

CHILD FIRST FIDELITY RECAPITULATION AND TERMINATION PHASE ADAPTED FROM CHILD-PARENT PSYCHOTHERAPY

CPP CLOSING FORM

Clinical Team Names: _____ Client Initials: _____

Child First Site: _____ Month/Year _____ Completed by Clinical Team CareLogic ID: _____

- Completed by the Clinical Team and reviewed with Clinical Director/Supervisor during reflective supervision.
- When Completed:
 - For all Child First sites, to ensure fidelity to trauma-informed CPP and Child First (2 Fidelity cases need to be maintained at all times): Procedures can be tracked as they are completed. The Contact Log should be completed after each session. The full packet should be completed at the end of the Termination Phase.

1. Please code when termination occurred: (check one & complete CPP logs as this will help us understand when family dropped)

☐ Foundational Phase ☐ Core Intervention Phase ☐ Termination Phase ☐ Completed Termination Phase

2. Who initiated termination: (check one)

☐ Family ☐ Clinical Team ☐ Mutually agreed upon

3. Please code type of termination: (check one)

☐ Dropped (no termination process possible)

☐ Abrupt termination (informed of termination but full planned termination not possible)

☐ Planned termination

4. Change in functioning: (check one)

☐ Much worse ☐ Slightly worse ☐ No change ☐ Slightly improved ☐ Much improved

5. Prognosis: (check one)

☐ Poor ☐ Fair ☐ Good ☐ Excellent ☐ Unable to rate

6. Code reasons for closing below: (check all that apply)

☐ Completed treatment OR

<input type="checkbox"/> Reason unknown	<input type="checkbox"/> Caregiver challenges	<input type="checkbox"/> Family did not want more treatment	<input type="checkbox"/> Clinician/Care Coordinator left clinic or on leave
<input type="checkbox"/> Moved	<input type="checkbox"/> Mental illness	<input type="checkbox"/> Felt not useful	<input type="checkbox"/> Thought family better served by another treatment or agency
<input type="checkbox"/> Too busy	<input type="checkbox"/> Physical illness	<input type="checkbox"/> Felt no more problems	<input type="checkbox"/> Other, specify
<input type="checkbox"/> Transportation problems	<input type="checkbox"/> In drug treatment/residential	<input type="checkbox"/> Other responsibilities	
<input type="checkbox"/> Scheduling problems	<input type="checkbox"/> In jail	<input type="checkbox"/> Pressure from partner or other family	

<input type="checkbox"/> Unexpected emergency	<input type="checkbox"/> Lost custody of or visits w/ child	<input type="checkbox"/> Unhappy with Clinical Team	
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7. Is part of the plan to transfer family to another CPP Clinician? ☐ No ☐ Yes

PROCEDURAL FIDELITY: PLANNED TERMINATION

Instructions: Families often have great difficulty saying goodbye and may drop-out at any time during termination. This checklist is a guideline for termination planning when families are able to collaborate in the process. If treatment was abrupt, indicate which elements you were able to do.

<input type="checkbox"/> Not done (family dropped from treatment.) Complete Procedural Fidelity: Unplanned Termination.		Done
CF1	Clinical Team reflected on timing of termination Clinical Team reflected on appropriateness of termination based on achievement of treatment goals; discussed differences in perception	<input type="checkbox"/>
1.	Reflected on termination Before you began termination, remembered that goodbyes evoke profound feelings of rejection and loss no matter how well you prepare for and conduct them. Reviewed the caregiver and child's history of separation and loss to help you hypothesize about possible reactions they may have related to saying goodbye.	<input type="checkbox"/>
CF2	Discussed termination with Clinical Director/Supervisor	<input type="checkbox"/>
CF3	Extension beyond 12-month treatment period was discuss with and approved by Clinical Director, if applicable	<input type="checkbox"/>
2.	Planned termination with caregiver Began termination phase by talking <u>alone</u> w/ caregiver about ending treatment approximately 2 months before end date. If the child is an infant, this may be done with the child present. Rationale for 2 month period: Termination is integral to trauma treatment and a lot of "work" happens during this phase. In cases where a 2-month termination is not possible, try to incorporate the elements on the checklist and check the box for < 2 months.	<input type="checkbox"/> <input type="checkbox"/> <2 mo
3.	Planned treatment evaluation (Outcome Assessments) As part of termination planning, scheduled treatment-outcome evaluation with caregiver.	<input type="checkbox"/>
4.	Completed treatment evaluation (Outcome Assessments), and completed Outcome Assessment Checklist (refer to <i>Child First Toolkit</i>)	<input type="checkbox"/>
10.	Feedback: treatment evaluation (Outcome Assessments) Met alone with caregiver and provided feedback from evaluation.	<input type="checkbox"/>
5.	Told child about termination Let the child know treatment is ending at least one month before the end date. If child is an infant, had a session with the child present where you and the caregiver acknowledged that treatment will be ending.	<input type="checkbox"/> <input type="checkbox"/> <1 mo
6.	Jointly planned termination Planned with caregiver and child (or caregiver alone if child is an infant) how treatment will end, how you will say goodbye.	<input type="checkbox"/>
7.	Processed the goodbye <ul style="list-style-type: none"> Talked about how goodbyes can be hard and make you sad and angry If appropriate, differentiated this goodbye from other goodbyes or separations Allowed caregiver and child to be a part of the process and experience a range of feelings 	<input type="checkbox"/>

	<ul style="list-style-type: none"> Helped caregiver and child realize that they can feel connected to people even after they have said goodbye 	
8.	Counted down the sessions with caregiver and child Every week reviewed how many more sessions until the end (e.g., with a calendar)	<input type="checkbox"/>
9.	Reviewed the family's story Discussed the course of treatment and the family's treatment narrative <ul style="list-style-type: none"> Where they were when they came here, whether things were hard, where things are now The themes that emerged in treatment/play If things are still not safe, how this affects them and how they can continue to talk about this and support each other 	<input type="checkbox"/>
Item #		Done
CF4	Reviewed successes, and goals not yet met Discussed child and family's successes, as well as goals that have not yet been met	<input type="checkbox"/>
CF5	Made final referrals for services and ensured that services were accessed	<input type="checkbox"/>
11.	Planned for the future and discussed trauma reminders with caregivers <ul style="list-style-type: none"> Talked with caregivers about how symptoms may return with trauma reminders or when child is under stress (metaphor: posttraumatic stress reactions are like asthma, flare up from time to time when the person is under stress) Helped caregivers reflect on how they have skills to help the child when this happens Helped caregivers to recognize if child's symptoms are significant enough to perhaps warrant a return to treatment 	<input type="checkbox"/>
12.	Held last session	<input type="checkbox"/>

PROCEDURAL FIDELITY: UNPLANNED TERMINATION		
Item #		Done
CF6	Clinical Team attempted to re-engage through calls and letters If case is at risk of closing, Clinical Team made required efforts to re-engage family through 4 weeks of phone calls and letters	<input type="checkbox"/>
CF7	Clinical Team contacted referral source If a Release of Information was obtained and is still valid, Clinical Team contacted referral source, other family supports or service providers	<input type="checkbox"/>
CF8	Barrier to treatment and re-engagements were discussed with Clinical Director	<input type="checkbox"/>
CF9	"Close File" letter sent Clinical Team sent "Close File" letter to family, indicating that family is free to return at a future date	<input type="checkbox"/>
CF10	Agency-specific case closing procedures Clinical Team followed policies and procedures of their site to close case	<input type="checkbox"/>

PROCEDURAL FIDELITY: CPP CONTACT LOG

Instructions: Use to track treatment participation during the termination phase

COMPLETE FOR ANY CONTACT			COMPLETE FOR SCHEDULED SESSIONS (NOT PHONE CONTACTS)				
Date	Contact Type Assessment Case management Feedback Dyadic Treatment* Individual caregiver* Individual child* Caregiver phone – conversation Caregiver phone – message Collateral – meeting Collateral – phone Collateral – other Team meeting Other	Minutes	Session Status Show Cancel No Show	Reason for Not Attending Childcare problem Conflicting appointment Forgot Illness Team member cancelled Transportation Weather Other	Who Attended (check all that apply) Target child Caregiver 1 Caregiver 2 Caregiver 3 Caregiver 4 Collateral: specify _____ Sibling 1 Sibling 2 Sibling 3 Sibling 4	Where Held Home Clinic Community Other	Session Counter (#)
Type here	Type here	Text	Type here	Type here	Type here	Type here	Type here
Type here	Type here	Text	Text	Type here	Type here	Type here	Text
Type here	Type here	Text	Text	Type here	Type here	Type here	Text
Type here	Type here	Text	Text	Type here	Type here	Type here	Text
Type here	Type here	Text	Text	Type here	Type here	Type here	Text
Type here	Type here	Text	Text	Type here	Type here	Type here	Text
Type here	Type here	Text	Text	Type here	Type here	Type here	Text
Type here	Type here	Text	Text	Type here	Type here	Type here	Text
Type here	Type here	Text	Text	Type here	Type here	Type here	Text
Type here	Type here	Text	Text	Type here	Type here	Type here	Text
Type here	Type here	Text	Text	Type here	Type here	Type here	Text
Type here	Type here	Text	Text	Type here	Type here	Type here	Text
Type here	Type here	Text	Text	Type here	Type here	Type here	Text
Type here	Type here	Text	Text	Type here	Type here	Type here	Text
Type here	Type here	Text	Text	Type here	Type here	Type here	Text

MAKE ADDITIONAL COPIES OF PAGE AS NEEDED

CPP CORE INTERVENTION FIDELITY

Instructions: Clinician should mark his/her answers with a check (1st column), and Care Coordinator/FRP should mark his/her answers with an X (2nd column)
Complete at the end of treatment to reflect on intervention fidelity during the termination phase.

REFLECTIVE PRACTICE FIDELITY

POTENTIAL SOURCES OF CHALLENGE	Level (select one)							
	No		Low		Moderate		Significant	
Family is difficult to engage or work with	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Family trauma history is likely to provoke negative reactions in any clinician	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Systems are involved in complicated and/or conflictual ways with family/treatment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Clinician/Care Coordinator and caregiver have significantly different perspectives or cultural beliefs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Clinician/Care Coordinator knowledge and skill level (e.g., new Clinician/Care Coordinator, new to the model or trauma work)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Limited access to safe reflective supervision or reflective consultation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
* Clinician and Care Coordinator have significantly different perspectives or cultural beliefs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CLINICIAN/CARE COORDINATOR REFLECTIVE PRACTICE CAPACITY	Clinician/Care Coordinator Capacity (select one)							
	Requires Development		Emerging				Acquired	
Awareness of own emotional reactions								
In the moment (in session)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Upon self-reflection (outside session)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
In supervision/consultation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Awareness of own personal and/or cultural biases								
In the moment (in session)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Upon self-reflection (outside session)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
In supervision/consultation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to consider multiple perspectives (caregiver's, child's, own)								
In the moment (in session)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Upon self-reflection (outside session)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
In supervision/consultation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to recognize and regulate strong emotions prior to intervening (in the moment)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Use of self-care practices to enhance ability to regulate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
USE OF EXTERNAL SUPPORTS								
Appropriately uses supervision and/or consultation with colleagues to:								
Process emotional reactions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Consider alternative perspectives	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Seek new knowledge & new skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

EMOTIONAL PROCESS FIDELITY								
POTENTIAL SOURCES OF CHALLENGE Degree to which in sessions. . .	Level (select one)							
	No		Low		Moderate		Significant	
Caregiver is dysregulated or triggered	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Caregiver is avoidant or shut down	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Child is dysregulated or triggered	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Child is avoidant or shut down	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CAPACITY TO HANDLE EMOTIONAL CHALLENGES Clinician/Care Coordinator is able to . . .	Clinician/Care Coordinator Capacity (select one)							
	Requires Development		Emerging				Acquired	
Identify when caregiver is not regulated	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tolerate caregiver's strong emotional reactions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Intervene in ways to help caregiver become regulated	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Identify when child is not regulated	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tolerate child's strong emotional reactions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Create a context where child's emotional response is understood	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Create a context where child is helped to regulate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
* Identify when Clinician/Care Coordinator's personal history, culture, or beliefs are impacting emotional process fidelity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

DYADIC-RELATIONAL FIDELITY								
POTENTIAL SOURCES OF CHALLENGE Degree to which in the sessions. . .	Level (select one)							
	No		Low		Moderate		Significant	
Caregiver and child have conflictual, competing agendas	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Caregiver has difficulty understanding or tolerating child's behavior or temperament	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Caregiver and/or child serve as trauma reminders to the other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Caregiver has unrealistic expectations of the child	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Child has sensorimotor or affect regulation challenges	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CAPACITY TO ADDRESS THE NEEDS OF CAREGIVER AND CHILD Clinician/Care Coordinator is able to . . .	Clinician/Care Coordinator Capacity (select one)							
	Requires Development		Emerging				Acquired	
Balance attention between caregiver and child (tracking both)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hold/support child and caregiver perspectives	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Bridge/translate between caregiver & child (help them understand each other)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Intervene in ways that strengthen the caregiver-child relationship	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Think about and support child's relationship with other important caregivers (e.g., father)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
TRAUMA FRAMEWORK FIDELITY						
POTENTIAL SOURCES OF CHALLENGE	Level (select one)					
Challenges related to . . .	No		Low		Moderate	Significant
Child's history being unknown	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Caregiver's history being unknown	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Caregiver not fully acknowledging child's history or not agreeing to talk about it	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Caregiver not having a trauma framework (does not view child behavior in light of history)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Caregiver being triggered and having difficulty thinking about child's past experience	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CAPACITY TO INTERVENE WITHIN A TRAUMA FRAMEWORK	Clinician/Care Coordinator Capacity (select one)					
Clinician/Care Coordinator is able to . . .	Requires Development		Emerging		Acquired	
Keep child's and caregiver's trauma history in mind	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Think about how the child's and caregiver's history may be affecting interactions with each other and with the Clinician/Care Coordinator	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Frame interventions (e.g., affect regulation, improving relationships) within the broader context of the family's traumatic experiences (in addition to other contributing factors)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Clinicians only: Directly talk about and bring up the family's trauma history when relevant	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

PROCEDURAL FIDELITY							
POTENTIAL SOURCES OF CHALLENGE	Level (select one)						
	No		Low		Moderate	Significant	
Scheduling challenges due to family illness, work, competing needs, or irregular visitation schedule make it difficult for family to attend weekly sessions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Scheduling challenges due to Clinician/Care Coordinator illness, work schedule or competing needs make it difficult for Clinician/Care Coordinator to hold weekly sessions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Family structure (e.g., multiple children) makes it difficult for Clinician/Care Coordinator and caregiver to hold sessions focusing on the needs of individual children when clinically indicated	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Home visiting environment often chaotic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CAPACITY TO CARRY OUT PROCEDURES	Response (check one)						
Clinician/Care Coordinator is able to . . .	No		Yes, But They Did Not Attend Regularly			Yes, Attended	

Schedule sessions on a regular basis (generally 1x per week)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Give appropriate notice for vacation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Propose caregiver collateral sessions when . . .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<ul style="list-style-type: none"> Caregiver is triggered by child or child's play or in need of psychoeducation Caregiver does not understand trauma as a potential cause of child's behaviors Caregiver needs to share information with Clinician/Care Coordinator (e.g., new traumatic events, new service needs) 	<input type="checkbox"/> Not neede d	<input type="checkbox"/> Not neede d				
CPP CASE CONCEPTUALIZATION AND CONTENT FIDELITY						
<ul style="list-style-type: none"> Clinical Focus: Throughout the phase, <u>degree to which the Clinician/Care Coordinator's interventions addressed the objective:</u> 0=not at all a focus; 1=minor; 2=moderate; 3=significant Appropriateness: Under=Clinician/Care Coordinator should have focused more on this objective; Appropriate=Amount of therapeutic focus seems appropriate; Over=Clinician/Care Coordinator may have overly focused on this objective, to the detriment of other important objectives Progress Towards Objective 3 = Established: Good enough to support development 2 = Present but Unstable: Good under some conditions. Not fully consolidated. Lost in response to internal or external stress. 1 = Emerging: Early manifestations 0 = Primary Target/Urgent Concern: Immediate risk to development, relationship and/or therapeutic alliance 						
CPP OBJECTIVES			Clinical Focus (0-3)	Appropriateness (check one)		
				Under	Appropriate	Over
CONVEY HOPE						
<ul style="list-style-type: none"> Highlighted that change and growth are possible given positive steps the family has made Provided realistic examples of potential pathways for healing, noting ways that caregiver efforts and treatment may lead to improved caregiver and child functioning Helped caregiver identify "angels in the nursery" and reflect on times when he/she felt safe and loved Helped the family connect to spiritual resources consistent with family traditions 			_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
DEVELOP EMPATHIC RELATIONSHIP WITH FAMILY MEMBERS						
<ul style="list-style-type: none"> Empathically listened to concerns: <input type="checkbox"/> caregiver <input type="checkbox"/> child's Understood difficult behavior given past history & current context: <input type="checkbox"/> caregiver <input type="checkbox"/> child Made warm supportive comments or recognized accomplishments: <input type="checkbox"/> caregiver <input type="checkbox"/> child Understood caregivers' mistrust of providers and reluctance to engage in treatment in light of their past history and current experiences with potentially punitive systems 			_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ENHANCE SAFETY						
Safety - Physical Safety (chart all safety risks separately) <ul style="list-style-type: none"> Helped caregiver reflect on his/her history of physical endangerment and how it shapes current expectations regarding danger and safety In a supportive, non-confrontational manner, directly addressed safety issues with caregiver with the goal of increasing caregiver awareness and mobilizing protective action Balanced respect for the caregiver's psychological vulnerabilities with the need to address lapses in safety and destructive or self-destructive behavior 			_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

<ul style="list-style-type: none"> Encouraged the caregiver to develop an attitude that prioritizes safety as a core value for the caregiver, child, and family Supported caregiver in engaging other family members in addressing risks to safety (including partners who may have been violent) Focused on and addressed serious risks to physical safety, including risks within family relationships and permanency of placement Engaged in safety planning Assessed for and filed appropriate DCF reports for suspected abuse 					
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CPP OBJECTIVES	Clinical Focus (0-3)	Appropriateness (check one)			Progress Current (0-3)
		Under	Appropriate	Over	
ENHANCE SAFETY					
Safety - Environmental Context <ul style="list-style-type: none"> Discussed ways that contextual risks (e.g., poverty, community violence, immigration related-risks, inadequate or unsafe housing, and inadequate access to services) affect child and family functioning Considered the impact of racism and historical trauma on child and family functioning 	___	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	___
Safety – Stabilization <ul style="list-style-type: none"> Discussed provision/maintenance of basic needs Provided care coordination to help family obtain basic needs Helped caregiver develop the capacities to obtain services and needs independently (to overcome barriers, communicate about needs, and collaborate with service providers) Helped caregiver identify and address root causes of recurrent crisis and ongoing instability 	___	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	___
Safety & Consistency in Therapy <ul style="list-style-type: none"> Acknowledged safety risks to participating in therapy: mandated reporting, etc. Encouraged consistent, on-time participation in therapy Created a consistent environment for treatment 	___	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	___
Perceived Safety <ul style="list-style-type: none"> Identify misperceptions of danger or safety: <input type="checkbox"/> caregiver <input type="checkbox"/> child Foster accurate perceptions of danger and safety 	___	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	___
Safety within Caregiver-Child Relationships <ul style="list-style-type: none"> Acknowledged past history of risks to safety: <input type="checkbox"/> caregiver <input type="checkbox"/> child Highlighted the need for safe behavior while legitimizing feelings (e.g., child cannot hit others even though child is angry) Fostered caregiver's ability to socialize child in ways that are consistent both with the caregiver's cultural values and beliefs and the family's context Identified factors that may interfere with caregivers capacity to socialize child, including environmental circumstances, strong emotions (e.g., guilt, fear, feelings of worthlessness), and prior history 	___	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	___

<ul style="list-style-type: none"> • Support caregiver's development of routines to enhance safety • Helped establish caregiver as a protective, benevolent, legitimate authority figure 					
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CPP OBJECTIVES	Clinical Focus (0-3)	Appropriateness (check one)			Progress Current (0-3)
		Under	Appropriate	Over	
STRENGTHEN FAMILY RELATIONSHIPS: PROMOTE EMOTIONAL RECIPROCITY					
<ul style="list-style-type: none"> Helped caregiver reflect on how current expectations about relationships (child's or caregiver's) are shaped by past experience Helped caregiver identify and explore origins of negative views/representations of the child Helped caregiver think about how perceptions may affect behavior or interactions with child Helped caregiver and child notice and respond supportively to each other's relational bids Helped caregiver reflect and respond benevolently to the child's challenging behavior Helped identify negative perceptions child may have about caregiver Helped child understand and appreciate caregiver's efforts on the child and family's behalf Helped caregiver and child learn ways to repair and connect after conflict Helped caregiver and child consciously explore new ways of relating that promote trust, continuity, reciprocity, and pleasure 	—	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	—
<u>Additional Child First Treatment Objectives</u>					
<ul style="list-style-type: none"> Helped caregiver follow child's lead; noticed and supported caregiver in accomplishment Fostered caregiver's understanding of the importance of engagement and mutual enjoyment in caregiver-child relationship and consequent reduction of behavioral problems Helped caregiver reflect on spontaneous moments of engagement and enjoyment in session Facilitated dyadic play, reciprocal interactions and normative developmental activities that are mutually enjoyable. Reflected with caregiver on how these may be used in session and as daily activities 	—	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	—
COORDINATE CARE/ADDRESS FAMILY SERVICE NEEDS					
<ul style="list-style-type: none"> Engaged in systematic efforts to obtain all relevant information about child history (e.g., CPS reports related to placement history, child health history) Helped family members obtain needed referrals to other services Communicated and coordinated care as needed with other service providers Reflected on the needs of the entire family and prioritized services according to immediacy of needs Took steps to ensure that risks to the child's safety were known and addressed effectively by the team of service providers involved with the family Fostered a climate of transparency in communicating to caregiver the way that service providers are working together to ensure child safety 	—	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	—

CPP OBJECTIVES	Clinical Focus (0-3)	Appropriateness (check one)			Progress Current (0-3)		
		Under	Appropriate	Over			
COORDINATE CARE/ADDRESS FAMILY SERVICE NEEDS (continued)							
<u>Additional Child First Treatment Objectives</u>							
<ul style="list-style-type: none"> • Responded promptly and thoughtfully to concrete family needs in order to improve quality of life, enhance growth, and reduce stress • Helped caregiver develop effective and realistic problem-solving strategies that would meet the needs of the family • Provided hands-on assistance to connect children and caregivers with needed services and supports, both formal and informal • Supported self-reflection in the caregiver to avoid repetition of interpersonal problems, which have impacted her capacity to advocate effectively for herself and family • Supported caregiver in identifying potential obstacles when communicating with agencies and service providers. Helped caregiver reflect on how to overcome potential barriers in accessing community services • Reflected on possible psychological barriers which interfered with the caregiver's success in accessing services 	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____		
STRENGTHEN DYADIC AFFECT REGULATION CAPACITIES							
<ul style="list-style-type: none"> • Fostered caregiver's ability to respond in soothing ways when child is upset • Fostered child's ability to use caregiver as a secure base • Provided developmental guidance around typical early childhood fears/anxieties • Acknowledged and helped find words for emotional experiences: <input type="checkbox"/>caregiver <input type="checkbox"/>child • Provided developmental guidance around emotional reactions: <input type="checkbox"/>caregiver <input type="checkbox"/>child • Taught, developed, or fostered strategies for regulating affect: <input type="checkbox"/>caregiver <input type="checkbox"/>child • Explored with caregiver links between emotional responses to past experiences and current emotional responses to child's behavior 	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____		
STRENGTHEN DYADIC BODY-BASED REGULATION							
<ul style="list-style-type: none"> • Fostered body-based awareness, including awareness of physiological responses, particularly as they relate to stress <input type="checkbox"/>caregiver <input type="checkbox"/>child • Fostered understanding and identification of body-based trauma reminders • Helped caregiver learn/engage in body-based regulation techniques to regulate affect • Helped caregiver & child learn or use body-based regulation techniques to soothe child • Helped caregiver and child exchange physical expressions of care • Enhanced understanding of safe body-based boundaries 	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____		

CPP OBJECTIVES	Clinical Focus (0-3)	Appropriateness (check one)			Progress Current (0-3)
		Under	Appropriate	Over	
SUPPORT CHILD'S RELATIONSHIP WITH OTHER IMPORTANT CAREGIVERS					
<ul style="list-style-type: none"> Helped caregivers understand the child's perspective and need for positive representations of alternative caregivers (e.g., father, step-parent, foster parents) Helped caregiver support the child in integrating the positive and negative aspects of other caregivers Shared the concept of angel moments and the importance of helping the child hold on to positive memories involving alternative caregivers, even when relationships between caregivers are strained Supported child in developing an age-appropriate understanding of the family history Supported the child in understanding that different family members have different points of view and different ways of relating to each other and to the child 	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
ENHANCE UNDERSTANDING OF THE MEANING OF BEHAVIOR					
<ul style="list-style-type: none"> Helped caregiver notice behavior (child's, caregiver's, or another caregiver's) Provided developmental guidance regarding age appropriate behavior and developmental meaning of behavior Provided developmental guidance around how children learn and develop Helped caregiver consider (reflect on) the meaning of child and/or caregiver behavior (thinking about developmental stage, past experiences, cultural beliefs) Helped enhance reflective functioning in caregivers and child 	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
<u>Additional Child First Treatment Objectives</u>					
<ul style="list-style-type: none"> Helped caregiver notice antecedents to child's behavior, responses of others to those behaviors, and contributing factors leading to escalation Provided information to help caregiver understand their importance in the growth of their child's healthy development Provided information about unique sensori-motor or other neurologically-based processing needs and limitations, as needed Introduced frequently used language and concepts to build a common vocabulary (e.g., emotional muscle, Circle of Security concepts and language, trauma reminders, etc.) 	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
ATTACHMENT-EXPLORATION BALANCE AND HEALING RELATIONSHIP DISRUPTIONS					
<ul style="list-style-type: none"> Noted and reflected on caregiver's prompt, appropriate response to child's attachment cues Provided guidance regarding need of child for proximity to caregiver and for independent exploration. Referred to Circle of Security diagram Provided guidance regarding the importance of being "bigger, stronger, wiser, and kind" in response to dangerous or inappropriate child behavior Provided guidance regarding need for caregiving during disruptions and major separations Reflected with caregiver on past caregiver-child experiences that may have led to "miscuing" Reflected with caregiver on her emotional responses to child's attachment/exploration cues and serving as a secure base 	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____

CPP OBJECTIVES	Clinical Focus (0-3)	Appropriateness (check one)			Progress Current (0-3)
		Under	Appropriate	Over	
SUPPORT CHILD IN RETURNING TO A NORMAL DEVELOPMENTAL TRAJECTORY					
<ul style="list-style-type: none">Supported adaptive behavior and normative developmental activitiesSupported healthy non-trauma playSupported positive identity developmentFostered caregiver's efforts to engage in age appropriate activitiesProvided care coordination to help engage child in age appropriate activities (e.g., pre-school)	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
NORMALIZE THE TRAUMATIC RESPONSE					
<ul style="list-style-type: none">Acknowledged effects of child's and caregivers' experience of trauma and historical traumaProvided psychoeducation: Impact of trauma, including common symptoms & PTSD, trauma reminders and how they affect child and caregiverHelped caregiver anticipate developmental changes in child's processing of the trauma	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
SUPPORT DYAD IN ACKNOWLEDGING THE IMPACT OF TRAUMA					
<ul style="list-style-type: none">Promoted a deep emotional acknowledgement of the impact of trauma while attending and responding to dysregulated (over or under) affective statesHelped caregiver acknowledge what child has witnessed & remembersHelped caregiver and child understand each other's reality (with regards to the trauma)Helped caregiver & child identify and cope with trauma remindersHelped caregiver think about his/her own trauma history (ghosts in the nursery) and ways this history may affect her/him and the way s/he parents	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____ -
HELP DYAD DIFFERENTIATE BETWEEN THEN AND NOW					
<ul style="list-style-type: none">Highlighted difference between past and present circumstancesHelped dyad understand that they can make new choicesHelped child and caregiver become aware of the difference between reliving and remembering by helping them identify traumatic triggers and pointing out the different circumstances in the past and the present	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____ -
HELP DYAD PUT THE TRAUMATIC EXPERIENCE IN PERSPECTIVE					
<ul style="list-style-type: none">Supported caregiver and child in making meaning (e.g., creating a story, using ritual, connecting with spiritual beliefs)Integrate historical trauma as part of the family and personal narrativeWorked with beliefs (existential challenges) around why the traumatic events happened (e.g., that they are bad, being punished)Helped caregiver and child see trauma as something that happened to them but that does not define themSupported family's advocacy work or work to help othersFostered acceptance around how these experiences have shaped the caregiver and child's sense of self	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____ -

<ul style="list-style-type: none"> • Helped the family find pathways to post trauma growth and joy • Encouraged appreciation of goodness, beauty, and hope 					
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