FULL CHILD WELFARE FBT TRAINING READINESS INTERVIEW & CONTRACT FOR SUPERVISOR

Each item indicated in this checklist needs to be reviewed by the Supervisor and Lead FBT National Trainer (as indicated by checks next to each item, and signatures) prior to Full CHILD WELFARE FBT Training. Copies of this document will be recorded to document the demonstration of requisite skills for agency providers and supervisors.

Prior to 1st Workshop

__a. Identify national trainer.
__b. Assure each provider being trained will be able to provide FBT services to at least 1 person per week & all cases will be seen in FBT model.
__c. Assure funding for training.
__d. Assure all supervisors and providers read at least the 1st 4 chapters of FBT treatment manual.
__e. Assure workshop dates and location are scheduled.
__f. Assure travel & lodging for trainer(s).
__g. Assure Adult FBT treatment manual purchased for each provider and supervisor, & read.
__h. Assure providers & supervisors have copy of Presentation Outline & Handout for ADULT FBT.
__i. Assure password protected filing system to store HIPPA compliant session audios for trainers.
__j. Assure selected record forms incorporated into FBT filing system.
__h. Assure continuing education units for providers' and supervisor's licensure for workshop (if desired).
__i. Assure digital audio-tape recorders are provided for each provider & supervisor.
__j. Assure workshop has computer w/ website access, PowerPoint, and projector.
__l. Encourage trainer(s) meet w/ select administrators, supervisors and/or providers on-site for lunches and possibly dinners off site.
__m. Assure list of providers available for CEU sign-ups (if applicable).
__n. Assure supervisor(s) & providers (in group) complete Readiness Interview & Contracts w/ Trainer.
__o. Assure all training staff is on time & present throughout all scheduled workshops and on-going trainings.

1st Workshop

__a. Facilitate trainer in the administration of pre-FBT quiz.
__b. Indicate no texting/calls & lap top typing during workshop & checked only during breaks.
__c. Encourage on-site 1-hr. to 1.5 hr. lunches w/ admins., supervisor(s), and providers.
__d. Assist on-going training 1.5 hrs each week with all providers, supervisor(s) and trainer(s).
__e. Evaluate trainer adherence for workshop using the workshop integrity protocol.
__f. Distribute Workshop Presentation Outline & Handout so trainer can initiate workshop.
__g. Facilitate trainer in administration of post-FBT quiz.
__h. Ideally spend 4 hrs. the day before or after workshop to (1) establish/review FBT filing system & (2) practice FBT case review for supervision/on-going training w/ trainer.

Following 1st Workshop

__a. Initiate on-going training meetings within 2 weeks of 1st workshop.
__b. Arrange at least 1 session audio-tape reviewed for integrity per team by trainer(s) each week, w/ provider having at least 1 tape randomly reviewed by trainer each month.
__c. Arrange audio-tapes to be electronically sent to trainer for every FBT session.
__d. Arrange at least 1 session audio-tape per team reviewed for integrity each week by a provider.
__e. Arrange a call 1 hr. every other month w/ agency head, supervisor(s), trainer(s), and any other relevant staff to review FBT adherence, # of cases seen, morale.
__f. Arrange the trainer to talk w/ each provider on telephone for 15 mins. within 1 month of 1st workshop

to review potential concerns, skill sets, confidence w/ FBT, expectations.

Preparation for 2nd and 3rd workshops

__a. Schedule workshop approx. 3 to 4 months after initial workshop.
__b. Assist travel & lodging arrangements for trainer(s)
__c. Make 1 copy of Adult CHILD WELFARE Workshop Presentation Outline & Handout for self & providers.
__d. Arrange CEUs for providers/supervisor (if desired).
__e. Arrange workshop location, computer w/ website access, PowerPoint, projector.
__f. Encourage trainer(s) meet w/ select administrators, supervisors and/or providers in on-site lunches.
__g. Arrange sign-up list for providers who desire CEUs (if applicable).

2nd and 3rd Workshops

__a. Assist pre-FBT quiz administration.
__b. Indicate no texting, calls, open lap tops during meetings, & checked only during breaks.
__c. Encourage on-site 1-hr. to 1.5 hr. lunches w/ admins., supervisor(s), and providers.
__d. Initiate 2nd workshop as a 2ndry trainer and 3rd workshop as primary trainer using Workshop Presentation Outline & Handout form.
-National Trainer will engage as primary and 2ndry trainer.
__e. Evaluate workshop adherence using Adherence to Workshop Protocol According to Trainer form.
__f. Assist trainer in evaluating workshop using Trainer Adherence to Workshop Protocol According to Trainer form.
__g. Assist administration of post-FBT quiz.

Following 2nd and 3rd Workshops

__a. Initiate client case reviews in on-going training meetings resumed within 1 week of workshops for 11 mos. or until 80% adherence occurs per each provider per each intervention component.
__b. Assist at least 1 session audio-tape per team of 4 providers reviewed for integrity by trainer(s) each week, w/ every provider having at least 1 tape randomly reviewed by trainer each month.
__c. Assist audio-tapes provided for every FBT session are provided to trainer each week.
__d. Assist at least 1 session audio-tape per team reviewed for integrity each week by a provider.
__e. Lead/supervise all on-going training meetings following training protocols for these meetings.
__f. Receive forms from trainers when requisite skills were demonstrated.
__g. Assure attendance at future on-going FBT training meetings (as taught by the national trainer) on a weekly basis for 90 mins.
__h. Assure only persons with demonstrated competence in FBT (as per national trainer) implement FBT at your agency.
__i. Assure all persons implementing FBT provide all of their session audio-tapes for potential random review integrity checks.
__j. Assure all persons implementing FBT maintain 80% or higher integrity on their session audio-tapes.

As the Supervisor of _____, my signature below indicates that I commit to assuring the preceding procedures are performed.

_____

Name & Signature of Supervisor, Date

As the Lead National FBT Trainer, my signature below indicates that I have reviewed the preceding procedures with this Supervisor.

_____

Name & Signature of Lead National FBT Trainer, Date