

FULL CHILD WELFARE FBT TRAINING READINESS INTERVIEW & CONTRACT FOR AGENCY HEAD

Each item indicated in this checklist needs to be reviewed by the Agency Head and Lead FBT National Trainer (as indicated by checks next to each item, and signatures) prior to Full Adult 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. Assure completion of pre-FBT quiz.
- b. Assure 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. Assure on-going training 1.5 hrs each week with all providers, supervisor(s) and trainer(s).
- e. Assure supervisor(s) evaluate trainer adherence for workshop integrity protocols.
- f. Initiate trainer workshop implementation w/ Workshop Presentation Outline & Handout.
- g. Assure completion of post-FBT quiz.
- h. Ideally assist supervisor in spending 4 hrs. day before or after workshop to (1) establish/review FBT filing system & (2) practice FBT case review for supervision/on-going training.

Following 1st Workshop

- a. Assure supervisor initiates on-going training meetings within 2 weeks of 1st workshop.
- b. Assure 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. Assure audio-tapes electronically provided to trainer for every FBT session.
- d. Assure at least 1 session audio-tape per team reviewed for integrity each week by a provider.
- e. Assure 1 hr. every other month a call occurs between agency head, supervisor(s), trainer(s), and any other relevant staff to review FBT adherence, # of cases seen, morale.
- f. Assure lead trainer talks 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. Assure workshop is scheduled approx. 3 to 4 months after initial workshop.
- b. Assure travel & lodging arrangements for trainer(s)
- c. Assure supervisor(s) and providers have 1 copy of Adult Workshop Presentation Outline & Handout.
- d. Assure CEUs for providers/supervisor (if desired).
- e. Assure 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. Assure list of providers available for CEU sign-ups (if applicable).

2nd and 3rd Workshops

- a. Assure providers complete pre-FBT quiz.
- b. Assure no texting, calls, open lap tops during meetings, & checked only during breaks.
- c. Assure on-site 1-hr. to 1.5 hr. lunches w/ admins., supervisor(s), and providers.
- d. Assure supervisor(s) evaluates trainer adherence for workshops w/ "Trainer Adherence to Workshop Protocol According to Attending Supervisor" form in 2nd workshop.
- e. Assure supervisor(s) is 2ndry trainer for 2nd workshop and primary trainer for 3rd workshop using Workshop Presentation Outline & Handout.
- f. Assure trainer evaluates supervisor for workshop adherence using protocol checklist.
- g. Assure workshops 2 and 3 occur.
- h. Assure completion of post-FBT quiz.

Following 2nd and 3rd Workshops

- a. Assure client case reviews in on-going training meetings resume within 1 week of workshops for 11 mos. or until 80% adherence occurs per each provider per each intervention component.
- b. Assure 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. Assure audio-tapes provided for every FBT session are provided to trainer each week.
- d. Assure at least 1 session audio-tape per team reviewed for integrity each week by a provider.
- e. Assure supervisor able to lead all on-going training meetings following FBT training protocols.
- f. Assure collection of forms from trainers for providers & supervisor(s) demonstrating requisite skills.
- g. Assure future on-going FBT training meetings (as taught by the national trainer) occur 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 the supervisor/internal trainer with all 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 Agency Head of _____, my signature below indicates that I commit to assuring the preceding procedures are performed.

Name & Signature of Agency Head, Date

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

Name & Signature of Lead National FBT Trainer, Date