

FULL CHILD WELFARE FBT TRAINING READINESS INTERVIEW & CONTRACT FOR PROVIDER

Each item indicated in this checklist needs to be reviewed by the Provider 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. Complete pre-FBT quiz.
- b. Save texting/calls & lap top typing for breaks.
- c. Consider on-site 1-hr. to 1.5 hr. lunches w/ admins., supervisor(s), other providers, trainer(s).
- d. Schedule on-going training 1.5 hrs each week w/ other providers, supervisor(s), trainer(s).
- e. Pay attention to Workshop Presentation Outline & Handout & actively participate in role-plays.
- f. Complete post-FBT quiz.

Following 1st Workshop

- a. Participate in on-going training meetings within 2 weeks of 1st workshop.
- b. Submit all session audio-tapes for integrity to trainer each week so at least 1 tape can be randomly reviewed by trainer each month.
- c. Provide FBT to at least 1 case each week or whatever is the minimum set by agency.
- d. Talk w/ trainer 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. Participate in workshops 3 to 4 months after initial workshop.
- b. Let supervisor know if CEUs are desired for workshops.

2nd and 3rd Workshops

- a. Complete pre-FBT quiz administration if not passed with at least 80%.
- b. Save texting, calls, lap top typing for breaks.
- c. Consider on-site 1-hr. to 1.5 hr. lunches w/ admins., supervisor(s), and other providers.
- d. Pay close attention to Workshop Presentation Outline & Handout form.
-Agency supervisor will engage as primary trainer for 3rd workshop & 2nd for 2nd.
- e. Complete post-FBT quiz if previous quizzes were under 80%.

Following 2nd and 3rd Workshops

- a. Participate in client case reviews in on-going training meetings within 1 week of workshops for 11 mos. or at least until 80% adherence occurs per each provider per each intervention component.
- b. Provide all session audio-tapes to trainer(s) for integrity assessment each week so at least 1 tape can be randomly reviewed by trainer each month.
- c. Agency supervisor will lead all on-going training meetings following FBT training protocols.
- d. Receive forms from trainers when requisite skills were demonstrated.
- e. Assure attendance at future on-going FBT training meetings (as taught by the national trainer) on a weekly basis for 90 mins.
- f. Submit all of your session audio-tapes for potential random review integrity checks each on-going training meeting.
- g. Assure you maintain 80% or higher integrity in your sessions, as reflected by your session audio-tapes.

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

Name & Signature of Provider, Date

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

Name & Signature of Lead National FBT Trainer, Date