

Guidelines for Monitoring and Evaluation of the ICDP-programme

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MONITORING PLANS

Monitoring plan for ICDP-groups of parents

In the Monitoring plan for ICDP-groups of parents there are instruments and questionnaires directed towards parents and facilitators. The following instruments should be used:

- Appendix 1A: Demographics for parents
- Appendix 4A: Post-questionnaire for parents
- Appendix 2A: Log-book for the facilitator
- Appendix 3: Checklist for self-monitoring of facilitator's work

Monitoring plan for ICDP-groups of professionals

In the Monitoring plan for ICDP-groups of professional caregivers there are instruments and questionnaires directed towards professional caregivers and facilitators. The following instruments should be used:

- Appendix 1 B: Demographics for professional caregivers
- Appendix 4B: Post-questionnaire for professionals
- Appendix 2A: Log-book for the facilitator
- Appendix 3: Checklist for self-monitoring of facilitator's work

Monitoring plan for Training in the ICDP-programme

In the training-programme there are just a few instruments to be used:

- Appendix 2B: Logbook for Trainers

EVALUATION PLANS

Evaluation plan for ICDP-groups of parents

In the Evaluation plan for ICDP-groups of parents there are instruments and questionnaires directed towards parents and facilitators. The following instruments should be used:

Parents:

- Appendix 1A: Demographics for parents
- Appendix 4A: Post-questionnaire for parents
- Appendix 6A: SDQ Pre. Strength and difficulty questionnaire
- Appendix 6B: SDQ Post. Strength and difficulty questionnaire
- Appendix 5: WHO – Quality of life
- Appendix 7F. Guidelines for video-recording administrated to Parents

Facilitator

- Appendix 2A: Log-book for the facilitator
- Appendix 3: Checklist for self-monitoring of facilitator's work
- Appendix 7A: Preface how to use video-recording/direct observation
- Appendix 7B: General Guidelines for video-recording and observation
- Appendix 7C: Guidelines for video-recording and direct observation of parents
- Appendix 7E: Coding form assessing quality of interaction between caregiver and child from video or direct observation
- Appendix 9: Coding form for video-recording (In Norwegian)

Evaluation plan for ICDP-groups of professional caregivers

In the Evaluation plan for ICDP-groups of professional caregivers there are instruments and questionnaires directed towards professional caregivers and facilitators. The following instruments should be used:

Professional caregivers

- Appendix 1B: Demographics for professional caregivers
- Appendix 4B: Post-questionnaire for professionals
- ²Appendix 6A: SDQ Pre. Strength and difficulties questionnaire
- ²Appendix 6B: SDQ Post. Strength and difficulties questionnaire
- Appendix 7G: Guidelines for video-recording administered to professionals

Facilitators

- Appendix 2A: Log-book for the facilitator
- Appendix 3: Checklist for self-monitoring of facilitator's work
- Appendix 7A: Preface how to use video-recording/direct observation
- Appendix 7B: General Guidelines for video-recording and observation
- Appendix 7D: Guidelines for video-recording and direct observation of parents
- Appendix 7E: Coding form assessing quality of interaction between caregiver and child from video or direct observation
- Appendix 9: Coding form for video-recording (In Norwegian)

Evaluation of the Training in the ICDP-programme

In the training-programme there are just a few instruments in use:

- Appendix 2B: Logbook for Trainers
- Appendix 8: Guidelines for Video-recordings of the process of intervention in ICDP-meetings
- Appendix 4b: Post-questionnaire for professionals
- Appendix 10: Making a Sensitization profile/graph

² This questionnaire is probably not appropriate for this group

Overview of instruments used in Monitoring Plans and Evaluation Plans

<i>Type of action</i>	<i>Monitoring Parent groups</i>	<i>Monitor. of prof. caregivers</i>	<i>Monitor. of training</i>	<i>Evaluation of parent groups</i>	<i>Eval. of prof. caregivers</i>	<i>Eval. of training</i>
<i>App 1A Demo-graphics</i>	X			X		
<i>App 1B Demographics</i>		X			X	
<i>App 2A Log book Facilitator</i>	X	X		X	X	
<i>App 2B Logbook Trainers</i>			X			X
<i>App 3 Checklist Facilitators</i>	X	X		X	X	
<i>App 4A Post parents</i>	X	X		X		
<i>App 4B Post prof. Caregivers</i>					X	
<i>App 5 WHO life quality</i>				X		
<i>App 6A SDQ Pre</i>				X	*(X)	
<i>App 6B SDQ Post</i>				X	(X)	
<i>App 7A-E Guide-lines/ coding Video</i>				X	X	
<i>App 7F Guidelines Video/parents</i>				X		
<i>App 7G Guidelines Video Prof /caregivers</i>					X	
<i>App 8 Guidelines Video trainers</i>						X
<i>App 9 Coding scheme video caregivers</i>				X	X	
<i>App 10 Sensitization</i>						X

* This Questionnaire is probably not appropriate for this group

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 professionals

<i>profile and tools</i>					
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Appendix 1. Level A: Demographics for parents

Today's date:		
Name:		
Age:		
Number of children:		
Age of children:		
Sex of children:		
Town/place of living:		
Education:	No formal education <input type="checkbox"/> Primary school <input type="checkbox"/> Which grade? (circle answer) 1 2 3 4 5 6 7 Secondary school <input type="checkbox"/> Which grade? (circle answer) 1 2 3 4 5 6 7 Upper secondary school <input type="checkbox"/> Higher education <input type="checkbox"/> Other education after <input type="checkbox"/> upper secondary school	
Civil status:	Married or living with partner <input type="checkbox"/> Separated or divorced <input type="checkbox"/> Widow/widower <input type="checkbox"/> Single <input type="checkbox"/>	
Are you receiving a salary?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
If so, how often do you work?	Full time <input type="checkbox"/> Part time <input type="checkbox"/>	
If no, are there others in your family who is receiving salary?	Yes <input type="checkbox"/> Who? _____ No <input type="checkbox"/>	
If you are not working, are you:	At home <input type="checkbox"/> On leave <input type="checkbox"/> Student <input type="checkbox"/> Looking for employment <input type="checkbox"/> Other <input type="checkbox"/>	
Have you experienced losing any member of the family the last years?	Yes <input type="checkbox"/> Who? _____ No <input type="checkbox"/>	

Appendix 1. Level B: Demographics for professional caregivers

Assessment of negative care giving: Risk indicator to be filled in by facilitators/promoters, before ICDP training begins (pre), and then after the ICDP training is finished (post). For use in institutions or homes

What would you say are the current dominant problems?	
Would you characterize this person as: (circle answer)	Below poverty Poverty Average Above poverty

1= very little or disagree 5=very much or agree

Statements about negative caring: True?	1	2	3	4	5
There is no individual interaction and intimate contact with the child/ren.					
The caregiver has a negative and reflective attitude and conception of the child/ren.					
The caregiver relates her/himself to the child/ren like a robot - without sensitivity and adjustment to the child/ren's state.					
The caregiver beats and scolds the child/ren in a brutal way when the child/ren does not perform according to the caregivers expectations.					
The caregiver ridicules the child/ren when it cries and request love and care.					
The caregiver talks disparagingly about the child/ren when the child/ren is present and hears what is said.					
The caregiver seldom or never shows love for the child/ren.					
The caregiver talks very little to the child/ren.					

Appendix 2 A: Log-books of the facilitators

(a copy to be filled in after each of the meeting with caregivers)

NAME OF FACILITATOR:
 PLACE:..... INSTITUTION:
 DATE OF THE HELD MEETING: MEETING NUMBER
 DURATION OF MEEETING
 TOTAL NUMBER OF MEETINGS PLANNED:

DID YOU USE THE TWO SELF-MONITORING CHECKLISTS WHEN YOU PLANNED
 THIS MEETING, EITHER ALONE OR WITH OTHER FACILITATORS? YES
 NO

NUMBER OF CAREGIVERS PRESENT: NUMBER ABSENT:
 NUMBER OF CHILDREN PRESENT:

AGENDA THAT ACTUALLY TOOK PLACE – TOPICS COVERED:

- 1.
- 2.
- 3.
- 4.
- 5.
- 6.
- 7.

MAKE SURE THERE IS TIME FOR PARTICIPANTS TO EVALUATE VERY BRIEFLY
 HOW THEY FELT AND WHAT THEY DISCOVERED DURING THE MEETING. NOTE
 HERE WHAT THE CAREGIVER SAID:

1. THEY FELT (KEY
 WORDS).....

2. THEY DISCOVERED (KEY
 WORDS).....

3. YOUR OBSERVATIONS:	For each question mark your selected option:		
1. Did all do the home-exercise?	Less than half	About half	Almost all
2. How were the home-exercises received?	Not well	Medium	Well
3. How was the group’s level of activity and engagement in general?	Not good	Medium	Good

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4. Was this a successful, medium or less successful session?	Less successful	Medium	Successful
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5. Which topics engaged the participants most of all?

.....
.....
.....

6. Interesting points brought up by the participants:

.....
.....
.....

7. Was there anything that was not understood or disliked?

.....
.....
.....

8. What should be improved?

.....
.....

ATTACH STORIES, AND EXAMPLES FROM THE MEETINGS:

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Appendix 2 B: Logbook for trainers

TRAINERS SUPPORTING THE PLANNING MEETINGS OF FACILITATORS

The facilitators that you (as trainer) are training will implement the programme directly with caregivers and to do that well, they need to hold planning meetings together to share about their experiences of working with families, the difficulties encountered as well as successes. Being their trainer it is up to you to offer support to facilitators at such meetings. You can assist them to monitor their own progress through the use of self monitoring checklists.

The facilitator's logbook is then consulted to help analyse the content of the past meeting and also to see if anything got left out and should be included when planning the agenda for the next meeting with caregivers.

TRAINER SUPPORTING FACILITATORS THROUGH FIELD VISITS

You will need to accompany each facilitator to some of his or her meetings with caregivers, so that you can observe the facilitator in practical work and afterwards give constructive feedback. Remember to look for that which is positive and not make emphasis on that which is not so good. As the facilitator will be using the self monitoring checklist at the next planning meeting you will then have an opportunity to clarify and give advice about the weaker points. Your advice should come in an indirect way, using the method of asking relevant questions and also by involving all the other facilitators in seeking answers together.

COMPILATION OF EXAMPLES AND CASE STORIES

During the course of the implementation of the program there will be many instances when the facilitator will be clarifying the guidelines and caregivers will come up with their own examples too. Some of these examples should be jotted down for future reference. You should encourage facilitators to do it.

Encourage facilitators to tell you, and for you to record, which aspects of the ICDP methodology they found worked well, and what was less easy to apply in their work with caregivers.

Find out by talking with facilitators and from your own field visits, if there are some good case stories. Case stories can be recorded by describing what has happened in writing. In addition the caregiver and child in question could be filmed, or they could have their photos taken.

LOG-BOOK

As a trainer you should keep a log-book of the workshops you hold, of all the planning meetings you go to and of all your field visits. See sample log-book on the following pages:

THE TRAINING WORKSHOP FOR A NEW GROUP OF FACILITATORS

Workshop leader/s:

.....

Date:

Place:

PLANNED AGENDA:

<u>Day one</u>	<u>Day two</u>	<u>Day three</u>	<u>Day four</u>

AGENDA AS IT ACTUALLY TOOK PLACE:

<u>Day one</u>	<u>Day two</u>	<u>Day three</u>	<u>Day four</u>

LOG-BOOK OF THE PLANNING MEETINGS

Name: Date:
 Place:
 Number of facilitators that I am training: at the beginningat the end
 Number of planning meetings: plannedthat actually took place

<u>Date</u>	<u>Meeting</u>	<u>Comments about the meeting</u>
	<u>1</u>	
	<u>2</u>	
	<u>3</u>	
	<u>4</u>	
	<u>5</u>	
	<u>6</u>	
	<u>7</u>	
	<u>8</u>	
	<u>9</u>	
	<u>10</u>	
	<u>11</u>	
	<u>12</u>	

NAMES AND ADDRESSES OF THE FACILITATORS I SUPPORT:

IMPLEMENTATION CHECKLIST
 When implementing the ICDP programme

Principles of implementation *Evaluation 1-5* *Comments/specifications*

1. Support from relevant authorities		
2. "Space" for the project:		
a. Time allowed is adequate		
b. Organizationally there is enough space for ICDP implementation		
c. Emotional availability of caregivers		
3. Willingness and commitment of the receiver (caregiver)		
4. Plan of implementation		
5. Quality and intensity of the implementation (including number of interventions)		
6. Adaptation of everyday-routines to facilitate implementation		
7. Plan for follow-up, self-evaluation and internal reward-system		
8. Resistance factors against implementation of the program		

Filling the above checklist with data will help evaluate the quality of the project implementation of the ICDP programme.

This checklist is used before starting the implementation and also after the implementation has finished.

Appendix 3: Checklist for self-monitoring of facilitator's work

The checklist below is designed for regular use by facilitators as a way of self-monitoring the quality of their own work after each meeting with caregivers. In addition it needs to be filled in after the 6th meeting and after the 12th meeting and presented to the trainer. The answers to the questions should be marked off on the Likert scale from 1 to 5: 1= never, 2= seldom, 3= sometimes 4=often, 5= always.

The recommended behaviour of the facilitator	1	2	3	4	5
1. I have established a trusting relationship with the group of caregivers					
2. There is a warm and open atmosphere in the group					
3. I try to understand the feelings and the thinking of the caregivers					
4. I try to reassure and praise					
5. I emphasize what they do well already					
6. I take time to explore any negative conceptions they may have of their children					
7. I use the techniques of redefinition					
8. I use pictures to practice empathic identification and positive redefinition of the child					
9. I explain the guidelines with pictures and examples from everyday-life so they can be understood easily					
10. I stand back and give them time to speak or give own examples					
11. I use video films to illustrate interactions or give feedback to the caregivers					
12. I encourage the group to explain why each of the dialogues is so important?					
13. I encourage the group to explain what happens to the child when the caregiver does not use each of the 8 guidelines					
14. I ask caregivers to test the guidelines in home tasks					
15. I ask caregivers to observe and self evaluate their interaction at home					
16. I allow time for reporting of home tasks back to the group					
17. I explain with enthusiasm using an I-voice with my own examples					
18. I give examples from adult life of how the guidelines can be used – marriage, boss-employee					
19. I summarize the main points after each meeting on a flip-chart/board					
20. I prepare each lesson on the agenda before each meeting					

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The recommended behaviour of the facilitator	1	2	3	4	5
21. I write the log-book for each meeting					
22. I manage to follow and complete the agenda that is decided in advance					
23. I follow up the groups after they have completed all the meetings or set up an ICDP club					
24. I am good as an ICDP facilitator					
25. I like being an ICDP facilitator					
26. IF PARTICIPATION OF CHILDREN IS POSSIBLE: I include children in one of the last meetings I prepare in advance an activity that invites cooperation between the children their caregivers (example: making a simple puppet and afterwards the puppet is telling a story to the child..) After the activity I invite caregivers to take turns to self evaluate according to ICDP guidelines how they interacted with the child I point out what I noticed they did well I invite them to formulate their own strategy for future improvement					

This checklist can also be used by a trainer or supervisor to assess the quality of the work that is done by the facilitators. In that case there should in addition be comments to each of the points mentioned above.

Appendix 4 A: Post intervention questionnaire for parents

Location : _____

Group no: _____

Number of groups the facilitator run in total: _____

Number of meetings you participated in: _____

Finishing Date: ____/____

The following statements shall be evaluated by parent participating in the ICDP-groups

We will ask you some questions about the ICDP meeting that you have taken part in, and if you experience any changes in yourself or in the child/ren after your participation. Remember that it is your experiences and thoughts that are important! Put a cross in the square that most corresponds with your experience. Thank you for your participation!

	I do not agree	I agree in a few situations	I fairly agree	I agree in most situations	I totally agree
1. I felt respected and welcomed by the group leader/s.					
2. I have felt secure and confident about talking about most things in the ICDP group.					
3. I think the group leader/leaders have taken just the right amount of space during our discussions.					
4. It has been easy to follow and understand what we have talked about in the parent group.					
5. I have felt welcome and accepted in the ICDP group.					

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	I do not agree	I agree in a few situations	I fairly agree	I agree in most situations	I totally agree
6. I experienced that my thoughts and ideas were heard and listened to during our ICDP meetings.					
7. It has been easy to share with other participants about the child/ren's positive qualities and abilities in the ICDP meetings.					
8. We have had interesting and rewarding home tasks.					
9. I feel more confident as caregiver after participating in the ICDP meetings.					
10. I understand even better how important I am for the child/ren.					
11. The ICDP meetings have made me more aware of the child/ren's positive qualities and abilities.					
12. The ICDP meetings have supported and helped me to notice and support the child/ren's different emotional states (feelings).					
13. The ICDP meetings have increased my understanding for how important it is that I show appreciation for and positive emotions to the child/ren.					

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	I do not agree	I agree in a few situations	I fairly agree	I agree in most situations	I totally agree
14. The ICDP meetings have developed my attention for what the child/ren finds interesting.					
15. The ICDP meetings have confirmed (or contributed) to my willingness to engage in activities along with the child/ren.					
16. The ICDP meetings have made me more aware of how I can help the child/ren handle different challenges.					
17. The child/ren is more willing to do what I ask him/her after I participated in ICDP.					
18. Our discussions have helped me to reflect over how I act towards the child/ren.					
19. The child/ren does better at school/in the kindergarten.					
20. I have become more patient and listen more to the child/ren.					
21. After participating in ICDP meetings I have become more interested in why the child/ren acts as he/she does.					
22. Before participating in ICDP meetings I physically punished the child/ren.					

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	I do not agree	I agree in a few situations	I fairly agree	I agree in most situations	I totally agree
23. After participating in ICDP meetings I physically punish the child/ren.					
24. After participating in ICDP meetings the child/ren is more content and active.					
25. After participating in ICDP meetings there is now a better atmosphere between the child/ren and me.					
26. After participating in ICDP meetings I spend more time on explaining things to the child/ren.					
27. The facilitator seemed well prepared before the ICDP meetings					
28. I need more training and follow up in the ICDP program.					
29. I would recommend ICDP to other caregivers.					
30. I think it was easy to answer this questionnaire.					

31) Having taken part in the ICDP Program, do you notice any changes in your child that you think are linked to the ICDP meetings?

Yes If yes, what? _____
No _____
Don't know _____

32) Having taken part in the ICDP Program, do you notice any changes in your family that you think are linked to the ICDP meetings?

Yes If yes, what? _____
No _____
Don't know _____

33) Having taken part in the ICDP Program, do you notice any changes in yourself that you think are linked to the ICDP meetings?

Yes If yes, what? _____
No _____
Don't know _____

Appendix 4 B: Post intervention questionnaire for professionals

	I do not agree	I agree in a few situations	I fairly agree	I agree in most situations	I totally agree
1. The trainer/promoter seemed well prepared before the ICDP meetings					
2. I felt respected and welcomed by the group leader/s.					
3. I have felt secure and confident about talking about most things in the ICDP group.					
4. I think the group leader/s have taken just the right amount of space during our discussions.					
5. It has been easy to follow and understand what we have talked about in the ICDP group.					
6. I have felt welcome and accepted in the ICDP group.					
7. I experienced that my thoughts and ideas were heard and listened to during our ICDP meetings.					
8. It has been easy to share with other participants about the children's positive qualities and abilities in the ICDP meetings.					
9. We have had interesting and rewarding home tasks.					

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	I do not agree	I agree in a few situations	I fairly agree	I agree in most situations	I totally agree
10. I feel more confident as a professional caregiver after participating in the ICDP meetings.					
11. I understand even better how important I am for the children.					
12. The ICDP meetings have made me more aware of the children's positive qualities and abilities.					
13. The ICDP meetings have supported and helped me to notice and support the children's different emotional states (feelings).					
14. The ICDP meetings have increased my understanding for how important it is that I show appreciation for and positive emotions to the children.					
15. The ICDP meetings have developed my attention for what the children finds interesting.					
16. The ICDP meetings have confirmed (or contributed) to my willingness to engage in activities along with the children.					

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	I do not agree	I agree in a few situations	I fairly agree	I agree in most situations	I totally agree
17. The ICDP meetings have made me more aware of how I can help the children handle different challenges.					
18. The children are more willing to do what I ask them to after I participated in ICDP.					
19. Our discussions have helped me to reflect over how I act towards the children.					
20. The children do better at school/in the kindergarten after I participated in ICDP.					
21. I have become more patient and listen more to the children.					
22. After participating in ICDP meetings I have become more interested in why the children act as they do.					
23. <i>Before</i> participating in ICDP meetings I physically punished the children.					
24. <i>After</i> participating in ICDP meetings I physically punish the children.					
25. After participating in ICDP meetings the children are more content and active.					

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	I do not agree	I agree in a few situations	I fairly agree	I agree in most situations	I totally agree
26. After participating in ICDP meetings there is now a better atmosphere between children and me.					
27. After participating in ICDP meetings I spend more time on explaining things to the children.					
28. I need more training and follow up in the ICDP program.					
29. I would recommend ICDP to other professional caregivers.					
30. I think it was easy to answer this questionnaire.					

31) Having taken part in the ICDP Program, do you notice any changes in some of the child's that you think are linked to the ICDP meetings?

Yes If yes, what? _____

No _____

Don't know _____

32) Having taken part in the ICDP Program, do you notice any changes in your professional group that you think are linked to the ICDP meetings?

Yes If yes, what? _____

No _____

Don't know _____

33) Having taken part in the ICDP Program, do you notice any changes in yourself that you think are linked to the ICDP meetings?

Yes If yes, what? _____

No _____

Don't know _____

Appendix 5: The World Health Organization Quality of Life (WHOQOL) -BREF

The World Health Organization Quality of Life (WHOQOL)-BREF © World Health Organization 2004

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WHOQOL-BREF

The following questions ask how you feel about your quality of life, health, or other areas of your life. I will read out each question to you, along with the response options. **Please choose the answer that appears most appropriate.** If you are unsure about which response to give to a question, the first response you think of is often the best one.

Please keep in mind your standards, hopes, pleasures and concerns. We ask that you think about your life in the last four weeks.

	Very poor	Poor	Neither poor nor good	Good	Very good
1. How would you rate your quality of life?	1	2	3	4	5

	Very dissatisfied	Dissatisfied	Neither satisfied nor dissatisfied	Satisfied	Very satisfied
2. How satisfied are you with your health?	1	2	3	4	5

The following questions ask about **how much** you have experienced certain things in the last four weeks.

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	Not at all	A little	A moderate amount	Very much	An extreme amount
3. To what extent do you feel that physical pain prevents you from doing what you need to do?	5	4	3	2	1
4. How much do you need any medical treatment to function in your daily life?	5	4	3	2	1
5. How much do you enjoy life?	1	2	3	4	5
6. To what extent do you feel your life to be meaningful?	1	2	3	4	5
7. How well are you able to concentrate?					
8. How safe do you feel in your daily life?					
9. How healthy is your physical environment?	1	2	3	4	5
10. Do you have enough energy for everyday life? Are you able to accept your bodily appearance?	1	2	3	4	5

The following questions ask about how completely you experience or were able to do certain things in the last four weeks.

12. Have you enough money to meet your needs?	1	2	3	4	5
13. How available to you is the information that you need in your day-to-day life?	1	2	3	4	5
14. To what extent do you have the opportunity for leisure activities?	1	2	3	4	5

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	Very poor	Poor	Neither poor nor good	Good	Very good
15. How well are you able to get around?	1	2	3	4	5

	Very dissatisfied	Dissatisfied	Neither satisfied nor dissatisfied	Satisfied	Very satisfied
16. How satisfied are you with your sleep?	5	4	3	2	1
17. How satisfied are you with your ability to perform your daily living activities?	5	4	3	2	1
18. How satisfied are you with your capacity for work?	1	2	3	4	5
19. How satisfied are you with yourself?	1	2	3	4	5
20. How satisfied are you with your personal relationships?	1	2	3	4	5
21. How satisfied are you with your sex life?	1	2	3	4	5
	Very dissatisfied	Dissatisfied	Neither satisfied nor dissatisfied	Satisfied	Very satisfied
22. How satisfied are you with the support you get from your friends?	1	2	3	4	5
23. How satisfied are you with the conditions of your living place?	1	2	3	4	5
24. How satisfied are you with your access to health services?	1	2	3	4	5
25. How satisfied are you with your transport?	1	2	3	4	5

Guidelines for Monitoring and Evaluation for ICDP-groups of caregivers and education of professionals

The following question refers to how often you have felt or experienced certain things in the last four weeks.

	Never	Seldom	Quite often	Very Often	Always
26. How often do you have negative feelings such as blue mood, despair, anxiety, depression?	1	2	3	4	5

Do you have any comments about the assessment?

(The following table should be completed after the interview)

		Equation for computing domain	Raw score	*Transformed scores	
				4- 20	0 -100
27	Domain 1	$(6-Q3) + (6-Q4) + Q10 + Q15 + Q16 + Q17 + Q18$ $(\quad) + (\quad) + (\quad) + (\quad) + (\quad) + (\quad) + (\quad)$	a. =	b:	c:
28	Domain 2	$Q5 + Q6 + Q7 + Q11 + Q19 + (6-Q26)$ $\square + \square + \square + \square + \square + \square + \square$	a. =	b:	c:
29	Domain 3	$Q20 + Q21 + Q22$ $\square + \square + \square$	a. =	b:	c:
30	Domain 4	$Q8 + Q9 + Q12 + Q13 + Q14 + Q23 + Q24 + Q25$ $\square + \square + \square + \square + \square + \square + \square + \square$	a. =	b:	c:

* See Procedures Manual, pages 13-15

Appendix 6 A: The Strengths and Difficulties Questionnaire, pre version

For each item, please mark the box for Not True, Somewhat True or Certainly True. It would help us if you answered all items as best you can even if you are not absolutely certain or the item seems daft! Please give your answers on the basis of your child's behaviour the last month:

	Not true	Somewhat true	Certainly true
Considerate of other people's feelings			
Restless, overactive, cannot stay still for long			
Often complains of headaches, stomach-aches or sickness			
Shares readily with other children (treats, toys, pencils etc.)			
Often has temper tantrums or hot tempers			
Rather solitary, tends to play alone			
Generally obedient, usually does what adults request			
Many worries, often seems worried			
Helpful if someone is hurt, upset or feeling ill			
Constantly fidgeting or squirming			
Has at least one good friend			
Often fights with other children or bullies them			
Often unhappy, down-hearted or tearful			
Generally liked by other children			
Easily distracted, concentration wanders			
Nervous or clingy in new situations, easily loses confidence			
Kind to younger children			
Often lies or cheats			
Picked on or bullied by other children			
Often volunteers to help others (parents, teachers, other children)			
Thinks things out before acting			
Steals from home, school or elsewhere			
Gets on better with adults than with other children			
Many fears, easily scared			
Sees tasks through to the end, good attention span			

Appendix 6 B: The Strength and Difficulties Questionnaire, post version

For each item, please mark the box for Not True, Somewhat True or Certainly True. It would help us if you answered all items as best you can even if you are not absolutely certain or the item seems daft! Please give your answers on the basis of your child's behaviour the last month:

	Not true	Somewhat true	Certainly true
Considerate of other people's feelings			
Restless, overactive, cannot stay still for long			
Often complains of headaches, stomach-aches or sickness			
Shares readily with other children (treats, toys, pencils etc.)			
Often has temper tantrums or hot tempers			
Rather solitary, tends to play alone			
Generally obedient, usually does what adults request			
Many worries, often seems worried			
Helpful if someone is hurt, upset or feeling ill			
Constantly fidgeting or squirming			
Has at least one good friend			
Often fights with other children or bullies them			
Often unhappy, down-hearted or tearful			
Generally liked by other children			
Easily distracted, concentration wanders			
Nervous or clingy in new situations, easily loses confidence			
Kind to younger children			
Often lies or cheats			
Picked on or bullied by other children			
Often volunteers to help others (parents, teachers, other children)			
Thinks things out before acting			
Steals from home, school or elsewhere			
Gets on better with adults than with other children			
Many fears, easily scared			
Sees tasks through to the end, good attention span			

Since coming to the ICDP meetings, are your child's problems:

Much worse A bit worse About the same A bit better Much better

Have the ICDP meetings been helpful in other ways, e.g. by providing information or making the problems more bearable?

Not at all Only a little Quite a lot A great deal

Over the last month, has your child had difficulties in one or more of the following areas: emotions, concentration, behaviour or being able to get on with other people?

No Yes- minor difficulties Yes- definite difficulties Yes- severe difficulties

If you have answered "Yes", please answer the following questions about these difficulties:

Do the difficulties upset or distress your child?

Not at all Only a little Quite a lot A great deal

Do the difficulties interfere with your child's everyday life in the following areas?

	Not at all	Only a little	Quite a lot	A great deal
HOME LIFE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
FRIENDSHIPS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CLASSROOM LEARNING	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
LEISURE ACTIVITIES	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Do the difficulties put a burden on you or the family as a whole?

Not at all Only a little Quite a lot A great deal

Appendix 7 A: Preface how to use video recording/direct observation

The use of the eight guidelines to make a profile of the relationship either from video recordings or from direct observation of caregiver and child interaction

This is an assessment of the quality of interaction between the caregiver and the child through observation of video recordings or direct observation. An interactive profile is made based on these observations and using the eight guidelines as criteria.

Video recording the interaction is used to capture subtle features of interaction between caregiver and child. By replaying a few times the same sequences on the film the subtler aspects of the recorded interaction can be revealed.

The facilitator uses the eight guidelines to make a profile of the interaction. By observing video recordings of normal caregiver child interaction in addition to interviewing the caregivers, it is possible to identify the typical cultural patterns of interaction and also the typical forms of mediation within that culture. This knowledge is especially of interest to ICDP and represents a basic prerequisite for any facilitation or sensitisation to take place.

For the evaluation of the ICDP programme it is important that the recorded video is made available for additional analysis using different criteria from the eight guidelines of the ICDP programme.

Direct observation could be easier to accomplish in practice, but the process is less precise and could not lend itself other types of scoring.

Appendix 7 B: Guidelines for video recording and observation to make interactive profiles

Standard situation:

For this purpose standard situations in caregiver-child typical everyday interaction are usually recorded with a video camera or observed, such as *feeding and playing in age-group 2 to 5 years old*. Each situation needs to be filmed or observed for 15-20 minutes, starting after the caregiver has adapted to the situation and is not too self-conscious.

The *direct observation* follows the same standards.

Pre and Post administration:

It is relevant for the research project that video recordings and observations of caregiver and child are made pre and post intervention. Coding forms below should be used to make an ¹interactive profile of selected caregiver-child dyads before and after intervention, to see if there is difference between the two assessments, in the direction of higher scores for each guideline on the post intervention profiles.

Caregivers do their own filming:

In each of the chosen groups of caregivers, both primary and professionals, you will ask for volunteers to participate in a research project about the programme. If they are willing to participate you ask the caregivers to make a video-recording of their interaction with their child after the first group meeting and later after the last meeting. It is important that most (at least 50%) of the caregivers in the group accomplish this task.

Work shop to train caregivers:

ICDP would need to train caregivers in a group meeting how to use the camera and how to do the filming. An instructive video and some written materials would be used at the meeting and given to each caregiver after the meeting. One standardized situation should be used and one of their choice, as their best interactive behaviour.

Different administrations:

If the caregivers are not able to make video-recordings by themselves you could, if possible, make a video recording when visiting the family. This is rather time-consuming process and not an alternative with professional caregivers.

It is also possible to observe the caregiver-child dyad and then fill in the profile below during or after the observation.

Help from professionals could be sought – preferably from a nearby university.

Fill in the formula in the database:

It is of greatest importance that the coding form 1 and the coding form 2 are filled in the database. If you lost your identity code please contact.....

Post the film:

Please send the video film to the following address

¹ This would be done in the database system

Appendix 7 C: Guidelines for video recording by the caregivers themselves in each of the selected groups

GUIDELINES

Caregivers/Parents:

Ask the caregivers to accomplish the video recording at home when they are doing something that feels natural and comfortable for both the child and themselves. Sometimes it is possible to present the project as a comparative study of different child rearing practices. You as a facilitator could *suggest a standardized feeding situation and a playing situation of their choice*. The video recording should be done at home or any other comfortable milieu for the caregiver-child dyad. The facilitator needs to ask the caregiver to speak and act naturally with the child as in her typical everyday life. The caregiver should be alone with the child.

Both faces should be seen (face to face interaction) and the video recording should go on for 15 to 20 minutes. The facilitator needs to ask the caregiver to speak and act naturally with the child as in her typical everyday life.

- *The video recording is made in every selected group after the first ICDP meeting and after all the meetings ended*
- *The caregivers are asked to accomplish the video recording at home (by themselves).*
- *The activity should be one feeding situation and one playing of their own choice*
- *The caregiver is asked to act and speak naturally (like in everyday life)*
- *The caregiver is to be filmed alone with the child*
- *Both faces should be seen on the film*
- *The video recording should go on for 20 minutes for each activity*

GUIDELINES

Guidelines for video recording by the facilitator in every selected group:

If the caregiver is not possible to make the video recording the facilitator may be able to assist. This is rather time consuming and requires careful planning by the facilitator.

But it is important, before starting any filming for the facilitator to establish a trusting relationship with the caregiver and the child and explain the purpose of the visit in positive terms so that she does not get the feeling of being tested. Sometimes it is possible to present the project as a comparative study of different child rearing practices. The facilitator needs to ask the caregiver to speak and act naturally with the child as in her typical everyday life.

It is important to find a position that is not too intrusive, so that the caregiver can forget about the camera, zooming in from some distance may be good; it is necessary though, to record the face-to-face interaction, the qualities of expression. (If the camera can stand by itself, it is perceived as less intrusive).

- *The video recording is made in every selected group after the first meeting and after all the meetings ended*
- *If caregivers are not able to do the video recording the facilitator may be able to assist*
- *The facilitator needs to establish a trusting relationship with the caregiver/caregiver and the child, explaining the intention of the visit in positive terms before filming*
- *The activity should be one feeding situation and one playing of the caregivers choice*
- *The caregiver is informed to act and speak natural (like in everyday life)*
- *The camera is put at some distance, zooming on the face to face interaction*
- *The video recording should go on for 20 minutes for each activity*

GUIDELINES

Guidelines for direct observation by the facilitator in every selected group:

Direct observation is an alternative when the possibility of video recording is ruled out. However ICDP would need to train groups of facilitators for this task. We would use standard instruction video and written materials that would be left with facilitators. The observation should be done both at home and in any other milieu that is comfortable for the caregiver – child dyad. It is important to establish a trusting relationship with the caregiver/caregiver and the child and explain the intention of the visit in positive terms so that she does not get the feeling of being tested. You ask for volunteers to be observed with their children (caregiver – child dyads). We recommend the observation to take place after the first ICDP-meeting, and after the end of all meetings. The observation should be done in the most natural way as possible; the forms should be filled afterwards. It is important to act naturally without being intrusive, so that the caregiver can forget about being observed. The recommendation to the caregiver is to act normally, as in every day life. To be able to fill the forms, you have to observe carefully the facial expressions, from both the caregiver and the child. Let each observation go on for 20 minutes.

- *Direct observing is an alternative when the possibility of video recording is ruled out.*
- *The observation is made in every selected group after the first meeting and after all the meetings ended*
- *The facilitator should establish a trusting relationship with the caregiver and the child and explain the purpose of the visit in positive terms before filming*
- *The activity should be one feeding situation and one playing of the caregivers choice*
- *The caregiver is asked to act and speak naturally (as in everyday life)*
- *The facilitator should observe the face to face expression and interaction*
- *The observation should go on for 20 minutes for each activity*

Appendix 7 D: Guidelines for video recording for professional caregivers in every selected group, of themselves by themselves:

GUIDELINES

Professional caregivers:

Ask the caregivers to accomplish the video recording of their professional interaction with a child two to five years old. The interaction should be filmed after the first meeting and after all the ICDP meetings finished. Some of the professional caregiver's colleagues could assist with the filming. You as a facilitator should suggest *standardized feeding and playing* situations to be filmed.

ICDP-training about the filming procedure:

- *The video recording is made in every selected group after the first ICDP-meeting and after all the meetings finished, together with the same child*
- *The caregivers are asked to accomplish the video recording of interaction with a child in their professional situation (by themselves or with the help from colleagues).*
- *The activity should be feeding and playing*
- *The caregiver is informed to act and speak naturally (like in everyday life)*
- *The caregiver should be ideally alone with the child (except for the colleague who is doing the filming)*
- *Both faces should be seen (face to face interaction)*
- *The video recording should go on for 20 minutes for each activity*

Please send the recorded film to following address _____

Appendix 7 E: CODING FORM 1

Assessing quality of interaction between caregiver and child (Either from video recordings or through direct observation)

Fill in this formula and send it to database

Emotional expressive interaction:

- 1 To what extent does the caregiver show the child positive feelings and that she loves the child?

1	2	3	4	5
To a very small extent	To small extent	average	To a great extent	To a very great extent

- 2 To what extent is the caregiver aware of the child's signals, desires and intentions and to what extent does she try to adjust herself and follow what the child is concerned with?

1	2	3	4	5
To a very small extent	To small extent	average	To a great extent	To a very great extent

- 3 To what extent does the caregiver talk to her child and try to get a positive contact and conversation going through emotional expressions: eye contact, smiles, gestures and sounds which go back and forth between the two?

1	2	3	4	5
To a very small extent	To small extent	average	To a great extent	To a very great extent

- 4 To what extents does the caregiver praise and confirm in a positive way what the child is trying to do?

1	2	3	4	5
To a very small extent	To small extent	average	To a great extent	To a very great extent

CODING FORM 2

Meditational enriching interaction

- 1 To what extent does the caregiver help her child to catch her child's attention and direct and focus it to things in the surroundings so that they experience things together?

1	2	3	4	5
To a very small extent	To small extent	average	To a great extent	To a very great extent

- 2 To what extent does the caregiver name and describe what she and her child experience together, showing at the same time enthusiasm and happiness at what they are experiencing together?

1	2	3	4	5
To a very small extent	To small extent	average	To a great extent	To a very great extent

- 3 To what extent does the caregiver expand and enrich the child's experience of its surroundings by making comparisons with other experiences, giving explanations or by telling stories?

1	2	3	4	5
To a very small extent	To small extent	Average	To a great extent	To a very great extent

- 4 To what extent does the caregiver guide and direct the child in a positive way by helping it to make plans, showing positive alternatives of action, showing the next step in a task, and so on?

1	2	3	4	5
To a very small extent	To small extent	Average	To a great extent	To a very great extent

MAKING A PROFILE

Make a profile of caregiver/child interaction based on the ratings that were given in the coding-forms in the previous pages.

Fill in, in the empty spaces, the mark (assessment) given for each of the eight guidelines of good interaction. Draw the profile afterwards. (this is not a part of the data-base, this information is determined automatically)

	Emotional		Meditational
Mark:			
5	-----	I	-----
4	-----	I	-----
3	-----	I	-----
2	-----	I	-----
1	-----	I	-----
Guideline:			
	1-----2-----3-----4-----		5-----6-----7-----8-----

Emotional guidelines:

- 1 = Showing feelings and love
- 2 = Seeing and following the child's signals /initiatives
- 3 = Talking and non-verbal emotional communication
- 4 = Praising and confirming

Mediational guidelines:

- 5 = Focusing the child's attention
- 6 = Conveying meaning; naming, describing
- 7 = Expanding, enriching; comparing, explaining
- 8 = Regulating, leading

Appendix 7 F: Video recording for evaluation

(To be administrated to parents)

To make a film together with your child:

We ask you to participate in a research project about the ICDP- programme. Evaluation is important for us in ICDP in order to keep the standard on a high level.

For this purpose we ask you to video record yourself together with your child in two typical everyday situations, namely *feeding and playing*. More information will follow!

We will ask you to *film the same situation at two opportunities*, after the first meeting and after the last meeting in the ICDP-group.

Thank you for your help!!!!

Appendix 7 G: Video recording for evaluation

(To administrated to Professional caregivers)

To make a film together with a child in your profession:

We ask you to participate in a research project about the ICDP- programme. Evaluation is important for us in ICDP in order to keep the standard on a high level.

For this purpose we ask you to video record yourself together with a child in two typical everyday situations, namely *feeding and playing*. More information will follow!

We will ask you to *film the same situation at two opportunities*, after the first meeting and after the last meeting in the ICDP-group.

Appendix 8: Video-recordings of the process of intervention in ICDP-meetings

In order to obtain knowledge about the cultural variation, type and quality of the group meetings, we ask you to make a video recording of the process of intervention in ICDP-meetings.

A number of ICDP groups will be selected. As a facilitator you should be careful to explain to the participants that the purpose of filming is to record the process of your interventions in the meetings to guarantee the quality and standards of your work and not of their behaviour. Please let the participants know that this is voluntary from their part.

Guidelines for the video recording:

- The film should be made at the beginning, in the middle and at the end of the sequence of the ICDP meetings.
- The main focus is the (you as) facilitator. Therefore the camera should be at an angle that allows for the face of the facilitator (you) to be seen and for the voice to be heard.
- If there are two facilitators in the group, both need to be seen and heard.
- The participants should also be heard and seen even thou the filming will take place from behind them.
- The filming should go on for the whole meeting. Don't stop the recording or edit the recorded film before you analyze it and send it to the ICDP office.

Analysis of the video recording:

- Use the checklist (appendix 3) for the facilitator to analyse the group meeting process.
- Send the film without any edition to the following address.

Appendix 9: Table: Eight themes as contrasts:

1. Shows positive & loving feelings	2+	1+	0	1-	2-	Neglects and abandons the child
2. Follows the child's initiative – interprets the child's expressions	2+	1+	0	1-	2-	Dominates and imposes own initiatives – does not see the child's initiative
3. Has a good dialogue with the child	2+	1+	0	1-	2-	Has no communication with the child
4. Praises and gives the child acknowledgement	2+	1+	0	1-	2-	Undermines and discourages the child's worth and skills
5. Helps the child to focus his or her attention	2+	1+	0	1-	2-	Distracts and confuses the child with contradictory stimuli
6. Communicates meaning with enthusiasm to the child's experiences	2+	1+	0	1-	2-	Does not communicate and is not attentive to the child's experiences
7. Expands and enriches the child's experiences with comparisons, explanations, and stories	2+	1+	0	1-	2-	Talks little and communicates only the necessary minimum. Does not take enough time to give explanations to the child
8. a. Regulates the child's behavior step by step. Gives hints and regulates support	2+	1+	0	1-	2-	Leaves the child to him or herself. Does not provide guidance for the child's behavior
8.b Positive limit setting with explanations	2+	1+	0	1-	2-	Negative limit setting, with aggression or humiliation, no explanation: "no, no!"
<i>Positive, accepting emotion. atmosphere</i>	2+	1+	0	1-	2-	Poor emotional atmosphere, negative and rejecting
<i>Joint attention throughout the interaction</i>	2+	1+	0	1-	2-	Fragmented attention, care giver and child focuses differently throughout the interaction
<i>Care giver dominates throughout the interaction</i>	1	2	3	4	5	The child dominates throughout the interaction

This Likert scale table can be used as an observation scale and for scoring video recordings. The answers with minus 2 (right) can indicate neglect within that area (except the last theme about dominance which is a neutral. Here we will use a Likert scale from 1-5 as usual).

The last three points relate to characteristics throughout the interaction. For the other themes one will need to divide into smaller units, for example 3 seconds within 3 minutes to be analyzed globally. One has to make a subjective standard and internal agreement with seconds-scores which can then be used for calculation.

If you decide on specific rules for coding, this needs to be written down so that the results can be replicated.

Here is an example on set of rules or conventions for coding:

1. Start to code after 3 minutes of the film.
2. Look for the first coherent interaction episode (no point in coding where no interaction is present)
3. Code the three interaction situations separately – free play, with book, and with building blocks.
4. Code 2 minutes as a whole from each of the three situations
5. Split into smaller time units for example 30 seconds: 4 units on 30 seconds episodes. In this way give a total evaluation for this situation.
6. Write down the coding in three forms for each of the three situations plus give a global code for all three situations for this dyad of caregiver child.

This will make the analysis of the situation's significance possible.

Appendix 10: Making a Sensitization profile/graph (facilitator, and trainer)

To be used in ICDP for the evaluation of the Training.

Diagram to make a profile of sensitivity:

A: Which part of the program was important for you?

B: Which part was understood by the participants?

Example

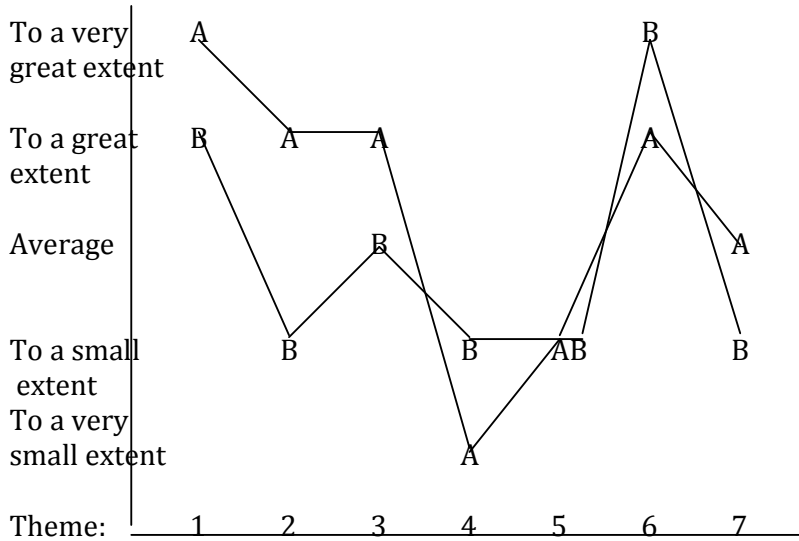
<i>Theme</i>	To a very small extent	To small extent	Average	To a great extent	To a very great extent
1 Emotional dialogue				B	A
2 The dialogue expanding meaning		B		A	
3 Positive regulation dialogue			B	A	
4 The caregivers' construction of a positive definition of the child	A	B			
5. Personal stories of the participants		A B			
6 Discussions of cultural aspects				A	B
7 The background and theory of the programme		B	A		

Fill your profile of sensitivity here:

<i>Theme</i>	To a very small extent	To small extent	average	To a great extent	To a very great extent
1 Emotional dialogue					
2 The dialogue of meaning and expanding					
3 Regulation and positive limits					
4 The caregivers' exploration of positive conceptions about the child					
5. Personal stories of the participants					
6 Discussions of cultural aspects					
7 The background and theory of the programme					

Make a graph of (A) what have been important and (B) what has been understood

(Example)



Make your graph here:

To a very great extent

To a great extent

Average

To a small extent

To a very small extent

Theme: 1 2 3 4 5 6 7

Rate the following tools for how effective they proved to be for the sensitization process in the ICDP meetings and add any additional comment you may find relevant:

<i>Sensitization tools:</i>	<i>Not effective</i>	<i>Effective</i>	<i>Very effective</i>	<i>Comment:</i>
Exercises with use of photos				
Exercises with use of videos				
Exercises with use of role play				
Home-tasks				
Sharing of personal experiences				
Exploration of topics in small groups				
Explanations by facilitator				
Exercises in observation of positive child				
Self-evaluation exercises				