Fidelity
In
Practice
Series

Manual
2020 Edition

Fidelity In Practice for Early Intervention

Description

The *Fidelity in Practice—Early Intervention (FIP-EI)* observation checklists and manual were created using the integrated framework for evidence-based early intervention practices (Dunst, 2005) and previously developed checklists for assessing practitioner use of evidence-based practices in early childhood intervention (Mott, 2006; Raab & Dunst, 2006; Roper & Dunst, 2006; Rush & Shelden, 2006, 2020; Wilson & Dunst, 2005). Each *FIP-EI* checklist was streamlined to include the fewest number of items without duplicating constructs from each of the other checklists. The checklists represent practices that when used together operationalize capacity-building family-centered practices. The checklists should be used with one another (rather than individually) to evaluate the presence or absence of key indicators of evidence-based early childhood intervention practices. The *FIP-EI* includes checklists describing three different areas of capacity-building family-centered practice: (1) coaching practices, (2) natural learning environment practices, and (3) resource-based intervention practices. Each checklist includes 10 individual indicators that describe key aspects of each evidence-based practice area. Observers (i.e., supervisors, coaches, technical assistance providers) should have expertise in the practices outlined in the *FIP-EI* and be able to fully understand and recognize the practices when demonstrated. The manual provides guidance for determining the appropriate observation frequency, planning for and debriefing an observation and interpreting indicators.

The checklists can be used for different purposes.

- Supervisors, coaches, and mentors can use the checklists as an observational tool for determining the extent to which a practitioner implements evidence-based practices while delivering services in home or community visits.
- A practitioner can use the checklists to conduct a self-assessment of his/her own practices. A self-assessment could be accompanied by reflection on the practices with a peer coach, supervisor, family, or another practitioner who observed the visit.
- The checklists can be used for program evaluation to determine the extent to which all practitioners within an organization are implementing evidence-based practices and monitor the effects of training over time.
- A program can use the checklists and the *Orientation Step-Up Guide* on page 2 to induct new practitioners into evidence-based early intervention practices and systematically collect timely data on the practitioners' adoption of the practices.
- Programs can use the checklists to track and ensure practitioners have implemented early childhood intervention practices across a variety of family situations, child characteristics, and environmental circumstances described at the top of each checklist.

Directions

Practitioner observations should be conducted as part of a comprehensive professional development plan to build the practitioner's competence and confidence with using evidence-based early childhood intervention practices. The observer should be prepared to not only conduct an observation, but also coach the practitioner to reflect on his/her knowledge and practice. The observer should:

1. Use the *Orientation Step-Up Guide* on page 2 to determine the appropriate frequency of observations for practitioners at each stage of their learning.

2. Plan with the practitioner prior to the visit so that both parties are in agreement of the role of the practitioner and the supports he/she may need from the observer during and after the visit.

3. Decide how to print the checklists double-sided (will require that you flip pages over during the observation to record indicator-specific notes once you run out of room on the front of the page) or single-sided (provides more note-taking space).

4. Print the appropriate checklists for the observation.

5. Complete the identifying information at the top of each checklist to be used. Check each item that characterizes the visit.

6. Read the checklists and the description of each indicator prior to the observation (pp. 8-15).

7. Observe the entire early childhood intervention visit.

8. Take detailed notes during the observation. Many of the indicators can only be scored when the observer considers the observation in its entirety. One brief interaction may not provide enough evidence to demonstrate the practitioner's consistent use of an indicator.

9. Use the observation notes to score each of the indicators on the relevant checklists after the visit. The coach selects "observed" when the practitioner demonstrates an indicator consistent with the description (pp. 8-15). The observer selects "not observed" when the practices described in the indicator were not observed (regardless of whether the opportunity to demonstrate the indicator presented itself or the indicator was inconsistently or inaccurately attempted). Not all checklists and indicators apply to every visit. When an indicator does not apply, check "not observed."

10. Include a note as to how the practitioner demonstrated the practice for each indicator present.

11. Refer to the *FIP-EI* Descriptions (pp. 8-15) for guidance.

Orientation Step-up Guide

When introducing a practitioner to evidence-based early childhood intervention practices, the practitioner should have ample opportunity to practice and reflect. The *Orientation Step-up Guide* provides a framework for supporting the competence and confidence of new practitioners.

Day 60

Day 30

Day 5

Day 3

Day 1

Practitioner is working on refining

Practitioners reach this level when: Visits consistently use 80% on all checklists. Practitioner contributes to the practice and learning of others. Practitioner engages in frequent self-reflection.

Recommended level of support: monthly to quarterly observations

Practitioner is working on synthesizing

Appropriate orientation activities: Invite colleagues to observe. Host and facilitate debriefing with a professional learner. Discuss the literature that supports evidence-based practices in a specific discipline.
Recommended level of support: weekly to monthly observations.

Practitioner is working on demonstrating

Appropriate orientation activities: Practice early intervention independently, using the *FIP-EI* indicators. Frequent discussions with a coach or supervisor about planning and debriefing visits even when a visit is not observed. Video analysis of own visits. Self-assessments using the *FIP-EI*.
Recommended level of support: bi-weekly to weekly observations and on-demand coaching.

Practitioner is working on practicing

Appropriate orientation activities: Role play with coach or experienced practitioners. Plan home visits with a supervisor or coach. Facilitate all/significant parts of visits. Serve as the assigned provider with a coach attending more than half of visits. Self-assessments using *FIP-EI*.

Recommended level of support: weekly formal observations with frequent co-visits with supervisor or assigned coach.

Practitioner is working on describing

Appropriate orientation activities: Discuss *FIP-EI* practice indicators as they relate to observed visits with experienced practitioners. Describe and plan visits with specific families that employ the indicators. Implement parts of early intervention visits with a coach.

Recommended level of support: co-visits with supervisor or assigned coach.

Practitioner is working on recognizing & identifying

Start

Appropriate orientation activities: Observe experienced practitioners demonstrate evidence-based practices. Match observed practices to the *FIP-EI* Checklists.

Recommended level of support: frequent focused observations of others.

Adapted from: Bloom, B. S. (1956). *Taxonomy of educational objectives, handbook I: The cognitive domain*. New York, NY: David McKay.

Activity Setting—The characteristics of an activity or routine in which a child and family participates. The activity setting includes all the features of an activity, such as time and place of the activity, how frequently it happens, the people involved, and the child's interests and participation in the activity (e.g., getting dressed with dad in the morning) (Dunst, Bruder, Trivette, & Hamby, 2006).

Between-Visit Plan—The plan the practitioner and parent make together for what the parent and practitioner will do between visits.

Debrief—A conversation that takes place between the coach and the practitioner after an observation, when the coach prompts the practitioner to reflect on his/her practices and develop a plan for continuous improvement.

Everyday Activity/Routine—Frequently-occurring, real-life activities or events in which the family typically engages (e.g., bath time, diapering, dressing) (Dunst, Bruder, Trivette, & Hamby, 2006).

Feedback—Information shared by the coach based on observation of the learner, actions reported by the learner, or information shared by the learner to expand his or her current level of understanding about a specific evidence-based practice or resource. Types include affirmative, directive, evaluative, and informative (Rush & Shelden, 2020, pp. 69-71).

> **Affirmative Feedback**—Practitioner uses active listening and provides noncommittal acknowledgment that the practitioner hears and understands what the parent is saying without agreeing, disagreeing, or making any other type of judgement (Rush & Shelden, 2020, p. 70). For example, "I see," "I understand," "I know what you mean," "I know what you are saying."

> **Directive Feedback**—Practitioner tells the parent what to do. Directive feedback should be used only in coaching situations where clear and present danger exists, and the practitioner does not have time to engage the other person in a coaching conversation. Questions embedded with an idea or suggestion within would be considered directive feedback and should not be used. Telling the parent what the plan should be is directive feedback (Rush & Shelden, 2020, p. 71).

> **Evaluative Feedback**—Practitioner makes a judgement of what he or she sees the parent doing or what the practitioner hears the parent report. Praise, encouragement, and positive reinforcement are all forms of evaluative feedback (Rush & Shelden, 2020, p. 71).

> **Informative Feedback**—Practitioner shares knowledge and information with the parent that is directly related to an observation, action, reflection, or direct question from the parent (Rush & Shelden, 2020, p. 69).

Fidelity—Adherence to both the proper execution of specific practices and the effective coordination of all the practices as they are intended to be combined (Fixsen, Naoom, Blase, Friedman, & Wallace, 2005).

Formal Resource—A community resource provided by an agency or organization. Formal resources are often regulated and non-renewable (e.g., Department of Public Health) (Sexton & Rush, 2012).

Hopeful Modeling—When a practitioner demonstrates a skill or strategy for a parent without explicitly drawing the parent's attention to the demonstration and without providing the parent an opportunity to reflect on or practice what the practitioner demonstrates. The practitioner demonstrates with the "hope" the parent is watching and will be able and willing to replicate the action (Rush & Shelden, 2020, p. 58).

Informal Resource—A resource or support provided by a family member, friend, acquaintance, or other personal connection to the family (e.g., a neighbor) (Sexton & Rush, 2012).

Intentional Modeling—The practitioner models a skill or strategy for the parent using specific steps that include (1) explaining what will be modeled and why, or in the case of a sudden time-limited opportunity to model, describing what is being modeled; (2) ensuring parent is observing (i.e., by prompting, getting the parent's attention, giving the parent a job, etc.); (3) demonstrating a strategy or a skill; (4) prompting the parent to reflect on the model; (5) inviting the parent to try; (6) prompting the parent to reflect on his/her attempt; and (7) helping the parent to plan how the parent will do it when the coach is not present (Rush & Shelden, 2020, pp. 62-63).

Next-Visit Plan—The plan the practitioner and parent make together for what the parent and practitioner will focus on during the next visit.

Parent—Parent, family member, or guardian who provides care for the child.

Potential Resource—A resource that exists but has never been used by the family to address the focus priority.

Primary Service Provider—A member of a multidisciplinary team who has been chosen by the early childhood intervention team as the primary team member to provide support to the family with assistance from the entire team (Shelden & Rush, 2013).

Reflective Questioning—Method for providing the parent opportunities to analyze knowledge, skills, or strategies; generate alternatives when desired; and develop action plans to improve knowledge and skills. Examples include awareness, analysis, alternatives, and action questions (Rush & Shelden, 2020 pp. 64-66).

> **Awareness Questions**—Practitioner promotes the parent's understanding of what he or she already knows or is doing (e.g., "What have you tried?"). The practitioner may use awareness questions initially to clarify the situation or issue for both the practitioner and parent. Practitioners should use these types of questions sparingly to avoid making the parents feel as though they are being interrogated (Rush & Shelden, 2020, p. 65).

Analysis Questions—Practitioner supports the parent's comparison of the current state (i.e., knowledge, skills, actions, or outcomes) with the desired future state (e.g., "How does what just happened compare to what you would like to have happen?"). Analysis questions also support the parent in making a determination or presumption (e.g., Why do you think that happened?"). These types of questions cause the parent to examine his or her thoughts, feelings, actions, intentions, and knowledge (Rush & Shelden, 2020, p. 66).
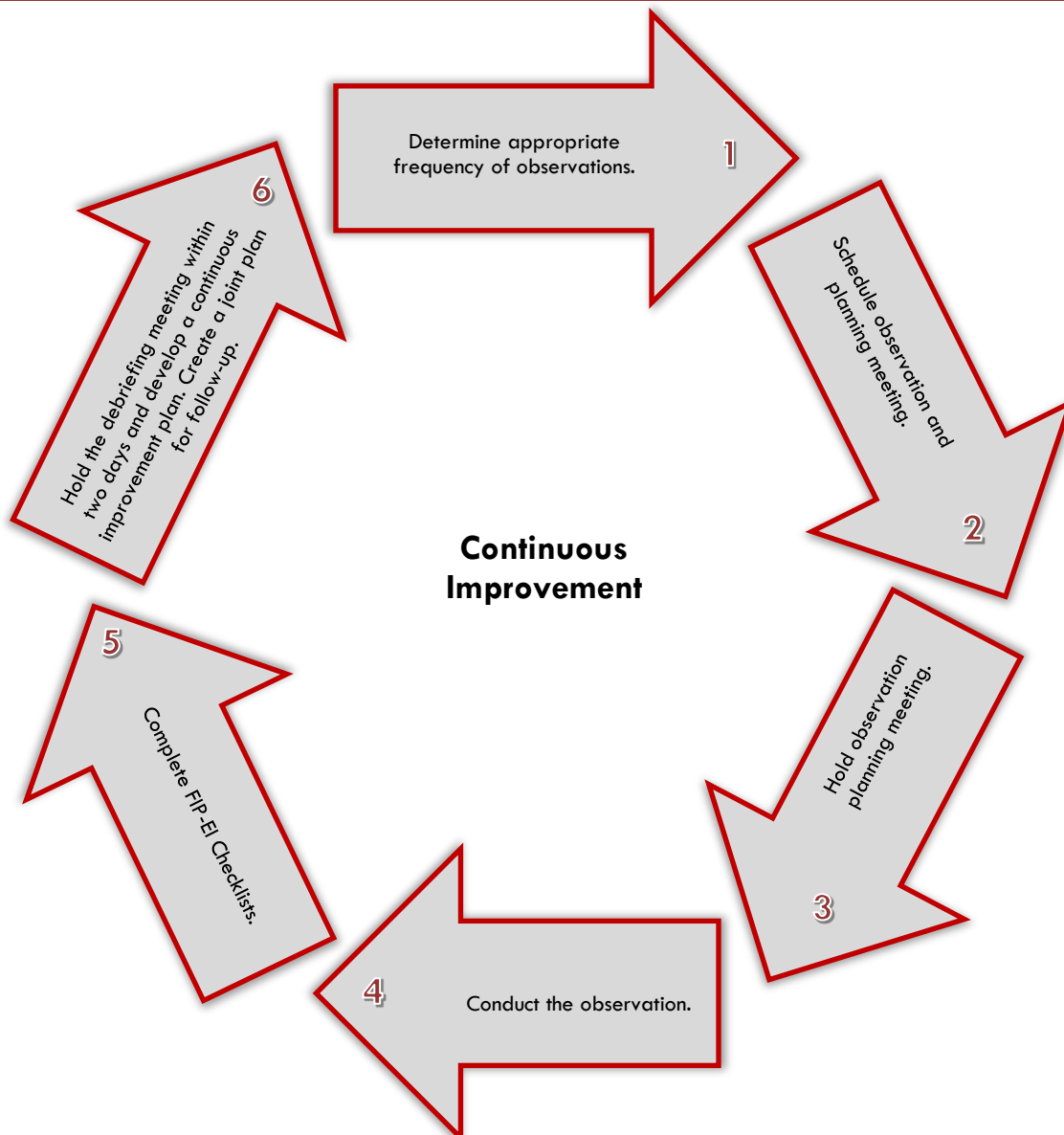
Alternatives Questions—Practitioner provides the parent with an opportunity to think about the future and consider a variety of possible options to obtain the desired results (e.g., What are all the possible ideas to consider?" "What else could you try?" and "What do you think you need to do differently?"). Alternative questions provide an opportunity for both the parent and the practitioner to brainstorm ideas (Rush & Shelden, 2020, p. 66).

Action Questions—Practitioner facilitates the development of a joint plan with the parent. Action questions confirm which of the previously discussed topics will be used, including specific steps for implementation (e.g., "What is your plan?" and "What would you like to focus on during the next visit?") (Rush & Shelden, 2020, p. 66).

Responsive Strategies—Strategies used by a parent or caregiver to extend the child's participation in an activity to increase the child's opportunities to learn. Responsive strategies can include caregiving behaviors that invite the child into an activity, engage the child's attention and participation in the activity, and teach or support the child's interactions during the activity (Davis, 2014).

Self-Attribution—Parent/caregiver, recognizes his/her own capabilities (Wilson, Holbert & Sexton, 2006, p. 6).

FIP-EI Process at-a-Glance

1. Determine appropriate frequency of observations.
2. Schedule observation and planning meeting.
3. Hold observation planning meeting.
4. Conduct the observation.
5. Complete FIP-EI Checklists.
6. Hold the debriefing meeting within two days and develop a continuous improvement plan. Create a joint plan for follow-up.

Continuous Improvement

Planning for an Observation Visit

Prior to the coach's observation, the coach and the practitioner should jointly plan the focus of the observation (Shelden & Rush, 2013). The joint planning should center on the role of the practitioner during the visit and the supports the practitioner may need from the coach before and during the visit. Joint planning should occur within a week of the visit.

The practitioner's role during a visit could include a focused observation of a colleague leading part of the visit, the entire visit with support from the coach, or the entire visit without support. When the practitioner is in orientation, the coach should use the practitioner's interests, knowledge of the practices, and confidence to determine the practitioner's role. If the practitioner is observing a colleague during the visit, he/she could use the *FIP-EI* to plan the observation by asking these questions of the colleague and observing for the presence of the indicators. When the practitioner is implementing part or all the visit, the coach uses these prompts to plan with the practitioner to ensure he/she has a sound plan for the visit.

| Joint Planning Questions	Guidance and Prompts
What is the joint plan with the family for this visit?	The coach should listen for an indication that the plan was the parent's priority, a family routine or real-life activity is the focus of the visit, and the visit is scheduled for a time the real-life activity or routine naturally occurs for the family. If the above characteristics are not evident, the coach should ask more probing questions, such as: • What is the activity/routine of focus for this visit? • How did you decide on that activity? • How did you decide when the visit would happen?
What do you plan to teach the parent during the activity?	Listen for evidence that the practitioner has considered what the parent is able to do and has confidence in doing. The practitioner should have planned one to three responsive strategies that could be introduced to the family during the real-life activity or routine. If the practitioner does not have ideas about new strategies or a rationale for selecting strategies, the coach may need to ask more probing questions, such as: • What does the parent already know and do to support the child's learning during the focus activity? • What are the strategies you know to scaffold child learning in this type of situation? • If you were engaging in the activity with the child, what strategies would you use to keep the child engaged and teach him/her? What is the parent's level of knowledge about that strategy?
How do you plan to introduce and teach that strategy to the parent?	Listen for evidence that the practitioner has a plan for introducing the strategy to the parent by describing or demonstrating the strategy. If the practitioner does not seem to have a plan, the coach should ask more probing questions, such as: • How will you know when to introduce a new strategy? • How would you describe the strategy? • How will you know whether you need to model the strategy? • If you choose to model the strategy, what will that look like?
What challenges do you think you might have when implementing your plan?	Listen for a detailed description of potential challenges that match your knowledge of the practitioner's strengths and weaknesses. If the practitioner does not describe potential challenges or omits known challenges, the coach should ask more probing questions, such as: • What challenges have you had in the past? • What was your previous plan for improving your use of evidence-based practices?
What kind of support do you think you might need from me during the visit?	Listen for a detailed description of the circumstances that would prompt support and the type of support needed for each circumstance. If the practitioner's request is not sufficiently detailed, the coach should ask more probing questions, such as: • What would you like me to do if…? • How will you signal me that you need more support than I am giving? • How do you want me to intervene if I see that it is needed? • How else would you like me to support you during this visit?
When do you have time to debrief the visit?	Listen for a time of day and a length of time appropriate for debriefing the visit. Typical debriefing meetings take between 15 and 45 minutes and occur on the same or next day.

To promote continuous improvement, every observation must be debriefed, preferably within two days. The debriefing conversation is an opportunity for the practitioner to reflect on his/her experiences during the visit, learn more about the practices, and talk with the coach about the intensity and helpfulness of supports. During the debriefing, the coach should gather information from the practitioner about the practitioner's understanding and use of evidence-based practices during the visit and partner with the practitioner to develop a plan for continued improvement. The coach can use the following questions to guide the conversation:

Debriefing Questions	Guidance and Prompts
How did that visit match your plan?	Listen for the practitioner to describe elements of the planned visit and analyze the actual visit. If the practitioner does not discuss the plan, or does not compare the plan to the actual visit, the coach should ask more probing questions, such as: • What parts of the visit do you think were a match with the plan you had during our joint planning conversation? • What parts of the visit deviated from your plan? How did you decide to do that? The coach may choose to provide feedback (additional information or his/her own feedback about the visit) after the practitioner reflects.
What did the parent learn from the visit?	Listen for the practitioner to describe parent knowledge, skills, and self-attribution gained because of the visit. The practitioner should discuss how he/she knows that change occurred. • What did the parent change because of the visit? • What did the parent gain from having this visit?
What was your role in impacting that?	Listen for the practitioner to attribute successes and challenges to his/her role during the visit. If the practitioner does not self-attribute, the coach should ask more probing questions, such as: • What did you do to make that happen? • What was your contribution to the parent's learning?
What else do you think you could have done to achieve or support the parent to reach the intended outcome of the visit?	Listen for multiple alternative ideas from the practitioner. If the practitioner is unable to describe an alternative idea, the coach should provide a prompt, such as: • What information does the literature/tools/policies provide that could help you develop some ideas for this situation? • How could you use those ideas in the future? After the practitioner has an opportunity to reflect, the coach may choose to provide additional ideas for the practitioner to consider, show the practitioner where he/she can find additional information/resources, or affirm the practitioner's ideas.
How would those ideas have changed the outcome of the visit?	Listen for the practitioner's analysis of the ideas. If the practitioner does not analyze the ideas, the coach should provide more probing questions, such as: • How would you use that idea if the same thing were to happen next time? • What do you think the parent's response would be? • How would you respond to the parent? After the practitioner has an opportunity to reflect, the coach may choose to provide additional information, affirmation, or provide the practitioner with an opportunity to role play his/her ideas.
What will you do between visits or during the next visit to improve the outcome of the visit?	Listen for specific strategies (beyond the practitioner-family joint visit) the practitioner will use to engage and support the family's increased knowledge, skills, and self-attribution. • By when? • What additional supports do you need?

Developing a Continuous Improvement Plan

Every practitioner should have a continuous improvement plan to guide the practitioner's ongoing professional development and use of evidence-based practices. The continuous improvement plan is often developed or revised at the end of debriefing a joint observation visit. The continuous improvement plan includes specific steps the practitioner will take to increase his/her knowledge, skills, and use of evidence-based practices. The back of each observation checklist includes a place to document the practitioner's agreed upon plan for continuous improvement. Both the coach and the practitioner are responsible for monitoring the continuous improvement plan each time they discuss their support plans for a new joint visit. The coach can use the following *Roadmap for Reflection* to guide the development/revision of the continuous improvement plan.
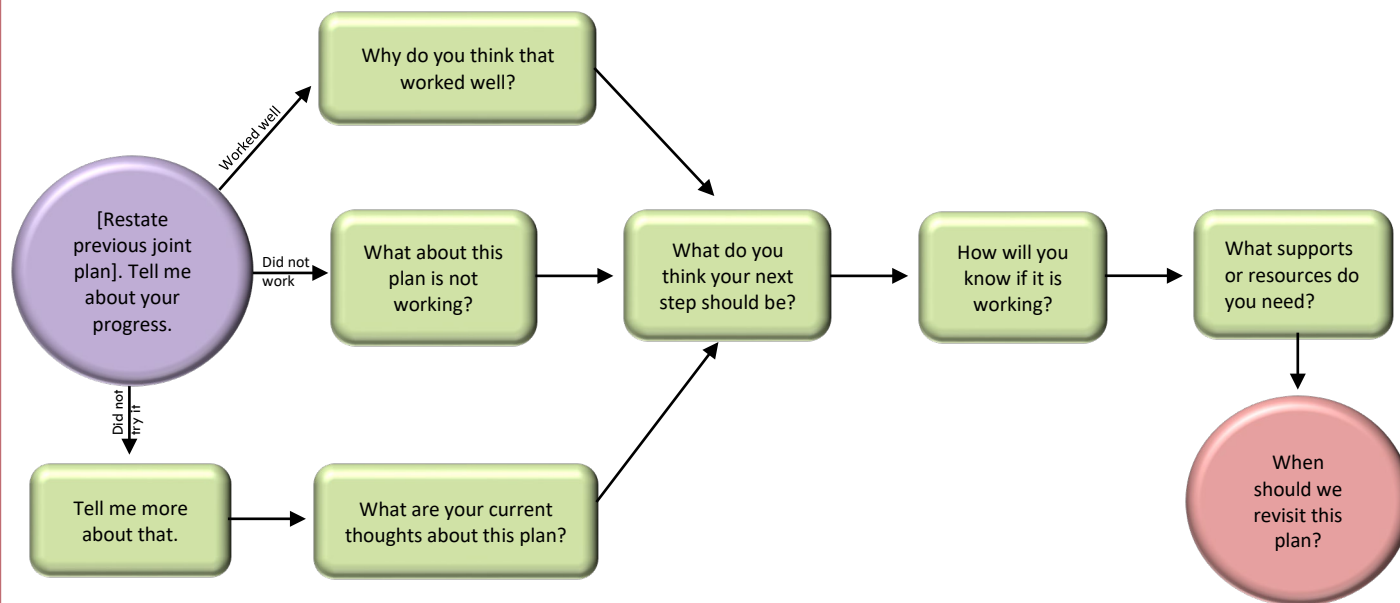
Helpful Hints

Early childhood intervention coaches using the *FIP-EI* to observe and support their colleagues recommend the following helpful hints.

1. Use the *Orientation Step-Up Guide* to determine an appropriate frequency for conducting observations of practitioners.
2. Plan ahead to ensure that time has been scheduled for joint planning prior to the observation (no more than a week prior) and debriefing after the observation (within two days).
3. Take notes during the observation. Focus on transcribing what the practitioner says and does, with a few notes about what the family shared. The detailed notes about the practitioner will help you gather the evidence needed to support a rating for each indicator.
4. Wait until after you are finished documenting the conversation before tallying the types of questions and feedback.
5. Debrief as soon after the observation as possible (no later than two days) to ensure both the observer and practitioner have a good working memory of the visit and that the practitioner has the opportunity to make a plan for continuous improvement.
6. Consider asking the practitioner to complete the checklists on him/herself to increase self-reflection and promote development of more detailed action/improvement plans.
7. Remember that some practitioners, depending on their learning style, may benefit from video or audio-recording the visit for their own reflection.
8. Keep in mind that a single interaction during a visit may be used to observe the presence of multiple indicators on one or more checklists.
9. Explain to practitioners that all indicators may not be present during every visit. The absence of certain indicators is sometimes appropriate.
10. Consider promoting practitioner self-reflection by determining the rating together.

Fidelity in Practice-Early Intervention (FIP-EI)
Indicator Descriptions

		Select "Observed" when the practices look like this:	Select "Not Observed" when the practices look like this:
		Coaching Practices Checklist	
Joint Planning	**1** Practitioner engages the parent in a discussion of the previous between-visit plan.	Practitioner and parent review the previous between visit plan by asking questions such as, "You created a plan at our last visit. How well did your plan work?" They discuss in enough detail to identify what worked (e.g., "What worked?"), barriers to implementing the plan (e.g., "Why do you think that happened?") and determine modifications needed in the plan (e.g., "What would make it work better?"), or create a new plan to achieve the desired outcomes.	Practitioner does not engage the parent in a conversation about the previous joint plan. **OR** It appears that no previous joint plan was developed (i.e., no previous plan was developed, or this was the first visit). **OR** Practitioner and the parent discuss the previous plan, but do not follow up on the effectiveness of the plan and do not discuss modifications needed in the plan to achieve desired outcomes.
	2 Practitioner discovers evidence that the parent acted on a plan between visits.	Practitioner recognizes that the parent completed part or all of the previous plan between visits (parent describes the use of a specific strategy during an everyday activity or routine the parent planned to work on or shows the practitioner what they have been working on between visits; or parent describes having completed all or part of a family support plan between visit). **OR** Practitioner learns that the parent revised the plan and completed part or all of the revised plan (Parent tells the practitioner how they changed the plan between visits).	Practitioner discovers the parent did not implement the plan or does not remember the plan. **OR** Practitioner does not hear or observe evidence about how the parent implemented any parts of the between-visit plan. **OR** Practitioner and the parent did not have a previous plan to act on because this is the first visit.
	3 Practitioner engages the parent in a discussion of the previously developed plan for the current visit.	Practitioner and the parent review the plan that was previously developed for the current visit, including the activity that was to be the focus of the current visit and whether this activity still fits with the child's routines (when providing child learning support) by asking questions (e.g., "Today we planned to… will that still work for you?") **OR** The practitioner arrives and the parent is already engaging the child in the planned activity/routine for the current visit and begins discussing with the family their vision for the activity (i.e., how do you want this to look? What do you want him to learn?) **OR** Practitioner and the parent review the plan that was previously developed for the current visit including the topic that was to be the focus of the current visit and whether the topic is still a parent priority (when providing family support) by asking a question (e.g., "Today we planned to… will that still work for you?").	Practitioner assumes the previously planned activity/routine will happen without asking (e.g., "We had planned to wash dishes today. Let's get to it.") **OR** Practitioner joins in the child's play or other ongoing activity without discussing the previously planned activity that was to be the focus of the visit. **OR** Practitioner and the parent have no previous plan for what would occur at the visit. **OR** Practitioner tells the parent the order of what the agenda for the visit is without parent input (e.g., "Let's weigh your baby first and then we can do the planned activity.")
Action	**4** Practitioner creates/encourages opportunities for the parent and practitioner to observe desired strategies within the context of an everyday activity or family support activities.	Practitioner asks the parent to try interacting with his/her child during an interest-based everyday activity or routine using questions ("How would you like to try it?") **OR** Practitioner observes the parent practice a skill or strategy needed to address a parent priority. **OR** Practitioner demonstrates a strategy for the parent and the practitioner invites the parent to try the strategy. **OR** Practitioner and the parent intentionally observe the environment or the child interacting within the environment.	Practitioner does not observe the parent practicing a desired strategy while engaged in an interest-based everyday activity or routine. **OR** Practitioner does not observe the parent practice a strategy to address a family support goal. **OR** Practitioner lacks flexibility in capitalizing on serendipitous opportunities to observe the parent in action.

		Select "Observed" when the practices look like this:	Select "Not Observed" when the practices look like this:
Observation	**5** — Practitioner intentionally models an evidence-based strategy/technique to promote a) the child's participation in an everyday learning activity, or b) the parent's action toward a goal.	Practitioner only demonstrates when the parent asks or the practitioner asks for permission to model when less intrusive interventions are not helping the parent successfully use a strategy. If the practitioner modeled for the parent, the practitioner used all the following steps (implicitly or explicitly): 1. Practitioner explained what will be modeled and why or what was being modeled if the opportunity would be lost if the practitioner waited. 2. Practitioner ensures the parent is observing (i.e., by prompting, getting the parent's attention, or giving the parent a job). 3. Practitioner demonstrates a strategy while the parent observes. 4. Practitioner prompts the parent to reflect on the demonstration. 5. Practitioner invites parent to try. 6. Practitioner prompts the parent to reflect on his/her attempt (if parent attempts). 7. Practitioner prompts the parent to plan how he/she will do it when the practitioner is not present (if parent expresses interest in using strategy in the future).	Practitioner does not try less intrusive interventions before demonstrating. **OR** Practitioner asks before demonstrating strategy but does not wait for permission from the parent or is overly pushy without being sensitive to the parent's response. **OR** Practitioner does not do all 7 steps of intentional modeling (with the exception of the last two steps if not indicated). **OR** Practitioner demonstrates a non-evidence-based strategy. **OR** Practitioner determines modeling was not necessary and intentionally chose not to model.
Reflection	**6** — Practitioner promotes the parent's reflection on the knowledge, abilities, and actions related to the skills or outcomes desired and evidence-based practice standards.	Practitioner promotes reflection using a variety of open-ended questions including awareness (no more than 50%), analysis (at least 20%), alternatives (at least 5%), and action (at least 5%) questions, close-ended Yes/No questions are less than 20% of total questions. **AND** Practitioner may use "yes/no" questions intentionally to avoid assumptions and ask for permission. **AND** Practitioner asks questions in a conversational manner that advances the parent's level of understanding or skill to build the parent's capacity to develop a new plan of action.	Practitioner uses too many "yes/no" questions (more than 20% of the total questions asked) that do not ask permission or avoid assumptions or the number of "yes/no" questions limits the learner's ability to analyze, consider alternatives, or develop his/her own plan. **OR** Practitioner asks mostly (more than 50%) awareness questions with very few (less than 20% of the analysis questions, less than 5% of the alternative questions, and less than 5% of the action questions), if any, other types of questions. **OR** Practitioner asks questions in a way that disrupts the flow of progress of the conversation (i.e., asking too many questions, jumping topics, asking questions unrelated to the parent's priority, stacking question without giving the parent a chance to respond between).
Feedback	**7** — Practitioner provides information and feedback to the parent that is accurate and shared in a way that builds the parent's knowledge and understanding.	Practitioner provides a variety of types of feedback, limiting directive feedback to instances of immediate danger. **AND** Practitioner uses informative feedback after the practitioner provides an opportunity for the parent to reflect (if informative feedback is used). For example, the practitioner asks, "What do you already know about…" and provides information that builds on the parent's pre-existing knowledge. **AND** Practitioner matches the context and the amount of feedback to the parents' expressed needs and responses. **AND** Practitioner uses affirmative feedback to demonstrate active and reflective listening (e.g., "I see," "I understand," "Ok," nodding, smiling, and waiting expectantly).	Practitioner does not provide any feedback. **OR** Practitioner uses any amount of directive feedback (outside of a situation with immediate danger to the child) (e.g., "You should…" or "I want you to…" or "I will…for you."). **OR** Practitioner uses an over-abundance or a lack of informative feedback or does not provide the information in a manner the parent understands as evidenced by cues from the parent that he/she is confused, overwhelmed, or is withdrawing. **OR** Practitioner provides incorrect, non-evidence-based, or biased informative feedback or gives informative feedback prior to prompting the parent's reflection. **OR** Practitioner primarily uses evaluative feedback (e.g., "Great," "I like that," "That was a good idea," "Right.").
Joint Planning	**8** — Practitioner engages the parent in developing a two-part plan that includes a new between-visit plan.	Practitioner uses action questions to help the parent develop a between-visit plan that includes one or more real-life activities and parent responsive strategies when the focus of the visit is promoting child learning (e.g., "What would you like to work on between visits?"). **OR** Practitioner uses action questions to help the parent develop a between-visit plan that includes actions the parent will take to mobilize needed resources and supports, when the focus is on parent support (e.g., "What are your next steps?").	Practitioner does not make a between-visit plan. **OR** Practitioner suggests a plan or develops the plan for the parent. **OR** Practitioner does not develop a joint plan with enough specificity for the parent to be able to act on the plan between visits (e.g., joint plan does not include responsive strategies parent will use or everyday activity settings or routines).

		Select "Observed" when the practices look like this:	Select "Not Observed" when the practices look like this:
Joint Planning	**9** — Practitioner engages the parent in developing a two-part plan that includes a **next visit** plan identifying what will happen and scheduling the visit at a time when that activity would naturally occur.	Practitioner uses action questions to help the parent develop a plan that includes a target activity and a time of day when the activity naturally occurs when the focus of the visit is on promoting child learning (e.g., "What activity or routine would you like us to focus on at our next visit?"). **OR** Practitioner uses action questions to help the parent develop a plan that includes how each person at the visit will prepare for the next visit and a time of day convenient for the discussion when the focus of the visit is parent support (e.g., "When would you like to follow up?").	Practitioner does not facilitate the development of a plan for what will occur at the next visit. **OR** Practitioner and the parent develop a vague plan and do not include an activity setting or a time of day when the activity setting naturally occurs or what each party will do to prepare for the visit. **OR** Practitioner and the parent do not schedule the visit at a time and place convenient for the parent or for the discussion. **OR** Practitioner develops the plan for the parent.
Relational Helpgiving	**10** — Practitioner develops and maintains strong professional, positivite relationships with caregivers.	Practitioner interacts with the family in a warm, caring, and empathetic manner (i.e., practitioner uses a communication style appropriate for the family, such as gestures, eye contact, smiling, personal space, tone, volume, and pacing. Practitioner acknowledges/greets the parent, child, others present in home). **AND** Practitioner honors and respects the family's personal and cultural beliefs and values. Practitioner asks about family or cultural beliefs and values without making assumptions and demonstrates acceptance without comparison to others or on using own personal standards (e.g. "How do you want the activity to look?" or "Tell me more about your family traditions." Or "How does that fit with your family?"). **AND** Practitioner focuses on the individual and family strengths and values by speaking positively about all family members whether they are present or not, listening for or observing family strengths/values and bringing them into the conversation, and helping families use their strengths and capabilities to achieve their priorities.	Practitioner does not use appropriate communication style including gestures, eye contact, smiling, personal space, tone, volume, and pacing. **OR** Practitioner ignores or is unaware of the family member's verbal and nonverbal expressions or feelings. **OR** Practitioner greets the parent and child, but not the other family member(s) present. **OR** Practitioner makes negative or judgmental comments to or about family members or refers to families as "cases" or labels families. **OR** Practitioner engages in negative conversations about families or refers to families as "my families" or "my parents" or calls the parent, "Mom" (e.g., "Mom, let's get started."). **OR** Practitioner makes judgmental comments about the family's practices and values or voices assumptions about the family's values or activity setting expectations that the parent does not express. **OR** Practitioner never asks the family about their beliefs and values, such as making assumptions about what the child or family should/should not be doing without regard to the cultural norms of the family (e.g., bedtime, behavioral limits, clothing choices, mealtimes). **OR** Practitioner does not use an interpreter when needed. **OR** Practitioner focuses on parent/family deficits or needs. **OR** Practitioner is offensive to the family in any way.

Adapted from: Rush D. D. & Shelden, M. L. (2006). Coaching practices rating scale for assessing adherence to evidence-based early childhood intervention practices. *CASEtools, 2*(2). Retrieved from http://fipp.org/static/media/uploads/casetools/casetools_vol2_no2.pdf.

		Select "Observed" when the practices look like this:	Select "Not Observed" when the practices look like this:
Priorities	**1** Practitioner works in partnership with the parent to identify and address parent-identified desires for child learning.	Practitioner works in collaboration with the parent to establish priorities for the child's participation in everyday activities and routines that are meaningful for the child and parent (e.g., "What do you want him to be able to do during [routine]?"). **OR** Practitioner may use informal methods to determine the parent's priorities for the child's participation in everyday activities, such as asking the parent open-ended questions (e.g., "What are the times of day your child needs the most help?"). **OR** Practitioner acknowledges the parent's concern about the child's participation and helps the parent connect the desired skills to an everyday activity or routine (e.g., "It sounds like you are concerned about…" or "When during the day [routine] do you see that happen the most?").	Practitioner does not have a conversation with the parent about priorities for promoting child learning in everyday activities or routines. **OR** Practitioner tells the parent what the priorities should be for the child based on skills, test results, or practitioner observation of the child. **OR** Practitioner assumes priorities based on child deficits or competencies. **OR** Practitioner and the parent focus on skill acquisition without an everyday activity or routine as the context.
Opportunity	**2** Practitioner uses toys and materials found in the home or community settings.	Practitioner engages the family in activities that support or deepen the parent's understanding of how to use his/her own materials from the environment in a manner that supports interest-based child learning with activities that normally occur in the parent's life or that the parent is interested in adding to family the routines. **AND** Practitioner limits bringing outside materials to assistive technology needed to assess and support a child's participation in an everyday activity.	Practitioner brings outside toys or materials to support child engagement during the visit (e.g., toy bag, bubbles, books, etc.) other than assistive technology. **OR** Practitioner gives/lends/suggests new toys, books, or other materials for the child to enhance child development opportunities.
Interests	**3** Practitioner engages the parent in formal or informal methods to identify a range of child interests.	Practitioner engages in conversation with the parent to identify the child's interests within the activity setting/routine that is the focus of the visit by asking questions (e.g., "What is it about this activity that is interesting to him/her?") and asking sufficient follow-up prompts to yield three or more child interests. **OR** Practitioner engages the parent in a conversation to explore a range of child interests other than those currently being exhibited during the visit by asking questions (e.g., "What else does he/she like/enjoy/spend time on?") and asks enough follow-up prompts to identify three or more child interests.	Practitioner does not gather information about child interests or help the parent identify at least three child interests. **OR** Practitioner tells the parent about some of the child's interests based on observation of an activity (e.g., "He seems very interested in that?") without asking the parent to reflect first.
Interests	**4** Practitioner engages the parent in understanding the benefits of using child interests during everyday activities to promote child learning.	Practitioner engages in conversation to support or deepen the parent's understanding of the benefits of child interest expression in learning and development, and then the practitioner promotes parent reflection on how the child's present, emerging, and evolving interests promote learning during everyday activities and routines (e.g., "When children are interested, they engage longer. The longer the child engages the more opportunity he/she has to learn. If he/she keeps participating, what do you think he/she will learn next?") **OR** Practitioner shares informative feedback about the benefits of present, emerging, or evolving child interests while the interest expression is happening and then the practitioner promotes parent reflection of how the child's present, emerging, and evolving interests promote learning during everyday activities and routines. (e.g., "Because of his high interest, he continued with this activity and has moved from being interested in his feet to taking his socks off. How do you think this interest is helping him achieve his outcome?")	Practitioner does not discuss role of child interest in learning. **OR** Practitioner describes/assesses interests and activities without connection of interest to child learning and development, the parent's primary concern, or developed outcomes. **OR** Practitioner provides information about the benefits of interest-based activities, but does not prompt the parent to reflect on and use the information.
Opportunity	**5** Practitioner engages the parent in formal or informal methods to identify a naturally occurring activity settings and routines as contexts for child learning.	Practitioner engages the parent in conversation to assess the family's real-life activity settings and routines that could serve as the context for interest-based child learning by asking open-ended questions (e.g., "What are some of the activities your child participates in on a regular basis?" or "What does your child's day look like?" or "What do you and your child like to do together?") and sufficient follow-up prompts to yield three of more activities and routines. **OR** Practitioner asks about existing or potential activity settings related to interests (e.g., "When does he/she get to do _____ (interest)?" or "When could he/she get to _____ (interest)?"). **OR** Practitioner supports the parent in identifying and selecting real-life activity settings and routines that the child may not enjoy, and the parent has high interest in improving the child's participation.	Practitioner tells the parent which everyday activity settings and routines will be the focus of intervention. **OR** Practitioner discusses activities with the goal to embed skill acquisition rather than selecting based on child interest or parent priority (e.g., When does he/she get to do [skill]?).

		Select "Observed" when the practices look like this:	Select "Not Observed" when the practices look like this:
Responsiveness	**6** — Practitioner supports the parent in using the child's interest-based activity as the context for promoting child learning.	Practitioner focuses the parent on engaging the child in an everyday activity or routine that matches the child's interest to increase participation in the activity. **OR** Practitioner supports the parent during activities and routines that are a priority for the parent, but the child may not enjoy (e.g., bath time, dressing, getting into a car seat, etc.).	Practitioner uses the child's current interest and embeds it in an activity the practitioner or the parent identifies to emphasize skill development. **OR** Practitioner focuses on skill development without a real-life activity setting.
	7 — Practitioner engages the parent in increasing the breadth or depth of child interest-based everyday learning opportunities.	Practitioner prompts parent to expand learning opportunities to at least two other everyday activities and routines (e.g., "Where [activity setting] can your child get to do [interest]?") (breadth). **OR** Practitioner prompts the parent to enhance the focus activity or routine by increasing the depth of child participation (e.g., "What is your child learning in this activity?" or "What else could she be doing?" or "What is something new your child is beginning to learn with this activity?"). (depth)	Practitioner does not discuss increasing the breadth or depth of the child's experience within an interest-based everyday activity in a way that results in increased learning opportunities within an activity or additional activity settings and routines. **OR** Practitioner focuses on embedding a skill into a decontextualized activity or routine, or focuses only on one domain of development. **OR** Practitioner does not use a real-life activity setting for the family as the focus of the visit.
	8 — Practitioner assists the parent in identifying **existing** responsive strategies currently used, understanding the benefits, and promoting continued use.	Practitioner assists the parent in identifying existing strategies the parent is actively using to invite, engage, or teach a child during an interest - based everyday activity or routine and the practitioner asks the parent to reflect on the benefits of the strategies and supports the parent to identify a plan for continued use. (e.g., "What are you currently doing to help him/her? Where else can you use that strategy?") **OR** Practitioner observes the parent using a previously learned strategy and supports the parent to reflect on its usefulness and asks the parent to reflect on the benefits of the strategies and supports the parent to make a plan for continues use. (e.g., "How has this strategy helped your child's participation? What other times of the day can you use this strategy?") **OR** Practitioner supports the parent in identifying a variety of responsive strategies the parent has used in the past in this or other everyday activities and routines and asks the parent to reflect on the benefits of the strategies and supports the parent to identify a plan for continues use. (e.g., "What have you done in the past to help him/her? How do you think that you can use the same strategy now?")	Practitioner does not discuss or describe existing responsive strategies the parent is using. **OR** Practitioner supports the parent in identifying, discussing benefits, or making a plan (implicitly or explicitly) to continue using existing strategies without doing all three. **OR** Practitioner tells the parent what he/she is doing to be responsive without prompting active participation from the parent to identify, discusses the benefits, or plan for continued use.
	9 — Practitioner supports the parent in learning **new** responsive strategies or applying strategies to new activities or routines.	Practitioner helps the parent learn a new strategy (by discussing or intentionally modeling) to invite, engage, or teach a child during an interest-based everyday activity or routine (e.g., "Do you mind if I show you an idea?"). **AND** Practitioner prompts the parent to reflect on the benefits of the new strategy and make a plan for continued use such as, "How did that work? or "When would it be helpful to use that strategy again?" (e.g., same strategy different time, or different activity setting).	Practitioner does not discuss or intentionally model new responsive strategies. **OR** Practitioner demonstrates strategies without ascertaining whether the parent is already using the strategy in the activity. **OR** Practitioner discusses or demonstrates a new strategy but does not prompt the parent to reflect on it or make plans to try it during an interest-based everyday activity or routine (hopeful modeling).
	10 — Practitioner promotes the parent's positive self-attribution for promoting child learning.	Practitioner prompts a discussion to help the parent to evaluate his or her role in promoting child learning, by asking an analysis question (e.g., "What did you do to help your child learn that?" or "How did you know to do that?") when parent describes a new skill the child has learned. **OR** Practitioner reinforces the parent's knowledge of what he/she is doing or did to promote the child's learning by affirming the parent's reflection, prompting additional reflection, or providing information, if needed.	Practitioner does not engage the parent in evaluating the parent's role in supporting child learning. **OR** Practitioner tells the parent what he or she did during the visit to promote child learning (without asking the parent questions to promote self-attribution.) **OR** Practitioner asks the parent about child progress, but does not help the parent identify and acknowledge the parent's role in supporting child learning.

Resource-Based Intervention Practices Checklist		
	Select "Observed" when the practices look like this:	**Select "Not Observed" when the practices look like this:**
1 Interest-Based — Practitioner assists the family with **identifying** and **prioritizing** needs.	Practitioner completes a formal needs assessment to help the family identify resource priorities and prompts the family to discuss the relative importance of multiple needs in order to prioritize them (e.g., "How does that need fit with your other priorities?" or "Which of the priorities would you like us to address first?"). **OR** Practitioner prompts a discussion to help the family identify and clarify resource needs by asking questions, and the practitioner prompts the family to discuss the relative importance of multiple needs in order to prioritize them (e.g., "What are your family priorities right now?" and "Which of the priorities would you like to address first?").	Practitioner completes a formal needs assessment to help the family identify resource priorities but does not prompt the family to discuss the relative importance of multiple needs in order to prioritize them. **OR** Practitioner hears the family initiate a conversation about a specific need, and the practitioner does not ask the parent to elaborate on or prioritize the need. **OR** Practitioner identifies a perceived family need and takes responsibilities for fixing a problem on behalf of the family. **OR** Family initiates a conversation about a specific need, the practitioner does not support the family to elaborate on or prioritize the need. **OR** Family identifies multiple needs and the practitioner prioritizes them for the family.
2 Strengths-based — Practitioner assists the family in **identifying existing** resources, strategies, or sources of information for accomplishing the family's desired outcomes.	Practitioner prompts a discussion to help the family identify past or existing resources, strategies, or sources of information (e.g., "What have you done in the past to meet this need?" or "What have you already put in place that seems to be working?"). **OR** Practitioner prompts a discussion to help the family identify what the parent already knows and where the family typically accesses information using a question (e.g., "How have you gotten help with that in the past?" or "How do you typically get information or ideas?").	Practitioner does not ask the family about past or existing resources, strategies, or sources of information. **OR** Practitioner tells the family what the practitioner has observed or otherwise knows the family has used as a resource in the past or present without first promoting the family to reflect. **OR** Practitioner gives the family resources, strategies, or sources of information without helping the family identify existing resources, strategies, or sources of information.
3 Resource Mapping — Practitioner assists the family in **identifying potential informal** resources, strategies, and sources of information for accomplishing the family's desired outcomes.	Practitioner helps the family identify multiple potential **informal resources** such as family members, friends, or acquaintances (even if they initially seem unlikely), or places such as community parks, gardens, pantry boxes, or social media (e.g., "Who else do you know who could help you with that?" or "What else have you considered?") prior to offering his/her own ideas for the family to consider. **OR** Practitioner helps the family identify multiple potential **informal strategies or ideas** to address the family's priority, such as using items around the home differently, repositioning the child or an object, or using family members to provide support prior to offering his/her own ideas for the family to consider. **OR** Practitioner helps the family identify multiple potential **informal sources of information** to address the parent's priority, such as family members, friends, acquaintances, and the internet (e.g., "Who do you know that might know about that?") prior to offering his/her own ideas for the family to consider.	Practitioner does not ask the family to identify any new or potential **informal** resources, strategies or sources of information, such as friends, family members, acquaintances, or objects readily available around the home or community. **OR** Practitioner does not attend to informal resources, strategies or sources of information brainstormed that seemed unlikely to either the family or the practitioner. **OR** Practitioner only asks the family to identify formal resources, or when the family identifies only formal resources, the practitioner does not follow-up with questions to also ask about potential **informal** resources. **OR** Practitioner stops prompting the family to identify potential **informal** resources, strategies or sources of information before the family has the opportunity to brainstorm multiple options. **OR** Practitioner shares resources before asking the family to identify potential **informal** resources, strategies or sources of information.

		Select "Observed" when the practices look like this:	Select "Not Observed" when the practices look like this:
Resource Mapping	**4** — Practitioner assists the family in **identifying potential formal** resources, strategies, and sources of information for accomplishing the family's desired outcomes.	Practitioner prompts a discussion to help the family identify multiple potential formal resources that exists within the community (agencies, businesses, organizations, clubs, and churches) that the family has never tried, with questions (e.g., "What other community resources do you know about?" or "What organizations do you know who could help you with that?" or "How could you find out more about that?") AND if the practitioner shares information about available formal resources, it is after giving the family the opportunity to brainstorm their ideas. **OR** Practitioner prompts a discussion to help the family identify potential formal resources that the family has previously used to address other needs, with questions (e.g., "What other community resources have you used that would also work for this?") AND if the practitioner shares information about available formal resources, it is after giving the family the opportunity to brainstorm their ideas.	Practitioner does not ask the family to identify any new or potential formal resources or sources of information. **OR** Practitioner shares resources before asking the family to identify potential formal resources. **OR** Practitioner prompts the family to identify resources, but stops before they identify multiple resources, strategies, or sources of information.
Reflection	**5** — Practitioner supports the family in **analyzing** the advantages and disadvantages (e.g., financial and emotional costs, accessibility, schedule, etc.) of using available information, strategies, or resources.	Practitioner prompts a discussion to help the family analyze the advantages and disadvantages of each of the possible courses of action (e.g., "Of the options we have discussed so far, which ones are the best fit for you or your family?" or "How will each of those options impact your family?"). **OR** Practitioner asks the family to elaborate or prompts the family to analyze all of the options when the family begins talking about the advantages or disadvantages of some of the options (e.g., "What are your other thoughts about pros and cons of those options?" or "What do you think about each of the options?").	Practitioner tells the family the advantages and disadvantages of the options. **OR** Practitioner steers the family away from or toward certain options without the family having analyzed the advantages and disadvantages. **OR** Practitioner prompts the family to consider the advantages or disadvantages, but not both. **OR** Practitioner did not provide sufficient prompts for the family to analyze the advantages and disadvantages of the multiple resources, strategies, or sources of information identified.
	6 — Practitioner supports the family with **selecting** the resources, strategies, or sources of information that match the family's preferences and values.	Practitioner prompts a discussion to help the family identify specific resources to be accessed, strategies used, or sources of information to be gathered, or by asking a question (e.g., "Thinking about the pros and cons of these ideas, which one best fits your family's priorities and values?" or "Which of those ideas fit your family's needs right now?" or "How comfortable are you with that idea?"). **OR** Family identifies preferred resources, strategies, or sources of information as a result of analyzing the options. Practitioner prompts the family to reflect on how the decision matches the family's preferences and values (e.g., "How does that match what you are looking for?" or "What ideas are the best fit for your family?").	Practitioner does not engage the family in selecting a resource, strategy, or source of information. **OR** Practitioner selects a resource, strategy, or source of information for the family. **OR** Practitioner validates the preferred resources, strategies, or sources of information without prompting the family to reflect on how the decision matches the family's priorities and values.

Participatory Opportunities

	Select "Observed" when the practices look like this:	Select "Not Observed" when the practices look like this:
7 Practitioner promotes the use of **existing family abilities** for **mobilizing** resources, strategies, and sources of information to address identified priorities.	Practitioner asks the family open-ended questions to help identify strengths and abilities that may support the family's priority AND provides the family with an opportunity to use existing strengths and abilities to mobilize resources to meet an identified need (e.g., accessing the internet, using the phone, health literacy, etc.) (e.g., "How will use those strengths to address this issue?"). **OR** Practitioner provides the family with an opportunity to use existing strengths and abilities to implement strategies to address an identified priority (e.g., budgeting, saving money) (e.g., "What are you going to be doing to…?"). **OR** Practitioner provides the family with an opportunity to use existing strengths and abilities to access support needed to address an identified priority (e.g., health literacy, emotional and social support) (e.g., "What do you need to do to access that?").	Practitioner completes or offers to complete part of the plan for the parent without ascertaining whether the parent needed help. **OR** Practitioner becomes the resource or source of information for the family without the parent asking or agreeing. **OR** Practitioner tells the family what to do or does not ask the family about existing skills. **OR** Practitioner helps the family plan to mobilize resources, strategies, or sources of information without discussing the family's strengths or abilities. **OR** Practitioner and the family do not make a plan to mobilize anything.
8 Practitioner supports the family to develop **new skills and abilities** needed for **mobilizing** resources, strategies, and sources of information to address identified priorities.	Practitioner helps the family identify gaps in knowledge, or skills, helps the family gain new knowledge needed to mobilize a resource (e.g., conversation, brainstorming, direct teaching, or internet search), AND develop a concrete plan for bridging them. **OR** Practitioner provides the family an opportunity to develop a new skill needed to access a resource such as through a role-play, demonstration, observation, or direct teaching AND helps the parent make a plan for using it. **OR** Practitioner provides the family with an opportunity to use a new skill to address an identified priority (e.g., researching baby games, calling to schedule an appointment, etc.) AND helps the family make a plan for the continued use of the new skill (e.g., "How could you use this to address your priority?").	Practitioner does not attempt to help the family identify new skills the family might need to implement the plan. **OR** Practitioner helps the family to identify new skills needed to address a priority but does not help the family **learn** the new skills or **develop** a plan to learn the new skills. **OR** Practitioner does not help the family make a plan to **use** the new skills to address a priority. **OR** Practitioner does part of the plan for the family rather than teach the family skills they will need to successfully implement the plan.

Reflection

	Select "Observed" when the practices look like this:	Select "Not Observed" when the practices look like this:
9 Practitioner engages the family in **evaluating** the resources, strategies, or sources of information used to address the priorities.	Practitioner prompts a discussion about a resource, strategy, or source of information that was mobilized during or between visits. **AND** Practitioner prompts a discussion about the helpfulness of the resource (e.g., "How was that resource/information helpful?" or "How did that resource/information bring you closer to your goal?"). **AND** Practitioner helps the family determine if or how to use the resource in the future (e.g., "When would you want to use that again?" or "What would it take to make that resource more helpful?").	Practitioner does not prompt the family to evaluate the resources, strategies, or sources of information. **OR** Practitioner moves on to a new topic without asking the family to elaborate on or evaluate the resources, strategies, or sources of information. **OR** Practitioner analyzes the usefulness of resources, strategies, or sources of information for the family. **OR** Practitioner tells the family how to determine the usefulness of resources, strategies, or sources of information.
10 Practitioner prompts parent's positive **self-attribution** for achieving desired priorities.	Practitioner prompts a discussion to help the family evaluate their role in accomplishing the goal or part of the goal (e.g., "How did you make that happen?" or "How did you know to do that?"). **OR** Practitioner reinforces the family's reflection of what they did to promote success by prompting additional reflection, affirming, and providing information, if needed.	Practitioner does not engage the family in reflecting on their role in accomplishing the goal or part of the goal. **OR** Practitioner affirms or evaluates without prompting additional reflection or providing information if needed when the family comments on their role in accomplishing a goal or part of a goal. **OR** Practitioner tells the family what their role was without asking the family to reflect.

Notes

Notes

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