FAMILY SPECIALIST FIDELITY EVALUATION

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December, 2002

A Teaching-Family program employs Family Specialists to provide in-home treatment to families whose children have been or are about to be removed from their homes due to a variety of social or mental health problems (see Appendix A for the characteristics of the program). A Family Specialist is selected through a detailed interview process, provided training through a seven-day preservice workshop, and provided further coaching and support through continuous consultation in families and in the office. Fidelity to the Teaching-Family treatment model is assessed via staff evaluations at six months, 12 months, and annually thereafter. Administrative supports provide an environment designed to facilitate the work of Family Specialists with children and families.

The fidelity assessment is part of the overall evaluation of Family Specialists. The overall evaluation consists of three parts: an evaluation by the direct consumers of an intervention (interviews with children, families), an evaluation by the stakeholders (surveys mailed to court, social services, teachers and educators, Board of Directors and executive administrators directly associated with a given intervention), and the professional evaluation (the fidelity evaluation described in this paper). The consumer evaluation and stakeholder evaluations are conducted at the end of each intervention. The professional (fidelity) evaluation is scheduled as described below. A Family Specialist who meets all of the criteria in each of these three areas at 12 months is "Certified" by the international Teaching-Family Association. Family Specialist Certification is re-earned annually. Similar fidelity and Certification standards at an organizational level are in place for any agency that uses the Teaching-Family Model. Organizational Certification is reviewed annually and re-earned every three years. The Organizational Certification process assures that the structural components of the program are in place (e.g., availability of competent staff selection, training, consultation, administrative supports; staffing ratios) for all Family Specialists.

The fidelity measure is based on direct observation of the treatment-related skills of the Family Specialist as s/he provides services to the members of a family. The Family Specialist fidelity (professional) evaluation is an assessment of the Family Specialist's implementation of the key treatment components of the Teaching-Family Model at the level of actual service delivery in a family's home. The Family Specialist fidelity assessment is done by two trained evaluators. The two evaluators meet with the Family Specialist to review the treatment plan for the family and to plan a joint visit to a family's home. This gives the evaluators a chance to assess the reasoning of the Family Specialist in establishing the treatment plan and a context for what they might see

during the Family Specialist's treatment visit with the family. The two evaluators then accompany the Family Specialist on a home visit. This presents some difficulty for the evaluators since they need to be prepared to make their observations under a variety of conditions (part of the program for training evaluators). The benefit is that the evaluators are fully informed of the treatment plan and are making their observations in the family where the moment-to moment interactive context for the Family Specialist's treatment provision is evident. An evaluation protocol is followed for introducing themselves to the family, making observations, and recording their findings.

The fidelity instrument is designed to assess the following dimensions: treatment planning, relationship development, teaching skills, clinical judgement, intervention progress, and record keeping. The specific questions are attached as Appendix B. A sample six-month report (with comments from one of the two evaluators) is attached as Appendix C. The six-month report is included to provide a view of a broader range of scores and examples of the kind of constructive comments evaluators make to support scores that are less than satisfied (6.0).

Uses of the Fidelity Measure

The fidelity assessment at six months of employment provides feedback to the Family Specialist and the consultant on progress and areas that need improvement. To meet Certification standards at the 12-month evaluation, a Family Specialist must achieve an average score of 6.0 (Satisfied) on each dimension. For any dimension, a score less than 6.0 requires further work by the Family Specialist and his/her consultant and a reassessment of fidelity until the criterion performance is achieved.

The results of the fidelity assessments for all of the Family Specialists being coached by a given Consultant is used as feedback to that Consultant. Looking across 8 – 10 fidelity assessments for the past year, have the Consultant's Family Specialists done particularly well in some areas? Have they had problems implementing a particular treatment skill (e.g., teaching or relationship development)? Have they typically met Certification criteria on their first attempt? The fidelity assessments provide the information to help answer these questions and provide a clear basis for helping the Consultant improve his/her skills.

The results of the fidelity assessments for all of the Family Specialists at an agency provide excellent information for the training staff as well. The trainers review the results of the six-month evaluations to see where the Family Specialists have greatest strengths and most common weaknesses. Any weak areas then become the target for improved training curricula as well as consultation and administrative support within the agency.

The fidelity instruments are an excellent tool for overall quality improvement. Once or twice a year the training, consultation, evaluation, and administrative staff meet to

review the results of the fidelity assessments for all of the Family Specialists at their agency. Are there particular strengths across all the evaluations? Are there common problems or deficiencies? Are there innovative practices that have been used by Family Specialists? Is the fidelity observation protocol still getting at the important aspects of the desired treatment in families? And so on. The training, consultation, evaluation, and administrative staff then decide what, if any, modifications need to be made in their selection criteria and processes to find more of the best candidates and weed out more of the ones who take huge amounts of consulting time to achieve Certification standards. They also look at the balance between training and consultation to see if some of the common problems being experienced at the consultation level could be addressed more directly at the preservice workshop training level. In addition, they look for any aspects of the Family Specialists work that could be facilitated administratively to relieve paperwork, sharpen communication patterns, better use available technology, fill gaps in staffing, increase longevity, etc.

Natural variation of practices occurs and is used as a basis for innovation with scrutiny over a long enough period of time to see if the innovation is beneficial to children, families, the organization, or community. The fidelity instrument is revised to reflect these innovations in practices as implemented by the Family Specialists and consultants who are faced with solving real problems every day. For example, clinical judgement was recognized as a key ingredient in Teaching-Family (and any other) treatment. However, for Family Specialists working on their own in families, “clinical judgement” became a central issue. Thus, over the period of a few years, this concept was defined, operationalized, and finally included in the fidelity protocol. Another example is the addition of “emotional content,” a central issue in Teaching-Family (and other) treatment foster homes for children and adolescents. After the Teaching-Family treatment foster care staff defined and operationalized the concept, it was added more specifically to the Family Specialist preservice workshop training curriculum, consultation protocols, and fidelity instrument.

Finally, the annual evaluation for each Family Specialist becomes part of the annual review of the agency and part of the tri-annual Certification review of the agency by the Teaching-Family Association. These fidelity evaluations at the direct clinical level provide a clear window into the inner workings of an agency with respect to their uses of the Teaching-Family Model treatment program and support systems.

APPENDIX A

Characteristics of the Teaching-Family Placement Prevention Program

1. A Residential Bed -- At Home
   a) A Social Services screening committee refers children who have been or otherwise would be placed into residential care (e.g., within 30 days).
   b) One adult at home agrees to the service.
   c) Intensive treatment services are wrapped around a child and family at home.

2. Home-Based Treatment
   a) All contact time is in the home, school, job, and neighborhood to assure the relevance of the interventions and to increase feelings of comfort and safety for the family as they face problems and try to change.
   b) Experience the whole family first hand in the context of their relationships with each other and with others outside the home.
   c) See strengths and help with solutions when and where they occur. Minimize generalization problems.

3. Family-Centered Treatment
   a) Parents are in charge of their families.
   b) Family Specialists are non-judgemental partners or colleagues who empower families with information, new skills, respect, responsibility, deference for decisions, and requests for permission to act.
   c) Families set the agenda and implement solutions.
   d) Family Specialists establish nurturing, supportive, empathetic relationships with family members. Everyone is doing the best they can.

4. Intensive Treatment
   a) Maximum of two families per Family Specialist for four to twenty weeks of treatment.
   b) Family Specialist on call 24-hours a day.

c) Continued follow-up as needed to adjust interaction patterns or help re-solve problems.

5. Emphasis on Teaching
   a) The art of helping families actually do the things that can improve family functioning.
   b) Focus on what is missing and build on strengths through teaching and counselling.
   c) Family Specialists help families learn and integrate new family interaction and child-rearing skills in their everyday lives.

6. Flexible Services
   a) Provide help with any family-related problem (do it, arrange for it, create it).
   b) As much assistance as necessary to bring about needed change to increase self-sufficiency of the family (fewest changes, greatest effects).
   c) Techniques and styles of interacting must be realistic and fit family needs.
   d) Timing of visits must fit family schedules, needs, and emergencies.
   e) Help is provided when the family is most willing and able to change.
   f) Hook up natural helping networks (friends, relatives, churches, neighborhood centers).
   g) Basic needs present teaching opportunities.

7. Program Improvement
   a) Specification of Family Specialist knowledge and skills (select or teach).
   b) Implement knowledge and skills via pre-service training, in-home observation, and facilitative administrative support.
   c) Evaluation of staff skills and overall program.
   d) Evaluation through feedback from data, consumer comments, and clinical experiences.
   e) Replication to assure consistent, high quality services across people, service locations, and time.

APPENDIX B

FAMILY SPECIALIST FIDELITY EVALUATION SAMPLE

(Note: Clinical Judgement questions-CJ#!, etc.-are embedded in other areas)

Ratings are on a 7-Point Likert scale with
7 = Completely Satisfied
6 = Satisfied
5 = Somewhat Satisfied
4 = Neither Satisfied nor Dissatisfied
3 = Somewhat Dissatisfied
2 = Dissatisfied
1 = Completely Dissatisfied

TREATMENT PLANNING

1. Based on the documentation and pre-evaluation discussion, how satisfied are you with the Specialist's <u>understanding of the treatment plan</u> (organized and useful, rationales for linkages among skills, concepts, goals, treatment rationale and referral reasons; how the current treatment agenda is based on progress to date and plans for the next week or so; descriptions of changes in referral reasons linked to changes in family behavior)?

<u>Evaluator #1</u>:

<u>Evaluator #2</u>: Rating: 6 Comments: During the discussion and review of the treatment plan it was clear that Amanda had an understanding of the complexities of helping this family. She clearly linked each referral issue (e.g. parenting issues, behavioral issues of children, relationship with daughter) to goals. In turn each goal is linked to a series of skills (e.g. use of praise, setting limits) that can lead to accomplishing those goals. Amanda was clear about progress to date and reflected on the degree to which various goals have been met and which goals are challenging to meet, such as the grandmother's willingness to balance her own needs with the needs of the children. Changes in problems, such as the decreased use of physical intervention, were attributed to new skills learned such as more frequent praise and use of problem-solving strategies. Amanda was able to describe the changes she had seen in each family member through the course of the intervention. She was particularly clear about the results of using rational problem-solving (e.g. Grandmother's use of SODAS to resolve conflict). Given that the intervention is winding down it might have been helpful to more clearly link the gains in child behavior to the current

strengths of the parent. For example, if expressing feelings has been a key goal, how has the parent changed to maintain gains in this area.

2. **Based on the documentation and pre-evaluation discussion, how satisfied are you that the treatment plan fits the family's treatment needs (highly individualized to fit the unique needs of the family, respectful of the family members, non-judgmental words and descriptions, use of relevant rationales, use of optimistic, yet realistic words about the family strengths and progress, goals and related skills in relation to referral issues)?**

Evaluator #1:

Evaluator #2: Rating: 6 Comments: The needs of the grandmother and the special needs of each child are taken into consideration through the treatment plan. Not only are parent and child issues attended to, but the treatment has been further individualized for each of the three children, given their ages and the family dynamics that impact that child (e.g. length of time living with the grandmother, feelings of abandonment and rejection). Amanda was quite respectful of the family members and empathetic to the situation that the grandmother is facing regarding her daughter. She was realistic about the gains made in the family and about those areas that had not yet been impacted as successfully. A real strength for any Specialist is to be clear about where things stand in relation to achieving desired outcomes. Amanda was able to put each goal and skill into a realistic framework which will undoubtedly help her plan the rest of the intervention as well as follow-up work.

3. **(CJ #1) Based on all the information (including the family visit), how satisfied are you that the Specialist effectively implements the treatment plan to the benefit of the family (flexibly fits the family's context, creates movement toward change, orchestrates and creates opportunities for change to occur, frequently describes the treatment rationale, uses change-oriented rationales to create helpful ways of thinking, and organizes goals, concepts, skills, behaviors clearly for the family)?**

Evaluator #1:

Evaluator #2: Rating: 5 Comments: This is a busy family with lots to attend to during the course of an evening. Amanda does a wonderful job fitting into family routines and creating many opportunities for children to directly learn so many important skills and ways of interacting. It was very impressive to see her ability to maximize opportunities. She was well able to use change-oriented rationales and question-asking with the children to help them see the benefits of learning new ways of behaving (e.g. "Does being mad help solve the problem?"). More frequent use of treatment rationales for the children and the parent will help

increase motivation to change. Implementation of the treatment plan was particularly strong with respect to orchestrating and creating change directly with children. Amanda can further improve the fit for the family, and therefore the long-range impact, by attending more to adult behavior and support for the parent's position in the home. By linking the parent's behavior with progress, it is more likely that the parent will understand and be confident in the gains achieved.

RELATIONSHIP DEVELOPMENT

1. **How satisfied are you that the Specialist's <u>personal interactions</u> with the family are characterized by empathy, warmth, sincerity, humour, and concern for family members?**

   <u>Evaluator #1</u>: Rating: 7 Comments: Amanda is very engaging as a Specialist. Her frequent empathy, her sincere concern for family members, and her engaging style are consistently in evidence. Whether she is helping a child explore feelings or actively teaching a skill, Amanda is positively engaged with each individual. Her calm approach during busy times is very beneficial to everyone.

   <u>Evaluator #2</u>:

2. **How satisfied are you that the Specialist appropriately attends to the <u>emotional content of interactions with individual family members</u> (asks questions: "How are you feeling right now?"; labels emotions: "You look worried/happy/excited"; imputes emotions: "You must feel really disappointed"; responds with empathy and understanding)?**

   <u>Evaluator #1</u>:

   <u>Evaluator #2</u>: Rating: 7 Comments: This is clearly a strength area for Amanda. She has proactively helped each child gain a better understanding of his or her feelings through a variety of creative games and activities and through ongoing teaching and modeling. For example, she helped children associate their behavior with their feelings by asking insightful questions such as, "How do you act when you feel sad?" She also frequently imputed emotion related to behavior by making statements such as, "That sounds like a 'mad' voice." In addition she was clear that emotions are not right or wrong by making statements like, "It's okay to cry and be sad." Even her empathy was directed at helping the children process feelings when she made statements like, "It can be pretty scary to go to an adult and ask them to change." It was also very impressive to observe

Amanda's ability to help the children take charge of their feelings and make healthy choices to resolve their feelings through problem-solving.

3. **How satisfied are you with the Specialist's ability to <u>engage family members</u> in the treatment process (building partnerships with parents, active participation by family members, family investment of time and energy, requests by family members for advice or information, referral by family members to past advice or information provided by the Specialist)?**

<u>Evaluator #1</u>:

<u>Evaluator #2</u>: Rating: 5 Comments: Certainly the parent in this home sees Amanda as a wonderful and resourceful person. Since the parent is the grandmother of the children and also a single parent with a full-time job, it is understandable that her energy level can be somewhat low in the evening. In terms of engagement it may be useful for Amanda to "match" her own energy level a bit more closely to the parent's so that there are plenty of opportunities for the parent to engage with the children in her own low-key style. On the two or three occasions when Amanda prompted the parent or asked a question (e.g. "What do you want to do about that?") the parent seemed very willing to parent or state her preference. A higher rate of such engaging approaches as asking the parent's permission, asking the parent to deliver consequences, prompting the parent to engage the child. Engagement may be further enhanced by avoiding talking about the parent in the third person to the children (e.g. "What do you need to say to Grandma?" "What if Grandma asks you to do something?") and instead prompting the parent to assume her rightful role in the family (e.g. "***** maybe this would be a good opportunity to ask him to apologize to you." or "***** would you be comfortable explaining to her that when you ask her to do something you'd like her to say 'okay' and not argue?).

4. **(CJ #6) Considering the sum total of your observations, how satisfied are you that the Specialist effectively <u>fits the family</u> context (respectful and collegial, participates in family activities, is flexible in approach and style, can take control or be non-directive as necessary, uses relationship as a springboard for teaching, uses family's treatment rationale)?**

<u>Evaluator #1</u>:

<u>Evaluator #2</u>: Rating: 5 Comments: Amanda has done a great job of figuring out what each person needs and then developing a treatment plan to meet those individual needs. She is well able to directly take charge of any child-related situation, which no doubt provides excellent modeling for the parent. Because she establishes such good relationships with everyone, Amanda can be confident in teaching through the parent and in encouraging the parent to use her

own style and approach in the home. It appeared that the parent was very comfortable with giving instructions and issuing consequences and was less comfortable with more extended teaching. Given the parent's strengths, a better fit for the parent might have been to focus more of the intervention on the value of giving clear instructions, using instructions as a proactive approach to reduce problems and on establishing a practical reward system. In addition a more frequent use of the parent's treatment rationale would further support the parent in creating new views and parenting approaches.

TEACHING SKILLS

1. **Considering the sum total of your observations, how satisfied are you with the Specialist's use of <u>teaching interaction components</u> (the performance of relevant components at some time during the visit -- initial praise or empathy, specific descriptions of appropriate and inappropriate behavior, person-centered rationales, requests for input, practice appropriate skills, feedback on practice, goal/concept-related general praise, quality components, teaching style)?**

   <u>Evaluator #1</u>:

   <u>Evaluator #2</u>: Rating: 7 Comments: Amanda is a very skillful teacher! It was truly inspiring to see her ability to use every element of teaching to the benefit of each child. Not only is she able to use each component expertly, but her style is filled with warmth, humour and concern. Whether she was offering brief descriptive praise ("Good remembering!" "Good sharing!"), providing descriptions and rationales ("If you say 'please' and use a nice tone of voice, maybe she will share."), or offering empathy ("I know it's hard to sit and listen..."), Amanda was tuned in to the needs of the child and able to use all components effectively. Amanda frequently requested input and kept children engaged by asking them questions that focussed on rationales and descriptions of appropriate behavior ("Why did we play that game?" "Why do you need to stay out of things?).

2. **How satisfied are you that the Specialist is able to appropriately <u>balance teaching</u> to the behaviors of the children and the behaviors of the adults in the family with comfort and skill (teaches through parent as appropriate, teaches directly to child as appropriate, sensitive to parent's agenda)?**

   <u>Evaluator #1</u>:

   <u>Evaluator #2</u>: Rating: 4 Comments: Amanda is super at teaching directly to the children in the family and they have benefitted from her time and attention. During the course of the evening, Amanda was able to offer a couple of prompts to the grandmother. For example, she prompted the grandmother to praise the

children for playing cooperatively in their rooms and also asked the grandmother what she wanted to do about some problematic behavior presented by one of the children. Amanda can further balance her teaching by getting comfortable with letting the family interact without intervening so quickly. In many cases there was really no opportunity for the grandmother to parent because of Amanda's very prompt intervention with the children. More frequent prompting of the parent and "shadowing" the parent rather than the children would further empower the parent and likely result in an increase in parent confidence and competence.

3. How satisfied are you that the Specialist has <u>matched skills</u> between family members (creates positive spirals of new behavior, creates reinforcing interactions between family members active modelling as appropriate)?

<u>Evaluator #1</u>:

<u>Evaluator #2</u>: Rating: 5 Comments: Amanda has worked hard and expertly to create a lot of gains for some very needy children (self-esteem, problem-solving, asking permission, expressing emotion). Modeling is clearly a true strength for Amanda. Amanda also did some debriefing with the parent after a problem-solving session conducted with the children by Amanda. Amanda can get even more mileage from modeling by more frequently and precisely using an "active" modeling mode. For example, before working with the children for a period of time, Amanda could be very behaviorally specific in describing to the parent just what might be helpful to observe (e.g. "I'm going to try to be very specific with my instructions and try not to repeat them. Why don't we see if that helps the kids?") Similarly after teaching to the children it would be helpful to then "debrief" with the parent about the "parenting" or teaching skills just modelled. In this way the parent can indicate her comfort or discomfort with the approach and Amanda can prompt and support the parent in trying out some similar interactions. By giving the parent just one or two things to focus on it may be more likely that she will feel confident in trying out the skill.

4. How satisfied are you with the Specialist's <u>use of contingencies</u> (prompt delivery of social consequences with parents and children, motivation focus on treatment goals, a 5:1 ratio of positive to corrective feedback, individualized consequences, well-designed motivational checklists or charts)?

<u>Evaluator #1</u>:

<u>Evaluator #2</u>: Rating: 5 Comments: Amanda made effective use of contingent descriptive praise with each child (e.g. "Good choice to stop being silly, *****.") In addition, she also used more tangible motivators to strengthen the likelihood of the children engaging in future sessions (i.e. use of 'gobstoppers'). Contingency

management can be further improved by proactively letting the children know what "rewards" would be available, by having the parent deliver the rewards even when the intervention is done by the Specialist, by more frequently offering praise and encouragement to the parent, and by more promptly withdrawing attention for tantrum behavior.

5. How satisfied are you that the Specialist is able to offer <u>conceptual feedback</u> (useful strength and improvement concepts, adequate specific examples, convincing rationales, sufficiently specific solutions, pleasantness, smoothness)?

<u>Evaluator #1</u>:

<u>Evaluator #2</u>: Rating: 4 Comments: Amanda took the opportunity to explore and review with the parent some of the past and future benefits of using problem-solving approaches. Such "summing up" can be very helpful in building perspective for the parent. Amanda can further enhance her support to parents by offering conceptual feedback regarding a review of her own behavior in context as a teaching tool. The Specialist also can carefully observe the positive parenting that occurs throughout the evening and can offer supportive conceptual praise. For example, an important treatment goal is having the parent set limits. Throughout the evening the parent set a number of limits through instructions and by describing potential consequences (i.e. instructions to finish meal, shut door, come to the table and study, to not tip the chair legs, to not pester a sibling during homework). At the close of the visit or after noting this parenting strength, Amanda could provide conceptual praise to the parent. Similarly conceptual, yet conversational, proactive teaching can be used at the start of a visit to set a goal with the parent for the evening. For example, if the stress of parenting could be reduced by having the parent offer clear, proactive instructions to successfully engage the children in the evening's routines, then the Specialist could use the concept of "proactive instructions" and have the parent engage in a dialogue to create her own agenda for the evening. Conceptual teaching is a very effective and respectful way to engage parents and given Amanda's warmth, excellent child-related teaching and genuine concern, it will be exciting to see this area develop further.

6. (CJ #2) How satisfied are you that the Specialist <u>perceives and responds to teaching opportunities</u> throughout the visit (effective praise, intervening directly when needed, attending to and noticing ongoing behavior)?

<u>Evaluator #1</u>:

<u>Evaluator #2</u>: Rating: 5 Comments: Amanda has an incredible ability to be tuned in to every nuance of a child's behavior and was very effective in perceiving and

responding to child-related opportunities to teach. She perceived diverse opportunities to attend to everything from expressing feelings to making good choices. Amanda can further enhance her abilities in this area by seeing the family through the parent's eyes and focusing more of her teaching on parent-related behavior. More frequent prompts to the parent followed by supportive statements and conceptual praise would further intervention gains.

7. (CJ #3) How satisfied are you that the Specialist <u>creates teaching opportunities</u> throughout the visit (proactive teaching; orchestrating people, events, or topics to set up opportunities; planning visits)?

<u>Evaluator #1</u>:

<u>Evaluator #2</u>: Rating: 5 Comments: A marvellous job of creating teaching opportunities to address problem-solving and teach to expressing emotions. It was truly incredible to observe Amanda's ability to engage the children and clearly pursue an agenda related to expressing feelings and problem-solving. A very artful job of using expressing feelings (e.g. about food at the babysitters) as a springboard to using rational problem-solving concerning the issue. More proactive prompts to the parent to set the stage for next set of family interactions would assist the parent in managing a busy family. For example, helping the parent structure her evening through proactive instructions and proactive statements of contingencies would be an example of orchestrating events and empowering the parent. Such proactive approaches would decrease the likelihood of increasingly reactive agendas being established by the children's behavior.

8. (CJ #4) How satisfied are you with the <u>general effectiveness</u> of teaching (impacting the referral issues, appropriate skill selection balanced across goal areas, frequency of teaching, appropriate tolerance levels, family's receptivity to practice, teaching to generalization, integration of treatment plan in teaching, promoting insight)?

<u>Evaluator #1</u>:

<u>Evaluator #2</u>: Rating: 5 Comments: Clearly the children have learned a great deal from Amanda. All child-related areas of the plan have been addressed to varying degrees for each child and there is a solid base due to the effectiveness of Amanda's teaching. The challenge will be to shift the focus from Amanda to the parent and to target minimal parenting goals that are a good fit for the parent and are likely to create positive spirals and be maintained.

9. (CJ #5) How satisfied are you that the Specialist is conducting the intervention in a manner that is sufficiently <u>intensive yet not too intrusive</u>

in the life of the family (consider the progress to date in relation to the time invested and the referral issues, does skill practice by family members occur frequently enough to make treatment gains, do family members appear comfortable with the amount of changed behavior in their family)?

Evaluator #1:

Evaluator #2: Rating: 5 Comments: Gains for family members, particularly the children, have been substantial in terms of skill acquisition and ability to identify and express emotions. Amanda has worked very intensively to help the children. Amanda will need to consider whether or not the very intensity of her intervention with the children, has in fact been too intrusive. That is, given Amanda's high rate of skillful teaching with children, there seemed little opportunity for the parent to assume her role as parent in the household. No doubt it is difficult to wait for the parent to respond to the children's needs. However, prompts to the parent and her empowerment are critical to creating comfort with change.

INTERVENTION PROGRESS

1. **How satisfied are you with the overall social behavior of the children in the family with respect to any possible child welfare concerns (children practice new skills, will be able to sustain positive changes over time)?**

   Evaluator #1:

   Evaluator #2: Rating: 5 Comments: The children have benefitted tremendously from the intervention and indeed the two older children seem to have skills well integrated and are able to use them. In particular the older boy seems to have internalized many of the gains related to problem-solving and expressing emotions. The behavioral gains seem a bit fragile for the two girls and will likely require ongoing support to sustain the gains. While at this point the level of behavioral issues would not raise child welfare concerns, it will be important to have a strong follow-up plan.

2. **How satisfied are you with the overall behavior of the parent(s) with respect to any possible child welfare concerns (practices new skills, will be able to sustain positive changes over time)?**

   Evaluator #1:

   Evaluator #2: Rating: 5 Comments: This match of parenting skill with the gains of the children is the next critical piece. The parent's strengths lie in her commitment to the children and her ability to set limits. Given three children, it

will be important for household routines to be structured in such a way that the routines themselves help create stability and the opportunity for parenting effectively. Some of these routines are emerging nicely such as homework, quiet time in the bedroom and story time at bedtime. Low key parenting is likely to require fairly strong contingency management systems which may be a better fit for the parent than requesting high rates of fairly sophisticated teaching. Hopefully the next few weeks will see a solidification of gains for the parent as demonstrated through increased parenting interactions with the children. A basic focus on increasing the rate of interaction may be helpful.

3. **How satisfied are you that the Specialist helps the family members see (understand) their progress toward their goals (uses cause-effect statements, describes new and positive ways of thinking, prompts family members to describe changes, uses comparative/now vs. then statements)?**

Evaluator #1:

Evaluator #2: Rating: 5 Comments: Amanda did a terrific job on the emotional development piece with the children in terms of helping them see the cause-effect relationships that exist between their feelings and their behavior. In addition she readily pointed out how certain behaviors such as asking nicely are more likely to result in desired outcomes. She also did a nice job of reminding the parent about her ability to effectively use problem-solving as a different and effective parenting approach. She also helped the children review the gains they had made in terms of skills they had learned such as asking permission and problem-solving. More focus on helping the parent describe child-related gains would help the parent feel more confident.

4. **(CJ #7) Based on the treatment plan, skill implementation, family changes, and the sum total of your observations, how satisfied are you that the Specialist's judgement is accurate in assessing the family's progress (child welfare issues will be resolved by the predicted end of intervention, Specialist's description of family change matches your observations, Specialist's description of teaching agendas to be completed)?**

Evaluator #1:

Evaluator #2: Rating: 6 Comments: Amanda is aware of each child's past and current issues and was realistic about those issues that have been addressed and those issues that have been more difficult to impact such as the parent's willingness to take care of herself. In addition Amanda indicated that she saw a need during the intervention to shift to working more through the parent. The

next challenge will be to shift from recognition of this need to more frequently and comfortably working through the parent.

RECORD KEEPING

1. **How satisfied are you that the case files maintained by the Specialist are complete, (clear and organized regarding all family-related information, complete as defined by the paperwork checklist on the file)?**

   Evaluator #1:

   Evaluator #2: Rating: 7 Comments: Each file was well organized and all family-related information was complete per the paperwork checklist. The one incomplete termination letter was due to routing and revision problems that were not under Amanda's control.

2. **How satisfied are you that the Specialist has been prompt in meeting paperwork deadlines (e.g., Treatment Plan within first two weeks, termination letter within two weeks of closing file)?**

   Evaluator #1:

   Evaluator #2: Rating: 6 Comments: Certainly all treatment plans were completed within 30 days and some within two weeks. It is this evaluator's understanding that the timeline for creating the initial treatment plan is under consideration by the program. Therefore any treatment plan completed within 30 days was recorded as on time. Termination letters were also produced on time.

3. **How satisfied are you with the quality and content of all treatment related documents (e.g., behavior specificity, non-judgmental language, inclusiveness and saliency of treatment planning and termination letter, grammar and spelling)?**

   Evaluator #1:

   Evaluator #2: Rating: 7 Comments: All treatment related documents were of excellent quality. Plans were very specific and descriptive of current and desired outcomes. Termination letters linked referral issues to goals and gains. Letters were written in a respectful manner and were professionally sound.