

Practice Self-Regulation™ SH Fidelity Monitoring Self Report

The purpose of this instrument is to monitor the implementation of the core components of the *Practice Self-Regulation* (PS-R) intervention. Monitoring fidelity is essential because it allows the program developer to learn about how a program is being implemented, strengthen what works, and to improve what does not. Completion of this form provides information about how much and which parts of the intervention are received by each participant. Analysis of these data will allow us to improve the intervention and provide ongoing feedback to facilitators to improve the quality of implementation. When necessary, additional training will be provided to improve implementation.

Self-Report Form Completion Instructions: Facilitators should complete this tool as soon as possible after each meeting with a participant in which a PS-R session is conducted (there is one form corresponding to each of the 10 PS-R sessions). The tool is expected to take about 5 minutes to complete. After each meeting with a participant 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 in any additional comments about adaptations and/or issues with implementing the session.**

Please note that some session activities are 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 that 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, you will 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. The facilitator should note in the section for “Additional comments” below the matrix that the session plan was completed over two sessions; for example: “Completed activities 1-3 on session dated June 3, 2016; completed activities 4-6 on June 10, 2016.”

If facilitators complete activities from different session plans during the same session, activities from another session plan should be recorded at the end of the form in the extra ‘additional activities’ rows.

Video Recording Instructions: Highlighted information at the top of the fidelity monitoring form will identify which sessions have been randomly selected to be recorded. Every facilitator is expected to record these sessions if participants have given their permission to record (indicated on attendance form). For at least 10% of all sessions, support and feedback will be provided to the facilitator by the fidelity monitoring team led by Joann Schladale, LMFT, the intervention developer. This is a separate process from ongoing clinical supervision with a facilitator’s designated clinical supervisor and is facilitated in collaboration with each agency’s clinical administration. Additional sessions may need to be recorded at the request of a clinical supervisor or designated observer.

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

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

Session recorded? Yes / No

Session 1: Celebrating Sexuality!

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	<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: (Optional*) Define and explain terms	<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: Facilitate Values Card Sort	<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 the 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 5: (Optional) Review 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 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):

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

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

Session recorded? Yes / No

Session 2: 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: 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: Explore Motivation for Change	<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: Address Ambivalence	<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) 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 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):

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

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

Session recorded? Yes / No

Session 3: 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: Review Sex Ed Fact Sheets: Anatomy & Sexual Identity	<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) Invite homework assignment: 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 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):

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

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

Session recorded? Yes / No

Session 4: 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: (Optional) Review Roadmap of Life and discuss bad things that happened, or facili- tate in session	<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: Review Sex Ed Fact Sheets: Risks, Personal Safety, STI's & HIV	<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: Identify personal compe- tencies, protective factors, and attributes of 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 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):

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

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

Session recorded? Yes / No

Session 5: 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: (Drawing Option- al) Review and draw the dysregulation flowchart: Getting Upset and Feeling Out of Control	<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) 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):

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

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

Session recorded? Yes / No

Session 6: 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	<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):

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

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

Session recorded? Yes / No

Session 7: 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: (Optional) 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 4: Review Sex Ed Fact Sheets: Correct Condom Use, Con- traception Options, & Dual Method Use	<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: Practice using a condom, look at and touch contra- ceptives	<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):

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

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

Session recorded? Yes / No

Session 8: 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™ SH Fidelity Monitoring Self Report

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

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

Session recorded? Yes / No

Session 9: 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: (Optional) Facilitate: Scripting the Future or Time Machine	<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™ SH Fidelity Monitoring Self Report

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

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

Session recorded? Yes / No

Session 10: Creating a Vision for Optimum Sexual Deci- sion Making

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

- Yes, completely
 Yes, partially/
with changes
 No

- Participant refused
 Not enough time
 Other (write in):

Activity 2:
Create a Vision for Op-
timum Sexual Decision
Making

- Yes, completely
 Yes, partially/
with changes
 No

- Participant refused
 Not enough time
 Other (write in):

Activity 3:
Facilitate: Time Machine

- Yes, completely
 Yes, partially/
with changes
 No

- Participant refused
 Not enough time
 Other (write in):

Activity 4:
Celebrate completion of
the intervention

- 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 #: _____

- Yes, completely

Activity #: _____

- Yes, partially/
with changes

Activity Name:

