Think:Kids Site Certification: Self Study

Domain	Self Study Question
A. Philosophy	Is CPS used throughout the organization, and is its use supported by the majority of staff? Is there an organization-wide stance on critical incidents that is consistent with CPS (e.g., a priority to reduce coercive and physical intervention through proactive planning and problem solving)? Does administration actively support the CPS philosophy and use of CPS in the organization? If other treatment models are being implemented within the organization, is implementation consistent with the CPS philosophy?
B. Assessment	Is the TSI used for every child? Does every child have a TSI completed within 2 weeks of entry to program (or reasonable timeframe based on amount of client contact)? Is there a formal team review of each child's TSI at regular intervals and no less than every month? Can staff state primary problems and skill deficits for each child in their care, as reported on their TSI? Do the TSIs accurately identify problems to be solved (not maladaptive behaviors) and do they identify specific lagging skills?
C. Planning	Do TSIs show evidence of reasonable prioritization of problems for each child (e.g., which problems will be handled with Plans A, B, or C)? Can staff state which problems will be handled with Plans A, B, or C for each child in their care, as reported on their TSI? Can staff provide evidence of revision of this prioritization as problems and needs shift? Do staff use Plan B Worksheets at least weekly? Is prioritization thoughtful and clinically appropriate?
D. Intervention	Do staff have <u>daily</u> Plan B conversations (across clients)? Do children feel as if when they have a problem, the staff are likely to respond by talking about it, listening to their perspective, and collaborating on solutions? Do staff use Plan B Tracking Sheets (or a site-specific alternative) at least weekly? Do staff initiate more proactive Plan B discussions than Emergency Plan B? Is there a LACK of motivational point and level systems? Are the Plan B conversations done well? Is audio or video recording used for supervision of Plan B conversations?
E. Communication and Documentation	Are there methods of regular communication between team members (e.g., a communication log, team meetings, shift-to-shift reports)? Is CPS-oriented language used in mechanisms of team communication? Is there clear documentation of when TSIs are completed and reviewed for every child? Do intake forms use language consistent with CPS (e.g., problems to be solved, skills to be trained, plans used)? Do treatment planning documents use language consistent with CPS? Do discharge documents use language consistent with CPS? Do discharged children have a documented aftercare plan that includes CPS? Is CPS-consistent language used in discussion and written communication with parents? Is system-wide use of CPS clear in external communications (e.g., posters, flyers, brochure, website)? Is there a systematic data collection procedure in place to evaluate treatment outcomes related to CPS? When CPS-oriented language appears in communication and documentation, is it accurate and clear?
F. Professional Development	Does new-staff orientation include initial training in the CPS model? Are staff engaged in regular professional development opportunities related to CPS, including 6-month refreshers? Have all staff received Tier 1 training? Have at least 15% of staff received Tier 2 training? Is there a core team of internal CPS coaches or CPS team leaders providing regular support within the organization? Do staff know who the CPS coaches in the organization are? Is the administrator/administrative team actively participating in CPS-related activities in the organization? Are there at least two certified trainers affiliated with the organization? Are several staff pursuing CPS <u>professional</u> certification? Do staff performance evaluations include assessment of adherence to, and proficiency with, the CPS model (e.g., quizzes, review of audio or video recording of Plan B, etc.)? Are there efforts to support parents/caregivers in learning/using CPS (e.g., treatment planning, structured activities, etc.)? Is training and consultation provided to the organization's community partners and referring agencies, if appropriate? Are the professional development practices listed above of high quality? Can staff members perform at or above 80% on the CPS Quiz?
G. Policies and Procedures	Are the written policies consistent with CPS (e.g., in regard to restraints/seclusions, visitors, family involvement, home visits, debriefing of critical incidents, etc.)? Do the written job descriptions and job requirements reference the CPS model? Does the organization have some system in place to monitor and recognize red flags/slippage (e.g., chaos due to too much Plan A or Plan C; increase in restraints, etc.) When CPS-oriented language appears in policies and procedures, is it accurate and clear?
H. Systems-Level Support	Does the organization budget contain allocated funding for implementation of CPS or is there other evidence of a plan for ongoing financial support? Has the organization created partnerships with local agencies to share use of the model? Does the organization have, and know how and when to access, outside CPS support (e.g. Think:Kids at MGH)? Is the system-level support clear and consistent to organization staff?