Inherent Strengths of Kinship Caregivers Pilot in Washington State

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Executive Summary

As part of the Kinship Navigator research project, the University of Washington School of Social Work research team piloted a training curriculum developed by Dr. Joseph Crumbley entitled "The Inherent Strengths of Kinship Caregivers." The curriculum consists of six modules intended for kinship caregivers and those who support them: Attachment, Legacies, Identity, Healing, Adaptability, and Co-parenting.

Chapter 1 summarizes the results of the Train the Trainer sessions that took place in October 2023. During these sessions, future facilitators received 27 hours of training from Dr. Crumbley on how to teach the material. The Train the Trainer participants gave feedback on the training and beta tested the evaluation materials to inform modifications before the training was piloted with caregivers.

After the Train the Trainer sessions and associated modifications to the evaluation, the Inherent Strengths training was then piloted with caregivers and kinship providers in the community between January 2024 and June 2024. These results are described in Chapter 2. Overall, the Inherent Strengths of Kinship Caregivers training was well received by caregivers and other training participants. The training resulted in statistically significant knowledge gains for pilot participants across all modules combined, and knowledge gains were especially prominent in three modules: Legacies, Healing, and Coparenting, all of which had statistically significant improvements at the $p<.05$ level. Participants reported high satisfaction with the modules and the overall training. Participants felt the training was easy to understand, relevant and helpful, interactive, and that the facilitator was effective. Participants gave detailed feedback about their takeaways from each training session as well as suggestions for improving the training.

Chapter 3 includes the results of the fidelity forms facilitators from the Alliance for Child Welfare and Family Education and Support Services completed when piloting the full training series. Facilitators had high adherence fidelity to the training model, and facilitators used the facilitator guide, videos, and worksheets to guide their training sessions. Chapter 3 also includes the results of a focus group that asked three Train the Trainer attendees who were not piloting the training with full fidelity to the model how they were using the training material in their work with caregivers. All three facilitators reported they were infusing aspects of what they learned in the Train the Trainer sessions in many ways depending on their unique work contexts, including one on one with caregivers, in support group settings, and in lunch and learn style sessions. Facilitators in both contexts provided feedback on the material, how they adapted it, and suggested changes.

Overall, the training was well received by facilitators and participants alike, resulting in positive outcomes for participants. While the report includes many specific suggestions for things that worked well and things that could be improved, it was clear from both participants and facilitators that the time for discussion, interaction, and Q&A was the most valuable part of the training. The videos were well received by participants, though often the length of the videos cut into valuable time that participants and facilitators would have liked to spend discussing what the video brought up for participants and completing activities. Given participants' desire for more interaction, as well as the Train the Trainer participants' suggestions about what would help them use this content with more caregivers, the authors recommend finding ways to shorten the videos without losing the most valuable insights.

About University of Washington School of Social Work

University of Washington School of Social Work (UW SSW) was founded in 1934 and has always been deeply connected with the historical and social changes. In the 1970s, the School's academic direction shifted dramatically to focus on evidence-based research, triggering two decades of social work scholarship to help vulnerable individuals, families and communities. In the 1990s, SSW concentrated on diversifying its faculty, student body and curriculum, while growing its research capacity. In the past decade, we have reached out to build collaborative relationships, launching an award-winning public-private partnership for child welfare and a statewide alliance to strengthen the professional expertise of social workers. Today, the School is a top-ranked institution with a national reputation for classroom innovation, advanced research and public engagement. We strive to maximize human welfare through education, research, and public service. For more information about SSW, please visit: https://socialwork.uw.edu/

This report provides a summary of a training developed for kinship caregivers and delivered to future trainers. This project is a result of a partnership between the University of Washington (UW), the Aging and Long-Term Support Administration (ALTSA), the Alliance for Child Welfare (the Alliance) and the Washington State Department of Children, Youth, and Families (DCYF), and the authors would like to thank our external partners for their valuable collaboration, comments, and support. For more information about caregiver training through the Alliance, please visit https://www.dcyf.wa.gov/services/foster-parenting/training.

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Introduction

Background

Kinship caregiving is becoming increasingly popular for children in out-of-home care, and studies have shown that kinship care improves outcomes for children compared to foster care placement (Winokur, 2018). It has been hypothesized that kinship care more effectively preserves a child's connectedness to caregiver, birth family, and culture and community, which is then associated with better outcomes (Hassall et al., 2021).

Despite the established efficacy of kinship care, kinship care families receive less training, services, and financial support than do foster care families (Winokur et al., 2018). This is problematic, as kinship caregivers and families have unique needs when it comes to fostering youth. For example, kinship caregivers often must redefine the pre-existing relationship between themselves, the child, and the rest of the family, and may be dealing with loss and grief issues as a family member or friend of the birth parent and may have mixed feelings about their changing role (Crumbley, 2022). Additionally, depending on the situation, kinship caregivers may become caregivers on an emergent basis and not have time to processes before gaining custody, or may find custody and caregiving burdensome or complicated (Crumbley, 2022). Kinship caregivers may also be dealing with co-parenting, "the shared responsibility of parenting between the kinship caregiver and the birth parents as well as extended family members" (Crumbley, 2023). This can add complications for kinship caregiving that non-kin foster families may not be experiencing. Given that kinship caregivers have unique needs, it is critical to provide tailored training that considers their experiences and reality.

The efficacy of kin-specific training is established, and studies have found that training can improve caregivers' parenting competency, reduce parental stress, and advance child wellbeing (Wu et al., 2020). Important topics for training include child trauma (Miller et al., 2019), attachment (Pasalich et al., 2021), and resiliency (Gomez, 2021), all of which are salient for youth in out-of-home care. Indeed, greater family resilience has been shown to improve both child and caregiver health and mental health (Gomez, 2021). In addition to providing information on supporting children, kinship training and support should also focus on caregiver wellbeing, and kinship caregiving can increase stress (Monahan et al., 2013).

In order to improve outcomes for children and caregivers involved in kinship care, it is critical to implement evidence-based practices and training to meet the needs of this population. As part of the Kinship Navigator research project, the UW SSW research team received funding to pilot a training curriculum developed by Dr. Joseph Crumbley, a nationally renowned kinship expert who has worked and consulted with the Grandfamilies & Kinship Support Network, the Annie E. Casey Foundation, Spaulding for Children, and the U.S. Department of Health and Human Services, among others.

Inherent Strengths of Kinship Caregivers Training Content

The Inherent Strengths of Kinship Caregivers training was developed by Dr. Joseph Crumbley and is intended for both kinship caregivers and kinship service providers. The purpose of the training for kinship caregivers is 1. To identify their strengths and the unique experiences they provide children being raised in kinship families, and 2. To learn how to utilize their strengths and the benefits of kinship care to provide stability, safety, and permanency for the children in their care. The purpose of the

training for professionals and service providers is 1. To utilize a model of kinship specific training for caregivers that enhances and emphasizes their strengths, resourcefulness, and skills as kinship care providers; 2. To learn how to engage, recognize, and support caregivers in developing and utilizing their strengths; and 3. To learn how to incorporate the support and development of caregivers' strengths into care management plans. The training consists of six modules, which are described below.

- **Module 1. Attachment** – describes the unique characteristics and strengths of attachments between kinship caregivers and their children and provides approaches to enhance their attachments
  Module 2. Legacies – discusses sharing legacies as a strength between kinship caregivers and their children and identifies strengths and strategies for caregivers to create new family traditions, rites of passage and goals that interrupt family cycles.
- **Module 3. Identity** – explains the roles of kinship caregivers in the positive identity formation of children in kinship care and provides approaches for kinship caregivers to assist their children in making positive choices and decisions to avoid and disrupt family patterns based on their own values and identities.
- **Module 4. Healing** – focuses on how kinship caregivers can minimize the trauma of loss children experience when separated from their birth parents and how the sharing loss and grief between children and caregivers is highlighted as strength of kinship families.
- **Module 5. Adaptability** – focuses on the strength of kinship family's adaptability to keep children in the family when they are unable to remain with their parents and provides approaches to assist families in adjusting and adapting to changes in family dynamics, roles, and relationships.
- **Module 6. Co-parenting** – focuses on how caregivers can facilitate co-parenting with birth parents and provides approaches to utilize strengths of common goals and pre-existing relationships between caregivers, birth parents and children.

The training consists of six modules recorded during a zoom presentation to kinship caregivers. Each of the six modules consist of two videos for a total of 12 videos. Each video is approximately 30 minutes long, and each module requires approximately two hours to complete. The total length of training utilizing all six modules is 12 hours. Each module has an accompanying facilitator guide, which includes:

- Instructions, outlines, and scripts for facilitators when using the videos
- Time-stamped outlines for pauses and topics for interactive discussion
- Activities (individual and group) to implement during the videos
- Worksheets for activities and group discussion
- Takeaways and summaries of each video

Pilot Training Overview

The Inherent Strengths of Kinship Caregivers Train the Trainer sessions took place between October 18, 2023, and October 30, 2023. The sessions consisted of 27 hours of virtual training which was coordinated by the Aging and Long-Term Support Administration (ALTSA). The purpose of the Train the Trainer was to educate professionals who work with kinship families on a curriculum that they can use with the kinship caregivers they work with. ALTSA recruited kinship navigators, trainers with

Alliance for Child Welfare Excellence, and others who interact with kinship caregivers in a professional capacity via email to participate in the train the trainer session. Chapter 1 summarizes the results from the Train the Trainer sessions.

After the Train the Trainer sessions and associated modifications to the evaluation, the Inherent Strengths training was then piloted with caregivers and kinship providers in the community. The Alliance for Child Welfare Excellence held a series of trainings both virtually and in person. The trainings were open to informal and formal kinship caregivers as well as kinship providers and community partners. The pilot trainings took place between January 2024 and June 2024. Chapter 2 summarizes the results of the pilot training with caregivers and community partners. Chapter 3 provides a summary of facilitators' fidelity to the training model and facilitators' feedback about how the trainings went.

Chapter 1. Train the Trainer Sessions

Methodology

The Train the Trainer sessions were conducted remotely on Zoom in October 2023. There were a total of six training modules, followed by team presentation practice time. For each of the six modules, participants completed both a pretest and a posttest survey. The pretest survey was conducted prior to receiving the training and comprised five knowledge questions; each question was multiple choice with only one correct answer. The Module 1 pretest also contained questions about participant demographics, including gender, racial identity, age, and professional information such as agency affiliation and roles.

The posttest included the same five knowledge questions as the pretest, as well as five satisfaction questions regarding the training module they just completed. The satisfaction questions used a six-point Likert scale where 1 = Strongly Disagree and 6 = Strongly Agree. Participants were also asked to provide open-ended feedback in the posttest about any additional support needed and what they learned from the training. See Appendix 4 for a complete list of survey questions.

For the team presentation, participants were split into teams and each team was assigned one module. Each team received the facilitator's guide for their module, presented that module, and then received feedback from the other participants. At the end of the assignment, participants answered satisfaction questions asking about their perceived confidence as a facilitator and their overall satisfaction with the training. These satisfaction survey questions used a six-point Likert scale where 1 = Strongly Disagree and 6 = Strongly Agree. Additionally, participants were asked to provide open-ended feedback about the most helpful aspects of the training and any suggestions or comments they might have. See Appendix 4 for a complete list of survey questions.

Researchers analyzed the results using Excel. The total number of participants who completed the demographic survey and each of the module surveys were reported. A total of ten records were removed due to missing data as a result of participants not completing the survey or exiting without submitting their answers. Due to the very small sample size, no statistical test of significance was conducted to compare means.

Results

Participant demographics. A total of ten (n=10) participants completed the demographic survey. The majority of participants identified as women (90%) and White (80%). Almost half (40%) of participants reported that they were between the ages of 55 and 64, worked for the Alliance for Child Welfare, and were Alliance trainers. See Table 1 in Appendix 1 for more demographic information.

Knowledge. Overall, participants scored well on both pre and posttest knowledge questions. Participants showed an average improvement of 6 percentage points from pre to posttest across the six training modules (84% to 90%). Pretest knowledge accuracy rates ranged from 62% to 98% and posttest knowledge accuracy rates ranged from 78% to 98%.

Participants showed knowledge gains in four out of the six modules, excepting Module 2 (Legacies), where the average score decreased by 4 percentage points, and Module 4 (Healing), in which there was no change. The largest knowledge gain was in Module 5 (Adaptability), in which scores increased by 16

percentage points. See Table 2 in Appendix 1 for more detail on numbers of responses and knowledge rating for each training module.

Module specific satisfaction. Participants answered questions about their satisfaction with the training only in the posttest. Overall, participants reported high satisfaction with the training, ranging from 4.8 to 6.0 on a six-point scale, indicating that participants agreed or strongly agreed that they were satisfied with the trainers, the content of the training, and their own understanding of the content. Participants reported the highest satisfaction with Module 1 (Attachment) and the lowest satisfaction with Module 5 (Adaptability). Across all training modules, participants reported the highest satisfaction ratings for the trainer (an average of 5.9 out of 6 for each of the three trainer satisfaction items), but the lowest satisfaction ratings for their confidence level about knowledge gained from the training (5.2 out of 6). However, all scores were relatively high. See Table 3 in Appendix 1 for more details

Module specific open-ended feedback. When asked about additional support needed, participants reported needing more time, more cultural considerations, Washington state specific content, and overall more information. Regarding the most helpful thing they learned from the training, participants shared a variety of topics and themes, including: the tools and information provided, learning about kinship experience, and how to empower and engage families. For the full list of open-ended feedback for each module, see Tables 4-9 in Appendix 1.

Overall training satisfaction. Following the team presentation, participants were asked to rate their overall satisfaction with the entire training. Across all satisfaction questions, participants reported an average satisfaction rating of 5.2 out of 6, indicating that they "agree" with the statements. Participants reported the highest agreement with the statement "participating in this training was a good use of my time" (5.6 out of 6, or Strongly Agree) and the lowest on "I know how to access the facilitator guides and videos" (4.9 out of 6, or Agree). See Table 10 in Appendix 1 for more details.

Overall training open-ended feedback. Participants shared that they most appreciated the participation and interaction in the training, the facilitator, and the strengths-based content. In regard to improvement, most comments indicated that there was no improvement needed. Others recommended more clarity around homework and lesson plans, as well as future follow-up for the participants in this training. Overall, participants' comments were positive and appreciative. See Table 11 in Appendix 1 for a full list of responses.

Summary

The findings from this evaluation indicate that participants generally experienced high levels of satisfaction with the Inherent Strengths of Kinship Caregivers Train the Trainer training. Participants reported knowledge gains in two-thirds of the modules. The open-ended feedback reflects participants' appreciation for the training as well as some recommendations for improvement. Researchers used facilitator feedback to make improvements and adaptations to the training evaluation prior to piloting this training with caregivers.

Chapter 2. Pilot Training – Participant Experience

Methodology

Recruitment. Trainers from the Alliance for Child Welfare Excellence who attended the Train the Trainer sessions held a series of training sessions between January 2024 and May 2024. The sessions were posted on the Alliance website, where caregivers and other interested participants could register for the training. Each session indicated whether it would be held virtually or in person. The Alliance offered the modules in a series, where each module was presented in order, in the same format (virtually or in person). Participants were not required to attend all sessions in the series, nor to attend the modules in order.

Pretest. When participants arrived at their first training session, they were invited to visit a REDCap website to review a consent form that explained the optional evaluation component. If they consented, before and after each training session, participants completed a pretest and a posttest survey. The pretest survey was conducted prior to session exposure and comprised five knowledge questions. The knowledge questions were developed by two members of the research team after reviewing each module's training materials and learning objectives. The questions were reviewed and edited by Dr. Crumbley for accuracy and relevancy and were further revised after beta testing the originally developed questions with the Train the Trainer participants. Each knowledge question was multiple choice with only one correct answer. The Module 1 pretest also contained questions about participant demographics, including gender, racial identity, age, county of residence, and role.

Posttest. The posttest included the same five module-specific knowledge questions as the pretest, as well as five satisfaction questions regarding the training module they just completed. The satisfaction questions used a six-point Likert scale where 1 = Strongly Disagree and 6 = Strongly Agree. Participants were also asked to provide open-ended feedback in the posttest about any additional support needed and what they learned from the training. Participants were eligible for a $50 Amazon gift card for completing surveys for at least three modules. Additionally, participants who completed five or more modules were entered into a lottery to receive one of ten $200 Amazon gift cards.

Overall satisfaction. After all training sessions had concluded, researchers determined which participants attended three or more training modules and emailed them a link to take a satisfaction survey. The overall satisfaction survey asked about participants' overall satisfaction with the training content, facilitator, and format. Participants rated their level of agreement on a six-point Likert scale where 1 = Strongly Disagree and 6 = Strongly Agree, except where otherwise indicated in the results. Additionally, participants were asked to provide open-ended feedback about the aspects of the training they appreciated the most and any suggestions for improvement they might have. See Appendix 5 for a complete list of survey questions.

This report also includes overall satisfaction results for a one-off, two-module training session led by Family Education and Support Services (FESS) on June 27. The participants at this session took the same overall satisfaction survey as the rest of the participants, along with a few additional questions requested by the facilitator: "The presenter(s) was/were effective at training the subject matter," "The Zoom training format impeded my learning," and "How much did the gift card incentive motivate you to attend the training?" Caregivers who attended the June 27 training session received a $25 Walmart gift card from FESS for completing the satisfaction survey.

Analysis. Researchers analyzed the results using Excel. The total number of participants who completed the demographic survey, each of the module surveys, and overall satisfaction survey are reported. In the demographic analysis, given the large number of counties represented in the results, the researchers categorized the counties into the six DCYF regions across the state. For each module, only complete datasets were included; meaning that the participant completed at least 80% of the pretest and 80% of the posttest for the same module. Each module includes all caregivers with complete datasets, meaning the sample sizes for each module vary.

A paired samples one-tailed t-test was run to assess statistically significant differences between the module pre and posttest scores, and an unpaired t-test was run on the overall average score improvement across all modules combined. A significance level of $p<.05$ was used, though results with a significance level of $p<.10$ are also reported as "approaching significance." For the open-ended questions, themes were extracted from participants' responses. The frequency of the themes (meaning how many caregivers mentioned the theme in their response) are reported, along with representative quotes.

Results

Participant demographics. A total of 63 participants completed the demographic survey, including 45 participants who attended at least one training session led by the Alliance and 18 participants who attended the June 27 FESS training. Thirty-three participants responded to an optional question asking how they found out about the training. Of these, most (82%) found the training on the Alliance training website, 9% received an email about the training, and 9% found out by word of mouth or provider referral. Most of the sample (86%) identified as women. Nearly two-thirds of the sample (60%) fell between the ages of 45 and 64, while one-quarter (24%) were 44 or younger and one-sixth (16%) were 65 or older. Participants most commonly identified as White (71%), followed by African American/Black (22%), American Indian or Alaska Native (13%), Hispanic/Latinx (10%), Asian (5%), and Middle Eastern or North African (3%). Participants resided in all six DCYF regions, with the largest representation (43%) from Region 6 (Southwestern WA), followed by 21% from Region 4 (King County), 16% from Region 2 (Southeastern WA), 14% from Region 3 (Northwestern WA), and 7% from Region 1 or Region 5 (Northeastern WA and Pierce County, respectively).

Participants identified most commonly as kinship caregivers (86%), followed by another kinship provider or community partner (13%), or Kinship Navigator (8%). Caregivers reported a large range of years they had been providing care to their kinship children, from less than one year (13%) to more than 10 years (30%) and every interval in between in roughly equal measure. The caregivers who participated in the June 27 training (n=17) were asked whether they were involved with the formal child welfare system. Nearly two-thirds (61%) were not involved with the Washington Department of Children, Youth and Families (DCYF) and over one-quarter (28%) reported that they were DCYF-involved. One caregiver was not sure. See Table 12 in Appendix 2 for more information.

Knowledge. On average, 27 participants were included in each module-specific knowledge analysis, ranging from 19 to 34 caregivers per module. There was a statistically significant improvement in the average accuracy rate from pre-test to post-test across all modules combined. The average pretest score across all modules was 64%, ranging from 26% (Legacies module) to 83% (Identity module). The average posttest score was 80%, ranging from 58% (Adaptability module) to 87% (Identity module), representing an average improvement of 16 percentage points across all modules. While there was at least slight improvement across all modules, the score improvement appeared to be driven by four

modules in particular: Legacies, Healing, Coparenting, and Identity, which had improvements that reached or almost reached statistical significance. The Adaptability module had the smallest improvement from pre-test (56%) to post-test (58%), followed by Attachment, which improved from 74% at pre-test to 78% at post-test. See Table 13 in Appendix 2 for more information.

Module specific satisfaction. Participants answered questions about their satisfaction with each training module only in the posttest. On average, 31 participants were included in each module-specific satisfaction analysis, ranging from 26 to 36 participants per module. Overall, participants reported high satisfaction with the modules, ranging from 4.7 (Legacies module) to 5.1 (Adaptability module) on a six-point scale, indicating that participants agreed that they were satisfied with the content of the training, their understanding of the material, and the facilitators. See Table 14 in Appendix 2 for more information.

Module specific open-ended feedback. Participants were asked two open ended questions at the end of each module. When asked what additional support or information participants needed, participants most commonly said nothing was needed. The next most common response was that participants would like opportunities to practice what they learned and receive ongoing support, especially in the Adaptability module. Two participants requested specific resources in the Attachment and Legacies modules. Two participants requested information on how to apply what was learned in the Identity module to special populations. See Table 15 in Appendix 2 for more information.

Regarding what participants learned that they planned to carry forward in their life, participants shared a variety of topics and themes, including: having a better understanding of their children's behavior and feelings; understanding their role as the caregiver, the role of the family, and how to not take things personally; understanding the benefits of coparenting and the importance of having patience and grace; the importance of self-care, self-healing, and having a strong support network; and understanding how to have conversations with youth about their birth parents, legacies, and identity. See Tables 16-21 in Appendix 2 for more information.

Overall training satisfaction. After all training sessions had concluded, participants were asked to rate their overall satisfaction with the entire training. Twenty-seven caregivers completed the overall satisfaction survey. Across all satisfaction questions, participants reported an average satisfaction rating of 5.5 out of 6, indicating that they "Agree" or "Strongly Agree" with the statements. Participants reported the highest agreement with the statements, "The training content was easy to understand," "I was able to participate in conversations during the training," and "The presenter(s) was/were effective at training the subject matter," all of which were rated 5.7 out of 6, or "Strongly Agree." The lowest relative agreement level was for the statement, "The length of each training day was optimal," which received a rating of 5 out of 6, corresponding to "Agree." See Table 22 in Appendix 2 for more details.

Overall training open-ended feedback. Participants shared that they most appreciated the community and discussion in the training, the collaborative parenting content, the ability to ask questions and get thoughtful answers, the facilitator, and how the training helped them better understand their children. Regarding improvement, most comments indicated that there was no improvement needed. Some participants recommended offering more trainings or making the training longer, while others suggested shortening the videos or removing content to allow more time to answer specific questions or provide

practical examples. Overall, participants' comments were positive and appreciative. See Tables 24-26 in Appendix 2 for more information.

Summary

The Inherent Strengths of Kinship Caregivers training was well received by caregivers and other training participants. The training resulted in statistically significant knowledge gains across all modules combined, and knowledge gains were especially prominent in three modules: Legacies, Healing, and Coparenting, all of which had statistically significant improvements at the $p<.05$ level. Overall, participants reported high satisfaction with the modules and the overall training. Across all satisfaction questions, participants reported an average satisfaction rating of 5.5 out of 6, indicating that they "Agree" or "Strongly Agree" with the statements. Participants felt the training was easy to understand, relevant and helpful, interactive, and that the facilitator was effective. Participants gave detailed feedback about their takeaways from each training session as well as suggestions for improving the training.

Chapter 3. Pilot Training – Facilitator Experience

Methodology

Recruitment. Trainers from the Alliance for Child Welfare Excellence who attended the Train the Trainer sessions held a series of training sessions between January 2024 and May 2024. The sessions were posted on the Alliance website, where caregivers and other interested participants could register for the training. Each session indicated whether it would be held virtually or in person. The Alliance offered the modules in a series, where each module was presented in order, in the same format (virtually or in person). Participants were not required to attend all sessions in the series, nor to attend the modules in order.

Fidelity tool. Facilitators completed fidelity tools each time they finished a training session. Fidelity tools were provided both on paper and online, but facilitators were instructed to transfer any notes they took on paper into the REDCap form for their data to be analyzed. The first part of each module fidelity form included demographics (only needed to be completed by each facilitator once), details about how long the session took and how it was delivered, whether facilitators set up the session using recommendations from the facilitator guide, how many participants attended, whether various session materials were used, and other details about the session. The next part of each module fidelity form asked facilitators to rate themselves on their confidence teaching three to four learning objectives for the module. Facilitators were then guided through a list of activities listed in the facilitator guide. Facilitators indicated whether they completed the activity, and if so, whether they made modifications to the activity. If they did not complete the activity, they were asked why not. Finally, facilitators provided open-ended responses describing any changes they made to course materials or how they taught them; what was best received by participants; and what did not work well.

Analysis. Researchers analyzed the fidelity form data using Excel. Facilitator demographics are reported for all facilitators who completed at least one fidelity form. The rest of the results are summarized by module. Each module summary includes all fidelity forms completed for that module. Descriptive statistics are provided. All open-ended responses are provided in list format by module due to the small sample size.

Focus group. Approximately seven months after Train the Trainer facilitators received training, the researchers invited training participants to participate in a focus group to discuss infusion of the training material in their work. Three Train the Trainer facilitators agreed to participate. The themes and suggestions that emerged during the conversation are summarized below. The summary was reviewed by the focus group participants to ensure the summary accurately reflected their experiences.

Results

Participant demographics. A total of four facilitators completed at least one fidelity form. All facilitators (100%) identified as White women between the ages of 35 and 64. Three facilitators were Alliance trainers, and one was a Kinship Navigator. Two facilitators brought lived experience to the work, both as adoptive parents, and one also had experience as a foster parent. See Table 12 in Appendix 2 for more information. On average the facilitators had been working in the child welfare field for 17 years and had 16 years of experience as trainers. See Table 27 in Appendix 3 for more information.

Module summary. There were 16 total fidelity forms completed across the six modules, with an average of 2.7 forms completed per module and a range of 2 to 4 forms per module. The average session length was exactly two hours, as intended. Twelve of the 16 sessions were trained virtually, while the others were trained in person. There were 10 participants in attendance at each session on average. All facilitators had the necessary materials available to them, provided the worksheets to participants in advance, and encouraged participants to utilize the chat for virtual sessions. Some facilitators reminded participants to keep their cameras on for the duration of the virtual sessions and encouraged participants to participate in a private location, while others did not.

Facilitators utilized a whole group discussion format in nearly all (14 of 16) sessions, while two of the 16 sessions held discussions in small groups. Most facilitators used the optional caregiver worksheet during the module (11), while some sent it as homework (3), or did a mixture of both (2). Facilitators reported high confidence in training the learning objectives for each module – the average confidence rating across modules was 4.1 out of 5, corresponding to "Confident" on a scale from "Not at all confident" to "Very confident." The module with the lowest relative confidence rating was Legacies (3.7), and the highest rated module was Attachment (4.5). See Table 28 in Appendix 3 for more information.

Activities. Across all modules, on average 82% of activities were completed either as suggested in the facilitator guide (57%) or with changes (43%). Facilitators reported that 96% of the activities completed worked well. The module with the lowest percentage of activities completed was Attachment (61%), and the themes with the most activities completed were Legacies (90%) and Healing (90%). The Attachment theme also had the highest rate of modified activities (53%) and activities that did not work well (12%). The only reason indicated that activities were not completed across all modules was that there was a time constraint or that the activity was not planned. See Tables 28, 29, 31, 33, 35, 37, and 39 in Appendix 3 for more information.

Module-specific open-ended feedback. Facilitators were asked three open ended questions at the end of each module. When asked what they changed, facilitators explained cutting some activities or recommended pause times due to time constraints, which was most commonly due to the videos or the evaluation surveys taking more time than anticipated. Facilitators also described incorporating worksheet activities and other exercises as in-class activities. When asked what aspects of the training were most positively received, facilitators described the videos, specific activities, shorter videos, the flow of some modules, certain discussion prompts, and the ability for caregivers to make connections with each other during the trainings. When asked what did not work well, facilitators described the evaluation surveys being technologically challenging or taking a lot of time, longer videos taking time away from discussion and activities, difficulties having participants engage in the "scripts" activities, discussion questions that did not land well, and lack of opportunities or time for participants to engage when watching the videos. See Tables 30, 32, 34, 36, 38, and 40 in Appendix 3 for more information.

Focus group. In June 2024, the research team had follow-up conversations with two support group facilitators and one social worker who provides support services for a local tribe to understand how they had bee infusing the training material over the past seven months. All three facilitators attended the Train the Trainer session for the Inherent Strengths training that was offered in October 2023. The facilitators had different strategies for implementing the training content in their work with caregivers

depending on their unique job context. Each facilitator suggested materials and modifications that would enhance their ability to use the training in their work.

How facilitators implemented the training

1. *One on one*.
    a. The tribal social worker explained that they met with caregivers one on one and wove the concepts from the training into conversation organically depending on the individual needs of the caregiver. One on one meetings were most effective in this job setting because caregivers are geographically dispersed, extremely busy, and come from different tribes. The social worker explained it would be extremely challenging to find a time for caregivers to come together at the same time and place. Instead of hosting their own training sessions through the tribe, the social worker said it made much more sense to send the online training information to their caregivers when the Alliance or other groups ran training sessions.
2. *Lunch and learn series*.
    a. The second kinship support professional scheduled a six-week series of online Lunch and Learn sessions during the lunch hour. They opted to hold the sessions online because caregivers are located very far away, and some can only participate during their lunch breaks. While there was a lot of interest in the sessions and many caregivers signed up, only two caregivers completed the six-week series. The Lunch and Learn sessions were scheduled for one hour and 15 minutes each, and the facilitator noted that this was not enough time to do everything outlined in the Train the Trainer materials. Specifically, more time was needed for introductions and discussion after the videos. After holding the first two sessions, the facilitator began sending the handouts to participants to complete ahead of time to allow for more time during the session for discussion.
3. *Support groups*.
    a. Both the second and third kinship support professionals used the training material in their support group in different ways. The second facilitator used the handouts when they were relevant to caregivers' situations in an informal manner to help lead discussion. The second facilitator did not show the videos in the support group format because they like having a loose agenda and informal group setting for caregivers to show up and talk.
    b. This facilitator greatly appreciated the handouts from each module, with the most emphasis on the Legacy handouts. The facilitator shared that caregivers found the Legacy handouts empowering because they gave caregivers a new perspective to focus on the strengths in their family. The facilitator explained that during the modules they have a behavioral health therapist present to work with any children in attendance on the topic the caregivers are discussing as well, but that the handouts are primarily used with caregivers. The facilitator picks the specific handouts that they think will be most effective – for example, "Coparenting steps in relationships" is a favorite because it encourages discussion. I have used some of the attachment and co-parenting handouts with a couple of families that I work with in the ESIT program (non-kinship families) and have found that a lot of the handouts are universally helpful to people that are parenting in general.
    c. The third facilitator showed the training videos in their hour-long support group and said the videos were received very positively, even by caregivers who thought the training theme for the day wasn't relevant to their situation. Once they watched the video, they

realized the topic did relate to them and became engaged. The third facilitator said they went into their first group with a script with timestamps for when they would transition to each part of the training session, and all of that was scrapped when they facilitated their first group. The facilitator explained that having a structured timeline for the support group feels unnatural and less helpful to caregivers than using the material as a loose guide for conversation and exploration with caregivers.

Recommended modifications and supports

1. *Create flyers to summarize module takeaways*
    a. The tribal social worker shared it would be helpful to have one-page flyer style documents for each module to summarize the most important takeaways. The facilitator shared that they generally have around 15 minutes to talk with caregivers, and they could use that time to review the flyer to gauge their interest in learning more about the topic. The facilitator requested large bold letters because his caregivers are elders. The other facilitators agreed that simple flyers would help them advertise the modules as well.
2. *Streamline the videos*
    a. All three facilitators agreed that time was the biggest barrier to implementing the training in its present form. They suggested splitting the videos into 12 to 15 minute snippets to allow discussion to occur at natural stopping points. They also shared that while it was helpful in the Train the Trainer sessions to hear how the participants in Dr. Crumbley's original training responded to the questions, that content detracts from their own conversations with caregivers. The facilitators would rather have 12 to 15 minutes of video content and then transition to a discussion with their group.
3. *Change the title of the training series*
    a. Two facilitators who facilitated group training shared that the title of the series, "Inherent Strengths of Kinship Caregivers," doesn't attract caregivers or make sense to them. One facilitator felt that more people would sign up or be interested in the training if it was titled "Kinship Caregiving 101" or "Welcome to Kinship Caregiving." The other facilitator explained that they had to continually explain what the title of the training meant, and they found success using the term "Superpowers," telling caregivers that their inherent strengths are "like a superpower you had already built in."

Summary

The Inherent Strengths training was implemented with 82% fidelity to the model. Facilitators were empowered to make changes to activities and did so with nearly half of all completed activities. The Attachment module had the lowest fidelity to the model, likely because this was the first module in the series for many and thus there was less time for the planned activities due to participant introductions and the evaluation survey. Future training facilitators may consider allotting additional time in the first module of the series to allow for introductions. Overall, the training content was well received by participants and facilitators felt confident in their ability to train the material. Specific adaptations and suggested changes were provided by facilitators of the full training series as well as facilitators using only bits and pieces of the Inherent Strengths training.

Appendices

Appendix 1. Train the Trainer Session Results Tables

Table 1. Participant demographics (n=10)

Gender	N	%
Woman	9	90%
Man	1	10%
Age		
25-34	2	20%
35-44	2	20%
45-54	2	20%
55-64	4	40%
Race*		
American Indian/Alaskan Native	1	10%
Hispanic/Latinx	1	10%
White	8	80%
Agency		
The Alliance for Child Welfare	4	40%
Area Agency on Aging (AAA) contractor	2	20%
Other state agency (DCYF, DSHS)	2	20%
Nonprofit agency not contracted through AAA	1	10%
Tribe	1	10%
Roles*		
Alliance Trainer	4	40%
Kinship Navigator	3	30%
State Employee	2	20%
Kinship Support Group Facilitator	2	20%
Kinship Caregiver	1	10%

*Participants were able to choose more than 1 option, so the total may add up to more than 100%.

Table 2. Participant pre and posttest knowledge accuracy rating

Modules	Pretest		Posttest	
	N	Accuracy rate	N	Accuracy rate
Attachment	10	86%	10	94%
Legacies	9	98%	7	94%
Identity	9	93%	9	98%
Healing	9	96%	9	96%
Adaptability	10	62%	8	78%
Co-parenting	7	71%	7	80%
Overall	9	84%	8	90%

Table 3. Participant satisfaction rating for posttest only

Question	Attachment	Legacies	Identity	Healing	Adaptability	Co-parenting	Overall
The trainer(s) were knowledgeable about the subject matter.	6	5.7	5.9	5.9	5.9	5.9	5.9
The trainer(s) were able to maintain a logical flow of information being presented.	5.8	5.7	5.9	5.9	5.8	5.9	5.8
The trainer(s) responded well to questions and concerns.	5.9	5.6	5.9	5.8	5.8	5.9	5.8
I feel confident in my knowledge of this training theme.	5.3	5.3	5.1	5.4	4.8	5.3	5.2
This training content in this module will be helpful for the kinship caregivers I work with.	5.9	5.7	5.9	5.7	5.3	5.7	5.7
Overall	5.8	5.6	5.7	5.7	5.5	5.7	5.7

Participants respond to a 6-point Likert scale, 1 = "Strongly Disagree" and 6 = "Strongly Agree."

Table 4. Participant open-ended feedback for Module 1 – Attachment

Question: Is there anything you need more support or information about in order to feel confident training the material? (n=5)
Cultural considerations to be applicable toward Tribes I partner with. For example, cultural understanding for Tribes are that Elder's need to be respected and it is very disrespectful to be disrespectful.
This is my first time providing training but I feel as though the rest of the group has more experience, but I think I will catch up!
practice with timing it out
Not at this time (n=2)
Questions: What is one thing you learned today that you will carry forward in your life (or support of kinship caregivers)? (n=9)
So many tips on how to work with caregivers and respond to the difficult questions.
the way levels of attachment were presented
How to support our caregivers with their strengths and why attitudes and biases may shape how they care for their children.
It really sunk in today the emphasis kids place on the word "Relative" in perceiving that should be a safe relationship.
correlation between child's unmet needs and communicating and following through on caregiver responsibility to provide them. That the child DESERVES this level of care.
So critical to identify the unmet needs.
The power that caregivers have to help the development of a child is amazing! I know this already, but I feel I have better tools to instill the confidence in the caregivers and to talk with other professionals

about how they can instill that confidence.
Asking caregivers what they think the "unmet needs" are of the child. And have caregivers come from the mindset of awareness of what the needs of the child are that need to be met. And also to talk about "capacity" for that child.
the different roles (protector, disciplinarian, parental) and how understanding that progression can alleviate some of the failure caregivers feel when their kids don't reciprocate

Table 5. Participant open-ended feedback for Module 2 – Legacy

Question: Is there anything you need more support or information about in order to feel confident training the material? (n=4)
More discussion about how this relates to non biological kinship caregivers
I do think it is important that WA State trainers of this curriculum do take into account, WA State's definition of "Kinship" when it comes to the ownership piece of family history. I understood what Dr Crumbly was saying that fictive kin may be able to claim the rights of family history, but in WA, the "suitable others" who may be a teacher, coach, etc. that didn't know the family, only the child, aren't going to fall into the Kinship concept of this point of teaching.
Not at this time
just time rewatching the videos and materials
Questions: What is one thing you learned today that you will carry forward in your life (or support of kinship caregivers)? (n=6)
Tools to discuss the importance of legacy with families.
The question" if you were in a new city, would you rather ask for help from a stranger you don't know or a relative you don't know". I find this could be a really helpful way to frame prioritizing relative placements for foster families struggling when a child placed with them moves to a relative home.
The concept of Legacy in relative placements (rather than just culture and tradition) and empowering relatives to change family legacy
To be more aware of the focus is on Kinship, when I'm training this, but still being prepared to come from different perspectives.
Encourage Kinship caregivers to share their stories of growing up, family stories or struggles they may have had. It was helpful to hear DR. Crumbly talks about how sometimes Kinship caregivers need to apologize to a birth child about "not showing up" at times when the child needed them when they were younger. It's about acknowledging that this is a rupture in their relationship and there needs to be a repair. (Rupture and Repair)
the power of legacies in working with children from hard place - the ability to change the legacy moving forward

Table 6. Participant open-ended feedback for Module 3 – Identity

Question: Is there anything you need more support or information about in order to feel confident training the material? (n=3)
ideas on role playing for caregivers
Some of my clients are non english speakers, so having the content translated at some point would be helpful
Creating a Trainer Support Group for this curriculum. It would be a great way to support fidelity for the curriculum (creating a venue for trainers to process information and be on the same page).
Questions: What is one thing you learned today that you will carry forward in your life (or support of kinship caregivers)? (n=6)
Why Kinship Families have a significant impact on Identity formation and development
Great conversations about how to build/support positive identities. Participants shared powerful stories.
I really appreciate the idea of the caregiver being a mirror for the child. So many of the caregivers themselves have a history with drugs, alcohol, and DV but they have made choices for themselves that

has now made them safe people to raise children. The children need to hear and see that in their caregivers lives.
really helping them understand how important hard conversations are and how it positively impacts their whole family.
Caregivers have a choice in this proces and to use or not use content and we should support them in whatever decision they make
It's important for Kinship caregivers to share stories about themselves, the birth parents and about the children.

Table 7. Participant open-ended feedback for Module 4 – Healing

Question: Is there anything you need more support or information about in order to feel confident training the material? (n=3)
I feel like I have the tools and I just need some time to process the information :)
not at this moment
A consistent phrase to use before teaching a model on how WA State's Kinship definition is different than where Dr Crumbly lives, so please take that into account when listening to the videos.
Questions: What is one thing you learned today that you will carry forward in your life (or support of kinship caregivers)? (n=6)
Verbiage to use when talking with families about healing.
There are different stages in a child's life where the caregiver will need to help the child heal, it is not one and done!
Important to talk about Ambiguous loss and Disenfranchised Grief.
Making space and time for caregivers and children to process and normalize their feelings.
favorite Quotes: " similar traits, but different decisions" and "By you talking about it, it makes it safe to talk about"
It wasn't really one thing, it was more based on a teaching mode today. Module 4 gave lots of opportunity for role plays and reflections..

Table 8. Participant open-ended feedback for Module 5 – Adaptability

Question: Is there anything you need more support or information about in order to feel confident training the material? (n=1)
Would like to see this adapted as a training for social workers to start having this conversation with Kinship cargivers once they are identified as a placement. Alos.... how could lis training be adapted for kinship caregivers who have the children in their home because of teh death of the birth partent. Both are dealing with permanent loss of a loved one.
Questions: What is one thing you learned today that you will carry forward in your life (or support of kinship caregivers)? (n=5)
helping caregiver understand the impact on the other children in their home/lives will help all family members adapt to the new situation
Every family, every situation continues to be unique and individual. The Kinship model may not work for every family and their dynamics. Case by case evaluation and prep rather than drop and dash would be ideal.
How to use a genogram to explain the shift in roles
This is a very important conversation to have with the whole family. Need to help/ support kinship caregivers and social workers to have these very important conversations.
Today's modules felt for me to have lots of similarities relating to grief and loss for everyone involved not just for the immediate caregiver/child. I think talking openly about grief and loss and using those words specifically in my work to just validate the experiences and challenges that restructuring a family can look like for people is one of my take-aways from today. Especially the part about not getting to be the fun grandma or favorite aunt anymore. I have one grandma that I work with who has

repeatedly said "I will never get to be her grandma" and I understand this statement with more clarity now.

Table 9. Participant open-ended feedback for Module 6 – Co-parenting

Question: Is there anything you need more support or information about in order to feel confident training the material? (n=1)
Would like to see the curriculum developed for "How do you parent from behind bars."
Questions: What is one thing you learned today that you will carry forward in your life (or support of kinship caregivers)? (n=4)
The importance of roles, power, influence and the timing of those.
The importance about having courageous conversations about co-parenting
How important this topic is for professionals working with kinship caregivers
I really liked the concept of talking about the power birth parents have. I feel like a lot of times they have had their children taken from them and feel so powerless. Naming the power they have and having the caregiver ask for that support is POWERFUL!

Table 10. Participant satisfaction rating for overall training (post presentations) **(N=8)**

Question	Rating
This training will be helpful for the kinship caregivers I work with.	5.4
I know how to use the facilitator guides.	5.3
I know how to present the training videos.	5.1
I know how to access the facilitator guides and videos.	4.9
I know how to structure each training day.	5.3
I know who to ask if I have questions about how to train the material.	5.3
The training was organized and well-coordinated.	5.1
The length of the training day was optimal.	5.1
Participating in this training was a good use of my time.	5.6
Overall	5.2

Participants respond to a 6-point Likert scale, 1 = “strongly disagree” and 6 = “strongly agree”

Table 11. Participant open-ended feedback for overall training (post presentations)

Question: What aspects of this training did you appreciate the most? (n=7)
I appreciated the active participating with reviewing the modules with our group, it allows us to practice and gain a sense how we will utilize this support material for our caregivers.
I appreciated the strong participation by the whole group, including Dr. Crumbley.
The strength based perspective of this training. :)
Hearing from Dr Crumbly personally
Strengths based approach.
So many great conversations!
Having Dr. Crumbly present every day to be available for questions and feedback.
Questions: Do you have any suggestions for how this training could be improved? (n=6)
Not sure at this time, things look really good.
I think this training went so well!
Forewarning of Homework, so participants can build that into their day in addition to the training commitment. More clarification on who to direct the lesson plan to. (Questions like these discussed before the assignment of the homework) 3-4 of us participants spent hours on day off trying to figure out how to approach the homework assignment. Going over the Facilitators guides before mentioning homework would have been helpful.
Nothing that comes to my mind at this time.
More

Think about planning a follow up date to connect with the participants who completed the TOT. Do a check in to see how people are utalizing the trainings and if there are any barriers or support needed.
Question: Any other comments? (n=6)
Thanks for being here! I would continue to have the smaller groups and give lots of time for group conversations. The daily homework was a surprise and a challenge. Maybe only require lesson plans for the module we are presenting? Preparing a lesson plan took me about 2 hours per module (1 hour to rewatch videos, and another hour to review the facilitator guide and prepare the lesson. With 2 modules per day that could be 4 hours homework. I greatly appreciated the opportunity to take the training and look forward to it making a difference in the lives of our kinship families. Thank you! Not at this time.

Appendix 2. Pilot Training Participants Results Tables

Table 12. Training participant demographics (n=63)

Gender	n	%
Woman	54	86%
Man	8	13%
Nonbinary	1	2%
Age	**n**	**%**
24 or younger	3	5%
25-34	5	8%
35-44	7	11%
45-54	19	30%
55-64	19	30%
65-74	9	14%
75 or older	1	2%
Race*	**n**	**%**
White	45	71%
African American/Black	14	22%
American Indian or Alaskan Native	8	13%
Hispanic/Latinx	6	10%
Asian or Asian American	3	5%
Middle Eastern	2	3%
Region Caregiver Resides In	**n**	**%**
Region 6 (Southwestern WA)	27	43%
Region 4 (King County)	13	21%
Region 2 (Southeastern WA)	10	16%
Region 3 (Northwestern WA)	9	14%
Region 1 (Northeastern WA)	3	5%
Region 5 (Pierce County)	1	2%
Roles*	**n**	**%**
Kinship Caregiver	54	86%
Other kinship provider or community partner	8	13%
Kinship Navigator	5	8%
Years providing kinship care	**n**	**% of caregivers (n=54)**
Less than one year	7	13%
1-2 years	12	22%
3-4 years	7	13%
5-10 years	11	20%
More than 10 years	16	30%
DCYF involvement**	**n**	**% of caregivers (n=18)**
Non-DCYF involved caregiver	11	61%
DCYF involved caregiver	5	28%
Other or not sure	1	6%

*Participants were able to choose more than 1 option, so the total may add up to more than 100%.
**This question was only asked to a subset of caregivers who completed training on June 27

Table 13. Module-specific and overall knowledge gains (average n=27)

Module	Pretest mean score	Posttest mean score	Difference	t statistic*	p value	Significance**
Attachment (n=34)	73.5	77.6	4.1	1.27	0.107	ns
Legacies (n=19)	26.3	85.3	58.9	7.49	<.0001	***
Identity (n=28)	82.9	87.1	4.3	1.65	0.055	^
Healing (n=31)	68.4	86.5	18.1	3.79	0.0003	***
Adaptability (n=23)	55.7	58.3	2.6	0.49	0.316	ns
Coparenting (n=25)	76.0	84.8	8.8	2.19	0.019	*
All modules (n=27)	63.8	79.9	16.1	2.69	0.001	**

*A paired samples one-tailed t-test was run for the modules, and an unpaired t-test was run on the overall average
ns=not significant, ^=<.10 approaching significance, *=<.05, **=<.01, *=<.001

Table 14. Module-Specific Satisfaction (average n=31)

Question	Attachment n=36	Legacies n=26	Identity n=32	Healing n=34	Adaptability n=26	**Overall** n=31
The trainer(s) were knowledgeable about the subject matter.	4.9	4.8	4.7	5.0	5.2	**4.9**
The training content was relevant to what I am experiencing as a kinship caregiver or navigator.	5.0	4.7	4.9	5.0	5.3	**5.0**
The trainer(s) responded well to questions.	5.0	4.8	5.0	4.9	5.3	**5.0**
I feel confident in my knowledge of this training theme.	4.9	4.7	4.9	4.7	4.9	**4.8**
I feel confident in my ability to implement what I learned in this theme in my own life.	4.8	4.6	5.0	4.7	4.9	**4.8**
Overall	**4.9**	**4.7**	**4.9**	**4.9**	**5.1**	**4.9**

Table 15. Open ended feedback: Is there anything you need more support or information about to feel confident using what you learned in your own life?

Theme	Quote	Attach-ment (n=10)	Legacies (n=8)	Identity (n=11)	Heal-ing (n=9)	Adapt-ability (n=6)	Co-parenting (n=2)
Nothing	No	7	5	6	6	2	2
Practice or ongoing support	Just having support and talking to people that understand or going through the same thing to bounce ideas off of them	2	2	3	3	4	0

	and get their experience.						
Resources	I need more information about the gap program because I am a long-term caregiver and not sure why I don't qualify. this particular class really gave me a lot to think about in terms of my family's history and what I want to present to my child moving forward	1	1	0	0	0	0
Application to special populations	How to apply this to a younger kid? My niece is 2 years old and not yet talking.	0	0	2	0	0	0

Table 16. Open ended feedback: What is one thing you learned today that you will carry forward in your life or work? (Attachment module)

Theme	Quote	Frequency (n=15)
Understanding children's behavior/feelings	It's normal for a child to need time to adjust to new things going on.	7
Caregiving strategies	this particular class really gave me a lot to think about in terms of my family's history and what I want to present to my child moving forward	6
Support network/self care	Actually, to be more proactive in seeking support from other caregivers and friends/family for myself.	3

Table 17. Open ended feedback: What is one thing you learned today that you will carry forward in your life or work? (Legacies module)

Theme	Quote	Frequency (n=10)
Role of caregiver	The intrinsic value of a kinship caregiver, and how defining legacies and using firm boundaries when creating and supporting the family are positive points of view going forward.	5
Importance of legacies	the importance of legacies and how they impact all of us	5
Understanding legacies	I think remembering that both the positive and negative sides of the Legacy are important to talk to children about so that they don't get repeated was the most important takeaway today. thank you so much for letting me be part of this	3

Table 18. Open ended feedback: What is one thing you learned today that you will carry forward in your life or work? (Identity module)

Theme	Quote	Frequency (n=16)
Talking about birth parents	talking more about parents and telling my children things to help them form a sense of relation to them, although they've never been with them.	10
Shaping children's identity	Positive affirmations to the kids!	5

Caregiver as role model	I am a role model to my nephews and play a big role in their life	4
Empathy for self and child	That I am not going to be the perfect parent and that I am making a difference! My kids are thriving and have a good sense of self.	3

Table 19. Open ended feedback: What is one thing you learned today that you will carry forward in your life or work? (Healing module)

Theme	Quote	Frequency (n=22)
Healing/processing emotions	How to have open and honest conversations with the kid in my care as soon as he is ready to have them. That it's okay for me to have feelings about the situation; he will learn how to process his feelings by observing me!	10
Encouraging conversation	Going forward, trying to talk more openly about parents although the children have no prior established relationships.	5
Healthy relationships	Some of the things that I learned to be love are not actually love and I want to make sure to not pass those ideas on, break that cycle.	4
Don't take it personally	QTIP quit taking it personal.	3

Table 20. Open ended feedback: What is one thing you learned today that you will carry forward in your life or work? (Adaptability module)

Theme	Quote	Frequency (n=8)
Family roles/structure	Empathy for the complex emotions of the ever-changing family structure!	5
Communication	how to explain to my daughter about how I'm not trying to take her daughter. But letting her know this is where she can take advantage of the time and do what she needs to do to take care of herself.	3

Table 21. Open ended feedback: What is one thing you learned today that you will carry forward in your life or work? (Coparenting module)

Theme	Quote	Frequency (n=11)
Everything	The knowledge that was given to me today on co-parenting.	4
Communication/boundaries	I will share this information with the Kinship caregivers I work with who are struggling with boundaries with the birth parents - thank you.	3
Patience/grace	Be courteous from now on to all parents and ask that of the parent as well.	2
Benefits of coparenting	co-parenting is beneficial for everyone and helps reduce trauma to the child. it helps them keep their identity and know they are loved by all parties.	2

Table 22. Participant overall satisfaction (n=27)

Question	Rating*
The training was helpful for my situation as a kinship caregiver/navigator/community partner.	5.6
The training covered things that are useful and relevant to me as a kinship caregiver/navigator/community partner.	5.6
The training content will change how I provide care for my children/other caregivers.	5.1
The training provided enough detail and guidance about how to implement the teachings in my life/work.	5.3
The training content was easy to understand.	5.7
I was able to participate in conversations during the training.	5.7
The training was organized and well-coordinated.	5.6
The length of each training day was optimal.	5.0
Participating in this training was a good use of my time.	5.6
This training would have been helpful when I first became a kinship caregiver/navigator/community partner.	5.5
The presenter(s) was/were effective at training the subject matter. (n=18)	5.7
The Zoom training format was effective.** (n=18)	3.9
How much did the gift card incentive motivate you to attend the training?*** (n=18)	2.1 out of 4
Overall	**5.5**

*Participants responded to a 6-point Likert scale, 1 = "strongly disagree" to 6 = "strongly agree"
**This question was reverse coded. The original wording was "The Zoom training format impeded my learning"
***Participants responded to a 4-point scale, 1= "not at all," 2= "somewhat," 3= "a lot," 4= "extremely"

Table 23. Open ended feedback: What aspects of this training did you appreciate the most? (Overall)

Theme	Quotes	Frequency (n=27)
Community/discussion	"I appreciated the open discussion, and sense of community with others in attendance." "it was very informative I learn a lot from Dr. Crumbley and other caregiver that I did not know about I thought it was great just the way it was conducted"	10
Collaborative parenting	"Understanding how to navigate between the child and the parents. How to create boundaries between the parents and myself." "How to try to coparent with parents and the other grandparent"	5
Q&A	"That you could ask questions and get them answered without judgment" "being able to ask questions and give feedback during the class."	5
Facilitator	"I enjoyed the trainer Dr. Crumbley you can tell he really cares about the children he helps and is an excellent therapist. teacher and trainer" "The doctor's knowledge and ability to inform caregivers of issues I have not been able to resolve independently."	4
Everything	"I appreciate that it was offered at all. that alone shows care for caregivers. without saying we might	4

Understanding children	need support to keep our parenting fresh it's offering a safe place to expand on our personal growth, we take what we need and leave what we don't need .. I needed a freshen up and it was appreciated, I do not know it all or think of it all." "All of the information was good for me to know" "The doctors, therapist explaining the different types of behaviors from a child's point of view." "the importance and the value that children need to know about the positives. that children need to know about like pictures and storytelling. also connecting with other family members"	3

Table 24. Open ended feedback: Do you have any suggestions for how this training could be improved? (Overall)

Theme	Quotes	Frequency (n=16)
Nothing	"none"	8
More trainings/longer	"offer it often enough that people can attend" "It needs to be longer"	4
Shorten/remove content	"The videos were a bit long to follow and could be updated but I thought they were essentially great." "spend more time answering specific questions condense content to remove fluff"	2
More examples	"Implementing it into someone's direct life"	1
Center child's experience	"To emphasize that we should not look at this child situation through our eyes but through their eyes. And if their interpretation changes day by day and we have to Listen and observe and be there for them."	1

Table 25. All responses to question: What aspects of this training did you appreciate the most? (Overall)

Quotes
• comments at the end to my specific situation about conflicts with birth parents and visitation
• the importance and the value that children need to know about the positives. that children need to know about like pictures and storytelling. also connecting with other family members
• answering questions
• All of the information was good for me to know
• being able to speak openly with no judgements
• group participation
• That you could ask questions and get them answered without judgment
• it was very informative I learn a lot from Dr Crumby and other care giver that I did not know about I thought it was great just the way it was conductedhoNo
• hearing about hiw some caregivers talked about Bio parents
• How to try to coparent with parents and the other grandparent
• He related our real life challenges to solutions that you can actually work with.
• The doctor's knowledge and ability to inform caregivers of issues I have not been able to resolve independently.
• I appreciate that it was offered at all. that alone shows care for caregivers. without saying we

might need support to keep our parenting fresh it's offering a safe place to expand on our personal growth, we take what we need and leave what we don't need .. I needed a freshen up and it was appreciated, I do not know it all or think of it all.

- The tools I gained in Parenting my nieces
- being able to ask questions and give feedback during the class.
- I appreciated the open discussion, and sense of community with others in attendance.
- Understanding how to navigate between the child and the parents. How to create boundaries between the parents and myself.
- The doctors, therapist explaining the different types of behaviors from a child's point of view.
- Its been a while since I did the training, overall I enjoyed the entire training
- kind caring navigators, and hearing others stories and supporting each other
- professional

Table 26. All responses to question: Do you have any suggestions for how this training could be improved? (Overall)

Quotes
• Implementing it into someone's direct life
• To emphasize that we should not look at this child situation through our eyes but through their eyes. And if their interpretation changes day by day and we have to Listen and observe and be there for them.
• No, not at this time
• The videos were a bit long to follow and could be updated but I thought they were essentially great.
• None
• spend more time answering specific questions condense content to remove fluff
• not at this time
• no
• offered more
• nothing that I can think of
• no I thought it was great and very informative
• no
• it needs to be longer
• I don’t as I found it to be valuable and informational
• Offered more often
• Offer it often enough that people can attend
• None

Appendix 3. Pilot Training Facilitator Fidelity Results Tables

Table 27. Facilitator demographics (N=4)

Gender	n	%
Woman	4	100%
Age		
35-44	1	25%
45-54	2	50%
55-64	1	25%
Race		
White	4	100%
Role		
Alliance Trainer	3	75%
Kinship Navigator	1	25%
Lived Experience *		
Adoptive Parent	2	50%
Foster Parent	1	25%
Neither	2	50%
Years of experience in child welfare	M	SD
	17.3	6.9
Years of experience as a trainer		
	16.3	7.7

*Participants could select more than one option

Table 28. Fidelity Summary by Module

	Attachment	Legacies	Identity	Healing	Adaptability	Co-parenting
Number of sessions	2	3	4	3	2	2
Average session length (hours)	2.0	1.8	1.9	1.9	2	2
Format	Virtual (2)	Virtual (2), In-person (1)	Virtual (2), In-person (2)	Virtual (2), In-person (1)	Virtual (2)	Virtual (2)
Average number of participants	11	8	10	11	7	11.5
Worksheets provided?	Yes (2)	Yes (3)	Yes (4)	Yes (3)	Yes (2)	Yes (2)
Did participants use the chat?	Yes (2)	Yes (2)	Yes (2)	Yes (2)	Yes (2)	Yes (2)
Did you encourage participants to keep cameras on?	Yes (1), no (1)	Yes (1), no (1), missing (1)	Yes (1) No (1)	Yes (1), no (1)	Yes (1), no (1)	Yes (1), no (1)
Did you encourage participants to find a private space?	No (2)	No (2), missing (1)	Yes (1) No (1)	Yes (1), no (1)	No (2)	No (2)
Group discussion set up	Whole group (2)	Whole group (3)	Whole group (3), Small groups (1)	Whole group (3)	Whole group (2)	Whole group (1), Small groups (1)
Necessary	Yes (2)	Yes (3)	Yes (4)	Yes (3)	Yes (2)	Yes (2)

materials available						
Used facilitator guide as a guided discussion	No (1), sometimes (1)	Yes (1), sometimes (1), no (1)	Yes (2), sometimes (1), no (1)	Yes (1), no (2)	Yes (1), sometimes (1)	Yes (1), sometimes (1)
Used the optional caregiver worksheet	Yes, as 'homework' (2)	Yes, during the module (2), Yes, some in-class and some homework (1)	Yes, during the module (3), Yes, some in-class and some homework (1)	Yes, during the module (3)	Yes, during the module (2)	Yes, during the module (1), yes, as homework (1)
Average confidence rating*	4.5	3.7	4.1	4.4	4	4
% of activities completed	61%	90%	81%	90%	85%	88%
% of completed activities done with changes	53%	42%	40%	37%	45%	43%
% of completed activities that worked well	88%	100%	95%	94%	100%	100%
% of activities not completed	39%	10%	19%	10%	15%	12%

*Facilitators rated their confidence training the module learning objectives on a scale from 1=not at all confident to 5=very confident

Table 29. Attachment Module Activities (n=2 training sessions)

Activity	Completed?	If not, why not?	If completed, changes made?	If completed, worked well?
1. I started with a warm-up activity	No (2)	Time Constraint (2)	n/a	n/a
2. I introduced the module topic and video	Yes (2)	n/a	n/a	Yes (2)
3. I played the part 1 module video.	Yes (2)	n/a	n/a	Yes (2)
4. Of the two optional pause times and discussion questions how many times did you pause for the part one video?	Yes, 1 out of the 2 times (2)	n/a	n/a	Yes (2)
5. I facilitated the attachment chart activity	Yes (1), no (1)	Time Constraint (1)	Yes (1)	Yes (1)
6. I closed out part 1, allowing for final comments or questions.	Yes (1), no (1)	Time Constraint (1)	Yes (1)	No (1)
7. I started with a warm-up activity	No (2)	Time Constraint (2)	n/a	n/a

8. I introduced the module topic and video	Yes (1), no (1)	Time Constraint (1)	Yes (1)	Yes (1)
9. I played the part 2 module video.	Yes (2)	Time Constraint (1)	Yes (1)	Yes (1)
10. Of the two optional pause times and discussion questions how many times did you pause for the part 2 video?	Yes, 1 out of the 2 times (1); No, did not pause (1)	n/a	n/a	Yes (1), no (1)
11. I facilitated the Level/Degree of Attachment Chart activity	Yes (2)	Time Constraint (2)	Yes (2)	Yes (2)
12. I facilitated the Role Play Activity	Yes (1), no (1)	Time Constraint (1), not planned (1)	Yes (1)	Yes (1)
13. I facilitated the Leaning on your Supports Activity.	Yes (2)	Time Constraint (2)	Yes (2)	Yes (2)
14. I closed out part 2, allowing for final comments or questions.	No (2)	Time Constraint (2)	n/a	n/a

Table 30. Attachment Module Open-Ended Responses (n=2 training sessions)

Question	Responses
Please describe any changes made to course materials or how you taught them.	• The participants joined very late (8am start time) and also struggled to access the pre-survey. We had 2 hours planned but did not begin content until almost 40 minutes into the training. Due to time constraints and the length of the videos in the first module, I had to cut activities. • Incorporated worksheet activities as in class activities with the exception of the "supports" worksheet - due to time constraints I just assigned that as homework.
From your perspective, which of the videos or activities were most positively received?	• Videos seemed well received - but did not have time enough for discussion the way I had hoped. the affirmation activity at the end seemed well received.
Which of the activities did not work well?	• the evaluation! It took lots of time to get the participants to complete it. In the future I will build in more time for this. • I think next time I might cue participants to be responding in chat to the questions Dr. Crumbly was asking on the videos as a way to feel more involved in the discussion. Registering for the before class survey and completing the before class survey and introductions really took a lot of time (30 minutes). So the rest of the session was a rush to even get the videos in - much less have time for discussion. Hoping the other modules do not have this issue as hopefully most will have already registered and have familiarity with completing the surveys.

Table 31. Legacies Module Activities (n=3 training sessions)

Activity	Completed?	If not, why not?	If completed,	If completed,

			changes made?	worked well?
1. I started with a warm-up activity	Yes (2), no (1)	Time constraint (1)	Yes (1)	Yes (2)
2. I introduced the module topic and video	Yes (3)	n/a	Yes (1)	Yes (3)
3. I played the video.	Yes (3)	n/a	Yes (2)	Yes (3)
4. Of the two optional pause times and discussion questions how many times did you pause the video?	Yes, 1 out of the 2 times (2), yes, 2 out of the 2 times (1)	n/a	n/a	Yes (3)
5. I facilitated the legacy chart activity	Yes (2), no (1)	Did not plan- used group discussion instead (1)	Yes (1)	Yes (2)
6. I facilitated the Scripts Chart Activity	Yes (3)	n/a	Yes (2)	Yes (3)
7. I closed out the module, allowing for final comments or questions.	Yes (3)	n/a	Yes (1)	Yes (3)

Table 32. Legacies Module Open-Ended Responses (n=3 training sessions)

Question	Responses
Please describe any changes made to course materials or how you taught them.	• for an opening activity I used was a question related to the content of video one as a discussion starter • took a break to walk through a square breathing exercise, as the material was heavy. Participants really liked this • This module happen to be the 1st class as the series. Which was very helpful since it was the class with the shortest videos. The Alliance created a curriculum and PowerPoint for visuals and flow of the videos and activities. Started out the class with Intro slide for with Introduction questions and what do you want from class. Next slide talked about/showed the definition of What does Legacy mean? next slide was an activity /discussion about "What family legacies would you like to share with the child in your care? (5 min discussion) Then we watched the video (0-15.2 mins). Then showed a slide for discussion about 'If there was a family meeting-have a right to speak, agree/disagree, be there? (same question Dr. Crumbly is asking in video) 10 min discussion. Then watched rest of video (until the end) and listened to Dr. Crumbly debrief question. After video ended showed another slide with 6 points of "How and why Legacies make kinship care effective in the lives of children. Asked participants to review the points on slide and what stands out for them. This was a 7 min. discussion. Took 5 minute break. Started part 2 with a slide that stated "What Legacies should we keep/maintain ? Change? let go?. Switched to video. Played from 0-1.15 mins. Went to power point and displayed a slide with a list of some of the legacies Dr. Crumbly mentioned and asked participants asked them to fill out their answers on the caregiver takeaway sheet. This activity took about 10 mins for participants

	to write on handout and for a couple people to share what they wrote. Showed next slide and talked about processing how they were feeling and to do a 4 square breathing exercise to help give a tool to use when feeling overwhelmed or stressed (for adults and children). Went to video and played until end 5.58-8.17 mins. Showed slide which showed examples of the scripts and had them look at the scripts on their handouts. Asked group "how the might approach sharing these scripts with their family. A couple of participants shared that they love the scripts and now feel like they have words to help with tough discussions. Last slide and discussion- one takeaway from class tonight. Offered for them to write in their handout and share if they would like to. People shared that they feel hopeful about the classes and that Dr. Crumbly understands what they are dealing with and going through.
From your perspective, which of the videos or activities were most positively received?	• Empowering the participants to change their own legacies, practicing addressing the family through script activity • The videos were shorter, so there was time at the end to just allow participants to reflect and share in an unstructured way. This was very well received. • I think the flow of the class PowerPoints with activities and videos worked well.
Which of the activities did not work well?	• We scheduled module 2 right after module one. Some folks decided to stay on the zoom to attend module 2, but had not registered in advance. Will have to go back and manually give them credit for attendance. • there was some push back on the question: " If there was a family meeting, why do you feel YOU would have the right: to be there to speak or To agree or disagree". People misinterpreted this as the child was not welcome at family meeting within the kinship provider home. People kind of missed the point of this question and needed quite a bit of reframing. • This comment is not about the activities if the class. This is an In-Person training. Alliance and FESS are partnering. Trista Mason is the FESS person I am partnering with. FESS is providing Childcare and dinner. People are able to get into the FESS office at 5:15 for dinner and to get the children set up with food and connect with the childcare people for the evening. The Alliance training site is in the same building as FESS. FESS is on the 1st floor and the Alliance training space its two floors above the FESS space. Class was scheduled from 5:30pm-7:30pm. Because it was the 1st night and people arriving late and getting the children settled in child care the participants did not get up to the training room until 5:50pm. We displayed a slide on the power point how to get access to the evaluation link and had people sign in and work on getting into the evaluation portal to complete the 1st Legacy evaluation. Class was able to start at 6:00pm. Most people were able to complete the evaluation after class. A couple people had issues. Trista tried to assist. Everyone needed to get downstairs to the FESS office to pick up their children from childcare.

Table 33. Identity Module Activities (n=4 training sessions)

Activity	Completed?	If not, why not?	If completed, changes made?	If completed, worked well?
1. I started with a warm-up activity	Yes (2), no (2)	Time constraint (2)	Yes (1)	Yes (1), no (1)

2. I introduced the module topic and video	Yes (4)	N/a	Yes (1)	Yes (4)
3. I played the part 1 module video.	Yes (4)	N/a	Yes (2)	Yes (4)
4. Of the three optional pause times and discussion questions how many times did you pause for the part one video?	2 out of the 3 times (3), 1 out of the 3 times (1)	N/a	n/a	Yes (4)
5. I facilitated the Mirror Activity and discussion questions	Yes (4)	N/a	Yes (4)	Yes (4)
6. I closed out part 1, allowing for final comments or questions.	Yes (3), no (1)	Time constraint (1)	n/a	Yes (3)
7. I started with an warm-up activity	No (4)	Time constraint (4)	n/a	n/a
8. I introduced the module topic and video.	Yes (3)	N/a	Yes (1)	Yes (3)
9. I played the part 2 module video	Yes (4)		Yes (2)	Yes (4)
10. Of the three optional pause times and discussion questions how many times did you pause for the part 2 video?	Did not pause (3), 1 out of the 3 times (1)	N/a	n/a	Yes (3), no (1)
11. I facilitated the Scripts Activity and discussion	Yes (3), no (1)	Time constraint (1)	Yes (2)	Yes (3)
12. I facilitated the Mentorship Activity and discussion	Yes (2), no (2)	Time constraint (2)	Yes (2)	Yes (2)
13. I closed out part 2, allowing for final comments or questions.	Yes (4)	N/a	Yes (2)	Yes (4)

Table 34. Identity Module Open-Ended Responses (n=4 training sessions)

Question	Responses
Please describe any changes made to course materials or how you taught them.	• used warm up activity to share about qualities they see in the child in their care. this was GREAT as if felt like they really had the heart of the child there with them during the rest of this class - but it too way too long with this number of participants (15) • less time for pauses due to dedicating time for surveys • did not pause second video due to not enough time • The class started 20 mins late (participants were trying to complete first part of the participant survey information). Reformated the information into a curriculum/facilitators guide format w/slides including dialog, when to start and stop video and activities with discussion to support videos.

	Introduced the topic of Idendity and displayed a slide with the definition of Identity. Played video from start to 4.59. Displayed a slide for an activity for participants to "rate their child on the three arrows on the slide" (low on the left side of the slide and high on the right side of the slide). The arrows were labled... 1. View of Self. 2. View of Others. 3. View of the World. This was a 5 min activity. Played video from 4.59-14.35. Stopped showed slide and did an activity/discussion question" What are some of the talent, values and qualities you would like to see further developed in the child in your care? Used Caregiver "Take-Away" Sheet "Mirror Activity." This was a 7 min activity. Played rest of video 14.25-20.28 (end).. Took a 5 min. break and started Section 2. Because we were behind on time we played the 2nd video all the way through 0.00-21.38. Was not able to do activities/discussion on slides. At the end of the video ask participants "What was their main takeaway from the class?" Ths activity was about 8 min. Participants had a couple of mins to complete 2nd part of the survey/evaluation. • Had trouble w survey which reduced class time
From your perspective, which of the videos or activities were most positively received?	• development of identity that disrupts family cycles • all seemed well received • Discussion on what identities caregivers want for their children.
Which of the activities did not work well?	• completing the survey is challenging for this audience due to technology • Some Script examples were confusing in how they are worded.

Table 34. Healing Module Activities (n=3 training sessions)

Activity	Completed?	If not, why not?	If completed, changes made?	If completed, worked well?
1. I started with a warm-up activity	Yes (2), no (1)	Time constraint (1)	Yes (1)	Yes (2)
2. I introduced the module topic and video	Yes (3)	n/a	n/a	Yes (3)
3. I played the part 1 module video.	Yes (3)	n/a	Yes (2)	Yes (3)
4. Of the two optional pause times and discussion questions how many times did you pause for the part one video?	1 out of the 2 times (2), 2 out of the 2 times (1)	n/a	n/a	Yes (3)
5. I facilitated the Feeling Bubbles Activity.	Yes (3)	n/a	n/a	Yes (3)
6. I facilitated the Scripts Activity	Yes (3)	n/a	Yes (2)	Yes (2), no (1)
7. I closed out part 1, allowing for final comments or questions.	Yes (1), no (2)	Time constraint (2)	Yes (1)	Yes (1)
8. I started with a warm-up activity	No (3)	Time constraint (3)	n/a	n/a

9. I introduced the module topic and video.	Yes (2), no (1)	Redundant (1)		Yes (2)
10. Of the two optional pause times and discussion questions how many times did you pause for the part 2 video?	1 out of the 2 times (2), 2 out of the 2 times (1)	n/a	n/a	Yes (3)
11. I facilitated the Scripts Activity and discussion	Yes (3)	n/a	Yes (2)	Yes (3)
12. I facilitated the Creating a Safe Space Activity	Yes (3)	n/a	Yes (3)	Yes (2), no (1)
13. I closed out part 2, allowing for final comments or questions.	Yes (3)	n/a	Yes (2)	Yes (3)

Table 35. Healing Module Open-Ended Responses (n=3 training sessions)

Question	Responses
Please describe any changes made to course materials or how you taught them.	• decided to stop video at a different time for discussion (15;34) • time constraints to allow for completing surveys, no warn up, skipped some pauses • We created a powerpoint and a curriculum document with pictures of the slides in the curriculum document. We started with introductions then showed a slide on the Power Point about the Learning Objectives for the Healing class. We then did a "warm up" activity. We displayed "TheFeeling Wheel' from developed by the Gottman Institute and had participants checkin with how they were feeling at the beginning of class. This was a 5 min activity. Talked with participants how important it is to build a childs emotional vocabulary. Transitioned to the video. Played video oo.oo-15.34. Displayed slide with the Feeling Bubbles. Asked participants to go to their participant handouts.- Take Away Sheet-Healing Part 1 and had participants complete the activity. This activity took abouy 10 mins (with discussion). Played the rest of the video until the end (15.35-24 mins). Did last activity for this section. Displayed a slide with teh question "What are your Child's coping behaviors?"- We talked about 3 questions. 1. How is your child coping with the changes in their life? 2. What thpes of things do you see your child doing in attempt to "cope" with their feelings? 3. How can you support them if you see them struggling? This activity was about 8 mins. Not to many people participated in this discussion. We took a 5 min break and then started part 2 of Healing. Played video from beginning to 9.37 mins. Stopped to do activity- Displayed slide with the list of the 10 Approaches for Impacting the healing recovery process for your child- that Dr. Crumbley talked about in the video. Discussion questions were "Which of these do you feel you could work on with your child in your care? and "What could you say to begin this conversation?" Participants were more confortable talking about the

	1st question. Started the video a again and played until the end. Did the last activity on the "take Away" sheet Healing part 2 about "Safe Space" . Allowed 5 mins. for participants to read and write infromation inside the " house" on the handout. We ran out of time to aks anyone if they would like to share what they wrote. We ended the class asking what their main take-away was from class tonight. Allowed 5 mins for sharing then everyone had to take time to do the end of class evaluation.
From your perspective, which of the videos or activities were most positively received?	• 10 approaches for impacting healing • The bubble activity and safe space activity. • The videos were received well. I was able to observe participants from the back of teh room when tehy were watching the videos. I noticed a lot of nodding when Dr. Crumbley was talking or asking his audience questions and receiveing responses. The some of the activities we developed went better the others. Most of the Kinship Caregivers did share that when they grew up in a household that was very dismissive of feelings (seen and not heard). One of the resources we provided whas the NAMI Meet Little Monster coloring and activity book to help faciliate the kinship caregiver and child to talking about feelings.
Which of the activities did not work well?	• surveys are a challenge for this audience • I'm having trouble getting participants involved with the scripts activities (in all session to be honest). I think the list of "ways to impact healing is a bit overwhelming (8 approaches). TI really couldn't get participants to engage with this list and consider how to use them in their own situation. • Displayed slide with the list of the 10 Approaches for Impacting the healing recovery process for your child- that Dr. Crumbley talked about in the video and One of the activities we did had a question that was hard for them to answer- "What could you say to begin this conversation?" This is why the NAMI Meet Little Monster coloring and activity book will be a good resource for kinship caregivers to have as a tool to start the conversation.

Table 36. Adaptability Module Activities (n=2 training sessions)

Activity	Completed?	If not, why not?	If completed, changes made?	If completed, worked well?
1. I started with a warm-up activity	Yes (1), no (1)	Time constraint (1)	Yes (1)	Yes (1)
2. I introduced the module topic and video	Yes (2)	n/a	n/a	Yes (2)
3. I played the part 1 module video.	Yes (2)	n/a	Yes (1)	Yes (2)
4. Of the three optional pause times and discussion questions how many times did you pause for the part one video?	1 out of the 3 times (2)	n/a	n/a	Yes (2)
5. I facilitated the Family Tree Activity	Yes (2)	n/a	n/a	Yes (2)

6. I facilitated the Family Support Activity	Yes (2)	n/a	Yes (2)	Yes (2)
7. I closed out part 1, allowing for final comments or questions.	Yes (2)	n/a	Yes (2)	Yes (2)
8. I started with a warm-up activity	Yes (1), no (1)	Time constraint (1)	Yes (1)	Yes (1)
9. I introduced the module topic and video.	Yes (2)	n/a	n/a	Yes (2)
10. Of the three optional pause times and discussion questions how many times did you pause for the part 2 video?	2 out of the 3 times (1), missing (1)	n/a	n/a	Yes (1)
11. I facilitated the Scripts Activity	Yes (2)	n/a	Yes (1)	Yes (2)
12. I facilitated the Reflection Questions	Yes (1), no (1)	Time constraint (1)	Yes (1)	Yes (1)
13. I closed out part 2, allowing for final comments or questions.	Yes (1), no (1)	Time constraint (1)	Yes (1)	Yes (1)

Table 37. Adaptability Module Open-Ended Responses (n=2 training sessions)

Question	Responses
Please describe any changes made to course materials or how you taught them.	• launched a poll regarding supports received • did "who are they doing it for" questions/discussion as a zoom poll. revisted the "Leanng on your own Supports" handout from Session 1 and used at the closing of this session.
From your perspective, which of the videos or activities were most positively received?	• drawing the family genogram • family tree activity well received
Which of the activities did not work well?	• the survey takes a lot of time • hard to get participants to engage in scripts activities

Table 38. Coparenting Module Activities (n=2 training sessions)

Activity	Completed?	If not, why not?	If completed, changes made?	If completed, worked well?
1. I started with a warm-up activity	Yes (1), no (1)	Time constraint (1)	Yes (1)	Yes (1)
2. I introduced the module topic and video	Yes (2)	n/a	n/a	Yes (2)
3. I played the part 1 module video.	Yes (2)	n/a	Yes (1)	Yes (2)
4. Of the two optional pause times and	1 out of the 2 times (2)	n/a	n/a	Yes (2)

discussion questions how many times did you pause for the part one video?				
5. I facilitated the Parental Roles Activity	Yes (2)	n/a	Yes (1)	Yes (2)
6. I facilitated the Guidelines for Co-parenting discussion	Yes (2)	n/a	Yes (2)	Yes (2)
7. I closed out part 1, allowing for final comments or questions.	Yes (2)	n/a	n/a	Yes (2)
8. I started with a warm-up activity	No (2)	Time constraint (2)	n/a	n/a
9. I introduced the module topic and video.	Yes (2)	n/a	n/a	Yes (2)
10. Of the four optional pause times and discussion questions how many times did you pause for the part 2 video?	Did not pause (1), 1 out of the 4 times (1)	n/a	n/a	Yes (2)
11. I facilitated the Reflection Questions	Yes (2)	n/a	Yes (2)	Yes (2)
12. I facilitated the Scripts Activity	Yes (2)	n/a	Yes (1)	Yes (2)
13. I closed out part 2, allowing for final comments or questions.	Yes (2)	n/a	Yes (2)	Yes (2)

Table 39. Coparenting Module Open-Ended Responses (n=2 training sessions)

Question	Responses
Please describe any changes made to course materials or how you taught them.	• Breakout room for small group discussion around scripts activity • Long videos - didn't have as much time for activities as the participants wanted. They really wanted to discuss this module's content as a group.
From your perspective, which of the videos or activities were most positively received?	• ability to make connection with other kinship caregivers through training • Parental roles activity was well received. Also general discussion about how they are feeling about coparenting and their challenges/hesitation around this topic.
Which of the activities did not work well?	• longer videos plus surveys take time away from activities. • Hard to get participants to engage in scripts activities…

Appendix 4. Train the Trainer Survey Questions

Demographic Questions:

Which module are you/did you receive training on today?

1. Module 1: Attachment
2. Module 2: Legacies
3. Module 3: Identity
4. Module 4: Healing
5. Module 5: Adaptability
6. Module 6: Co-parenting
7. Facilitator guides and team presentations (final training day)

Are you taking this survey before or after receiving training on the module?

1. Before receiving the training
2. After receiving the training

What is your gender identity?

1. agender
2. man
3. nonbinary
4. trans man
5. trans woman
6. two-spirit
7. woman
8. additional gender category or multiple

Please specify your gender:

What is your age?

1. 24 or younger
2. 25-34
3. 35-44
4. 45-54
5. 55-64
6. 65-74
7. 75 or older

What race/ethnicity do you identify with? Select all that apply

1. African American/Black
2. American Indian/Alaskan Native
3. Asian / Asian American
4. Native Hawaiian
5. Pacific Islander
6. Indigenous American / Canadian First Nation
7. Hispanic/Latinx
8. White
9. Other

Please describe the race/ethnicity you identify with.

What agency do you work for?

1. The Alliance for Child Welfare
2. Area Agency on Aging (AAA) contractor
3. Nonprofit agency not contracted through AAA
4. Tribe
5. Other state agency (DCYF, DSHS)

6. Other

Please specify the agency you work for:

Which roles best describe you? Select all that apply:

1. Kinship Navigator
2. Alliance Trainer
3. Kinship Support Group Facilitator
4. Kinship Caregiver
5. State Employee
6. Other

Please specify your role:

Knowledge Questions (Train the Trainer):

Module 1: Attachment

What is an "attachment" between a child and a caregiver?

a. The feelings between caregivers and children, based on how well the caregiver meets the needs of the children.
b. The feelings between caregivers and children, based on how much love, appreciation, and gratitude the children show the caregiver
c. How long the children have lived with the caregiver.
d. How long the children have known the caregiver.

Which of the following is ***NOT*** a part of the attachment process that leads to secure attachment?

a. The caregiver rewards the child for expressing needs.
b. The caregiver reassures the child.
c. The caregiver responds to the child inconsistently or unpredictably.
d. The caregiver meets the child's needs.

Which of the following is one difference between kinship care and non-kinship care?

a. In kinship care, the child and caregiver often have a mutual expectation of loyalty, responsibility, and shared culture/tradition.
b. In non-kinship care, the child and caregiver often have a mutual expectation of loyalty, responsibility, and shared culture/tradition.
c. In kinship care, the child always has a secure attachment with the caregiver.
d. In non-kinship care, the child is more likely to have a secure attachment with the caregiver.

Which of the following is an appropriate role that a caregiver might take on for a child?

a. Parental: Accepts and pursues the caregiver's comfort and support with painful or embarrassing situations.
b. Provider: Caregiver provides food, clothes, and shelter.
c. Disciplinarian: Caregiver provides rules and discipline, which the child accepts
d. Any of these is an appropriate role for the caregiver to take on, depending on the child's needs. Sometimes a child may only need a caregiver to play one of these roles.

Which of the following are suggested approaches to enhance and strengthen attachments?

a. Dependability
b. Affection and bonding routines
c. Non-verbal approaches such as touch and facial expressions
d. All of the above

Module 2: Legacies

Why are legacies a strength in kinship families?

a. Legacies represent a shared history that the child has in common with the caregiver.
b. Legacies provide motivation or interest for the child to live with the caregiver,
c. Legacies provide motivation for the child to pursue or maintain a connection with the caregiver.
d. All of the above

Which of the following is ***NOT*** true about legacies?

a. Legacies are traditions that are passed down or inherited from one generation to the next.
b. Legacies are always positive
c. Legacies can be transmitted orally or through the written word.
d. Legacies can help children feel like they have a right to be a part of the family and that they belong.

Which of the following are ways to use and emphasize positive aspects of legacies in kinship families?

a. Share biological and geographical family trees.
b. Talk through the history of the kinship family's culture, such as religious affiliations, community memberships, food, and art.
c. Share challenges faced by the kinship family as well as strategies used to manage those.
d. All of the above

When creating new legacies and disrupting family cycles, what should a caregiver do?

a. Identify which cycles and patterns in the family should be maintained and which should be changed.
b. Consider the factors that contributed to the child coming to live with the caregiver.
c. Change all family legacies and cycles to get a fresh start.
d. Both a and b

Which of the following is ***NOT*** a way to use legacies to support positive changes in family cycles and patterns?

a. Using family origins as a guide to new goals and strategies for overcoming current challenges.
b. Using rites of passage to provide standards of behavior, responsibilities, and accomplishments that are required by the family.
c. Using society's perception of the family to reshape the family's morals and values.
d. Using culture to inform values and beliefs that shape and reframe lifestyles.

Module 3: Identity

Which of the following does identity impact over the course of a lifetime?

a. Self-confidence/worth
b. Values/principles that can dictate choices
c. Commitment to self and others
d. All of the above

Which of the following is ***NOT*** true about identity?

a. Identity is a sense of self that determines behavior, actions, and choices.
b. A child's identity will be the same as their parent's identity
c. Major sources for identity formation and development include personal experiences, relationships, culture, and community.
d. All of these are true.

Which of the following is ***NOT*** a reason that kinship families have a significant impact on the identity formation of children?

a. Kinship families are a primary source of information about the child's, parents', and family's history and identity.
b. Kinship families have credibility because of personal contact and experience with the family.
c. People turn out exactly like their families
d. Kin are an initial "mirror" for the answer to the question "who am I like and who can I be."

What are some actions kinship families can take to help develop positive identities and disrupt destructive cycles?

a. Anticipate situations that children may confront and brainstorm a proactive plan.
b. Share fond and positive memories you have of their parents.
c. Talk to children about the things they like about themselves

d. All of the above

Which of the following statements to a child would ***NOT*** help to develop positive identities and disrupt destructive cycles?

a. You are just like your mom/dad
b. Sometimes good people can make poor choices.
c. Your goals and values will help you succeed in life.
d. We are so lucky to have you as a member of our family.

Module 4: Healing

Which of the following is ***NOT*** a question that kinship caregivers should be asking themselves when they take kinship children into their home?

a. What could I have done differently to prevent these children from having to leave their parent(s) home?
b. How did this placement change my life, and how did it affect me emotionally?
c. What are the reasons the children came into my care, and how did it make me feel?
d. How can I support my own healing so that I can have the capacity to support my kinship children's healing?

Which of the following statements are ***FALSE*** about how kinship children may process their new family and living situation?

a. Kinship children feel many of the same emotions that kinship caregivers may feel when the children come to live with them.
b. Kinship children may experience trauma as a result of their new living situation and the separation from their parent(s)
c. It is possible to prevent kinship children's trauma by telling them they are loved and you will be their new parent
d. Kinship children can benefit from seeing how their kinship caregiver(s) process their own feelings about the situation in a healthy manner

Which of the following are reasons that kinship caregivers can be helpful during the recovery and healing process?

a. The kinship caregiver has credibility with the youth because they are experiencing a lot of the same feelings as the child
b. The kinship caregiver can act as a role model for how to process their emotions as a relative who also has a relationship with the parent(s)
c. The kinship caregiver can more easily bond with the child because of shared background and experiences
d. All of the above

Which of the following is the ***BEST*** example of establishing credibility with kinship children?

a. "I am hurting even more than you are right now. Think about how I feel – your father is my son."
b. "I can partially understand how you're feeling right now, because I also have feelings about your parents. I knew your father as my son before you knew him as your dad."
c. "Instead of focusing on the pain, do what I do – distract yourself."
d. "I have many years of experience on how to cope with difficult situations. Listen to me and I'll help you through this."

What are the first steps kinship caregivers should take to help children heal in kinship care?

a. Validate, normalize, and label their feelings; use yourself as an example; and give permission for the child to feel without judgment.
b. Validate, normalize, and label their feelings; remind the child that you are their parent now; and offer the child coping techniques

c. Center your pain; give permission for the child to feel without judgment; and offer the child coping techniques
d. Help the child distract themselves; remind the child that you are their parent now; and use yourself as an example

Module 5: Adaptability

Kinship caregivers are often able to adapt to their new role as a caregiver within hours or days. What are some benefits of this adaptability?

a. Maintaining potential access to family, events, and traditions
b. Promoting permanency either with the caregiver or through reunification
c. Minimizing the trauma of separation by reassuring the children they will always remain with family, if not with their parents
d. All of the above

Which of the following is *NOT* a benefit of mapping out how family relationships and roles have changed as a result of a kinship placement?

a. It allows the caregiver to gain insight into why family members may have complex feelings about the placement
b. It allows the caregiver to gain insight into family dynamics and how family members may relate to each other differently
c. It allows the caregiver to decide who their favorite family member is.
d. It can give the caregiver ideas about how to talk to family members to gain buy-in for the new arrangement

A kinship child goes to live with their grandparent. The grandparent has three children of their own. One child is 15 and still living at home, one is 19 and living at college, and the parent of the child in kinship care is 21 and is struggling with substance use. Who is ***most*** likely to experience jealousy in this arrangement?

a. The caregiver's 15 year old child
b. The caregiver's 19 year old child
c. The birth parent
d. The kinship child

Which of the following is ***NOT*** an example of something caregivers can do to adapt to becoming a kinship family?

a. Explain to the parent(s) that they are no longer the child's primary caregiver, and their main responsibility is to themselves while they are recovering
b. Identify those that are critical of the kinship placement and ensure the family unit is insulated from them
c. Tell their family and larger community why they took the children into their home
d. Ask their other family members how they can make them feel just as loved as the new kinship children in the home

Which of the following is an example of how caregivers can talk to the child's parent(s) to get buy-in and support for the kinship arrangement?

a. "If you can't be supportive, then you can't be in our lives. You have to make your choice."
b. "Remember you may need help with your children one day. That's why it's important we work together so our children don't have to enter the system."
c. "The kinship child's needs are more important than your needs right now."
d. All of the above
e.

Module 6: Co-Parenting

Which of the following is considered to be a strength of co-parenting in kinship families?

a. There are no boundaries between the caregiver and parent like there would be with a professional foster parent.

b. The child can maintain a relationship with both the caregiver and the parent whether they reunify or not, reducing the trauma of separation.
c. The caregiver already knows the parent, allowing them to explain the parent's issues to the child.
d. The caregiver is able to meet the same needs that the parent was able to meet for the child because they are family.

Which of the following is the best reason a caregiver might continue attempting to co-parent, even if they are facing barriers in the relationship with the child's parent?

a. They are required to by the child's caseworker
b. Parents can provide caregivers a needed break
c. The parent provides the child a sense of identity and belonging
d. All of the above

Which of the following statements about co-parenting in kinship families is FALSE?

a. Caregivers should wait for parents to take the first step towards building a respectful co-parenting relationship to ensure the parent is motivated.
b. Caregivers should feel empowered to set guidelines for their co-parenting relationship and to pause the relationship if the guidelines aren't met.
c. Even a very small amount of engagement between the parent and child can be more beneficial than no contact.
d. Children benefit from their parent giving them permission to bond with their caregiver.

Which of the following is the BEST example of a caregiver acknowledging a parent's power in their child's life?

a. "We have to be ok in order for the kids to be ok."
b. "You have power over your child, and you need to use it."
c. "The children need to see your influence and involvement in how they are being raised and cared for."
d. "You're in need of a family for your children, and I'm able to be that family."

Which of the following should caregivers feel empowered to ask the birth parent for when initiating a co-parenting relationship?

a. Acknowledgement of the caregiver's authority to raise the child
b. Respect for the caregiver's rules
c. Permission for the child to trust and bond with the caregiver
d. All of the above

Module-Specific Satisfaction Questions (Train the Trainer):

1. The trainer(s) were knowledgeable about the subject matter.
2. The trainer(s) were able to maintain a logical flow of information being presented.
3. The trainer(s) responded well to questions and concerns.
4. I feel confident in my knowledge of this training theme.
5. This training content in this module will be helpful for the kinship caregivers I work with.

Module-Specific Open-Ended Questions (Train the Trainer):

1. Is there anything you need more support or information about in order to feel confident training the material?
2. What is one thing you learned today that you will carry forward in your life (or support of kinship caregivers)?

Overall Satisfaction (End of Training - Train the Trainer)

Answer options for all scales:

1	Strongly disagree
2	Disagree

3	Somewhat disagree
4	Somewhat agree
5	Agree
6	Strongly agree

1. This training will be helpful for the kinship caregivers I work with.
2. I know how to use the facilitator guides.
3. I know how to present the training videos.
4. I know how to access the facilitator guides and videos.
5. I know how to structure each training day.
6. I know who to ask if I have questions about how to train the material.
7. The training was organized and well-coordinated.
8. The length of the training day was optimal.
9. Participating in this training was a good use of my time.

Open-Ended Feedback (End of Training)

1. What aspects of this training did you appreciate the most? *[Free response]*
2. Do you have any suggestions for how this training could be improved? *[Free response]*
3. Any other comments? *[Free response]*

Appendix 5. Pilot Training Participant Questions

Demographic Questions:

Are you a kinship caregiver or kinship navigator? (Select all that apply)

1. Kinship Caregiver
2. Kinship Navigator
3. Other kinship provider or community partner

[Kinship caregivers only] How long have you been a kinship caregiver?

1. Less than one year
2. 1-2 years
3. 3-4 years
4. 5-6 years
5. 7-8 years
6. 9-10 years
7. More than 10 years

What is your gender identity?

1. agender
2. man
3. nonbinary
4. trans man
5. trans woman
6. two-spirit
7. woman
8. additional gender category or multiple

Please specify your gender:

What is your age?

8. 24 or younger
9. 25-34
10. 35-44
11. 45-54
12. 55-64
13. 65-74
14. 75 or older

What race/ethnicity do you identify with? Select all that apply

10. African American/Black
11. American Indian/Alaskan Native
12. Asian / Asian American
13. Native Hawaiian
14. Pacific Islander
15. Indigenous American / Canadian First Nation
16. Hispanic/Latinx
17. White
18. Other

Please describe the race/ethnicity you identify with.

What county do you live in? *[Dropdown list of all counties in Washington State]*

Knowledge Questions:

*Researcher's note: **Bolded answers are correct**. These questions were revised based on the results of the Train the Trainer sessions. Each question indicates whether the content of the question is covered in Part 1 or Part 2 of the training video. This can help the facilitator decide which questions to keep in the caregiver post-test if they are only showing one part of the video at a time.*

Module 1: Attachment

1. What is an "attachment" between a child and a caregiver? (Part 1)
    a. **The feelings between caregivers and children, based on how well the caregiver meets the needs of the children.**
    b. The feelings between caregivers and children, based on how much love, appreciation, and gratitude the children show the caregiver
    c. How long the children have lived with the caregiver.
    d. How long the children have known the caregiver.
2. Which of the following is ***NOT*** a part of the attachment process that leads to secure attachment? (Part 1)
    a. The caregiver rewards the child for expressing needs.
    b. The caregiver reassures the child.
    c. **The caregiver responds to the child inconsistently or unpredictably**.
    d. The caregiver meets the child's needs.
3. Which of the following is one difference between kinship care and non-kinship care? (Part 1)
    a. **In kinship care, the child and caregiver often have a mutual expectation of loyalty, responsibility, and shared culture/tradition.**
    b. In non-kinship care, the child and caregiver often have a mutual expectation of loyalty, responsibility, and shared culture/tradition.
    c. In kinship care, the child always has a secure attachment with the caregiver.
    d. In non-kinship care, the child is more likely to have a secure attachment with the caregiver.
4. Which of the following should ***NOT*** be a source of satisfaction for caregivers?
    a. Support systems and other adult relationships
    b. **The child's appreciation**
    c. Self-reassurance and confidence
    d. Understanding that the child's lack of expressed appreciation is not an attack on you as a caregiver.
5. How is trust from a child in care formed? (Part 2)
    a. **The caregiver must earn trust through their behavior and actions.**
    b. Because the caregiver is a relative, the child already trusts or should already trust the caregiver as a parent.
    c. The child must earn trust through their behavior and actions.
    d. The caregiver should tell the child repeatedly to trust them.

Module 2: Legacies

1. Why are legacies a strength in kinship families? (Part 1)
    a. **Legacies represent a shared history that the child has in common with the caregiver and provide motivation for the child to connect with the caregiver.**
    b. They are not: legacies are a strength in foster or adoptive families.
    c. Children in kinship care are always proud of their families.
    d. Legacies are unique to each member of the family.

2. Which of the following is ***NOT*** true about legacies? (Part 1)
    a. Legacies are traditions that are passed down or inherited from one generation to the next.
    b. **Legacies are always positive.**
    c. Legacies can be transmitted orally or through the written word.
    d. Legacies can help children feel like they have a right to be a part of the family and that they belong.
3. Which of the following is ***NOT*** a useful way to discuss legacies in kinship families? (Part 1)
    a. Share biological and geographical family trees.
    b. Talk through the history of the kinship family's culture, such as religious affiliations, community memberships, food, and art.

c. **Only talk about the positive aspects of the family history and avoid sharing any negative information.**
d. Share challenges faced by the kinship family as well as strategies used to manage those.

4. When creating new legacies and disrupting family cycles, what should a caregiver do? (Part 2)
    a. Identify which cycles and patterns in the family should be maintained and which should be changed.
    b. Consider the factors that contributed to the child coming to live with the caregiver.
    c. Change all family legacies and cycles to get a fresh start.
    d. Both a and b.
5. Which of the following is ***NOT*** a way to use legacies to support positive changes in family cycles and patterns? (Part 2)
    e. Using family origins as a guide to new goals and strategies for overcoming current challenges.
    f. Using rites of passage to provide standards of behavior, responsibilities, and accomplishments that are required by the family.
    g. Using society's perception of the family to reshape the family's morals and values.
    h. Using culture to inform values and beliefs that shape and reframe lifestyles.

Module 3: Identity

1. Which of the following is ***NOT*** true about identity? (Part 1)
    a. Identity is a sense of self that determines behavior, actions, and choices.
    b. A child's identity will be the same as their parent's identity.
    c. Major sources for identity formation and development include personal experiences, relationships, culture, and community.
    d. All of these are true.
2. Which of the following is ***NOT*** a reason that kinship families have a significant impact on the identity formation of children? (Part 1)
    a. Kinship families are a primary source of information about the child's, parents', and family's history and identity.
    b. Kinship families have credibility because of personal contact and experience with the family.
    c. People turn out exactly like their families
    d. Kin are an initial "mirror" for the answer to the question "who am I like and who can I be."
3. What is a positive role a kinship family can have in supporting childrens identity formation and development? (Part 1)
    e. Assist their youth in discovering their potential and talents
    f. Tell the children what their goals should be.
    g. Tell children they are nothing like their parents
    h. Both a and c
4. What are some actions kinship families can take to prevent the child from repeating negative cycles? (Part 2)
    a. Wait until a child confronts a difficult situation before creating a plan.
    b. Put down their parents because of the mistakes they made.
    c. Create a plan with the child for what to do when they are in a crisis situation.
    d. Tell the child they should view the caregiver as their role model, not their parent

5. Which of the following statements to a child would ***NOT*** help to develop positive identities and disrupt destructive cycles? (Part 1 & 2)
    a. **You are just like your mom/dad.**
    b. Sometimes good people can make poor choices.
    c. Your goals and values will help you succeed in life.
    d. We are so lucky to have you as a member of our family.

Module 4: Healing

1. Which of the following is ***NOT*** a question that kinship caregivers should be asking themselves when they take kinship children into their home? (Part 1)
    a. **What could I have done differently to prevent these children from having to leave their parent(s) home?**
    b. How did this placement change my life, and how did it affect me emotionally?
    c. What are the reasons the children came into my care, and how did it make me feel?
    d. How can I support my own healing so that I can have the capacity to support my kinship children's healing?
2. Which of the following statements are ***FALSE*** about how kinship children may process their new family and living situation? (Part 1)
    a. Kinship children feel many of the same emotions that kinship caregivers may feel when the children come to live with them.
    b. Kinship children may experience trauma as a result of their new living situation and the separation from their parent(s)
    c. **It is possible to prevent kinship children's trauma by telling them they are loved and you will be their new parent**
    d. Kinship children can benefit from seeing how their kinship caregiver(s) process their own feelings about the situation in a healthy manner
3. Which of the following statements about kinship caregivers is ***NOT*** true? (Part 1)
    a. The kinship caregiver has credibility with the youth because they are experiencing a lot of the same feelings as the child
    b. The kinship caregiver can act as a role model for how to process their emotions as a relative who also has a relationship with the parent(s)
    c. The kinship caregiver can more easily bond with the child because of shared background and experiences
    d. **Caregivers have less understanding of a child's situation because they are related.**
4. Which of the following is the ***BEST*** example of establishing credibility with kinship children? (Part 1 & 2)
    a. "I am hurting even more than you are right now. Think about how I feel – your father is my son."
    b. **"I can partially understand how you're feeling right now, because I also have feelings about your parents. I knew your father as my son before you knew him as your dad."**
    c. "Instead of focusing on the pain, do what I do – distract yourself."
    d. "I have many years of experience on how to cope with difficult situations. Listen to me and I'll help you through this."
5. What are the first steps kinship caregivers should take to help children heal in kinship care? (Part 1)
    a. **Validate, normalize, and label their feelings; use yourself as an example; and give permission for the child to feel without judgment**
    b. Validate, normalize, and label their feelings; remind the child that you are their parent now; and offer the child coping techniques
    c. Center your pain; give permission for the child to feel without judgment; and offer the child coping techniques
    d. Help the child distract themselves; remind the child that you are their parent now; and use yourself as an example

Module 5: Adaptability

1. Kinship caregivers are often able to adapt to their new role as a caregiver within hours or days. Which of the following is a benefit of this adaptability? (Part 1)
    a. Caregivers maintain potential access to family, events, and traditions
    b. Caregivers promote permanency either with the caregiver or through reunification
    c. Caregivers minimize the trauma of separation by reassuring the children they will always remain with family, if not with their parents
    d. **All of the above**

2. Which of the following is *NOT* a benefit of mapping out how family relationships and roles have changed as a result of a kinship placement? (Part 1 & 2)
    a. It allows the caregiver to gain insight into why family members may have complex feelings about the placement
    b. It allows the caregiver to gain insight into family dynamics and how family members may relate to each other differently
    c. It allows the caregiver to decide who their favorite family member is.
    d. It can give the caregiver ideas about how to talk to family members to gain buy-in for the new arrangement
3. A kinship child goes to live with their grandparent. The grandparent has three children of their own. One child is 15 and still living at home, one is 19 and living at college, and the parent of the child in kinship care is 21 and is struggling with substance use. Who is ***most*** likely to experience jealousy in this arrangement? (Part 1)
    e. The caregiver's 15 year old child
    f. The caregiver's 19 year old child
    g. The birth parent
    h. The kinship child
4. Which of the following is ***NOT*** an example of something caregivers can do to adapt to becoming a kinship family? (Part 2)
    a. Explain to the parent(s) that they are no longer the child's primary caregiver, and their main responsibility is to themselves while they are recovering
    b. Identify those that are critical of the kinship placement and ensure the family unit is insulated from them
    c. Tell their family and larger community why they took the children into their home
    d. Ask their other family members how they can make them feel just as loved as the new kinship children in the home
5. Which of the following is an example of how caregivers can talk to the child's parent(s) to get buy-in and support for the kinship arrangement? (Part 2)
    a. "If you can't be supportive, then you can't be in our lives. You have to make your choice."
    b. "Remember you may need help with your children one day. That's why it's important we work together so our children don't have to enter the system."
    c. "The kinship child's needs are more important than your needs right now."
    d. Both a and b

Module 6: Co-Parenting

1. What is co-parenting specific to kinship families? (Part 1)
    a. Shared legal custody between a caregiver and the birth parents.
    b. The shared responsibility of parenting between the kinship caregiver and the birth parents as well as extended family members.
    c. A written agreement between a caregiver and a birth parent that outlines how often the birth parent will be able to visit the child and under what conditions.
    d. The shared responsibility to discipline the children.
2. Which of the following is considered to be a strength of co-parenting in kinship families? (Part 1)
    a. There are no boundaries between the caregiver and parent like there would be with a professional foster parent.
    b. The child can maintain a relationship with both the caregiver and the parent whether they reunify or not, reducing the trauma of separation.
    c. The caregiver already knows the parent, allowing them to explain the parent's issues to the child.
    d. The caregiver is able to meet the same needs that the parent was able to meet for the child because they are family.
3. Which of the following is the best reason a caregiver might continue attempting to co-parent, even if they are facing barriers in the relationship with the child's parent? (Part 1)

a. They are required to by the child's caseworker
b. Parents can provide caregivers a needed break
c. The parent provides the child a sense of identity and belonging
d. The parent's non-responsiveness will prove to the child that the parent is the problem in the relationship.

4. Which of the following statements about co-parenting in kinship families is FALSE? (Part 1)
   a. Caregivers should wait for parents to take the first step towards building a respectful co-parenting relationship to ensure the parent is motivated.
   b. Caregivers should feel empowered to set guidelines for their co-parenting relationship and to pause the relationship if the guidelines aren't met.
   c. Even a very small amount of engagement between the parent and child can be more beneficial than no contact.
   d. Children benefit from their parent giving them permission to bond with their caregiver.
5. Which of the following should caregivers ***NOT*** feel empowered to ask the birth parent to do when initiating a co-parenting relationship? (Part 1)
   a. Acknowledge the caregiver's authority to raise the child
   b. Respect the caregiver's rules
   c. Communicate with the caregiver through the child
   d. Encourage the child to trust and bond with the caregiver

Module-Specific Satisfaction Questions:

Answer options for all scales:

1	Strongly disagree
2	Disagree
3	Somewhat disagree
4	Somewhat agree
5	Agree
6	Strongly agree

1. The trainer(s) were knowledgeable about the subject matter.
2. The training content was relevant to what I am experiencing as a kinship caregiver or navigator.
3. The trainer(s) responded well to questions.
4. I feel confident in my knowledge of this training theme.
5. I feel confident in my ability to implement what I learned in this theme in my own life.

Open ended:

1. Is there anything you need more support or information about to feel confident using what you learned in your own life? *[Free response]*

2. What is one thing you learned today that you will carry forward in your life or work? *[Free response]*

Overall Satisfaction Questions [whole training]:

Answer options for all:

1	Strongly disagree
2	Disagree
3	Somewhat disagree
4	Somewhat agree

5	Agree
6	Strongly agree

1. The training was helpful for my situation as a kinship caregiver/navigator/community partner.
2. The training covered things that are useful and relevant to me as a kinship caregiver/navigator/community partner.
3. The training content will change how I provide care for my children/other caregivers.
4. The training provided enough detail and guidance about how to implement the teachings in my life/work.
5. The training content was easy to understand.
6. I was able to participate in conversations during the training.
7. The training was organized and well-coordinated.
8. The length of each training day was optimal.
9. Participating in this training was a good use of my time.
10. This training would have been helpful when I first became a kinship caregiver/navigator/community partner.

Open ended:

1. What aspects of this training did you appreciate the most? *[Free response]*
2. Do you have any suggestions for how this training could be improved? *[Free response]*

Appendix 6. Sample Facilitator Fidelity Form

Inherent Strengths in Kinship Families
(1) Module: Attachment – Fidelity Survey

How much time did it take you to complete the training components you completed today (start to finish in hours/minutes)?	_____ hours _____ minutes
What this training delivered as part of a series or as a stand-alone training?	☐ Part of series ☐ Stand-alone
Tell us how your session was delivered.	☐ Virtually ☐ In-person

[IF VIRTUAL]

1. *Did you mail printed module worksheets to participants?*
   a. *Yes*
   b. *No*
2. *Did you encourage participants to keep their cameras on?*
   a. *Yes*
   b. *No*
3. *Did you encourage participants to use headphones when around others or complete the discussion in a private space?*
   a. *Yes*
   b. *No*
4. *Did participants utilize the chat space for comments and discussions during the module?*
   a. *Yes*
   b. *No*

How many participants attended this training?	_____
Was the training open to kinship caregivers, kinship navigators, or both?	☐ Kinship caregivers ☐ Kinship Navigators ☐ Both
What did you determine was the appropriate group discussion set-up (select all that apply)?	☐ Whole group ☐ Small groups (3-6 people) ☐ Partners
Did you have all necessary materials available to you?	☐ Yes ☐ No
Did you use the facilitator guide as a guided discussion?	☐ Yes ☐ No ☐ Sometimes
Did you use the optional caregiver worksheet?	☐ Yes, during the module ☐ Yes, as "homework" ☐ Yes, in way that is not listed, please specify_____ ☐ No
Have you ever been or are you currently any of the following (please select all that apply):	☐ Foster parent ☐ Adoptive parent ☐ Guardian

	☐ Kinship caregiver ☐ Former Foster Youth ☐ Not applicable
How many years of experience do you have in child welfare?	_____ years
How many years of experience do you have conducting trainings?	_____ years
What type of institution do you work for?	☐ DCYF ☐ AAA (Area Agency on Aging) ☐Alliance ☐ Non-profit ☐ Other (specify)_____
What best describes you as a trainer?	☐ Alliance Trainer ☐ Kinship Navigator ☐ Facilitator for caregiver support group
Other than the train the trainer session what other trainings have you attended related to kinship caregiving?	☐similarities and differences between kinship and non kinship care ☐risk factors/family dynamics in kinship families ☐bias against kinship families, positive and negative experiences in kinship families ☐other (specify)_____ _____
What is your age?	_____years
What race/ethnicity do you identify with? (select all that apply)	☐ Black or African American ☐ American Indian/Alaskan Native tribal affiliation (please specify) _____ ☐ Asian ☐ Native Hawaiian or Other Pacific ☐ Islander ☐ Hispanic/Latinx ☐ White/Caucasian ☐ Mixed Race ☐ Other (please specify) _____
Which best describes your gender identity?	☐ Male ☐ Female ☐ Non-binary ☐ Transgender Female ☐ Transgender Male ☐ Gender fluid

	☐ Agender ☐ Gender non-conforming ☐ Two-spirit ☐ Other (please specify) _____ ☐ Prefer not to say

For the following learning objectives, please rate yourself on your perceived level of confidence on training these objectives. For the following, please rate yourself as on a 5-point scale ranging from 1=Not at all confident to 5=Very Confident.

Objective	Not at all confident	A little Confident	Somewhat Confident	Confident	Very Confident
Defining attachment types and the impact of attachment	1	2	3	4	5
Explaining the strengths and advantages of attachments in kinship families.	1	2	3	4	5
Recognizing capacities, levels, and degrees of attachment	1	2	3	4	5
Developing approaches for meditating and strengthening attachments.	1	2	3	4	5

Module: Attachment Part 1
Please check off which activities or discussions you facilitated from the facilitation guide during the Attachment Module by selecting "Did as suggested" or "Did with changes" or "Did not do". If you were not able to complete something indicated, please provide information as to why. Additionally, please note if the activity was taught with any changes provide a description of said changes.

I started with a warm-up activity	☐Did as suggested (used appendix) ☐ Did with Changes (used own activity) ☐ Did Not Do
If you were not able to complete this task, please indicate why:	☐ Time constraint ☐ Activity unclear ☐ Other: _____
This activity….	☐ Worked well ☐ Did not work well

I introduced the module topic and video	☐Did as suggested ☐ Did with Changes ☐ Did Not Do
If you were not able to complete this task, please indicate why:	☐ Time constraint ☐ Activity unclear ☐ Other: _____
This activity….	☐ Worked well ☐ Did not work well

I played the part 1 module video	□Did as suggested □ Did with Changes □ Did Not Do
If you were not able to complete this task, please indicate why:	□ Time constraint □ Activity unclear □ Other: _____
This activity….	□ Worked well □ Did not work well

Of the two optional pause times and discussion questions how many times did you pause for the part one video?	
I paused for discussion...	□2 out of the 2 times □1 out of the 2 times □I did not pause the video
This approach….	□ Worked well □ Did not work well

I facilitated the attachment chart activity	□Did as suggested □ Did with Changes □ Did Not Do
If you were not able to complete this task, please indicate why:	□ Time constraint □ Activity unclear □ Other: _____
This activity….	□ Worked well □ Did not work well

I closed out part 1, allowing for final comments or questions.	□Did as suggested □ Did with Changes □ Did Not Do
If you were not able to complete this task, please indicate why:	□ Time constraint □ Activity unclear □ Other: _____
This activity….	□ Worked well □ Did not work well

Module: Attachment Part 2
Please check off which activities or discussions you facilitated from the facilitation guide during the Attachment Module by selecting "Did as suggested" or "Did with changes" or "Did not do". If you were not able to complete something indicated, please provide information as to why. Additionally, please note if the activity was taught with any changes provide a description of said changes.

I started with a warm-up activity	□Did as suggested (used appendix) □ Did with Changes (used own activity) □ Did Not Do
If you were not able to complete this task, please indicate why:	□ Time constraint □ Activity unclear □ Other: _____
This activity….	□ Worked well □ Did not work well

I introduced the module topic and video.	□Did as suggested □ Did with Changes □ Did Not Do
If you were not able to complete this task, please indicate why:	□ Time constraint □ Activity unclear □ Other: _____
This activity….	□ Worked well □ Did not work well

I played the part 2 module video	□Did as suggested □ Did with Changes □ Did Not Do
If you were not able to complete this task, please indicate why:	□ Time constraint □ Activity unclear □ Other: _____
This activity….	□ Worked well □ Did not work well

Of the two optional pause times and discussion questions how many times did you pause for the part 2 video?	
I paused for discussion...	□2 out of the 2 times □1 out of the 2 times □I did not pause the video
This approach….	□ Worked well □ Did not work well

I facilitated the Level/Degree of Attachment Chart activity	□Did as suggested □ Did with Changes □ Did Not Do
If you were not able to complete this task, please indicate why:	□ Time constraint □ Activity unclear □ Other: _____

This activity….	□ Worked well □ Did not work well
I facilitated the Role Play Activity	□Did as suggested □ Did with Changes □ Did Not Do
If you were not able to complete this task, please indicate why:	□ Time constraint □ Activity unclear □ Other: _____
This activity….	□ Worked well □ Did not work well
I facilitated the Leaning on your Supports Activity.	□Did as suggested □ Did with Changes □ Did Not Do
If you were not able to complete this task, please indicate why:	□ Time constraint □ Activity unclear □ Other: _____
This activity….	□ Worked well □ Did not work well

I closed out part 2, allowing for final comments or questions.	□Did as suggested □ Did with Changes □ Did Not Do
If you were not able to complete this task, please indicate why:	□ Time constraint □ Activity unclear □ Other: _____
This activity….	□ Worked well □ Did not work well

For the next set of questions, please reflect on your experience with the Attachment Module of the Inherent Strengths in Kinship Families training. The following questions will help us understand if the module design works for both the trainer and the participants. Please be specific and detailed so we may better understand what changes may be needed.

8. Please describe any changes made to course materials or how you taught them.

_____
_____
_____
_____
_____
_____

9. From your perspective, which of the videos or activities were most positively received?

_____
_____
_____
_____
_____

10. Which of the activities did not work well?