

SAMHSA Family Psychoeducation Fidelity Site, 2010

Ratings / Anchors

Criteria	1	2	3	4	5
1. Family intervention coordinator: Designated clinical administrator who performs the following tasks: <ul style="list-style-type: none"> ▪ Establishes, monitors and automates family intake and engagement procedures ▪ Assigns potential FPE consumers to FPE practitioners ▪ Monitors and adjusts FPE practitioner caseloads ▪ Arranges for training new FPE practitioners and continuing education of existing FPE staff ▪ Supervises FPE staff 	Agency does not have a designated staff member _____ OR Cannot rate due to no fit.	Agency has a designated staff member who performs 1 or 2 of the tasks	Agency has a designated staff member who performs 3 of the tasks	Agency has a designated staff member who performs 4 of the tasks	Agency has a designated staff member who performs all tasks
2. Session frequency: Families and consumers participate biweekly in FPE sessions	< Every 3 months _____ OR Cannot rate due to no fit.	Every 3 months	Every 2 months	Monthly	At least twice a month
3. Long-term FPE: Families and consumers are provided with long-term FPE; specifically, at least one family member per consumer participates in FPE sessions for at least 9 months.	Most families and consumers receive less than 6 months of FPE sessions _____ OR Cannot rate due to no fit.	Most families and consumers receive 6-7 months of FPE sessions.	Most families and consumers receive 7-8 months of FPE sessions.	Most families and consumers receive 8-9 months of FPE sessions.	More than 90% of families and consumers receive at least 9 months of FPE sessions.
4. Quality of practitioner-consumer-friendly alliance FPE practitioners engage family members and consumers with warmth, empathy, acceptance, and attention to each individual's needs and desires.	High dropout rate _____ OR Cannot rate due to no fit.	Sources indicate that alliance is often poor, leading to high dropout rate.	Sources indicate alliance is inconsistent or barely adequate, leading to moderate dropout rate. _____ OR Information is inconsistent	Sources indicate a fairly strong alliance.	Sources consistently indicate a strong alliance.
5. Detailed family reaction: FPE practitioners identify and specify the family's reaction to their relative's mental illnesses and substance use disorders.	There is consistent evidence for less than 33% of involved families.	There is consistent evidence for 33-49% of involved families.	There is consistent for 50-64% of involved families.	There is evidence for 65-79% of involved families and consumers.	There is consistent evidence for 80% or more of involved families and consumers.
6. Precipitating factors: FPE practitioners, consumers, and families identify and specify precipitating factors for the consumers' mental illnesses and substance use disorders.	There is consistent evidence for less than 33% of involved families and consumers.	There is consistent evidence for 33-49% of involved families and consumers.	There is consistent for 50-64% of involved families and consumers.	There is evidence for 65-79% of involved families and consumers.	There is consistent evidence for 80% or more of involved families and consumers.
7. Prodromal signs and symptoms FPE practitioners, consumers and families identify and specify prodromal signs and symptoms of the consumer's mental illnesses.	There is consistent evidence for less than 33% of involved families and consumers.	There is consistent evidence for 33-49% of involved families and consumers.	There is consistent for 50-64% of involved families and consumers.	There is evidence for 65-79% of involved families and consumers.	There is consistent evidence for 80% or more of involved families and consumers.

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8. Coping strategies: FPE practitioners identify describe, clarify, and teach coping strategies.	There is consistent evidence for less than 33% of involved families and consumers.	There is consistent evidence for 33-49% of involved families and consumers.	There is consistent for 50-64% of involved families and consumers.	There is evidence for 65-79% of involved families and consumers.	There is consistent evidence for 80% or more of involved families and consumers.
9. Educational curriculum: FPE practitioners use a standardized curriculum to teach families about mental illnesses/substance use disorders. The curriculum covers six topics: <ul style="list-style-type: none"> ▪ Psychobiology of the specific mental illness; ▪ Diagnosis; ▪ Treatment and rehabilitation ▪ Impact of mental illness and/or SA on the family; ▪ Relapse prevention; and ▪ Family guidelines 	Less than 33% of involved families receive a standardized educational curriculum, no standardized educational curriculum exists, <hr/> OR Only 1-2 topics are covered.	33-49% of families and consumers receive educational materials <hr/> OR Only 3 topics are covered.	50-64% of involved families receive a standardized educational curriculum covering all 6 topics <hr/> OR Only 4-5 topics are covered.	65-79% of involved families and consumers receive educational materials in all 3 formats.	80% or more of families receive a standardized educational curriculum covering all 6 topics/
10. Multimedia education: Consumers and family members are given educational materials about mental illnesses/substance use disorders in several formats (for example, paper, video, and Web sites).	Less than 33% of families and consumers receive educational materials <hr/> OR Cannot rate due to no fit.	33-49% of families and consumers receive educational materials <hr/> OR Materials are given in only 1 format.	50-64% of families and consumers receive educational materials <hr/> OR Materials are given in only 2 formats.	65-79% of and consumers receive educational materials in all 3 formats.	80% or more of families and consumers receive educational materials in all 3 formats
11. Structured group sessions: FPE practitioners follow a structured Procedure that includes the following: <ul style="list-style-type: none"> ▪ Beginning socialization; ▪ Review progress from last session's action plan; ▪ Go-round; ▪ Selection of a single problem ▪ Structured problem solving; and ▪ Ending with socialization 	Groups include 2 or fewer components.	Groups include 3 of the 6 components.	Groups include 4 of the 6 components.	Groups include 5 of the 6 components.	Groups include all 6 components.
12. Structured problem solving: FPE practitioners use a standardized approach to help consumers and families with problem solving, which includes the following: <ul style="list-style-type: none"> ▪ Define the problem; ▪ Generate solutions ▪ Discuss the advantages and disadvantages of each solution ▪ Choose the best solution ▪ Form an action plan; and ▪ Review the action plan. 	No more than 2 of 6 components of the structured problem-solving are used.	3 of 6 components of the structured problem-solving are used.	4 of 6 components of the structured problem-solving are used.	5 of 6 components of the structured problem-solving are used.	All 6 components of the structured problem-solving are used.

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<p>13. Stage-wise provision of services: FPE services are provided in the following:</p> <ul style="list-style-type: none"> ▪ Engagement; ▪ 3 or more joining sessions; ▪ Educational workshop; and ▪ Multifamily group. 	<p>Families and consumers begin multifamily groups with minimal or no engagement, no joining sessions, or no education.</p>	<p>Engagement is minimal and only 1 joining session is completed before entry into the multifamily group. Education is delayed or absent.</p>	<p>Engagement and 2 joining sessions are completed before entry into the multifamily group. Education is delayed or absent.</p>	<p>Most steps are done in order; however, families enter multifamily groups before 3 joining sessions are completed or education is provided.</p>	<p>Engagement, all 3 joining sessions, and education are completed before entry into the multifamily group.</p>
<p>14. Assertive engagement and outreach: FPE practitioners assertively engage all potential consumers and family members by phone, by mail, or in person (in the agency or in the community) on an ongoing basis.</p>	<p>FPE practitioners do not engage potential consumers and family members.</p>	<p>FPE practitioners engage potential consumers and family members only once as part of initial engagement.</p>	<p>FPE practitioners engage potential consumers and family members 2 times as part of initial engagement.</p>	<p>FPE practitioners assertively engage some potential consumers and family members using all necessary means on a time-limited basis.</p>	<p>FPE practitioners assertively engage all potential consumers and family members using all necessary contact means on an ongoing basis.</p> <p>FPE practitioners demonstrate tolerance of different levels of readiness using gentle encouragement.</p>