Suggestions for the evaluation of ICDP (K.H.)

The methods that are suggested here are mostly tentative and I present them here as a basis for further specification depending upon the format of inquiry that is being used.

The assignment

The questionnaire has to be adapted both to the intentions /objectives/topics/procedures of the program and at the same time, as it should far as possible, be relating to relevant international established measures of effect/impact that are used in similar studies.

Themes to be answered:

- Have there been any changes in the caregiver's perception of the child and of him/herself as a caregiver?
- Have there been changes in their interaction and relationship with the child?
  .
- Have there been changes with the child and its development because of the program?
- Is the implementation conducted according to the program's intention and without breaking away from ICDP professional content?
- What significance does the quality of implementation have for the effects?

The questionnaire

A questionnaire is a crude instrument for detecting subtle changes of the nature that we expect will take place in the caregivers through the process of 12 sensitization-meetings with emphasis on reactivation and confirmation of caregivers' existing positive practices. (Not the same as an instructive program).

For this reason a questionnaire should ideally be developed in two stages:

1. An open interview with a selected group so that one can get an impression of possible and typical replies.
2. Based on these replies one can develop a questionnaire that correspond to the conceptions of the recipients – not only on the prejudices of the researcher.

For example:

How often do you beat your wife?

Once a month Weekly Every day

Here the recipient is forced into the researcher's prejudiced world of alternatives – and invited to respond accordingly. This is of course just an exaggerated example, but the nature of a questionnaire is necessarily intrusive and insensitive. They are developed in order to quantify the dimensions that are already known – there is usually no questioning of whether the dimensions are relevant. From a theoretical point of view it is *the discovery of the dimensions of the respondents that are interesting not only their quantification.*

One of our major objectives in ICDP is to change **interactive practice**, not only changing rhetoric on practice, which is the domain of questionnaires and interviews. Therefore in line with the intentions of the program, the decisive test of effect would be indicators based on video-recording or observations of interaction between caregiver and child in daily practice. Fortunately this is also included in our project as study nr….

Despite objections to questionnaires, it would be interesting if it was possible to develop a questionnaire that captured the main features of the program (relevance) and that could be used in further evaluations cross-culturally evaluation of the program.

In line with the objectives of the ICDP the **topics/items to be included in a questionnaire plus interview,** would be the following:[1]

1. ***Changes in the caregiver's conception/perception of the child***
    a. One possibility is to indicate dichotomous qualities from "good" to "bad" and to use a Likets Scale of five degrees with 3 as neutral to indicate the caregiver's assessment of her child along this dimension. We can use standard temperamental qualities that are dichotomous as we used in the Bergen study.

    How is my child? Typical features
    Some possible questionnaire dimensions using Likerts scale for describing « how **is** my child "[2] mark off one a five degree scale (Using a temperamental dimensions like in Kelly methodology[3]. See also published temperamental scales)

    Active-passive
    Kind- unfriendly
    Good – bad
    Strong-weak
    Sensitive- insensitive
    Cooperative – non-cooperative
    Beautify – ugly

[1] All the measures suggested below could be used in a pre-post design
[2] This is different from caregiver's conception of the ideal child, described below
[3] With the difference that in Kelly methodology the dimensions are evoked from the respondents not from the researcher!

Intelligent- stupid
Bad-tempered – good tempered
Small – big
Quick-slow
Dull- attentive
Etc.

The alternatives must be rotated and the terms selected carefully

b. In addition, we also used to encourage the caregivers to describe their children with three adjectives which then served as a basis for correction of the predefined qualities. (For qualitative analysis)

c. Tell a story about your child that illustrates his typical natural behavior. (For qualitative analysis)

d. Interview on the caregiver's conception of the "ideal child" or "how you wish your child to be"

Ideal child: As conceptions of the ideal child vary a lot culturally, it is important to include also this aspect. This should be separated from the first point on the caregiver's description of how my child is.

Also here it is possible to use similar dichotomies as in the first point of description of my child.

I wish that my child should have the following qualities:

Agree/disagree on a five degree Likert scale or mark off on the list below:

Obedient and respectful

Agree 1----------2----------3----------4----------5 Disagree

Independent, stand on his own feet

Open compassionate with others

Think of himself first, egoisitic

Active and full of initiative

Hard-working

Cooperative

Self-controlled and well-behaved

Passive and relaxed

Inquisitive and exploring

Strong and subborn

Etc…

Rationale for this selection should be ICDP ideals and knowledge of cultural variations in conceptions of the ideal child (see Rogoff 2003) plus typical features from temperamental scales.

e. International instruments based on research on parental conceptions (See Goodnow 1990)

2. ***Changes in the caregiver's perception of her skill as a caregiver for her/his child*** **(Caregiver self-confidence)**

As most of our caregivers lack caring confidence, we put emphasis on strengthening their positive confidence and skills through a facilitative methodology:

a) Also here it is possible to use a Likert scale where the caregiver is going to evaluate herself on *a series of statements of good care. Here are some suggestions:*:

"I consider myself to be a good caregiver for my child" etc.(From 1 far from true to 5 very true, 3 neutral)

I have confidence in my capacity to care for my child appropriately

I feel very unsure about myself as caregiver

It is also possible here to use the eight guidelines of good care, if you go into more detail - like this:

1. *I express love for my child*

Agree 1----------2----------3----------4----------5 Disagree

2. *I see and follow my child's initiatives*

3. *I have intimate dialogue with my child*

4. *I give praise and acknowledgement to my child*

5. *I help my child to focus so that we have shared focus*

6. *I provide meaning and talk to my child about what we experience together*

7. *I enrich my child experience by provide explanations and by telling stories about what he/she experiences*

8. *I help my child to plan and act orderly in daily life*

9. *I regulate and set limits for my child when he behaves wrongly by giving explanations in a friendly way*

In addition it is also possible to use dichotomies along a five degree Likert scale like the following*:*

In relation to my child I am/behave:

Good-bad
Sensitive- insensitive
Strict- ?
Loving- unloving/indifferent
Aggressive – kind
Talking to child – not talking
Commanding – negotiating
Adjusting to child – directing
Teaching the child -
Punitive – rewarding
Etc.

These dimensions could also be based on the eight guidelines of good care.

b) In addition there could be personal accounts and examplifications on how she sees as her strengths and weaknesses in her care giving, that could be included in the qualitative evaluation.

3. ***The caregiver's philosophy/conception of good care and ideal child***

a) This can also be formulated as a series statements to be agreed on or not from 1 disagree to 5 very much agree:
"I believe it is important that children need ….
" Children need love and freedom….
" Children needs limits and …etc.

Se interview on child care in appendix 1.

In addition, this could also be based on the guidelines and the pedagogy of ICDP:

1. Guideline: *I believe it is very important that the caregiver expresses her feelings of love and tenderness for the child*

Agree 1----------2----------3----------4----------5 Disagree

2. *I believe that it is important that the caregiver adjusts herself to the child's initiative*

3. *I believe that it is important that the caregiver tries to establish close contact with the child so that they can communicate intimately with each other*

   Etc. The same with the rest of the guidelines (see point 1 above)

One could add and include also statements about authoritarian, authoritative and laissez-faire child rearing according to Baumrind here.

b) Episodes of interaction (narrative form)for the caregiver to evaluate (Likert) and to explain why agree or disagree (qualitative analysis)

c) In this section it is also possible to include the *caregiver's perception of her own upbringing for good and bad*: "When I was small my mother used to… Father used to… "

d) How do you evaluate the childrearing / care that you received as a child: from 1 to 5 on a Likert scale plus "Why?"

4. ***Changes in the caregiver's interaction with her child***

a. As pointed out above, this can best be captures through *an observational methodology (video or trained field observations.).* We should expect an increase in the eight guidelines and the three dialogues of good care. (See appendix 2 for a detailed description of possible coding categories from

video. The "tools document" (reference) gives also a precise procedure for how to carry out the filming). [4]

b. This could also be used for observation – although more difficult. The coding categories need to be simplified into the categories of the three dialogues: 1 *Emotional-expressive, 2. Meaning/expansive 3. Regulative/limit setting*

c. This can also be presented as statements (see the eight guidelines above) to be evaluated on an Likert scale as appropriate or not, for her caregiving. (As pointed out above, but this will only capture the rhetorical/verbal part not necessarily activity/practice:
"I express very openly how I love my child"
" I adjust myself to the child focus of interest and I expand on his initiatives"…. Etc all through the guidelines.[5]

d. To be filled in based on fixed reply alternatives:
When my child hurts himself I tend to:
A Console and cuddle him
B I explain that he should be careful
C I say to him that he should be tough and not cry etc.
The guidelines can be presented as episodes with different reply alternatives.

5. ***The reception (attractiveness) of the program by the participants (caregivers but also facilitators) (After the intervention)***
This is an important part of the effect: How it was received here and now by the participants. How did you experience participating in this program? Likerts scale 5 degrees We have the following standard questions:

These questions are asked in the last meeting:

1. Tell me how was it for you to participate in these meetings about child care
2. Did you benefit from participating – in which way
3. Has this influenced your relationship to your children – in which way
4. What did you learn during these meetings

[4] Quantification of coding categories is a problem that can be solved in different ways. A simple way is to code episodes into of 30 second episodes into 0 or 1 up to 5 minutes. This is a fairly simple and safe procedure.
[5] In case this approach is used there must be corrective items so that the caregiver do not automatically respond in accordance with what she assumes is the experimenters expectations

5. Was there something in this course that you did not understand and that you found difficult

6. After having been through this course, is there anything that you feel should be improved or changed

Our challenge now is to try to prepare an acceptable questionnaire that is relevant in relation to the objectives of the program. These are some suggestions based on mostly interviews that we have used previously plus the Bergen study where Likert methods were used.

All the four points mentioned above can be used pre and post. The fifth point can only be post..

Appendix 1:

Interview with caregivers – K.H. 2004-11-13

1. *Parental "diagnosis" of own child. Describe your child:*
    a) First of all I would like you to tell me something about your child. Tell me, how is your child? How is his character? How does he/she behave?
    b) How is he different from other children? What are his strong points - what are his weak points?
    c) Is there something else you would like to tell me about your child?

2. *The ideal child according to parents:*
    a) How would you describe "a good child" – a child that is agreeable and in accordance with your own liking – how is that child?
    b) How would you like your child to be? How would you dislike your child to be or become?

3. *Epistemology of children's character and behaviour:*
    a) Tell me, why do you think some children are aggressive and act violently towards other children? And why do you think some children are kind and are helpful towards other children?
    b) Why do you think some children are fearful and withdrawn, while others are secure and outgoing?
    c) Why do you think some children are clever and understand easily and why do you think some children appear stupid and have problem to understand even simple things?

4. *Therapy according to parents:*
    a) If a child is aggressive and act violently towards others, is there anything parents can do to help the child behave in a better way? What can parents do?
    b) If a child is anxious, fearful and withdrawn is there anything parents can do. What can they do?
    c) If a child is stupid and cannot easily understand, is there anything parents can do? What can parents do?

5. *Conception of child rearing good and bad,*
    a) You have already children - can you tell me, in your opinion, what is the most important thing parents should be aware of (remember) when they bring up their children?
    b) What, in your view, does a child need most of all in order to grow up in the best possible way?
    c) In your view, how would you say good parents bring up their children?
    d) How would you say bad parents bring up their children?
    e) What would you say is the father`s role in child rearing?

f) What is the mother`s role?

6. *Conception of child rearing practices: How would you act if?*
    a) How would you act if you child acted disobediently and refused to eat his food?
    b) How would you act if you discovered that the child had been beating other children and taken their toys?
    c) How would you act if you discovered that your child was lying to you and was not telling the truth?
    d) What is the strictest punishment you would give to your child?

7. *Value of children – what are the advantages of having children?*
    a) Tell me, according to you view what are the advantages (the most positive benefit) of having children?
    b) What are the disadvantages?

8. *Hopes/expectations for the child's future:*
    a) What do you hope your child will become when he/she grows up?
    b) Why do you hope for that?
    c) Do you think that this hope will come through? Why?

Interview with caregivers – K. H. 2004-11-13

1. Describe your child – first in general then specific points like strong points and weak points: Tell me about your child - how is your child? How is he different from other children? What are his strong points what are his weak points?
2. Conceptions of ideal child
3. How would you describe a child that is healthy and normal
4. How would you describe a child that is not normal – what are the signs you would look for?
5. How would you explain why the child is not normal?
6. Epistemology of children's character and behaviour – why do some children…? Why are some children …?
7. What can help – therapy: If a child is delayed…? If a child is…? Etc.
8. Conception of child rearing good and bad, and child rearing practices – how would you act if…?
9. Value of children – what are the advantages of having children? What are the disadvantages?
10. Hopes/expectations for the child's future
11. Traditional versus modern attitude: number of children, boys or girls, mothers role fathers role, education, girls education etc.

12. If you should give mothers some warnings regarding abnormality in children, what would be the signs that you would ask them to look for?

Some additional questions:

Problems: Methods of discipline of children.

13. You know that most parents have some problems in relation to their children, what are your problems, if any, with your child?

14. If a child behaves badly, what would you do to stop him?

15. Describe three typical episodes of misbehaviour and ask the caregiver how he/she would deal with the child in those espisodes….

Development and stimulation.

16. Is there anything you can do as parent to promote the child's development so that the child develops faster and better? What would you do?

17. At what age, in your opinion, do infants begin to under-stand the words spoken to them?

18. When, in your opinion, is it worth starting to talk to infants?

1	2	3	4	5
Directly after birth	In the first month	At 3 months	At 6 months	When infant begins to talk

19. When do you think it is worth beginning to tell children stories?

1	2	3	4	5
At 3 months	At 6 months	At one year	At two years	At three years

Etc.

Appendix 2:

Observational tools for analysing the three dialogues and the eight guidelines of good interaction. (K. Hundeide 2002).

Below there is a table specifying the three dialogues and the eight guidelines. The numbers in parenthesis refer to the guidelines and the letters to the specification of each. By marking off the frequencies of each specification (a, b, c) they can be scored individually and then the sum score can be added and placed outside each guideline ( ) . In this way it is possible to see both the *specific repetitive pattern of each caregiver-child dyad*, and at the same time see *the interactional profile by using the sums of the guidelines (see page 5).*

1. **The emotional–expressive dialogue** (Specify how in the squares)

Interactional topics	**Frequency**	**Never**	**Seldom**	**Reasonable**	**Often**	**Conclusion**
Expressing/showing positive feelings (1):						
a. Smiles and sharing of joy						
b. Positive teasing and laughter						
c. Talks positively to the child: face-to-face						
d. Direct expressions of love and care, kissing, touching, caressing, embracing						
Interpreting and adjusting to the child's initiatives, needs/states (2)						
a. Reads sensitively the child's signals and states						
b. Responds by adjusting and following the child's action-initiatives						
c. Responds by adjusting to the child's deeper feeling states, consoling, encouraging						
Intimate dialogue with turn taking and emotional sharing (3)						
a. Turn-taking with intimate expressive exchange						
b. Disclosure of feelings						

c. Revealing "secrets"						
Confirmation and acknowledgement (4)						
a. Verbal, explicit acknowledgement and praise (for action)						
b. Non-verbal smiles, nods and confirming eye-contact						

2. The didactic and expansive dialogue (mediational).

Interactional topics	**Frequency**	**Never**	**Seldom**	**Reasonable**	**Often**
Joint attention (5)					
a. Focussing the child's attention by calling					
b. Joining in by following the direction of the child's attention					
Joint attention with meaning (6)					
a. Observing together; caregiver **describes** what they see					
b. Same as a, but with enthusiasm and feeling					
c. Child watches and caregiver **demonstrates** how things function					
d. Child requests meaning: "What is that..?"					
e. Caregiver requests meaning by asking child					
Expansion beyond the situation (7)					
a. Give explanation to what they experience together					

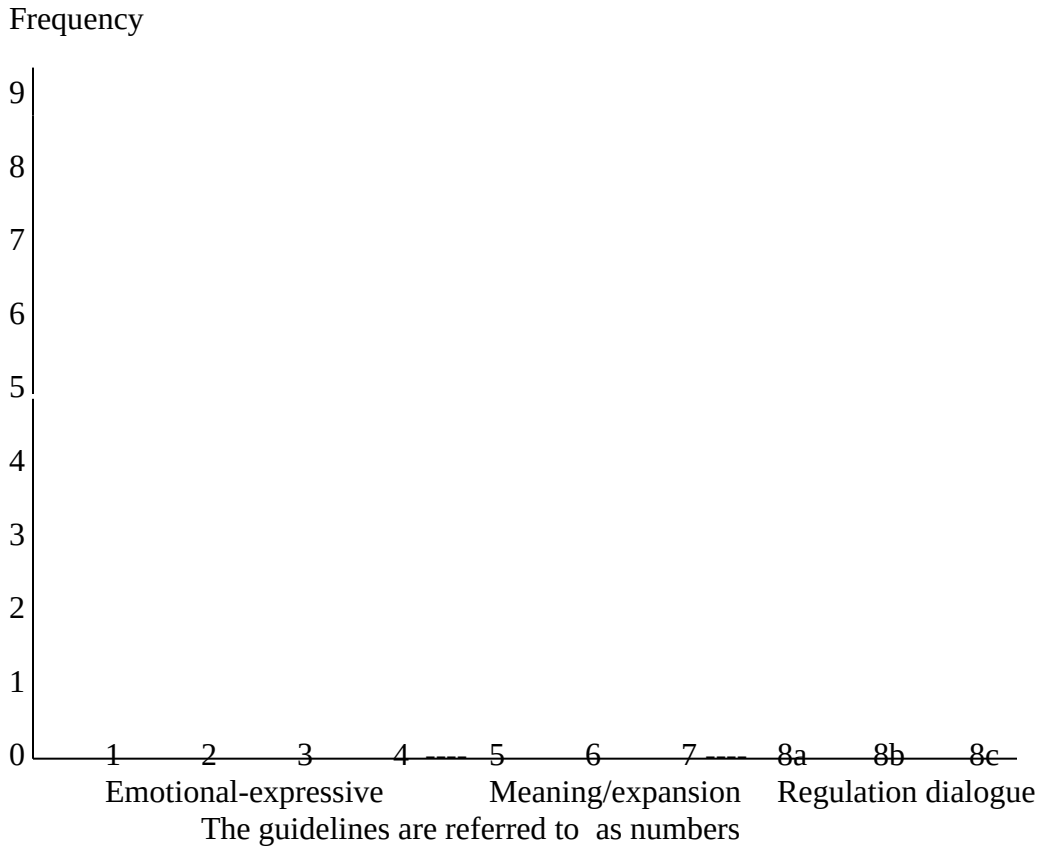
b. Comparing their joint experience with other experiences					
c. Analyse their shared topic – why so and so?					
d. Request for expansion: Why is it…?					
e. Telling stories about the topic – past, present future					
f. Symbolising the topic in writing and retelling					
g. Symbolising through non-verbal means; dramatisation, drawing					

3. The regulative and limit-setting dialogue

Interactional topics	**Frequency**	**Never**	**Seldom**	**Reasonable**	**Often**
Regulation in goal-directed activities (projects) (8 a)					
a. Tell the child what to do					
b. Pointing, nodding and directing the child's attention to what to do					
c. Demonstrating how things should be done					
d. Demonstrating with explanations					
e. Demonstrating or describing step-by-step					

f. Help the child to plan - distancing					
g. Guiding the child through questions					
Gradual support to the child's initiative (8 b.)					
a. Preparing the setting					
b. Sustaining the goal/activity					
c. Encouraging the child					
d. Challenging the child					
Limit-setting in a positive sense (8 c.)					
a. Redirect the child's attention to positive alternatives					
b. Stop negative actions with explanation					
c. Stop the child by pointing out consequences					
d. Stop the child by pointing out the suffering of the victim					
e. Stop the child with reference to agreed rule and agreed punishment					

Interaction profile of dyad: ……



Bipolar dimensional presentation of the guidelines

Positive pole	More positive	Medium	More negative	Negative pole
1.Showing positive feelings of love				Showing negative feelings, rejecting the child

2. Following or responding to the initiative of the child				Imposing your own intentions and wishes on the child's activity
3. Establishing a positive personal dialogue – verbally/ non-verbally				Not communicating with the child - ignoring him/her
4. Praising and giving confirmations to the child				Discouraging and disconfirming the child
5. Helping the child to focus and share experiences				Distracting and the child with too many impressions
6. Conveying meaning and enthusiasm to the child's experience				Being silent and indifferent to the child's experience of the world
7. Expanding and enriching the child's experience by explanations, comparisons and stories				Being silent or only stating what is needed at the moment. Not going beyond for the sake of the child's enrichment
8. Regulating and guiding Setting limits for what is allowed in a positive way Giving alternatives for action				Ignoring the child the child's actions and projects. Laissez faire attitude. Letting the child act as he wishes without any interference, support or limit.[6] Stating what he cannot do

This table can also be used as a basis for developing a coding scheme for assessment

[6] Another negative version of the same guideline is commanding the child in an insensitive aggressive way, ignoring his needs and wishes.

Assessing the caregiver's conception of the child and child rearing.

1. The cultural picture of the child – the ideal child
2. The personal picture of her child
3. The cultural picture of child rearing – good and bad
4. The personal picture of her capacity to fulfill that role in practice – what is her strength and weakness?
5. The caregiver's conception of her role and task
6. The caregiver's conception of her capability to carry out the task in practice
7. The caregiver's conception of the value of having children
8. The caregivers diagnosis of her child - good and bad
9. What would help the child if….
10. What would help her if ….

Appendix 3: Evaluating the facilitator and the quality of implementation.

Facilitator's checklist - Checklist for self-monitoring of facilitator's work in the field

The checklist below is designed for regular use by facilitators as a way of self-monitoring the quality of their own work. The answers to the main question in each category should be either yes or no. The others are open for further explanation. The questions could also be assessed on the Likert scale from 0 to 3.:
0= does not fit, 1= fits very little, 2= fits well, 3= fits very much.

Here is one of more checklists:

1.Have I established a contract of trust with the families I am working with?
Yes….. no…..

Am I using the 4 guidelines for emotional communication in my relationship with the caregiver/mother? How? Yes…..
no……

2. Is there a negative conception in the way the mother I am working with is seeing her own child? Yes…..
no……

Do I need to work on redefining her conception? How? Yes…..
no……

3. Do the mothers bring their self-assessments, with examples of how they practice guidelines and observational tasks from home? Yes……
no……

If not, have I encouraged them to do it? Yes……
no…….

4. Have I acquired the verbal skill in explaining the 8 guidelines sufficiently well to be able to give mothers easy, short and clear explanations of each guideline? Yes……
no……

5. If a mother seems confused about a guideline am I explaining it to her with examples from my own experience for each guideline?
Yes……. no…….

Am I able to demonstrate each guideline in practice with the

child present there and then?
Yes…… no……

6. At the beginning of each meeting do I summarise the main points from the last meeting? Yes……
no……

Do I keep a diary? Yes…… no……

7. Do I write on the blackboard key words as summary for the ideas or for the examples given by the caregivers during the group meeting. Yes……
no……

Then at the end of the meeting I can go over these once more or even put them on paper and copy them for everyone to have at the next meeting. Yes……
no……

8. Am I remembering to point out the positive features in the mother's interaction with her child? Do I give praise to mothers in order to strengthen their motivation, (particularly with a shy mother)? Yes……
no……

9. Am I using an inquiring approach giving the mothers time to generate their own ideas about quality interaction? Yes……
no……
Am I helping the discussion with useful hints? Yes……
no……

10. Are we exploring the significance of each guideline and the wider meaning and use of each guideline; Yes……
no……

also what happens when they are practiced a lot Yes……
no……

and what happens when they are not? Yes……
no……

Do I refer to some research to illustrate the point? Yes……
no……

11. Am I talking in the I-voice, showing empathy, interpreting and identifying with the mother's or the child's situation?
Yes…… no……

12. Do I need to visit a particular mother more often?
Yes…… no……

13. Have I thought of funny examples to illustrate the meaning of guidelines using adult situations? Yes…… no……

14. Have I introduced the cultural dimension in the course of training?
Yes…… no……

Have we discussed which stories, songs, games etc. particularly beneficial for children and why? Yes……
no……

15. Am I preparing my agenda in advance including some new exercises each time? Yes…… no……

16. Do I meet other facilitators to share experiences and prepare strategies for subsequent meetings based on my notes and impressions?
Yes…… no……

17. Am I using this checklist regularly? Yes…… no……

18. Do I have a clear agenda as a reference for each meeting?
Yes No

The internal monitoring is taking place in three areas :

1. The relationship between the caregivers and the ICDP- staff,
2. The interactions taking place between the caregivers and the ICDP-staff,
3. The content of the session.

The assessment team will, after each observation in the field give individual feedback to the team who has been working.

The relationship between the caregivers and the ICDP-staff:

1. Is there a trusting alliance with the caregivers

1	2	3	4	5
I	I	I	I	I
to a very small extent	to a small extent	average	to a great extent	to a very great extent

The interactions taking place between the caregivers and the ICDP-staff:

2. The ICDP staff is using a facilitative approach (as opposed to the instructive approach)

1	2	3	4	5
I	I	I	I	I
to a very small extent	to a small extent	average	to a great extent	to a very great extent

3. Does the ICDP staff use the seven sensitization principles to activate the caregivers ?

1	2	3	4	5
I	I	I	I	I
to a very small extent	to a small extent	average	to a great extent	to a very great extent

3.a Which principles do they use ?

4. The ICDP staff promotes the caregivers to verbalise their own conceptions of the guidelines dealt with

1	2	3	4	5
I	I	I	I	I
to a very small extent	to a small extent	average	to a great extent	to a very great extent

5. Does the ICDP-staff use other activities than the dialogue during the session ?

If yes, which ones: Dramatisation
Role-play

Plan-act-report cycle
Picture manual
Video film
Group work
Illustrations on the blackboard
Exercises

5.1 When working with either of these activities to what extent are the content of the process connected to the guidelines and the sensitization principles by the ICDP staff ?

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

6. The ICDP staff is pointing out positive examples of good communication when the caregivers give examples from their interaction with children

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

7. The ICDP staff uses examples, personalised and adequate to the specific situation

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

The content talked about during the intervention:

8. Did the team get the participants to take the perspective of the child; where they working with the issues on redefinition and empathic understanding of children ?

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

9. The structure of the session seems well prepared, easy to follow and is carried out at a appropriate theoretical and practical level in relation to the caregivers in the specific session

1	2	3	4	5
I	I	I	I	I
to a very small extent	to a small extent	average	to a great extent	to a very great extent

10. Do the teams adjust the agenda and put an emphasis on issues of particular interest to the institution ?

1	2	3	4	5
I	I	I	I	I
to a very small extent	to a small extent	average	to a great extent	to a very great extent

11. Was the objective for the session reached ?
What was not reached – why?

Assessment of the quality of the implementation of the ICDP program in the field

Xxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxx	**0 -**	**1+**	**2 ++**	**3+++**	**4++++**
Assess the questions below from 0 to 4	*No*	*weak*	*medi*	*good*	*v.good*
How many meeting did you carry out with your group? 6-8-10-12 more?	-	-	-	-	-
Did most of the caregivers attend?					
Did they carry out their home exercises?					
Did you do some filming of the training in groups?					
Did you cover the agenda as described in the manual?					
How successful was it? (0->4)					
Was the group active and engaged in the group work?					
Did you write a log book after the meetings?					
Did the caregivers make their own manual at the end?					
Did you praise them for the work they did well?					
Did you go to the facilitators' meeting every fortnight?					
Did you present your work there with film?					
Assess yourself: How well did you do the implementation?					
Sum total:					