

SILS Fidelity Checklist

PSYCHOLOGIST _____
NAME OF GROUP _____
DATE/HOUR _____
DIVISION _____ UNIT _____
NAME OF GROUP LEADERS _____
GROUP HELD Y _____ N _____
OF PARTICIPANTS _____ # NOT ATTENDED _____

SOCIAL SKILLS TRAINING

Competency Checklist of Facilitator/Trainer Behaviors

Check the appropriate item if you observe the facilitator doing the following things during the social skills training session:

- _____ 1) Long term goal relevant to the skills training group was solicited (repeated if necessary at every group session) and group leader gave positive feedback. Goal written on the flip chart or white board next to person's name so it can serve motivational purposes for participating in the group.
- _____ 2) Solicited completion of homework or generalization practice of what was learned in the group thus far by patients in their everyday activities since the last skill training group session. Gave positive feedback for any effort made toward practicing skills from previous groups or completing homework assignment.
- _____ 3) Wrote progress note including patient's name, personally-relevant goal related to the group's focus and sent the progress note to the senior clinician on the patient multi-disciplinary team for entry into the progress note section for use in periodic review and treatment update and generalization training for the nursing staff.
- _____ 4) Instructions and information related to the group process and educational content are spoken clearly with appropriate tone, fluency, pace and loudness. Trainer asks patients to repeat back any information or instructions that need to be learned.
- _____ 5) Promoting favorable expectations, a therapeutic orientation, and motivation before the experiential learning exercise begins.

- _____6) Assisting the patient in building possible scenes in terms of “What emotion or communication?”, “Who is the interpersonal target?”, and “Where and when?”
- _____7) Structuring the experiential learning exercise by setting the scene and assigning roles to patient and surrogates.
- _____8) Engaging the patient in behavioral rehearsal.
- _____9) Using self or other group members in modeling more appropriate alternatives for the patient.
- _____10) Prompting and cueing the patient during the experiential learning exercise and/or behavior rehearsal.
- _____11) Using an active style of training through coaching, “shadowing”, being physically out of a seat, and closely monitoring and supporting the patient.
- _____12) Giving the patient positive feedback for specific verbal and nonverbal behavioral skills.
- _____13) Identifying the patient’s specific verbal and nonverbal deficits or excesses and suggesting constructive alternatives.
- _____14) Ignoring or suppressing inappropriate and interfering behavior.
- _____15) Shaping behavioral improvements in small, attainable increments.
- _____16) Soliciting from the patient or suggesting an alternative behavior for a problem situation that can be used and practiced during the behavioral rehearsal or role playing.
- _____17) Evaluating deficits in social perception and problem solving and remediating them.
- _____18) Provides homework assignment to each patient to use skills rehearsed in a real-life situation. Facilitator makes out homework assignment card, gives clear instructions, keeps assignment simple, invites patient to anticipate any obstacles in carrying out the assignment, and provides date for completion.
- _____19) Uses modeling to demonstrate and ensure that patient has assimilated the demonstrated skills. Facilitator elects model for similarity to "real" person in patient's life, ensures that patient watches the model performing by annotating (cueing) the skills being demonstrated; ask patient to report on model's performance.

Evaluator Recommendations:_____

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