Building Strength through Coping
Facilitator Fidelity Checklist

Session Two: Understanding Stresses in Our Own Lives

Facilitator Name : _____ Date: _____

Introduction	**Time for Activity: 15 minutes**	**Time Started:**

Did you do the following:

No Some Yes

1. Provided a general introduction — No Some Yes
   Comments:

   Content
   Deleted Changed Added

2. Explained Journey Map — No Some Yes

   Comments:

   Content
   Deleted Changed Added

3. Distributed and explained folders — No Some Yes

   Comments:

   Content
   Deleted Changed Added

4. Stated week's objectives — No Some Yes

   Comments:

   Content
   Deleted Changed Added

Icebreaker Time for Activity: 10 minutes Time Started:

Did you do the following:

	No	Some	Yes
1. Reintroduced yourself	No	Some	Yes

Comments:

Content
Deleted Changed Added

2. Asked about two truths and a non-truth	No	Some	Yes

Comments:

Content:
Deleted Changed Added

Ground Rules Time for Activity: 5 minutes Time Started:

Did you do the following:

	No	Some	Yes
1. Posted and explained rules	No	Some	Yes

Comments:

Content
Deleted Changed Added

2. Asked about any additional rules	No	Some	Yes

Comments:

Content
Deleted Changed Added

Anchor	**Time for Activity: 10 minutes**	**Time Started:**

Did you do the following:

	No	Some	Yes	Content Deleted	Changed	Added
1. Posed questions according to manual	No	Some	Yes			
Comments:						
2. Recorded responses on table	No	Some	Yes			
Comments						
3. Started with your own example	No	Some	Yes			
Comments:						
4. Chose 2 controllable and uncontrollable examples	No	Some	Yes			
Comments:						

ADD Time for Activity: 20 minutes Time Started:

Did you do the following:

No Some Yes

1. Transitioned to ADD No Some Yes

   Comments:

   Content
   Deleted Changed Added

2. Asked what control meant No Some Yes

   Comments:

   Content
   Deleted Changed Added

3. Added column to table for control No Some Yes

   Comments:

   Content
   Deleted Changed Added

4. Wrote answers on table No Some Yes

   Comments:

   Content
   Deleted Changed Added

5. Split the group into two (can and can't control) No Some Yes

   Comments:

   Content
   Deleted Changed Added

APPLY **Time for Activity: 15 minutes** **Time Started:**

Did you do the following:

	No	Some	Yes
1. Transitioned to APPLY	No	Some	Yes

Comments:

Content
Deleted Changed Added

2. Had parents choose one stressful picture	No	Some	Yes

Comments:

Content
Deleted Changed Added

3. Had group A talk about what can control	No	Some	Yes

Comments:

Content
Deleted Changed Added

4. Had group B talk about what can't control	No	Some	Yes

Comments:

Content
Deleted Changed Added

5. Had large group discussion	No	Some	Yes

Comments:

Content
Deleted Changed Added

6. Repeat this 2-3 times with groups switching off	No	Some	Yes

Comments:

Content
Deleted Changed Added

AWAY Time for Activity: 5 minutes Time Started:

Did you do the following:

No Some Yes

1. Explained home activity process No Some Yes

   Comments:

   Content
   Deleted Changed Added

2. Passed out home activity cards No Some Yes

   Comments:

   Content
   Deleted Changed Added

Closing/Snacks Time for Activity: 5 minutes Time Started:

Did you do the following:

No Some Yes

1. Reminded of next week's session, time, place No Some Yes

   Comments:

   Content
   Deleted Changed Added

2. Gave overview of next week's objectives No Some Yes

   Comments

   Content

Deleted Changed Added

3. Asked if okay with being contacted to remind of next week — No Some Yes

   Comments:

Content
Deleted Changed Added

4. Invited parents to take snacks on way out — No Changed Added

   Comments:

Content:

Deleted Changed Added

What went well in this session:

Was there anything unusual in the session?

General Notes: