox"/> Yes, partially/ with changes
Activity Name:	
Session #: _____	<input type="checkbox"/> Yes, completely
Activity #: _____	<input type="checkbox"/> Yes, partially/ with changes
Activity Name:	

**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: Looking for Love in All the Wrong Places!

Did you complete  
the activity?

If activity completed partially  
and/or with changes, de-  
scribe 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	<input type="checkbox"/> Yes, completely <input type="checkbox"/> Yes, partially/ with changes <input type="checkbox"/> No	<input type="checkbox"/> Participant refused <input type="checkbox"/> Not enough time <input type="checkbox"/> Other (write in):
Activity 2: Monitor and Discuss Prog- ress in Workbook	<input type="checkbox"/> Yes, completely <input type="checkbox"/> Yes, partially/ with changes <input type="checkbox"/> No	<input type="checkbox"/> Participant refused <input type="checkbox"/> Not enough time <input type="checkbox"/> Other (write in):
Activity 3: Review the dysregulation flowchart, "Getting Upset and Feeling Out of Control" and facilitate drawing the illustration	<input type="checkbox"/> Yes, completely <input type="checkbox"/> Yes, partially/ with changes <input type="checkbox"/> No	<input type="checkbox"/> Participant refused <input type="checkbox"/> Not enough time <input type="checkbox"/> Other (write in):
Activity 4: Watch Sesame Street video: Belly Breathe	<input type="checkbox"/> Yes, completely <input type="checkbox"/> Yes, partially/ with changes <input type="checkbox"/> No	<input type="checkbox"/> Participant refused <input type="checkbox"/> Not enough time <input type="checkbox"/> Other (write in):
Activity 5: Wrap-up	<input type="checkbox"/> Yes, completely <input type="checkbox"/> Yes, partially/ with changes <input type="checkbox"/> No	<input type="checkbox"/> Participant refused <input type="checkbox"/> Not enough time <input type="checkbox"/> 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: _____	<input type="checkbox"/> Yes, completely <input type="checkbox"/> Yes, partially/ with changes
Session #: _____ Activity #: _____ Activity Name: _____	<input type="checkbox"/> Yes, completely <input type="checkbox"/> Yes, partially/ with changes
Session #: _____ Activity #: _____ Activity Name: _____	<input type="checkbox"/> Yes, completely <input type="checkbox"/> 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, de-  
scribe 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	<input type="checkbox"/> Yes, completely <input type="checkbox"/> Yes, partially/ with changes <input type="checkbox"/> No	<input type="checkbox"/> Participant refused <input type="checkbox"/> Not enough time <input type="checkbox"/> Other (write in):
Activity 2: Monitor and Discuss Prog- ress in Workbook	<input type="checkbox"/> Yes, completely <input type="checkbox"/> Yes, partially/ with changes <input type="checkbox"/> No	<input type="checkbox"/> Participant refused <input type="checkbox"/> Not enough time <input type="checkbox"/> Other (write in):
Activity 3: (Optional) Draw the T.O.P. flowchart	<input type="checkbox"/> Yes, completely <input type="checkbox"/> Yes, partially/ with changes <input type="checkbox"/> No	<input type="checkbox"/> Participant refused <input type="checkbox"/> Not enough time <input type="checkbox"/> Other (write in):
Activity 4: Introduce “Core Compo- nents of Self-Regulation” index card on the back side of the “Ten Expert Tips for Resilience”	<input type="checkbox"/> Yes, completely <input type="checkbox"/> Yes, partially/ with changes <input type="checkbox"/> No	<input type="checkbox"/> Participant refused <input type="checkbox"/> Not enough time <input type="checkbox"/> Other (write in):
Activity 5: Wrap-up	<input type="checkbox"/> Yes, completely <input type="checkbox"/> Yes, partially/ with changes <input type="checkbox"/> No	<input type="checkbox"/> Participant refused <input type="checkbox"/> Not enough time <input type="checkbox"/> Other (write in):

# Practice Self-Regulation™ Fidelity Monitoring Self Report

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

Session #: \_\_\_\_\_       Yes, completely  
 Activity #: \_\_\_\_\_       Yes, partially/  
 Activity Name: \_\_\_\_\_      with changes

Session #: \_\_\_\_\_       Yes, completely  
 Activity #: \_\_\_\_\_       Yes, partially/  
 Activity Name: \_\_\_\_\_      with changes

Session #: \_\_\_\_\_       Yes, completely  
 Activity #: \_\_\_\_\_       Yes, partially/  
 Activity Name: \_\_\_\_\_      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, de-  
scribe 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	<input type="checkbox"/> Yes, completely <input type="checkbox"/> Yes, partially/ with changes <input type="checkbox"/> No	<input type="checkbox"/> Participant refused <input type="checkbox"/> Not enough time <input type="checkbox"/> Other (write in):
Activity 2: Monitor and Discuss Prog- ress in Workbook	<input type="checkbox"/> Yes, completely <input type="checkbox"/> Yes, partially/ with changes <input type="checkbox"/> No	<input type="checkbox"/> Participant refused <input type="checkbox"/> Not enough time <input type="checkbox"/> Other (write in):
Activity 3: Create a "Vision for Good Decision Making"	<input type="checkbox"/> Yes, completely <input type="checkbox"/> Yes, partially/ with changes <input type="checkbox"/> No	<input type="checkbox"/> Participant refused <input type="checkbox"/> Not enough time <input type="checkbox"/> Other (write in):
Activity 4: Watch Sesame Street video: But Me Wait	<input type="checkbox"/> Yes, completely <input type="checkbox"/> Yes, partially/ with changes <input type="checkbox"/> No	<input type="checkbox"/> Participant refused <input type="checkbox"/> Not enough time <input type="checkbox"/> Other (write in):
Activity 5: Wrap-up	<input type="checkbox"/> Yes, completely <input type="checkbox"/> Yes, partially/ with changes <input type="checkbox"/> No	<input type="checkbox"/> Participant refused <input type="checkbox"/> Not enough time <input type="checkbox"/> Other (write in):

# Practice Self-Regulation™ Fidelity Monitoring Self Report

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

Session #: \_\_\_\_\_  Yes, completely  
Activity #: \_\_\_\_\_  Yes, partially/  
Activity Name: with changes

Session #: \_\_\_\_\_  Yes, completely  
Activity #: \_\_\_\_\_  Yes, partially/  
Activity Name: with changes

Session #: \_\_\_\_\_  Yes, completely  
Activity #: \_\_\_\_\_  Yes, partially/  
Activity Name: 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, de-  
scribe 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	<input type="checkbox"/> Yes, completely <input type="checkbox"/> Yes, partially/ with changes <input type="checkbox"/> No	<input type="checkbox"/> Participant refused <input type="checkbox"/> Not enough time <input type="checkbox"/> Other (write in):
Activity 2: Monitor and Discuss Prog- ress in Workbook	<input type="checkbox"/> Yes, completely <input type="checkbox"/> Yes, partially/ with changes <input type="checkbox"/> No	<input type="checkbox"/> Participant refused <input type="checkbox"/> Not enough time <input type="checkbox"/> Other (write in):
Activity 3: Identify admirable quali- ties participant may aspire to embrace	<input type="checkbox"/> Yes, completely <input type="checkbox"/> Yes, partially/ with changes <input type="checkbox"/> No	<input type="checkbox"/> Participant refused <input type="checkbox"/> Not enough time <input type="checkbox"/> Other (write in):
Activity 4: (Optional) Review Top 10 Values, Expert Tips for Resilience, and reflect on personal values and resilience	<input type="checkbox"/> Yes, completely <input type="checkbox"/> Yes, partially/ with changes <input type="checkbox"/> No	<input type="checkbox"/> Participant refused <input type="checkbox"/> Not enough time <input type="checkbox"/> Other (write in):
Activity 5: Create a Self-Portrait of the Person I Want to Be	<input type="checkbox"/> Yes, completely <input type="checkbox"/> Yes, partially/ with changes <input type="checkbox"/> No	<input type="checkbox"/> Participant refused <input type="checkbox"/> Not enough time <input type="checkbox"/> Other (write in):
Activity 6: Wrap-up	<input type="checkbox"/> Yes, completely <input type="checkbox"/> Yes, partially/ with changes <input type="checkbox"/> No	<input type="checkbox"/> Participant refused <input type="checkbox"/> Not enough time <input type="checkbox"/> 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:	<input type="checkbox"/> Yes, completely <input type="checkbox"/> Yes, partially/ with changes
Session #: _____ Activity #: _____ Activity Name:	<input type="checkbox"/> Yes, completely <input type="checkbox"/> Yes, partially/ with changes
Session #: _____ Activity #: _____ Activity Name:	<input type="checkbox"/> Yes, completely <input type="checkbox"/> 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 My 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	<input type="checkbox"/> Yes, completely <input type="checkbox"/> Yes, partially/ with changes <input type="checkbox"/> No	<input type="checkbox"/> Participant refused <input type="checkbox"/> Not enough time <input type="checkbox"/> Other (write in):
Activity 2: Monitor and Discuss Progress in Workbook	<input type="checkbox"/> Yes, completely <input type="checkbox"/> Yes, partially/ with changes <input type="checkbox"/> No	<input type="checkbox"/> Participant refused <input type="checkbox"/> Not enough time <input type="checkbox"/> Other (write in):
Activity 3: Identify personal dreams and clarify a plan to pursue them	<input type="checkbox"/> Yes, completely <input type="checkbox"/> Yes, partially/ with changes <input type="checkbox"/> No	<input type="checkbox"/> Participant refused <input type="checkbox"/> Not enough time <input type="checkbox"/> Other (write in):
Activity 4: List supportive individuals and their contact information	<input type="checkbox"/> Yes, completely <input type="checkbox"/> Yes, partially/ with changes <input type="checkbox"/> No	<input type="checkbox"/> Participant refused <input type="checkbox"/> Not enough time <input type="checkbox"/> Other (write in):
Activity 5: Facilitate "Scripting the Future"	<input type="checkbox"/> Yes, completely <input type="checkbox"/> Yes, partially/ with changes <input type="checkbox"/> No	<input type="checkbox"/> Participant refused <input type="checkbox"/> Not enough time <input type="checkbox"/> Other (write in):
Activity 6: Wrap-up	<input type="checkbox"/> Yes, completely <input type="checkbox"/> Yes, partially/ with changes <input type="checkbox"/> No	<input type="checkbox"/> Participant refused <input type="checkbox"/> Not enough time <input type="checkbox"/> Other (write in):



