PART 2

Tier 1 Supports

TIER
1

collect data

analyze progress

identify next steps

To ensure that interventions are delivered with adequate treatment integrity from the onset of implementation, the foundational strategies, or Tier 1 Supports, introduced in this section can be provided prior to intervention implementation. Chapter 3 describes Direct Training, a strategy that focuses on increasing the implementer's confidence and skills with implementation, while Chapter 4 describes Implementation Planning, a strategy designed to support logistical planning and preparation for implementation. The in-depth descriptions of how to plan for and complete these strategies found in these chapters are accompanied by strategy protocols and treatment integrity guides found in Appendices F and G.

Tier 1 Implementation Supports can be delivered together, or only one strategy can be provided. Which Tier 1 Implementation Support should be delivered will depend on the intervention and implementer. Also, these strategies can be revisited after intervention implementation if treatment integrity needs support (see Section 5).

Through reading this section, you will learn how to prepare and deliver Tier 1 Implementation Supports, Direct Training, and Implementation Planning.

Direct Training

What Will This Chapter Tell Me?

Direct Training includes didactic training, consultant demonstration of the intervention, implementer practice, and feedback to facilitate an implementer's treatment integrity. In the PRIME Model, Direct Training is considered a Tier 1 Implementation Support. The chapter describes the purpose of Direct Training and explains how to prepare for and deliver Direct Training. After reading this chapter, you will be able to describe and deliver the steps of Direct Training.

What is Direct Training?

The overall purpose of Direct Training is to increase the implementer's confidence in delivering the intervention by teaching her or him foundational intervention implementation knowledge and skills. Direct Training is delivered before intervention implementation and "booster" Direct Training sessions can be provided if an implementer is struggling to deliver the intervention with adequate treatment integrity. Direct Training consists of didactic training on intervention steps, followed by the consultant demonstrating the intervention, the implementer practicing the intervention, and the consultant providing feedback to the implementer. After an effective Direct Training session, the implementer has an increased under-

standing of the intervention, a positive experience with implementation of the intervention steps, and more optimistic expectations about intervention effectiveness and implementation success.

How to Prepare for Direct Training

To deliver Direct Training, some preparation is necessary. Be sure to review the general guidelines for a PRIME Implementation Support meeting (see Appendix E). In particular, make sure to review the intervention plan and feel prepared to describe and implement it. Beyond the general guidelines, preparation for Direct Training includes 3 steps:

- Breaking down the intervention plan into teachable intervention steps;
- Deciding how to proceed through Direct Training steps based on treatment integrity data; and
- Preparing necessary materials.

Step 1: Breaking Down the Intervention Plan

First, review the intervention plan. In doing so, ask yourself, "How can the intervention plan be best taught to the implementer?" Divide the intervention plan into grouped intervention steps that will help the implementer understand (a) the overall intervention plan and (b) how the intervention steps fit into the larger components of the intervention. For a behavior support plan, it may be helpful to group intervention steps into antecedent (e.g., establishing and defining a classroom schedule, active supervision), teaching (e.g., teach behavior expectations, teach problem solving), and consequence (e.g., class-wide group contingencies, positive reinforcement) strategies. For other types of interventions, organize intervention steps into logical groups to teach to the implementer. For example, you may divide the intervention steps according to *when* the steps must be implemented (e.g., all steps delivered at once, different steps provided at separate times) or the theoretical links

between intervention steps (e.g., if several steps are based on one principle, if intervention steps build on one another).

Step 2: Plan How to Complete Direct Training

Next, decide how to proceed through Direct Training based on how you grouped the intervention steps and any available treatment integrity data. You may decide to go through the didactic training, demonstration, practice, and feedback (Direct Training steps 2 to 10) for the entire intervention at once. Alternatively, you may choose to complete these Direct Training components for an individual intervention step or group of intervention steps before repeating them for the next intervention step or group of intervention steps. You may also find that it is not appropriate to demonstrate and practice specific intervention steps (e.g., posting a sign). To decide how to proceed through Direct Training steps, consider how you broke the intervention into teachable intervention chunks, as well as the number and complexity of intervention steps. Use any available treatment integrity data to decide if you need to focus on specific intervention steps for practice.

Step 3: Gather Materials

Last, gather the materials needed for the Direct Training session. These materials include the intervention plan or a written list of the intervention steps, as well as any materials needed to implement the interventions (e.g., forms, student worksheets, rewards).

PRIME Tip

Direct Training involves teaching the implementer the content of an intervention plan and the behaviors required to implement an intervention plan. The implementer will likely be learning something new as part of his or her participation in Direct Training. As such, these activities could be considered a form of professional development. Therefore, consider the following best practices in

professional development when planning and implementing Direct Training.

Professional development is best when it...
- •Links to both educator professional development goals and student goals;
- •Involves collaboration and collective participation;
- •Includes training on the content and skills relevant to evidence-based interventions;
- •Includes corrective feedback and planned follow-up;
- •Occurs with administrative support and leadership; and
- •Aligns with state and national standards for professional development.

How To Deliver Direct Training

The steps of Direct Training are described below. This chapter is a more detailed companion to the Direct Training protocol and treatment integrity measure found in Appendix F.

Step 1: Explain the Purpose of the Session

A preview of the objectives for Direct Training will help the implementer understand the purpose of the session and what his or her role will be during the session. It may be beneficial to give the implementer an actual written agenda that briefly lists each of the session objectives. Consider asking the implementer if there are any additional items he or she would like to add to the agenda. This step will help set a tone of collaboration and active engagement during the session.

A preview of objectives involves presenting an overview of how the Direct Training process works. Tell the implementer you will be reviewing the intervention plan, demonstrating the intervention steps, providing an opportunity for the implementer to practice the

intervention steps, and giving feedback to ensure he or she masters the intervention.

Additionally, outline the goals of the session for the implementer. Goals for a Direct Training session may include increasing the implementers' implementation skills and/or confidence (e.g., "Our goal for today is to make sure you feel confident implementing each step of the behavior support plan with the student every day during circle time and small group reading."). Ask the implementer what goals they might have for the meeting (e.g., "I wonder what other goals you have for the session today?"). When the implementer shares goals, validate his or her goals and explain how each goal can be met during the session or how and when you will address the goals after the session. Be sure to make connections between how each part of the Direct Training session will help meet the session goals (e.g., "Our goal is to increase your confidence during implementation and looking at the intervention in detail and having an opportunity for demonstration and practice should facilitate your comfort and confidence with implementation").

Step 2: Didactic Intervention Training

Provide didactic training to ensure the implementer understands the purpose of each intervention step and how to implement each intervention step. The goal of this process is to provide an overview of the intervention plan, as well as how the intervention can support student outcomes.

Didactic training involves a review of each intervention step needed to implement the intervention and detailed instructions about how to carry out each step. When reviewing each step, be sure to reference and show any materials needed to implement the step. Emphasize (a) *why* each step is important and *what* it accomplishes, and (b) any relevant research support for the effectives of the step, as appropriate. In doing so, describe the rationale for the effectiveness of the intervention plan for this particular student and tar-

get concern. Throughout the process, encourage the implementer's active involvement by asking questions about implementation and use of the step as well as answering any questions.

Ideally, provide a written copy of the intervention plan to facilitate didactic training. The written intervention plan will help the implementer follow along with your explanations of each step and provide them with a place to take notes on how to implement each step.

Step 3: Answer Implementer's Questions

Following didactic training, it is likely the implementer will have questions about implementation of the intervention plan. Prompt for questions in a way that provides a supportive atmosphere. This step in the Direct Training sessions gives the implementer an opportunity to ask questions or bring up any concerns that arose during the review of the intervention plan.

PRIME Tip

Ask the implementer questions to elicit their opinions, concerns, or questions about the intervention or implementation. Go beyond generic questions such as "Do you have any questions?" or "Does that make sense?" that simply require a yes or no answer. Instead, have the implementer consider their impressions of the intervention, how the intervention will fit into their routines, and what potential questions or issues may arise during implementation. Below is a list of potential questions to include during Direct Training and your other consultation meetings. Use these and similar questions to guide your consultation.

- How do you see that intervention step happening in your classroom?
- Have you implemented interventions like this in the past? Tell me about your experience.
- What do you think will be easiest about implementing this

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intervention? What intervention steps might be challenging?
- What intervention steps do you see the student being particularly responsive to?
- How will you describe this intervention to the student's parents? Can I help facilitate this discussion?

Address implementer questions and concerns as best you can based on intervention research and your experience. It is important to validate the thoughtfulness and perspective of the implementer's questions and concerns (e.g., "Great question! I had not though of that," "I see why you might have that concern about this intervention plan with this student."). It is okay to ask the implementer in return what they might think about their own question or concern, (e.g., "In your experience, how have you handled that issue?"). Part of the consultation process is valuing the skills and knowledge of both the consultant *and* implementer. These types of responses will reinforce the collaboration and mutual trust critical to the consultant-implementer relationship.

Step 4: Demonstrate Intervention

Your demonstration of the intervention will give the implementer an example of how to deliver each step of the intervention plan. You may simply act out how to deliver the intervention steps as planned, but it is often beneficial to also describe what you are doing. Use intervention materials, as appropriate. During the demonstration, highlight intervention adherence (i.e., delivering the intervention as planned) and quality (i.e., *how* you are delivering intervention components). That is, beyond the intervention plan itself, describe and demonstrate how to deliver the intervention with quality. Specifically, make sure your demonstration includes the following quality features:

- Appropriate interaction with the student (e.g., tone, non-

verbal behavior);

- Smooth and natural implementation (e.g., responding automatically to the student, having materials accessible);
- Appropriate timing (e.g., clear instructions given before new activity);
- Competent implementation (e.g., clearly responsive to student's needs).

Step 5: Engage the Implementer in Guided Practice

Guided practice of the intervention steps will help the implementer understand how he or she will implement each intervention step. It gives the implementer an opportunity to try new skills needed to implement the intervention in a supportive environment and ask new questions that arise with actual implementation practice. The *guided* practice step of the Direct Training session occurs before the *independent* practice step (Step 8). Guided practice allows for more supported, collaborative practice of the intervention steps with the consultant, while independent practice allows the implementer to demonstrate that he or she can implement each intervention step without support.

To engage in guided practice, have the implementer practice the intervention and provide supportive guidance as needed. Guidance may include additional explanations of intervention steps, prompts, hints, guiding questions, answering implementer questions, and encouragement. Provide the implementer with materials to implement each step, as necessary.

PRIME Tip

Some implementers may be a bit uncomfortable with demonstration and practice so take care to make sure that the process is as comfortable and naturalistic as possible. To do so, set up your demonstration as an opportunity to share examples and use scenarios from the implementer's setting that you have observed (e.g., "To implement this step, at the beginning of circle time you might say

..." or "When you're handing out papers, that would be a great time for you to ..."). After providing the demonstration, ask a question to facilitate the practice (e.g., "So, that's how it could look at circle time, what might you say during independent seatwork?" "So, in your own words, what do you think you'll plan to say when you're handing out papers?"). This way the demonstration and practice remain a natural part of the conversation around implementation.

Step 6: Provide Feedback about the Guided Practice

Following the guided practice, provide feedback to the implementer about their intervention implementation. Give specific feedback on the implementation of each step in a positive and constructive manner. Be sure to reinforce successes and correct any implementation errors. Share with the implementer the particular steps he or she implemented according to plan and/or with high quality, and the steps he or she should focus on for improving adherence or quality. The implementer should feel more confident and positive about intervention implementation following appropriate and reinforcing feedback.

Step 7: Repeat Guided Practice and Feedback, if Necessary

After the first round of guided practice in Step 6, check in with the implementer about his or her knowledge about and confidence in implementing the intervention. Some implementers will benefit from repeated guided practice and feedback. If it appears the implementer needs more practice to feel confident implementing the intervention plan with the actual student after the first try at guided practice, repeat steps 5 and 6 until the implementer successfully implements each component of the intervention. Subsequent rounds of guided practice do not have to be identical to the initial practice. Consider fading the intensity of guidance to help the implementer transition successfully from guided to independent practices.

Step 8: Implementer Engages in Independent Practice

Now transition to independent practice of the intervention steps without guidance. This independent practice will give the implementer an additional opportunity to validate his or her confidence in how to implement each intervention step and ensure he or she is prepared to deliver the intervention. To engage the implementer in independent practice, ask the implementer to independently practice the intervention or grouped intervention steps. Do not provide any guidance during the independent practice, but identify areas of strength during implementation as well as areas for improvement. In doing so, identify the implementer's level of implementation adherence (i.e., the match between steps implemented and steps written in the intervention plan) and quality (i.e., the quality of the delivery of the intervention plan).

Step 9: Provide Feedback about the Practice

Ask the implementer to reflect on his or her own independent practice. In doing so, help the implementer identify what steps he or she implemented with sufficient adherence and quality, and what intervention steps still need improvement. The self-evaluation will might also result in additional questions or concerns about the intervention plan. Provide constructive feedback regarding the implementer's independent practice. Remember to keep feedback positive and constructive. In doing so, be sure to correct any implementation errors, but also reinforce successes.

Step 10: Repeat Independent Practice and Feedback,
if necessary

As with the guided practice, examine the implementer's skill and confidence during independent practice and response to feedback. If the implementer needs more practice to confidently deliver the intervention with adequate treatment integrity, repeat steps 8 and 9. Provide additional independent practice and feedback until the im-

plementer successfully delivers each component of the intervention without your support.

Step 11: Close Direct Training

The implementer should leave the Direct Training session understanding the intervention steps and confident in their implementation. Revisit the consultation goals and evaluate if those goals have been met through Direct Training. This session is a way to provide the implementer with a large amount of helpful and extensive information about the intervention plan and its implementation. As a result, ask the implementer if he or she has any remaining questions about the intervention plan or implementation. Validate the implementer's active engagement in the meeting. End the session by providing positive feedback to the implementer about his or her participation in Direct Training.

What Did I Learn About PRIME?

Direct Training prepares the implementer to implement an intervention plan with high levels of treatment integrity. The consultant should select which steps of the Direct Training protocol will be used during the session to help the implementer learn the steps of the intervention plan. During the session, the consultant will lead the implementer through didactic training, a demonstration of the intervention, guided practice, independent practice, and feedback.

Chapter 3 Key Terms

Didactic Training
Direct Training
Intervention Step

Implementation Planning

What Will This Chapter Tell Me?

Implementation Planning helps an implementer define the logistics of delivering an intervention and identify potential barriers as well as related solutions for maintaining implementation. Within PRIME, Implementation Planning is a Tier 1 Implementation Support that can be reviewed and updated throughout implementation. This chapter provides an overview of how to work with the implementer to develop an Implementation Plan (i.e., how to create both an Action Plan and a Coping Plan). It explains the purpose of Implementation Planning, how to prepare for an Implementation Planning session, and how to deliver steps of Implementation Planning. After reading this chapter, you will understand the components of Implementation Planning.

What is Implementation Planning?

The overall purpose of Implementation Planning is to prepare the implementer to deliver all of the steps of the intervention and identify potential barriers to ongoing implementation. Implementation Planning includes detailed logistical planning (Action Planning) and barrier identification and development of strategies to overcome those barriers (Coping Planning). An Implementation Planning

session consists of first reviewing the intervention and making modifications to intervention steps, as necessary. Next, the implementer identifies the logistics of each intervention step as well as any necessary resources. Last, the implementer identifies potential barriers to implementation as well as potential strategies to address those barriers. The outcome of effective Implementation Planning is enhanced implementer confidence in delivering the intervention with high levels of treatment integrity.

> **PRIME Tip**
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> The implementer can complete implementation Planning independently. The electronic version of Implementation Planning (available at www.primeimplementation.com) walks the implementer through the Action Planning and Coping Planning items. Initial research indicates that implementers can successfully complete the electronic version of Implementation Planning and it facilitates improved levels of treatment integrity. That said, more research has evaluated Implementation Planning within a consultation format and so if it is possible to deliver this strategy within this format, we suggest it is done collaboratively.

How to Prepare for Implementation Planning

When preparing to deliver Implementation Planning, be sure to review the general guidelines for a PRIME Implementation Support meeting (see Appendix E). In particular, make sure to review the intervention plan. In addition, decide how to organize the intervention plan into teachable grouped intervention steps and gather the Implementation Planning forms and materials. If the intervention has already been grouped logically into steps (e.g., for Direct Training), use the same groupings. If not, spend some time with the intervention plan. Are there steps that fit together or can be grouped in a logical way? If so, plan to address those steps together, as a group, rather than in individual pieces. For more information about break-

ing an intervention down into teachable grouped steps, see Chapter 3 (How to Prepare for Direct Training).

Gather the Implementation Planning Protocol (Appendix G) and necessary materials. If you prefer paper and pencil, you will need four pages of Implementation Planning forms (Appendix G). If you would like to take notes electronically, access the electronic version of the Implementation Planning Form. Add the intervention steps, organized by group, to the Implementation Planning Forms. In addition, bring a written list of the intervention steps to the meeting.

PRIME Tip

To facilitate the meeting process, consider bringing a second copy of the Implementation Planning Form so that the implementer can follow along. We have found this action helps implementers understand the meeting format in general, follow along with the Action Planning items, and in particular, keeps the meeting running at relatively quick pace.

How to Deliver Implementation Planning

The steps of Implementation Planning are described below. This description of the purpose of and how to deliver each step is a companion to the Implementation Planning protocol and treatment integrity measure found in Appendix G.

Step 1: Explain the Purpose of the Session

The purpose of this step is to open the Implementation Planning session in a collaborative manner by previewing the plan for the session, explaining Implementation Planning, and developing goals for the session. Start by providing a general description of why you are meeting with the implementer. Explain that you are going to look at intervention logistics and plan for implementation.

Explain to the implementer that Implementation Planning consists of two steps: Action Planning and Coping Planning. The goal of the Action Planning step is for the consultant and the implementer to look at the intervention steps and plan the details of the intervention. The goal of the Coping Planning step is to identify and problem solve barriers to implementation. Thus, the overall purpose of Implementation Planning is to facilitate the definition and adaptation of the intervention so that it fits the implementer's specific context and classroom.

Based on this description of Implementation Planning, work with the implementer to collaboratively develop goals for the session. Developing meeting goals will allow you to target the discussion and ensure there is a shared vision for the meeting. Goals for Implementation Planning might include helping the implementer's preparation for implementation or making adaptions to the intervention to ensure it is contextually appropriate. Use your understanding of the Implementation Planning strategy to help target the implementer's suggestions for the session goals. Once you've decided on shared goals, briefly explain how Implementation Planning will help meet these session goals.

Step 2: Review Student Issue and Goal

To set up the discussion of the intervention, briefly review the target student issue, current data (if available), and the intervention goal. That is, you may highlight the major issues and address the current level of student progress compared to the intervention goal. This review of the student concern will ensure that the discussion of the intervention through the rest of the Implementation Planning steps is appropriately contextualized.

Step 3: Review Intervention Steps

This is the first step of Action Planning, and consists of reviewing the list of intervention steps with the implementer (see Action Plan

Worksheet, Part A). If the intervention steps have been grouped together, it is important for the consultant to go over how the steps were grouped and the logic behind the grouping, to make sure that the steps are divided in a way that makes sense to the implementer. If the implementer has any questions or suggestions about how the steps have been divided or the order of the intervention steps, make revisions to the list of intervention steps at this time.

Step 4: Modify Intervention Steps, if Needed

It is important to ensure that the intervention is feasible and contextually appropriate. At this point, ask if the implementer has identified any intervention steps that may need modifications to be appropriate for his or her context or the target student. If modifications are requested, it is important to keep in mind the empirical and theoretical support for each intervention step and to ensure that any revisions follow the same theoretical logic. Have an active discussion that results in an evidence-based intervention that is well-suited for the implementer's context. Any modifications that are made should be agreed upon by the consultant and the implementer, and noted on the Action Plan Worksheet: Part A.

Step 5: Identify Logistics of Each Intervention Step

The purpose of this step is to plan out the logistical aspects of the intervention. Planning exactly what is needed to accomplish each step of the intervention plan facilitates sustained implementation of the plan. For each intervention step, the consultant and implementer should work together to answer the following questions:

- *When?* When will this step of the intervention plan be completed? For steps occurring daily, this may mean a particular time of day (e.g., 9:00 a.m.) or a particular time period (e.g., during morning meeting, during fifth class period). For steps that occur only as needed, the type of behavior occurring prior to the step,

or the antecedent, can be described. Examples of this option may include, "when students are off task" or "when students are showing appropriate behavior." Some steps may include permanent products (e.g., posting a schedule, arranging the classroom in a way that minimizes crowding and distraction) and may only need to be completed once. For steps such as these, examples may include "At the beginning of the year" or "By next Tuesday."

- *How Often?* How often will this step of the intervention be completed? Examples may include "daily" or "as needed." You may want to use this step to specify a goal for how often this step should be delivered. For example, behavior specific praise could be described provided "at least 10 times per period." For steps involving simple permanent products, such as posting behavior expectations, "once at the beginning of the year" may be appropriate.

- *For how long?* For how long will this intervention step last? Examples may include a specific length of time for more discrete steps (e.g., 5 minutes, 20 minutes). Some steps may not have a proscribed length of time to complete, and "as needed" may be appropriate. Steps involving permanent products may last all year.

- *Where?* Where will this intervention step occur? Many (if not most) intervention steps will occur within the classroom. However, it may be appropriate to describe a specific place in the classroom (e.g., on the rug area, on the calendar board, at the teacher's desk) where each intervention step will occur.

- *Resources needed?* What resources or materials (if any) are needed to complete this step? Examples of resources may include construction paper, materials for a specific lesson, or supplies for a reinforcement system.

All of these responses can be listed on the Action Plan Worksheet: Part B. If the implementer struggles to identify the logistics of im-

plementation, the Action Plan Sample Responses form can be used to provide examples. It can also be helpful to ask questions such as: "What would that step look like?" or "Talk me through the completion of that step." These types of questions may help elicit responses from the implementer about how each step of the intervention will be completed. It is important to ensure that the implementer's responses reflect his or her impressions of how the intervention will work in the context of his or her classroom.

Step 6: Discuss How Needed Resources May Be Obtained, if Applicable

If additional materials are needed for the intervention steps, it is important to identify how those materials can be accessed. Is the implementer able to access them? Can the consultant provide them or develop them, if necessary? Do others (e.g., an administrator or other professional) need to be approached to obtain the materials? In thinking about how to access materials, keep in mind that the quicker these resources are obtained, the faster the intervention can be implemented. If necessary resources cannot be obtained quickly, the implementation of the intervention may be delayed. Make sure to delineate what resources are needed, who is responsible, and by when the resources will be obtained on Action Plan Worksheet: Part C.

Step 7: Summarize the Action Plan

Review and summarize any revisions that have been made to the intervention plan and the logistical details that were determined for each intervention step. Once the Action Plan has been summarized, the consultant should praise the implementer for participating in the process. This step completes the Action Planning process.

Step 8: Identify Potential Barriers to Implementation

This is the first step in the Coping Planning process. First, the consultant should show the implementer the Coping Plan Worksheet

and ask for any major anticipated or current implementation barriers. Make sure the barriers are identified by the implementer and thus, reflect his or her issues with consistently delivering the intervention with high levels of treatment integrity. Have the implementer rank up to four barriers in order of importance. (1 = highest priority, 2 = second highest, etc.).

PRIME Tip

Some implementers may have difficulty coming up with barriers on their own. In this case, it can be helpful to provide the implementer with an example of a barrier related to a different intervention. For example, if the implementer is implementing an academic intervention it would be appropriate to provide an example from a behavioral intervention. If the intervention targets one student, it may be appropriate to provide an example from an intervention that targets multiple students or an entire classroom.

Step 9: Identify Potential Strategies to Address Barriers

Once barriers have been identified, problem-solve how to overcome them. Ask the implementer to brainstorm ways that the intervention can be maintained in the presence of each of the top four barriers to implementation. If he or she struggles to identify strategies, provide suggestions or ideas in a collaborative manner. For example, if the implementer has identified lack of time as an implementation barrier, the consultant can work with the implementer to identify possible ways to make the intervention or intervention steps more efficient. Or, as is the case with the implementation of many behavioral interventions, the consultant can describe how the intervention may save the implementer time if implemented effectively. For example, a behavior intervention designed to reduce or prevent challenging behaviors will, if effective, reduce the amount of time the implementer will spend managing those behaviors. Once

an appropriate strategy has been identified, it should be written on the Coping Plan Worksheet.

Step 10: Summarize Coping Planning

This is the last step in the Coping Planning process. Summarize the strategies that have been developed to overcome the identified barriers to implementation. Next, praise the implementer for his or her participation in the Coping Planning process.

Step 11: Close the Session

To complete this last step in the Implementation Planning process, review the process of Implementation Planning and ask the implementer if he or she has any questions related to (a) the revisions made to the intervention plan (if applicable), (b) the logistics of implementation, (c) who is responsible for obtaining any needed resources and by when this will be accomplished, and (d) the identified barriers and related strategies to maintain implementation. Once any and all questions have been answered, inform the implementer that you will provide a clean, typed copy of the Implementation Plan (including the Action Plan and the Coping Plan; see Appendix G for Implementation Planning Summary Report Template) as well as any resources that the consultant is responsible for obtaining. Finally, thank the implementer for his or her time and work during the Implementation Planning process.

What Did I Learn About PRIME?

Implementation Planning prepares the implementer to deliver an intervention by outlining, in detail, the logistics of each individual step of the intervention as well as by identifying barriers to implementation and strategies to overcome those barriers. At the conclusion of the Implementation Planning session, the implementer should feel confident in delivering the intervention with high levels of treatment integrity.

Chapter 4 Key Terms

Implementation Planning
Action Plan
Coping Plan