PART 6

Tier 2 and 3 Support

TIERS
2&**3**

collect data

identify next steps

analyze progress

When progress-monitoring and implementation data indicate that treatment integrity promotion is needed, there are several PRIME implementation supports that can be applied. To describe the Tier 2 and 3 implementation supports, this section includes five chapters. Chapter 10 describes Role Play, a strategy that involves practicing varied intervention scenarios, while Chapter 11 describes Participant Modeling, a strategy that includes in-vivo demonstration and practice of the intervention. Chapter 12 describes Raising Awareness, a strategy focused on identifying beliefs that may influence implementation, while Chapter 13 describes Motivational Consultation, a strategy that highlights the link between implementation and desired outcomes by promoting change talk. Chapter 14 describes Performance Feedback, a strategy that involves showing the implementer with their implementation data, praising for steps consistently delivered, and practicing intervention steps that are inconsistent. The in-depth descriptions of how to plan for and complete these strategies that is found in these chapters are accompanied by strategy protocols and treatment integrity guides found in Appendices J to N.

Through reading this section, you will learn how to prepare and deliver Tier 2 and 3 Implementation Supports.

CHAPTER 10

Role Play

What Will This Chapter Tell Me?

Role Play involves reviewing the current status of implementation and demonstrating and practicing how to implement an intervention with several scenarios. In the PRIME Model, Role Play is considered a Tier 2 Implementation Support. This chapter describes Role Play in detail and describes how to get ready for and deliver this strategy. After reading this chapter, you will be ready to prepare for and implement an effective Role Play session.

What is Role Play?

The purpose of Role Play is to increase the implementer's preparation and confidence to implement the intervention by (a) reviewing implementation data and discussing any concerns, (b) demonstrating implementation of the intervention, (c) practicing implementation of difficult intervention steps. Role Play was developed based on Social Learning Theory and Behavioral Consultation literature. In PRIME, Role Play is a Tier 2 Implementation Support. It is most appropriate to support implementation when (a) intervention step treatment integrity data indicate some steps are not implemented at all; (b) session treatment integrity data indicate low levels of quality, even if adherence is overall adequate; or (c) the Implemen-

tation Beliefs Assessment (IBA) data indicate the self-efficacy sub-scale is low (see Chapter 9 and Appendix I for additional guidance). After Role Play, the implementer will feel positive and confident to maintain intervention implementation over time.

How to Prepare for Role Play

To deliver Role Play, some preparation is necessary. Be sure to re-view the general guidelines for a PRIME Implementation Support meeting (see Appendix E). In particular, make sure to review the intervention plan, specifically the steps with low treatment integrity, and be prepared to describe and implement it. Beyond the general guidelines, preparation for Role Play includes 4 steps:

1. Planning for Role Play to take one session outside of the implementation setting;
2. Preparing intervention implementation and student outcome graphs;
3. Identifying intervention steps for practice; and
4. Readying necessary materials.

Step 1: Plan How to Complete Role Play

First, decide when to complete Role Play with the implementer. Plan for one session outside of the implementation setting. Review the steps of Role Play to ensure there is enough time to discuss all of the steps of the session. Make sure your meeting space is quiet and private to allow for you to demonstrate and practice the intervention.

Step 2: Prepare Intervention Implementation and Student Outcome Graphs

Second, prepare the intervention implementation and student outcome information that will be discussed during the session. These graphs will help facilitate your discussion with the implementer about the current status of the intervention. Specific graphs

to prepare include the Treatment Integrity Across Sessions Graph, Treatment Integrity Across Intervention Steps Graph, and Progress Monitoring Graph (see Chapter 8). Make sure you understand the graphs and are ready to summarize the information and answer questions in a constructive and supportive manner. See Chapter 8 for additional information on graphing and interpreting these data.

Step 3: Identify Intervention Steps for Practice

Third, identify the intervention steps to target using Role Play by reviewing treatment integrity data. To do so, review the Treatment Integrity Across Intervention Steps Graph and find the steps with low treatment integrity. The steps that the implementer is struggling to deliver consistently will be the focus on the Role Play session. Brainstorm and select scenarios that may allow for practice of these intervention steps.

Step 4: Gather Materials

Last, gather the materials needed for the Role Play session. These materials include intervention implementation data (i.e., Treatment Integrity Across Sessions Graph and Treatment Integrity Across Intervention Steps Graph), student outcomes data (e.g., Progress Monitoring Graph), the IBA data, and a written list of intervention steps. Bring a copy of the list of the intervention steps for the implementer and make sure to denote "target" steps to practice as determined by treatment integrity data.

How To Deliver Role Play

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

Step 1: Explain Session Purpose

Begin the Role Play session by explaining the purpose of the session. Tell the implementer that you will discuss the intervention and

any concerns they might have about implementing the intervention consistently. Let the implementer know that you will be practicing the intervention to ensure they are comfortable delivering the intervention.

Provide an overview of the Role Play session by briefly reviewing the steps of the strategy. That is, describe how you will review intervention steps linking each to treatment integrity and progress-monitoring data, decide on scenarios for practice, model the steps, provide the implementer with an opportunity to practice, and provide support and feedback. Make sure to link the Role Play steps with the overall purpose of the session. For instance, you may discuss with the implementer how the demonstration and practice can help support implementation and lead to improved student outcomes and help the student reach his or her goal

Based on this overview of Role Play, develop goals for the session with the implementer. Developing meeting goals will allow you to target the discussion and ensure there is a shared vision for the meeting. Goals for Role Play might include the implementer being more confident to implementation in challenging situations or understanding specific intervention steps better. Use your understanding of Role Play to help target the implementer's suggestions for the session goals. Once you've decided on shared goals, briefly explain how Role Play will help meet these session goals and refer to the goals throughout the session.

Step 2: Elicit Implementer Feedback about Implementation Beliefs Assessment Data

The next step involves review of the Implementation Beliefs Assessment results. To do so, highlight themes from the IBA in a collaborative and supportive manner. Ask the implementer to reflect on their responses (e.g., "Does that summarize your impressions?"). In doing so, have the implementer identify specific scenarios that relate to his or her concerns about implementing the intervention.

For example, you might ask "What are the particular times when you feel less prepared to implement the intervention?" The scenarios suggested by the implementer can be used later during practice or brainstorming.

Step 3: Discuss Intervention Steps as Related to Treatment Integrity and Progress- Monitoring Data

Make connections between the purpose of each intervention step and the levels of implementation, progress-monitoring data, and IBA. Review the intervention steps in detail, explaining why that step is used and what implementing that step will serve to accomplish. Use the graphs and summary statements from the data to talk with the implementer about how the current implementation of each step and the implementer's beliefs about the effectiveness of the intervention and their confidence in implementation might be affecting student outcomes. Praise the implementer for consistent implementation of intervention steps. Assure the implementer that the role play will allow them to practice the intervention steps that have been more difficult to implement consistently.

Step 4: Elicit Implementer Feedback regarding Intervention Steps

Ask the implementer about his or her perspective about the discussion of the intervention steps and implementation and progress-monitoring data. Confirm with the implementer that the statements shared with them about implementation represent their perspective. Throughout, summarize and validate the implementer's perspective on implementation and their skills.

Step 5: Discuss Intervention Steps to be Practiced and Practice Scenarios

Set up the scenario for the demonstration. Using the implementation data as well as the implementer's responses about intervention

steps and treatment integrity data, identify target intervention steps to be practiced during the demonstration. Ask the implementer to suggest some practice scenarios for the target intervention steps. This is the opportunity to demonstrate implementation in particularly challenging or realistic situations. Suggest the scenarios that you brainstormed before the session and decide whether or not to include them based on the implementer's feedback. The goal is to provide a demonstration of implementation that is most helpful to the implementer and meets their specific needs.

Step 6: Demonstrate the Intervention Step(s) with the Implementer Acting as a Student

Demonstrate the target intervention steps. To do so, act as the "implementer" and have the implementer act as the "student." You may demonstrate the intervention in one of two ways. One option is to describe the implementation behaviors as they occur, making mindful notes of both the adherence (i.e., delivering the intervention as planned) and quality (i.e., how you are delivering intervention components) of implementation. For example, if you are demonstrating closer proximity to a student that is demonstrating problem behavior say "Because I am seeing the student demonstrate behaviors, I am moving torward him, while still paying attention to other students and providing behavior specific praise to them". Another option is to simply demonstrate the intervention steps as planned without describing your behavior. Either option may be used for different intervention steps, depending on such factors as the complexity of the intervention step and based on the feedback from the implementer.

Step 7: Exchange Feedback about Demonstration

Following the demonstration, engage the implementer in a dialogue about the demonstration. To do so, ask the implementer to share their feedback. For example, you may ask "What did you notice about how I responded to problem behavior?" or "Did that

seem like how you pictured providing additional opportunities to respond?". Summarize the implementer's perspective on the demonstration and validate their feedback. Share your own thoughts about the demonstration by describing intervention steps that were easier or more challenging and strategies you used to implement the more difficult steps. Make sure to praise the implementer's role as student during the demonstration.

Step 8: Discuss Role Play Goals

Now transition to the role play. Collaborate with the implementer to identify general (e.g., a successful practice session) and specific (e.g., demonstrate strategies for a particularly difficult step) goals for the practice. You might say "What do you want to accomplish as you practice the intervention? Is there anything we should make sure to specifically address?". Use the previous discussion of the IBA data, treatment integrity data, and other feedback to guide the development of role play goals.

Step 9: Implementer Role Plays with Consultant Acing as a Student

Have the implementer role play an intervention step or group of steps while you act as a student. Listen and observe as the implementer practices the intervention steps. Make a note of intervention steps that are relatively easy or difficulty. Pay attention to both treatment integrity adherence and quality and consider both verbal and non-verbal behavior. If necessary, encourage the implementer and provide prompts for accurate implementation.

Step 10: Exchange Feedback about Implementer's Practice

Debrief with the implementer following role play. Praise the implementer's efforts for implementing the intervention steps as planned. Ask the implementer what steps went well and they felt they delivered confidently. Provide praise for those steps. Also, ask

the implementer what steps were more difficult to deliver. Summarize and validate the implementer's perspective about the role play and implementation strategies. Share your feedback about the role play, staying positive and emphasizing intervention steps that were implemented successfully. Collaboratively with the implementer, brainstorm solutions to remaining areas of difficulty and prompt the implementer for their perspective on implementation strategies. Repeat the role play practice until the implementer has mastered all target intervention steps without your support.

Step 11: Close the Session

To close the Role Play session, thank the implementer for taking the time to meet with you and their openness to the practice. Reiterate the relationship among intervention steps, progress monitoring, and consistent and sustained implementation of the intervention plan. Review the goals and the progress made during the session. Reinforce them for spending the time and effort to practice the intervention steps with you.

What Did I Learn About PRIME?

In the PRIME Model, Role Play is a Tier 2 Implementation Support aimed to build implementer's implementation skill and self-efficacy. The consultant and implementer identify difficult intervention steps that have not been implemented consistently through review of treatment integrity data. The consultant and implementer discuss the implementer's perspective on current implementation, and the relationship between sustained implementation and student progress. Through demonstration and practice of target intervention steps, the implementer's preparation and confidence to implement the intervention is increased with the goal of maintaining consistent implementation.

Chapter 10 Key Terms
Intervention Steps
Role Play

Participant Modeling

What Will This Chapter Tell Me?

Participant Modeling involves demonstration and practice of the intervention steps in the setting of implementation. In the PRIME Model, Role Play is considered a Tier 2 Implementation Support. This chapter describes the purpose of Participant Modeling as well as how to prepare for and deliver the strategy steps. After reading this chapter, you will be able to get ready for and implement an effective Participant Modeling session.

What is Participant Modeling?

The purpose of Participant Modeling is to improve the implementer's self-efficacy to implement the intervention and outcome expectations through a positive experience implementing the intervention and demonstration of the intervention benefits. The components of Participant Modeling are (a) a review of evidence supporting the intervention and (b) modeled practice of intervention steps within the target setting. Participant Modeling was developed based on social learning theory, which emphasizes the importance of learning from observation and imitation of role models. In PRIME, Role Play is a Tier 2 Implementation Support. It is most appropriate to support implementation when (a) intervention step treatment

integrity data indicate some steps are not implemented at all; (b) session treatment integrity data indicate low levels of quality, even if adherence is overall adequate; or (c) the Implementation Beliefs Assessment (IBA) data indicate the self-efficacy subscale is low (see Chapter 9 or Appendix I for additional guidance). The implementer should leave Participant Modeling feeling prepared to implement and confident to implement intervention independently.

How to Prepare for Participant Modeling

To deliver Participant Modeling, 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 Participant Modeling includes 5 steps:

1. Preparing for Participant Modeling to take three sessions; the first and third sessions will occur outside of the implementation setting and the second session should happen in-vivo.
2. Reviewing the intervention rationale;
3. Reviewing intervention implementation data and determining target interventions steps;
4. Deciding the order to model intervention steps; and
5. Readying necessary materials.

Step 1: Plan How to Complete Participant Modeling

First, plan when to complete the three sessions of Participant Modeling. The first and third sessions should occur outside of the implementation setting, whereas the second session will happen in the implementation setting, or in-vivo. It is possible to have the three sessions in a row, or it may be necessary to hold the sessions over a few days, based on scheduling. Hold the sessions as close together as possible to ensure that the implementer is ready for the implementation practice (session 2) and able to describe the practice during the debriefing (session 3).

Step 2: Review Intervention Rationale

An important component of Participant Modeling is discussing the rationale for implementing the intervention with the implementer. To be prepared, review how the selected intervention addresses the identified problem and how it will help the student reach his or her intervention goal. Make sure to include the potential benefits of the intervention when it is implemented as intended.

Step 3: Review Intervention Implementation Data and Determine Target Intervention Steps

Next, review the implementation data to identify the intervention steps to target with this strategy. Specifically, review the treatment integrity adherence and quality data to determine the steps with low treatment integrity that can be modeled in the sessions.

Step 4: Decide the Order to Model Intervention Steps

Once the target steps have been identified, decide the order to present them to the implementer. More than one format can be used, such as ordered sequentially, by implementation scenario, or grouped by difficulty. For instance, if the intervention was straightforward, it might make sense to simply practice the intervention steps as listed (i.e., sequentially). If the implementer is struggling with implementation during a particular time of day, then looking at a scenario may be most appropriate. If the implementer is having difficulty with particularly challenging intervention steps, then focus on steps grouped by difficulty. Prepare the list of intervention steps arranged in the order of the presentation ahead of the sessions.

Step 5: Gather Materials

Last, gather the materials needed for the Participant Modeling sessions. These materials include the written list of target intervention steps and any items needed to practice the intervention, such as tangible reinforcers or forms. Bring a copy of the intervention steps for the implementer to keep.

How To Deliver Participant Modeling

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

Note: Steps 1 to 4 occur outside of the target setting.

Step 1: Explain the Session Purpose

To begin the first Participant Modeling session, explain the purpose of meeting with the implementer. Describe the purpose as a chance to review and practice implementation to be sure it is implemented as intended. Outline the steps of Participant Modeling. That is, explain (a) how you will discuss the intervention during the first session; (b) how in-vivo, the consultant will model the select intervention steps and then have the implementer practice those steps with support and then independently; and (c) how you will debrief on the practice to close Participant Modeling. Based on this description of Participant Modeling, work with the implementer to 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 Participant Modeling might include increased mastery of the intervention or improved confidence in implementation. Use your understanding of the strategy to help target the implementer's suggestions for the session goals. Once you've decided on shared goals, briefly explain how Participant Modeling will help meet these session goals.

Step 2: Describe the Intervention and Importance of Implementation

Describe the rationale for the intervention. That is, how does the intervention address the identified problem? Describe how the benefits of intervention implementation will likely help the student reach his or her intervention goal. Discuss with the implementer how high levels of treatment integrity are related to more efficient improvements in student progress monitoring data.

Step 3: Review the Steps of the Intervention

After describing the intervention rationale, review the intervention steps in greater detail. Describe how each step will be implemented, why that step is used, and what implementing that step will serve to accomplish. Ask the implementer questions throughout this step to prompt for his or her perspective of intervention implementation (e.g., "Does that step rationale make sense? What's challenging about that step?"). During this review, provide the implementer with the opportunity to make minor revisions to intervention steps, as needed. If revisions occur, update the intervention plan and Implementation Plan.

Step 4: Identify Target Practice Steps ad Prepare for In-Vivo Exercise

The last step of the first session is to decide what intervention steps will be targeted during the in-vivo practice exercise in the implementation setting. These intervention steps should be those that have not been implemented consistently and can be identified through review of the treatment integrity data. It is most helpful to practice steps that are an appropriate fit for modeling and practice, rather than steps that are a single occurrence at the start of the implementation period (e.g., posting visual reminders in the classroom). Use the list you developed before the session to guide the discussion, but elicit suggestions from the implementer as well. Following selection of the target steps, collaborate with the implementer to decide the format and logistics of the in-vivo practice session, such as how you will enter and exit the target setting and the order of demonstrating the intervention steps. Suggest to the implementer that he or she may want to notify the target student(s) of your presence in advance.

Note: Steps 5 to 9 occur in the target setting.

Step 5: Complete In-Vivo Demonstration

The first step of the in-vivo session is to model the delivery of the intervention steps according to plan. In doing so, make sure to

attend to the adherence and quality of implementation. Be aware of body position and pronunciation to ensure that implementer can see and hear you clearly.

Step 6: Facilitate In-Vivo Supported Practice

Following demonstration of each target intervention step, invite the implementer to practice the intervention steps with assistance. As the implementer practices, provide specific, positive, and corrective suggestions and feedback related to the adherence and quality of implementation. Continue with the guided practice until the implementer has mastered each intervention step. Repeat the practice and feedback process with targeted intervention steps.

Step 7: Allow Implementer to Independently Practice

Directly after guided practice, transition to an independent practice. For this step, have the implementer practice the intervention steps without your support. Take note of intervention steps implemented completely and with high quality, as well as those steps that might need further support.

Step 8: Provide Feedback about the Practice

Prompt the implementer to self-evaluate their independent practice (e.g., "What steps went well? What steps were a little less comfortable?"). Summarize and validate the implementer's perspective. Provide constructive feedback based on your observation of the independent practice. In doing so, reinforce successes and correct errors in implementation.

Step 9: Repeat Independent Practice and Feedback, if necessary

Some implementers may need additional practice to master the intervention steps. If needed, repeat the guided and/or independent practice until the implementer successfully and confidently implements each component of the intervention independently.

Note: Steps 10 to 11 occur outside of the target setting.

Step 10: Discuss Skill Generalization

In the third session of Participant Modeling, review the progress made during the in-vivo session. Provide the implementer specific praise and feedback regarding the adherence and quality of implementation of targeted intervention steps during independent practice. Discuss with the implementer the opportunity to generalize these skills to other settings or problems (e.g., Where and when might the implementer be able to use the intervention steps and other skills mastered during in-vivo practice?).

Step 11: Close the Session

To close Participant Modeling, review the consultation goal(s) and determine whether those goals have been met through three sessions. Ask the implementer if they have remaining questions about implementation or need additional resources or support to maintain implementation of the intervention as planned. Provide positive feedback to the implementer and reinforce participation in Participant Modeling.

What Did I Learn About PRIME?

In the PRIME Model, Participant Modeling is a Tier 2 Implementation Support designed to increase implementer confidence and skill in implementation. To implement the strategy, the consultant and implementer discuss the rationale for implementing the selected intervention and identify target intervention steps for further practice. The consultant demonstrates the target intervention steps in the target setting and facilitates guided and independent practice of the intervention steps. Finally, the consultant and implementer discuss continued implementation of the intervention and generalization of skills acquired through Participant Modeling.

Chapter 11 Key Terms

In-vivo

Participant Modeling

Raising Awareness

What Will This Chapter Tell Me?

Raising Awareness is a PRIME Implementation Support that focuses on how events and beliefs shape interpretations of events. Implementation data and research on intervention effectiveness are presented and discussed during the session. Raising Awareness is a Tier 2 Implementation Support in the PRIME Model. This chapter describes the preparation for and implementation of Raising Awareness. After reading this chapter, you will be able to successfully prepare for and implement an effective Raising Awareness session.

What is Raising Awareness?

The purpose of Raising Awareness is to reorient the implementer's perception of their ability to implement the intervention. The components of Raising Awareness are (a) review of implementation data; (b) discussion of the relationship between actual events, our beliefs, and the results; and (c) examination of research supporting the intervention. This strategy was informed by the cognitive behavioral literature. Raising Awareness is a Tier 2 Implementation Support in the PRIME model. Therefore, this strategy should be used when (a) treatment integrity data are inconsistent (e.g., fully implemented some days, little implementation the next); (b) treat-

ment integrity data have been high, but have decreased over time; (c) treatment integrity data indicate low levels of exposure, even if adherence is overall adequate; or (d) the Implementation Beliefs Assessment (IBA) data indicate the outcome expectations subscale is low (see Chapter 9 or Appendix I for additional guidance). After Raising Awareness, the implementer will have considered a new perspective on intervention implementation.

How to Prepare for Raising Awareness

To deliver Raising Awareness, 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 demonstrate it. Beyond the general guidelines, preparation for Raising Awareness includes 5 steps:

1. Planning for the session;
2. Reviewing implementation data;
3. Collecting and reviewing evidence of intervention effectiveness; and
4. Readying necessary materials.

Step 1: Plan How to Complete Raising Awareness

First, determine when and where to complete the Raising Awareness session with the implementer. Plan for one session outside of the implementation setting. Review the steps of Raising Awareness to adequately plan for time to discuss all of the talking points during the session. Make sure your meeting place is quiet and private to facilitate honest discussion.

Step 2: Review Implementation Data

Next, review the intervention implementation data found in the Treatment Integrity Across Sessions Graph and Treatment Integrity Across Intervention Steps Graph. Be prepared to present these fig-

ures to the implementer, summarize the salient themes from the data, and answer questions in a constructive and supportive manner.

Step 3: Collect and Review Evidence of Intervention Effectiveness

Third, collect information relevant to demonstrating the effectiveness of the intervention when implemented as planned across time. Be sure to use high-quality research, case studies, and/or literature reviews, which can be found in libraries, credible websites, literature databases and/or your own resources.

Step 4: Gather Materials

Last, gather the materials needed for the Raising Awareness session. These materials include the intervention implementation data (i.e., Treatment Integrity Across Sessions Graph and Treatment Integrity Across Intervention Steps Graph), the written intervention plan, high-quality research related to importance of implementation in intervention effectiveness, and the Raising Awareness Worksheet depicting the 3-step sequence.

How To Deliver Raising Awareness

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

Step 1: Explain Session Purpose

Begin the Raising Awareness session by explaining that you are meeting to review treatment integrity data and talk about the implementer's perspective on implementation. Provide an overview of Raising Awareness by describing steps including looking at the current status of implementation, discussing how the implementer feels about intervention progress and delivery, and reviewing intervention research. Having the implementer understand the plan for the session will help them to be comfortable. In addition, collabo-

ratively develop goals for the session. For Raising Awareness, these might include increasing the implementer's skills, confidence, and motivation related to intervention implementation. Use your knowledge of this strategy to help the implementer identify appropriate session goals. Describe how the steps of Raising Awareness will meet the session goals.

Step 2: Review Implementation Data

Review the treatment integrity data with the implementer. To do so, present the Treatment Integrity Across Sessions Graph and the Treatment Integrity Across Intervention Steps Graph and describe the current levels of overall and component treatment integrity, respectively. Highlight intervention steps that were completed consistently and praise the implementer for delivering these steps with high levels of treatment integrity. Next, review steps that have not been implemented consistently and offer support to the implementer to deliver those challenging steps as planned. Ask the implementer for their impressions and feedback on the treatment integrity data. Summarize and validate the implementer's response and confirm you provided an accurate summary.

Step 3: Ask the Implementer About Implementation

Ask the implementer for his or her perspective on intervention implementation. In doing so, ask the implementer what has been going well and what challenges to implementation have arisen. Be supportive and non-judgmental in your response to their perspective. Ask probing questions as appropriate so that you can identify their impressions and beliefs about implementation. Summarize and confirm the implementer's perspective, and make links between the implementation data and the implementer's perspective, as appropriate. Confirm that your summary of the implementer's perspective is accurate.

Step 4: Describe the 3-Step Sequence

Describe that how we understand and think about events impacts the results of these events. Suggest the relationship between (a) an actual event, (b) our beliefs, and (c) the results. Use the Raising Awareness Worksheet (see Appendix L) and real life scenarios, such as the ones described in the PRIME Tip below, to illustrate and explain the 3-step sequence (i.e., actual events-our beliefs-the results). For intervention implementation, describe how results might include insufficient student progress, discarding the current intervention, and/or looking for a new, more intensive intervention. These results are impacted not only by intervention implementation (i.e., the actual event), but also by our beliefs about the student, intervention, and other factors. Make sure to note that it's not "bad" that our beliefs impact our interpretation of results, but simply a part of being human and important for us to consider and reflect upon.

PRIME Tips

In our experience, it is helpful to show how the 3-step sequence relates to non-implementation oriented activities before the implementer explains how the sequence fits into the context of their implementation. To help facilitate this dialogue, there are two examples below.

- A person interested in losing weight might go to the gym twice a week for a light workout (i.e., actual event). The person might believe that once they workout they will quickly lose weight and gain strength (i.e., belief). The result of their brief workouts and this belief might result in their decision that the workout is ineffective and make plans to try a different, more expensive plan (i.e., results). If they consider the actual event, this person might realize they don't need a different, more expensive plan, but they need to reorient their beliefs (e.g., "I am going to work on getting healthier over time") and/or increase their time at the gym (i.e., the actual event). This

example is illustrated on the Raising Awareness Worksheet.

- A person might be trying a diet, but be cheating on a diet by eating on unhealthy snacks in the evenings (i.e., actual event). Because this person has not been sticking to the diet, they will likely not see desired results. If a person thinks that the diet is simply not working (i.e., beliefs), but has not been sticking to it, then they might try a more restrictive diet or give up on losing weight (i.e., results). If they consider the actual event, this person might realize that they don't need a more challenging diet or to give up on their hard work, but they need to reorient their beliefs (e.g., "I need to pay more attention to sticking to my diet to make sure it works") and/or change their behavior by choosing healthy snack options (i.e., the actual event).

Step 5: Ask the Implementer to Describe the 3-Step Sequence

Ask the implementer about how the treatment integrity data and his or her perspective might fit into the (a) actual event, (b) beliefs, and (c) results sequence. Some implementers will be able to easily describe this 3-step sequence. For others, probe each step of the sequence specifically to build an understanding of the sequence. In this case, it might be best to start by identifying the actual event, as you have recently reviewed the treatment integrity data. Then, ask the implementer to frame their perspective of the intervention that was shared in Step 3 as the beliefs and results. If the implementer continues to struggle to describe the 3-step sequence, provide some tentative suggestions based on your perspective. Summarize the implementer's perspective on the 3-step sequence and make sure to confirm with the implementer that your summary is correct and update, if needed.

Step 6: Present Research About Intervention Implementation

Present the prepared research on effectiveness of the intervention when implemented as planned. Explain how the research can be

looked at in terms of the 3-step sequence. In particular, highlight the actual event (i.e., the intervention was implemented as planned) and the result (i.e., student outcomes improved). Emphasize the importance of properly implementing all components of an intervention to positively impact student outcomes and intervention goal attainment. Reflect on what the participants who implemented the intervention in the study might have held as beliefs. Target this discussion based on what beliefs the implementer is struggling with. Ask the implementer about their impression of the research on implementation and how it relates to the 3-step sequence. Ask how this information makes the implementer think about their 3-step sequences and reasons to sustain implementation. Summarize and validate their perspective.

Step 7: Brainstorm Strategies to Improve Implementation

Transition the discussion to identifying strategies to support consistent implementation of the intervention in the target setting. For instance you may say, "As we've seen that implementing the intervention can really improve student outcomes, let's look at what strategies we can identify to support your implementation." Ask the implementer to identify strategies to help implement the intervention as planned consistently in the future, even when it may be difficult to implement. Target this discussion based on the treatment integrity data and the implementer's beliefs. Support the implementer to develop feasible strategies to deliver the intervention as planned and suggest strategies as needed. Update the Implementation Plan, if the strategies identified impact the logistics of implementation or related barriers.

Integrate the topics of intervention effectiveness research, current implementation, the 3-step sequence, and implementation strategies. To do so, summarize and affirm the implementer's perspective of (a) the intervention implementation research, (b) how these reasons fit into the 3-step sequence, and (c) strategies to assist with implementation. Confirm that your summary is accurate.

Step 8: Summarize the 3-Step Sequence

Ask the implementer to summarize the current and future intervention implementation in relation to the 3-step sequence. The implementer previously described the current 3-step sequence during Step 5. The future 3-step sequence should include the new perspective the implementer has considered by reviewing the research on intervention effectiveness and identifying new strategies to help implement the intervention as planned consistently. Support the implementer to summarize these 3-step sequences by asking probing questions and framing their statements, as needed. Summarize and validate the implementer's response.

Step 9: Close the Session

To close the Raising Awareness session, summarize the discussion of the session and make statements about how the implementation strategies brainstormed in the session can be used in the target setting. Summarize the importance of implementing the intervention consistently as planned and how the interpretation of implementation can affect implementation, highlighting the 3-step sequence. Finally, thank the implementer for taking the time to meet with you, being open to new ideas, and engaging in critical examination of the data and research.

What Did I Learn About PRIME?

Raising Awareness is a Tier 2 PRIME Implementation Support that involves discussion of how events and beliefs shape interpretations of events. The purpose of Raising Awareness is to reorient the implementer's perception of their ability to implement the intervention. The components of Raising Awareness are (a) review of implementation data, (b) discussion of the relationship between actual events, our beliefs, and the results, and (c) examination of research supporting the intervention. The implementer should leave the session considering a new perspective on intervention implementation.

Chapter 12 Key Terms
Raising Awareness

Motivational Consulting

What Will This Chapter Tell Me?

Motivational Consulting involves reviewing the intervention and treatment integrity data with the implementer in a supportive manner to highlight the relationship between improvement in student outcomes and consistent implementation. In the PRIME Model, Motivational Consulting is considered a Tier 2 Implementation Support. This chapter describes Motivational Consulting and how to get ready for and deliver this strategy. After reading this chapter, you will be able to successfully prepare for and implement an effective Motivational Consulting session.

What is Motivational Consulting?

The purpose of Motivational Consulting is to increase the implementer's self efficacy by (a) providing the implementer with information about intervention implementation and (b) using empathy and positive regard as a consultant. Motivational Consulting was developed based on the Motivational Interviewing literature. In PRIME, Motivational Consulting is considered a Tier 2 Implementation Support. It is most appropriate when (a) treatment integrity is inconsistent (e.g., fully implemented some days, little implementation the next); (b) treatment integrity has been high, but has decreased over

time; (c) treatment integrity data indicate low levels of exposure, even if adherence is overall adequate; or (d) the Implementation Beliefs Assessment (IBA) data indicate the outcome expectations subscale is low (see Chapter 9 or Appendix I for additional guidance). Following Motivational Consulting, the implementer will know the link between treatment integrity and student outcomes and thus, be ready to maintain intervention implementation over time.

How to Prepare for Motivational Consulting

To deliver Motivational Consulting, 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 Implementation Plan and feel prepared to describe and implement them. Beyond the general guidelines, preparation for Motivational Consulting includes 4 steps:

1. Breaking down the intervention plan into teachable intervention steps;
2. Planning for Motivational Consulting to take one session outside of the Implementation Setting;
3. Reviewing the implementer's Implementation Plan, IBA data, and treatment integrity data; and
4. Readying necessary materials.

Step 1: Breaking Down the Intervention Plan

First, review the intervention plan. In doing so, consider how to best review the intervention plan with 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 example, with 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 con-

sequence (e.g., classwide 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). Note that this step may have already been completed when Direct Training was delivered. In this case, it will likely be appropriate to use those delineated intervention steps.

Step 2: Plan How to Complete Motivational Consulting

Next, plan when to complete the Motivational Consulting session with the implementer. Delivering this strategy will take one session outside of the implementation setting. Review the steps of Motivational Consulting to adequately plan for time to discuss all of the talking points during the session. Make sure your meeting place is quiet and private to facilitate honest discussion.

Step 3: Review the Implementation Plan, Implementation Beliefs Assessment Data, and Treatment Integrity Data

Third, review the data that you will present to and discuss with the implementer. Look over the step revisions, logistical planning, and barrier problem-solving that happened as a part of completing the Implementation Plan. Review treatment integrity data. In doing so, calculate the levels of adherence, quality, and exposure (as available) and identify areas for improvement. Review the results of the Implementation Beliefs Assessment and identify the important themes and responses to items that indicate low Outcome Expectations and/or Self-Efficacy.

Step 4: Gather Materials

Last, gather the materials needed for the Motivational Consulting session. These materials include the intervention plan or a written

list of the intervention steps, the Implementation Plan, a summary of the Implementation Beliefs Assessment, and treatment integrity data. Bring copies of these materials for the implementer.

How To Deliver Motivational Consulting

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

Step 1: Explain Session Purpose

Describe the overall purpose of the Motivational Consulting session so the implementer understands what the meeting will entail and their role in the session. For instance, you may say that you will be discussing implementation and getting the implementer's perspective on the intervention and implementation. Note the importance of implementation, as well as the importance of supporting implementation of the intervention plan. Provide an overview of Motivational Consulting by briefly describing steps including looking at Implementation Beliefs Assessment and treatment integrity data and discussing the implementer's impression of implementation. Work with the implementer to collaboratively develop goals for the session, such as increasing the implementer's skills, confidence, and motivation related to intervention implementation. Use your understanding of the Motivational Consulting strategy to help target the implementer's suggestions for the session goals. Describe how the steps of Motivational Consulting will meet the session goals.

Step 2: Elicit Implementer's Goals for and Perception of Intervention Implementation

Ask the implementer about their goals for intervention implementation, specifically. Prompt goals through the use of open-ended questions. For example, you may say "Tell me about the goals you have for the student or yourself in implementing this intervention." Then, ask the implementer to explain their perspective on how im-

plementation has been going so far. Again, use open-ended questions to understand the implementer's beliefs related to implementation (e.g., "How do you think implementation of the plan has been going?").

Step 3: Summarize and Validate the Implementer's Goals and Reinforce Change Talk

Summarize the implementer's perception of current implementation and goals for supporting the student in the continuing implementation period. As part of this step, validate the implementer's perception and feelings through empathic responses (e.g., "I understand that you want the students to be able to pay attention more in math class and I think that is a great goal for the student."). Additionally, reinforce any change talk in the implementer's responses (e.g., "I really appreciate your desire to implement the plan more frequently during the week to help the student reach his goals.") Summarize the implementer's responses and confirm that the summary was accurate. If it was not accurate, repeat the summary process.

Step 4: Highlight IBA Data and Elicit Implementer Feedback

Ask if the implementer is willing to review IBA data together. Then, discuss with the implementer the items or themes related to reservations or concerns about implementing the intervention. Use open-ended questions, such as "What more can you say about sticking to the implementation of all steps of the intervention plan?", to obtain more of the implementer's concerns about implementation and the intervention plan.

Step 5: Summarize and Validate the Implementer's Feedback

Following discussion of the IBA, summarize the implementer's positive beliefs and concerns about implementation. Validate feedback about implementation and the results of the IBA. Make a note of "good things," or endorsements of positive outcome expectations and high self-efficacy, and "less good things," or statements of neg-

ative outcome expectations and low self-efficacy. For example, you may say "It's wonderful that you agree that this intervention will work, but I see that sustained implementation of the intervention seems challenging" or "I see that you really want to support these student outcomes and you think the intervention will work, but it's challenging to feel confident about implementing components of this intervention. Is that right?" Reinforce any change talk mentioned by the implementer and confirm that your summary of the IBA results was correct.

Step 6: Provide Information Regarding Intervention Implementation

Ask if the implementer is wiling to review information about intervention implementation. In doing so, frame this discussion as an important way to meet implementer goals and improve implementer motivation to maintain implementation. Use case examples and/or research to explain the effectiveness of the intervention steps when they are implemented as planned. This step will transition into a review of the implementer's current implementation of the intervention plan.

Step 7: Review Implementation Plan and Treatment Integrity Data

Discuss the current status of implementation by reviewing the Implementation Plan and treatment integrity data. Identify intervention steps that the implementer is implementing as planned and provide praise. Help the implementer identify the intervention steps that are of concern. If appropriate, offer to update the Implementation Plan to increase contextual fit, if appropriate, toward the goal of improving the implementation of these steps.

Step 8: Explore Implementer's Thoughts about Intervention Implementation

Engage the implementer in a discussion of their thoughts about intervention effectiveness and current implementation by asking

open-ended questions. These questions might include "I am wondering what you think about the current treatment integrity data?" or "What changes would you make to the Implementation Plan to make progress toward implementation goals?"

Step 9: Summarize, Validate, and Respond to Implementer's Perspective

Summarize the implementer's responses and validate their perspective. Respond to questions about the intervention plan with detailed information. Validate implementer concerns about the intervention plan and implementation and address those concerns by (a) providing further information about sustained implementation of the intervention, (b) reviewing the intervention plan, or (c) encouraging the implementer to continue implementation to see if results are similar to the research and case studies can be achieved.

Step 10: Ask Implementer about the Relationship Between Implementation and Intervention Goals

Help the implementer articulate the potential impact of improved implementation on student outcomes based on your discussion. Prompt the implementer to make conclusions about the relationship between implementation and intervention goals through open-ended questions. For instance, you may say "So, I think you've identified that there is a link between implementation and student intervention goals, how would you describe that?".

Step 11: Summarize and Validate the Implementer's Perspective

Summarize and validate the implementer's perspective on the implementation-intervention goal relationship. Validate any change talk from the implementer and confirm that your summary is correct. If the implementer brings up continued reservations about the intervention, validate the implementer's concerns and encourage them to attempt to continue sustained implementation of the intervention.

Step 12: Close the Session

To close Motivational Consulting, review the consultation goals and determine whether those goals have been met through the session. Strongly affirm the implementer's participation in Motivational Consulting and their willingness and readiness for change.

What Did I Learn About PRIME?

In the PRIME Model, Motivational Consulting is a Tier 2 Implementation Support that aims to build the implementer's understanding of the intervention, the importance of its consistent implementation, and the relationship between consistent implementation and improved student outcomes, thus increasing their self-efficacy and outcome expectations. To deliver Motivational Consulting, the consultant and implementer review the intervention plan, Implementation Plan, and the results of the IBA to elicit the implementer's perspective on implementation and the intervention plan. The consultant provides validation, empathic responses, and positive regard to the implementer's perspective on current implementation and reinforces implementer change talk to improve implementation.

Chapter 13 Key Terms

Motivational Consulting

Performance Feedback

What Will This Chapter Tell Me?

Performance Feedback is an implementation support that involves sharing treatment integrity and progress-monitoring data with the implementer. It is a widely researched and effective strategy for increasing treatment integrity. In the PRIME Model, Performance Feedback is suggested when the implementer does not respond (i.e., his or her treatment integrity does not increase) after delivery of Tier 1 and/or Tier 2 implementation supports. This chapter describes the preparation for and implementation of Performance Feedback. After reading this chapter, you will be able to successfully prepare for and implement an effective Performance Feedback session.

What is Performance Feedback?

Performance Feedback is the more intensive Implementation Support described in PRIME. In the multi-tiered system of supports available to implementers in the PRIME Model, Performance Feedback is considered a Tier 3 Implementation Support. More specifically, Performance Feedback is used when an implementer continues to demonstrate low levels of treatment integrity after other Implementation Supports have been provided to the implementer. The delineation as a Tier 3 strategy is primarily because it needs to

be delivered on an on-going basis. That is, research has found Performance Feedback is effective at supporting implementation when delivered on a daily, weekly, or regularly as needed basis (i.e., when implementation drops below a certain criterion).

The purpose of Performance Feedback is to improve the implementer's treatment integrity. During Performance Feedback, the consultant will engage the implementer in a discussion of treatment integrity and progress-monitoring data, review difficult implementation steps, and problem-solve collaboratively with the implementer to address challenges to implementation. The treatment integrity of all intervention steps can be addressed during the session, but the primary focus is on the steps that treatment integrity data indicate have not been implemented or have been challenging to implement consistently. A successful Performance Feedback session will result in the implementer having increased confidence and preparation for implementing the intervention steps.

How to Prepare for Performance Feedback

To deliver Performance Feedback, some preparation is necessary. Be sure to review the general guidelines for a PRIME Implementation Support meeting (see Appendix E). Beyond the general guidelines, prepare the treatment integrity and student outcome data, review the intervention plan, and gather necessary materials.

During Performance Feedback, the consultant will review the treatment integrity data and progress-monitoring data with the implementer. Therefore, this information – Treatment Integrity Data Across Sessions, Treatment Integrity Data Across Intervention Steps and Progress-Monitoring Data– needs to graphed in a clear manner. Make sure each graph has a title, the axes are labeled, and the information is readable (see Chapters 5 and 6 for information on collecting treatment integrity and progress monitoring data; see Chapter 8 for graphing). Carefully review these graphs prior to the session. Be prepared to be able to summarize the overall findings of each of

the graphs, as well as how they related to each other. For example, you may point out a particular week when treatment integrity was low and the corresponding data points on the progress-monitoring graph were below the average level or demonstrated a lower level or declining trend. The implementer may ask questions about the graphs and data, so it is essential that you are able to explain the data. Be prepared to answer questions constructively and supportively in the session.

In addition, prior to the Performance Feedback session, review the intervention plan. Part of the session will be spent discussing the intervention steps and helping the implementer problem-solve around challenges to implementing specific steps. Have a thorough understanding of the intervention so that you are ready to engage in a meaningful discussion with the implementer.

Last, assemble and organize the materials that will be needed to conduct Performance Feedback. Materials to bring to the meeting include (a) the intervention implementation data, including graphs of treatment integrity across both sessions and intervention steps; (b) the progress-monitoring graph; and (c) the written intervention plan.

How to Deliver Performance Feedback

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

Step 1: Explain Session Purpose

To begin the Performance Feedback session in a collaborative manner, describe the purpose of the meeting. In doing so, explain that you are meeting to discus the intervention and its implementation and evaluation of student progress. Then, provide an overview of Performance Feedback. Tell the implementer you will look at data,

identify areas that are going well, steps that seem to be challenging, and set goals for the next meeting.

Step 2: Elicit Implementer Feedback About The Intervention

Open the Performance Feedback session by asking the implementer how intervention implementation is going so far. This discussion presents an opportunity for the implementer to ask questions or raise concerns about the intervention or its implementation. This step will set the stage for an open and collaborative dialogue about the current status of intervention plan implementation and student outcomes. The goal of this step is to shape the session into a constructive conversation, rather than a one-way sharing of data by the consultant to the implementer.

Step 3: Ask the Implementer About Student Responsiveness

Ask the implementer to share their perspective on and concerns about student progress and the intervention. Keep the discussion linked to the intervention goals. Address any questions or concerns the implementer has regarding student progress. Similar to the first step, the goal of this step is to understand the implementer's perspective and support a collaborative dialogue between the consultant and implementer.

Step 4: Review Implementation Data

Review two types of intervention implementation data using the Treatment Integrity Across Sessions and Treatment Integrity Across Intervention Steps Graphs. The goal of this step is to show the implementer how implementation is going, both at an overall session level and at the individual intervention step level. In your review of the graphs, identify the steps that the implementer has been consistently delivering according to the intervention plan. How often has the implementer been implementing the intervention plan with high levels of treatment integrity? When did low levels of treatment

integrity begin and how long has this trend been present? Which intervention steps have been implemented with high levels of treatment integrity? Offer specific praise about these consistently implemented steps. Next, note the steps that have not been consistently implemented. Use the graphs of these data to help explain the level, trend, and variability of implementation. Transition this conversation into Step 4 by highlighting the connection between implementation of the intervention plan and student progress monitoring. Keep out both treatment integrity graphs to use in the following step.

Step 5: Review Progress-Monitoring Data

Review student progress-monitoring data relative to the intervention goal to evaluate the student's response to the intervention. To do so, show the Progress-Monitoring Graph to the implementer. Note the trend line and aim line. Importantly, make connections between the Progress-Monitoring Graph and the implementation data discussed in Step 3. What is the relationship between implementation data and student outcome data? Do student outcomes improve when implementation is high? Are lower student outcomes present on days when implementation is low? Spend some time reviewing all three graphs with the implementer to think critically about the data and identify important relationships between the implementation data and student outcome data.

Step 6: Review Intervention Steps and Confirm Implementer Understanding

Review with the implementer the intervention steps he or she struggles to deliver consistently. Review the steps from the written intervention plan. Describe to the implementer (a) the procedures for implementation, (b) when the steps should be implemented, and (c) the materials needed to implement the steps. Following this review, ask the implementer how they feel about the logistical implementation of the steps. Make sure the implementer understands

how to implement the entire intervention plan with adequate treatment integrity. The purpose of this step is to confirm the implementer understands the logistics of implementing each of these steps.

Step 7: Problem-Solve Strategies for Implementation Improvement

Engage the implementer in a dialogue to identify strategies to overcome the challenges he or she may be experiencing with intervention implementation. What strategies can be used to improve the implementation of steps that have not been implemented consistently? Ask the implementer about the barriers to the implementation of each of these steps (e.g., "From your perspective, what challenges are your experiencing completing the behavior chart at the end of each period?" I wonder what might be difficult about giving the student a break in the morning. Tell me more about how that goes for you and the student."). Actively listen to what the implementer is sharing with you. Validate their challenges and concerns with the intervention steps. Collaboratively devise feasible strategies to address the challenges to implementation that have been offered by the implementer. After a discussion with the implementer, it may be appropriate to update the Implementation Plan.

Step 8: Confirm Implementer Commitment to Increasing Implementation

Ensure that the implementer is feeling confident to resume implementation of the intervention. Confirm that he or she is feeling prepared to perform the logistical implementation of each step and is ready to increase his or her implementation of the intervention.

Step 9: Close the Session

Close Performance Feedback with a positive summary of the dialogue during the session. Describe important relationship between high treatment integrity and progress monitoring data. Remind the

implementer of the specific steps of the intervention plan that were reviewed in the session and the strategies that were devised to problem-solve challenges encountered in the implementation of these steps. Give the implementer an opportunity to ask questions about the intervention plan, implementation, or other topics discussed at the session. End the meeting by validating the implementer's efforts thus far, reiterating your continued support as the consultant in this process, and confirming the implementer's commitment to implementation.

PRIME Tip

The Performance Feedback session may seem to be a challenging component of the PRIME model. Here are some important and practical tips from consultants who have implemented the Performance Feedback strategy.

- As much as possible, make Performance Feedback a conversation. Engage back and forth to help encourage your understanding of the implementation challenges and so that your suggestions will be more targeted and useful.
- Focus on support and collaboration – as opposed to providing feedback. Understand that implementation is hard – be there to help, not judge the implementer.
- Use questions to make your points. For example, ask why was implementation challenging on these days? How were other days different? How could this intervention step be more realistic for your classroom?
- Set goals with the implementer. If he or she is really struggling with implementation, ask what specific intervention steps he or she could focus on in the week ahead? Focus on these steps and praise the implementer's success.
- End on a positive note. Summarize the gains and successes the implementer has had during the implementation period.

What Did I Learn About PRIME?

Performance Feedback is a strategy in the PRIME Model used when implementer treatment integrity data does not adequately improve with the delivery of Tier 1 and Tier 2 Implementation Supports. During Performance Feedback, the consultant shares treatment integrity and progress monitoring data, reviews particular steps of the intervention plan, and confirms implementer commitment to continued implementation of the intervention plan. The goal of Performance Feedback is to improve the implementation of the intervention steps and help the implementer feel supported and ready to deliver the intervention.

Chapter 14 Key Terms

Performance Feedback