

Building Strength through Coping

Facilitator Fidelity Checklist

Session Three: Coping with Our Own Stresses

Facilitator Name : _____

Date: _____

Introduction and Check-In**Time for Activity: 25 minutes****Time Started:**

Did you do the following:

No Some Yes

1. Reviewed Journey Map and week's material

No Some Yes

Comments:

Content
Deleted Changed Added

2. Distributed folders

No Some Yes

Comments:

Content
Deleted Changed Added

3. Reviewed week's objectives

No Some Yes

Comments:

Content
Deleted Changed Added

4. Asked if wanted to add to rules

No Some Yes

Comments:

Content
Deleted Changed Added

5. Reviewed home activity (check-in)

No Some Yes

Comments:

Content

Deleted

Changed

Added

Anchor

Time for Activity: 10 minutes

Time Started:

Did you do the following:

No Some Yes

1. Transitioned to ANCHOR

No Some Yes

Comments:

Content

Deleted

Changed

Added

2. Talked about feelings when
had and didn't have control

No

Some

Yes

Comments:

Content

Deleted

Changed

Added

3. Used examples from check-in for discussion

No

Some

Yes

Comments

Content

Deleted

Changed

Added

ADD Time for Activity: 25 minutes	Time Started:
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Did you do the following:

	<u>No</u>	<u>Some</u>	<u>Yes</u>	
1. Transitioned to ADD	No	Some	Yes	
Comments:	Content Deleted		Changed	Added
2. Introduced emotions poster	No	Some	Yes	
Comments:	Content Deleted		Changed	Added
3. Had parents identify emotions of faces	No	Some	Yes	
Comments:	Content Deleted		Changed	Added
4. Had parents explain what emotions meant to them	No	Some	Yes	
Comments:	Content Deleted		Changed	Added
5. Gave examples and had parents identify emotions by finding appropriate face on poster	No	Some	Yes	
Comments:	Content Deleted		Changed	Added
6. Introduced three-step process for coping poster		No	Some	Yes
Comments:	Content Deleted		Changed	Added

7. Passed out 3-step handout to take home
Comments:

No Some Yes

Content:

Deleted Changed Added

APPLY

Time for Activity: 20 minutes

Time Started:

Did you do the following:

- | | <u>No</u> | <u>Some</u> | <u>Yes</u> |
|---|-----------------|-------------|------------|
| 1. Talked through scenarios and asked for answers | No | Some | Yes |
| Comments: | | | |
| | Content Deleted | Changed | Added |
| 2. Wrote parents' answers on poster | No | Some | Yes |
| Comments: | | | |
| | Content Deleted | Changed | Added |
| 3. Guided parents through each category | No | Some | Yes |
| Comments: | | | |
| | Content Deleted | Changed | Added |
| 4. Two groups answered questions on own | No | Some | Yes |
| Comments: | | | |
| | Content Deleted | Changed | Added |
| 5. Wrote small group answers on poster | No | Some | Yes |
| Comments: | | | |
| | Content | | |

Deleted	Changed	Added
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6. If had extra time, asked for personal examples

No	Some	Yes
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Comments:

Content		
Deleted	Changed	Added

AWAY**Time for Activity: 5 minutes****Time Started:**

Did you do the following:

No	Some	Yes
----	------	-----

1. Told parents that would
be asking about activity next week

No	Some	Yes
----	------	-----

Comments:

Content		
Deleted	Changed	Added

2. Explained home activity with 3 steps

No	Some	Yes
----	------	-----

Comments:

Content		
Deleted	Changed	Added

3. Passed out home activity cards

No	Some	Yes
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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 objective

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: