

**GUIDE TO
FAMILY PSYCHOEDUCATION**
Requirements for Certification,
Sustainability and Fidelity

November, 2010

Introduction

Family Psychoeducation as a best-practice, Evidence-based service model is reported to have begun in the state of Michigan around ten years ago. The Michigan Department of Community Health built upon that original effort by providing multiple opportunities over the course of several years so providers could participate in grant-funded training and gain further exposure to FPE as a psychoeducational intervention. An equally important structure was that of providing for ongoing consultation led by national experts to further foster nascent local and regional FPE implementation activity.

Some of us attended FPE training knowing that we would be providing FPE to families and natural supports; others of us attended so we could work more effectively to transform systems that would support and sustain FPE; still others of us attended without having a clear idea of which role and responsibility-set fit us best.

Despite a few false starts (or perhaps because of them) a cohort of individuals emerged to collectively bolster state-wide FPE service provision through their efforts coordinated via an FPE Steering Committee. But, as Fixsen and others have observed, evidence about the effectiveness of the intervention does not insure successful EBP implementation (Fixsen, Naoom, Blase, Friedman, & Wallace, 2005). The FPE Steering Committee thus began to take a more active role in structuring state-wide FPE Service provision and implementation with consultation provided by the Michigan Department of Community Health.

The document that follows is issued by the members of the Michigan FPE Steering Committee. It is a compendium of elements and structures currently thought to be important to everyone interested in Family Psychoeducation service provision. Information about FPE provider certification levels and accompanying skill sets is included as are detailed requirements for maintaining provider credentialing beginning with basic facilitation skills and extending to include steps one might take to become an FPE Supervisor / Trainer in the state of Michigan.

As might be expected, the commitment required of an individual and their employing agency seeking to achieve and maintain adequate FPE model fidelity is considerable. It is described here in the hope that doing so will result in a more robust and longer-lived FPE system of care designed to serve families, sustain clinicians and endow agencies through its guidance.

Acknowledgements:

This document is the product of a collaborative effort between the Michigan Department of Community Health and the Family Psychoeducation Steering Committee, a sub-committee of the Practice Improvement Steering Committee. This is a living document enriched by the experiences of consumers, families, staff and administrators involved in the implementation, sustainability and fidelity of the Family Psychoeducation Evidence Based Model. The collaborative also want to acknowledge the local Family Psychoeducation Coordinators. With special thanks to the Certification, Sustainability and Fidelity Sub-committee members.

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Summary of Responsibilities

Community Mental Health Service Provider (CMHSP) Prepaid Inpatient Health Plan (PIHP) Agencies.	CMHSP/PIHP administration and clinical supervisors will support staff by providing the time and materials necessary to receive training and supervision as well as provision of the model with fidelity.
FPE PIHP/ Regional Coordinator	PIHP will have a designated FPE Coordinator responsible for coordinating FPE in their agency or region.
FPE Facilitator	Provides FPE intervention to families and consumers with fidelity to the FPE model. Practitioner has completed FPE Facilitator training and twelve months of FPE supervision.
FPE Advanced Facilitator	Provides FPE intervention to families and consumers with fidelity to the FPE model. Staff has completed both FPE Facilitator and FPE Advanced Facilitator training.
FPE Trainer / Supervisor	Provides FPE intervention to families and consumers with fidelity to the FPE model. Practitioner has completed FPE Facilitator and FPE Advanced Facilitator training, as well as, FPE Train the Trainer Training and twelve months of supervision as a FPE Advanced Facilitator.
FPE Co- Trainer	Assist with FPE facilitator training as needed by the FPE Supervisor /Trainer.
FPE State Project Manager	Coordinates state implementation, sustainability and infrastructure of FPE.
FPE Steering Committee (a subcommittee of the Practice Improvement Steering Committee-PISC)	Oversees the implementation, fidelity monitoring and training related to the FPE Evidence-Based Practice and works with the Michigan Department of Community Health (MDCH) and Michigan Association of Community Mental Health Boards (MACMHB) staff to ensure sustainability of the service.
Michigan Department of Community Health, Mental Health and Substance Abuse	Provides policy direction and support for implementation, fidelity and sustainability to the FPE evidence-based practice.
Expert Consultants	Provides clinical and program evaluation consultation as requested, with a minimum of once every three years check-in, that includes fidelity and literature review updates as well as any new teaching and curriculum components.

FPE Agency Resources

Trainee Agency Resource Requirements

1. Provides sufficient time resources (e.g., travel time, workshop time, reduced caseload/ delay of new referrals during critical learning periods).
2. Manages financial considerations (e.g., mechanisms to support reimbursement for clinicians in fee-for-service arrangements; effect on productivity standards).
3. Provides necessary materials, equipment, and facilities (e.g., DVD camera, tripod, DVDs, white boards, incentives for families, video-recording space, workshops needs and refreshments for the Problem Solving groups).
4. Provides encouragement for training activities.
5. Provides appropriate consents in cooperation with the MDCH or designee.
6. Provides computer and broadband internet access.
7. Adheres to agency and clinician competency/fidelity readiness checklists.
8. If agency decides to provide support staff during the FPE groups support staff must adhere to the following: any one who participates in the FPE groups who is not a participant, facilitator or co-facilitator must minimally have FPE orientation by the Facilitator (please see attached presentation).
9. Agency will access staff trained in FPE supervision if this resource is not available internally as well as:
 - a. Allow time for trainees to participate in individual and group FPE supervision.
 - b. FPE supervision is for training purposes and cannot supplant legally required clinical supervision of all clinical staff.
10. Secured storage of confidential materials (DVDs, session info forms, etc.)
11. Provide an orientation to the FPE model to all new staff hired.
12. Conduct fidelity review of FPE programming every two years.

If PIHP wants to become a Training Site

1. Employ FPE Coordinator.
2. Employ a FPE Trainer/ Supervisor on-site or coordinate with other agencies that have a FPE Trainer/Supervisor.
3. Maintain a list of FPE practitioners, their training and supervision status for a FPE State databank.
4. Be up to date on required fidelity reviews to assure adherence to the model.
5. FPE PIHP/Regional Coordinator and FPE Trainers participation in regional and/or statewide FPE committee meetings.
6. Provide reliable and valid data on services provided and staff fidelity to the model.

FPE Practitioner General Information

Responsibilities	Provides Family Psycho-Education EBP intervention to families
Core Competencies After Certification	<ol style="list-style-type: none"> 1. Demonstrates understanding of the biological-social components of mental illness in the Bio-Social Model. 2. Demonstrates teaching and problem solving skills. 3. Strong commitment to work with individuals experiencing serious mental illness and their families. 4. Adherence to statewide FPE requirements.
Professional Qualifications	<ol style="list-style-type: none"> 1. License, Limited License or Temporally Limited License Master's Level Mental Health Professional OR 2. License or Limited License Bachelor's Level Qualified Mental Health professional OR 3. Bachelor's level Qualified Mental Health Professional supervised by a License Master's Level Mental Health Professional. 4. Certified Peer Support Specialist trained by the approved MDCH curricula, and supervised by a License or Limited License Master's Level Mental Health Professional. 5. Completed FPE Facilitator training with approved curricula. 6. Provides Mental Health services to Seriously Mentally Ill (SMI) adults.
Additional Qualifications	<p>To ensure successful FPE training and certification, the staff seeking FPE Certification must:</p> <ol style="list-style-type: none"> 1. Demonstrate competency in the use of manualized intervention and understand the importance of fidelity to the model. 2. Be able to invest in a demanding learning process. 3. Be likely to remain with the agency long enough to offset the investment in the extensive training program. 4. Provide video or audio record of Joining, Workshops and Problem Solving Group sessions. 5. Be an active participant in group learning experiences. 6. Adopts new intervention strategies. 7. Be strength-based and person-centered in their therapeutic approach. 8. Demonstrates positive attitude when working with families.

FPE Practitioner General Information (cont..)

Selection Considerations	<p>The CMHSP /PIHP will select training candidates from their practitioner pool. The process of certification requires at least a year of practice with regular supervision based on viewing video/ audio recorded joining and/or group sessions. This selection process should include feedback from the FPE Trainer/Supervisor or Advanced Facilitator who has supervised the FPE facilitator.</p> <p>In selecting FPE practitioners, agencies may give preferential selection to individuals who show potential to be trained for future training roles.</p>
Application Process	Complete readiness checklist and submit application to training site.
Resource Requirements	Practitioner and CMHSP/PIHP must meet resource requirements (see below).

FPE Facilitator

Responsibilities	<p>Provides Family Psycho-Education to individuals experiencing serious mental illness and their families. Facilitates FPE group. Participate in supervision from a FPE Advanced Facilitator under the supervision of a FPE Trainer/Supervisor for 12 months.</p>
Professional Qualifications	<ol style="list-style-type: none"> 1. License, Limited License or Temporally Limited License Master's Level Mental Health Professional OR 2. License or Limited License Bachelor's level Qualified Mental Health professional OR 3. Bachelor's level Qualified Mental Health Professional supervised by a License Master's Level Mental Health Professional. 4. Certified Peer Support Specialist trained by the approved MDCH curricula, and supervised by a License or Limited License Master's Level Mental Health Professional. 5. Complete FPE Facilitator training with approved curricula. 6. Provides Mental Health services to Seriously Mentally Ill adults.
Certification Requirements	<ol style="list-style-type: none"> 1. Participation in three day (17.5 CEUs) FPE training workshop with approved curricula. Proof of attendance at all sessions. 2. As FPE Facilitator, facilitates a FPE group for 1 year or a minimum of 20 sessions. 3. Participates in group supervision with a FPE Trainer/ Supervisor for a minimum of 10 monthly supervision sessions, with demonstration of competence and positive outcomes. 4. Required: Submit for review a minimum of 3 videotaped FPE sessions conducted with a FPE facilitator over a 12-month period, this will include three sessions: Joining session (may be an audio tape), Problem-Solving Group sessions, the FPE Workshop along with a copy of the PowerPoint presentation and agenda from the workshop. 5. Feedback about each taped FPE session is given to trainee. Feedback will include discussion of fidelity to the FPE model, recommendations for improvements and timelines for monthly taping. 6. Access to at least one FPE Trainer/Supervisor for local supervision of FPE sessions. During the 12 months supervision period. 7. Recommendation by ongoing FPE Trainer/Supervisor to move to next level for certification if desired. Videotapes will be used to review improvement with the use of the Clinical Competency Checklist. Specific areas for improvement should be shared with the FPE Facilitator and Advanced Facilitator Trainee, and if at the end of 1 year, the FPE Facilitator or Advanced Facilitator is not quite ready to move to the next level, they will need to continue be supervised for a minimum of 3 months, and provide 1 videotape to demonstrate a minimum of 80% on the competency checklist if they desired to attend Advanced Facilitator training.. 8. Staff receives documentation of attendance and CEUs if requested. 9. Complete FPE paperwork requirements. (See attached List). 10. Receive feedback from Trainer/ Supervisor via phone call, email or in person on a monthly basis. <p>Participate in required Fidelity review and develop strategies for improving fidelity if warranted.</p>

FPE Facilitator Cont...

Recertification

Every two years:

1. Attend a one day booster session or Recertification Learning Collaborative put on by the FPE Steering Committee/DCH/MACMHB **OR**
2. Attend the 3 day Advanced Facilitator Training
3. Follow the guidelines as put forth in the FPE FIDELITY WORKBOOK, being able to produce evidence of this as needed
4. Consent and release in place.
5. Maintain own records/documentation that you have completed these requirements

FPE Advanced Facilitator

Responsibilities	Provides Family Psychoeducation to individuals experiencing serious mental illness and their families, facilitates at least one FPE group.
Professional Qualifications	<ol style="list-style-type: none"> 1. License, Limited License or Temporally Limited License Master's level Mental Health Professional OR 2. License or Limited License Bachelor's Level Qualified Mental Health professional OR 3. Bachelor's level Qualified Mental Health Professional supervised by a License Master's Level Mental Health Professional. 4. Certified Peer Support Specialist trained by the approved MDCH curricula, and supervised by a License or Limited License Master's Level Mental Health Professional. 5. Completed FPE Facilitator training with approved curricula. 6. Provides Mental Health services to Seriously Mentally Ill (SMI) adults.
Certification Requirements	<ol style="list-style-type: none"> 1. Meets FPE Facilitator Requirements. 2. Participates in a 3 day Advanced Practice Workshop. Attendance at all sessions is required. 3. FPE Facilitator provides documentation of attendance and CEUs if requested. 4. Recommendation by ongoing FPE Trainer/ Supervisor to move to next level for certification. 5. Demonstrates a minimum of 80% on the competency checklist. 6. Complete FPE paperwork requirements. 7. Continue supervision with a FPE Trainer/Supervisor as needed.
Recertification	<p>Every two years:</p> <ol style="list-style-type: none"> 1. Attend a one day booster session or Recertification Learning Collaborative put on by the FPE Steering Committee/DCH/MACMHB 2. Follow the guidelines as put forth in the FPE FIDELITY WORKBOOK, being able to produce evidence of this as needed 3. Consent and release in place. 4. If participation in the Statewide Booster session does not demonstrate master of the FPE model, additional supervision may be required.

FPE Trainer/ Supervisor

Responsibilities	Supervises, Teaches and Facilitates FPE Trainings and State or Local Learning Collaboratives.
Professional Qualifications	<ol style="list-style-type: none"> 1. License, Limited License or Temporally Limited License Master's Level Mental Health Professional AND 2. Completed FPE Facilitator and Advanced Facilitator trainings with approved curricula. 3. Certified and registered as FPE Advanced Facilitator in the State of Michigan or Certified and registered as FPE Trainer/Supervisor in the State of Michigan. 4. Provides Mental Health Services to Seriously Mentally Ill Adults.
Certification Requirements & Core Competencies	<ol style="list-style-type: none"> 1. Successful completion of FPE Facilitator and Advanced Facilitator certification, plus: 2. Provide supervision to FPE Facilitators under the guidance of a FPE Trainer/Supervisor for twelve months. 3. Assist FPE Trainer/Supervisor during breakout sessions of a FPE Facilitator or FPE Advanced Facilitator training sessions. 4. Participation as lead presenter during a didactic section of the breakout session or present a didactic section of a FPE Facilitator or Advanced Facilitator training. 5. Demonstrate competence in steps 2, 3, and 4. 6. Recommendation for next level by a FPE Trainer /Supervisor or FPE Coordinator to the Michigan Family Psychoeducation Training Committee (the FPE Training Committee makes final decision on approvals. 7. Apply the adult training processes with DVD examples of trainings. 8. Demonstrates ability to apply theories of change. 9. Demonstrates ability to work cooperatively. 10. Adherence to approved State curriculum for FPE training. 11. Proficient and creative use of training material. 12. Able to adapt materials to the needs of the trainees, without compromising fidelity. 13. Provides feedback to FPE Facilitators and Advanced Facilitator trainees. 14. Demonstrates ability to enhance communication among FPE Facilitators, Advanced Facilitators and Trainers/ Supervisors to promote teamwork. 15. Proficiency in use of fidelity scales. 16. Excellence in supervision and training skills.

FPE Trainer/ Supervisor (Cont...)

Selection Process	<ol style="list-style-type: none"> 1. Must meet competencies to become a FPE Trainer/Supervisor. 2. Must be nominated by a FPE Trainer/Supervisor or FPE Coordinator. 3. A completed Readiness Check List signed by the staff person's agency Director must be submitted to the FPE Training Committee agreeing to the requirements to become a FPE Trainer/Supervisor. 4. FPE Training Sub-Committee will approve all candidates for FPE Trainer/Supervisor training.
Certification Process	<ol style="list-style-type: none"> 1. FPE Trainer/Supervisor who has been supervising the trainee recommends trainee for certification as FPE Trainer/Supervisor by submitting a letter to the FPE sub-committee 2. The FPE Trainer/Supervisor submits completed supervision notes from supervision session. 3. Submits video taped Multi-Family Group sessions to FPE Trainer/Supervisor as requested by FPE Steering Committee.. 4. Obtained feedback from FPE Trainer/Supervisor. Supervision notes must be submitted. . 5. Submit a review of six completed competency reviews: Competency checklist for MFG : Clinicians: Problem Solving Group meetings minutes Submit to the FPE Trainer/Supervisor at least eight electronic, phone or E-mail FPE facilitator's supervision plans prior to each monthly supervision call. 6. Submit to the FPE trainer/supervisor at least eight supervision notes.
Recertification	<p>Every three years:</p> <ol style="list-style-type: none"> 1. Continuing Education hours. 2. Ongoing participation in provision of training, supervision and State or Local Learning Collaborative.
Expectation of Practice	<ol style="list-style-type: none"> 1. Continue utilizing FPE model. 2. Provide FPE facilitator training or supervision at least once a year. 3. Maintain enrollment in statewide FPE provider database. 4. When required, or more often participate in the selection of FPE Facilitators, Advanced Facilitators and Trainers/ Supervisors. 5. Follow ethical standard of continuing consultation with other FPE Trainer/ Supervisor(s).

FPE Co-trainer

Responsibilities	Assist with FPE Facilitator training as needed by a FPE Supervisor/Trainer
Professional Qualifications	<ol style="list-style-type: none"> 1. Completion of three day FPE Facilitator Training and all supervision associated with this. 2. Completion of FPE Advanced Skills. 3. Training Working with a FPE Supervisor/Trainer within Michigan.
Selection Considerations	<ol style="list-style-type: none"> 1. Comfortable in front of an audience 2. Strong oral, written, and organizational skills 3. Commitment to and understanding of the FPE model 4. Recommendation of a FPE Supervisor/Trainer
Selection Process	<ol style="list-style-type: none"> 1. Recommendation of a FPE Supervisor/Trainer. 2. Approval by FPE Steering Committee as needed
Duties and Responsibilities	<ol style="list-style-type: none"> 1. Assist with Facilitator Training as needed to provide an assistant to the role-play activities necessary in day 2 and 3 of the training. 2. Must always be training under the direct supervision of a FPE Supervisor/Trainer.
Evaluation Process	The position will be supervised and evaluated as needed by the FPE Steering Committee

FPE Trainer/ Supervisor

Estimate of Time/ Resources and Materials

Trainee Resource Requirements		
<p>Becoming a certified FPE Trainer/Supervisor requires many resources from both the trainee and the trainee's agency. At this level, the FPE Trainer/Supervisor is able to train and supervise both FPE Facilitator and FPE Advanced Facilitators. The following outline is an estimate of time associated with these.</p>		
Time Requirements		
<p>Following completion of Facilitator and Advanced Facilitator (i.e. at a minimum one year) the Trainer/Supervisor certification will take one year, longer if the candidate is not able to accomplish these requirements in a year.</p>		
Activity or Event	Monthly Time Estimates	Annual Time Estimates excludes travel and direct service time
FPE Trainer/Supervisor: 3 Full days of training	24 hours / 3 day event	24 hours/year
Supervision provided to FPE Facilitator Staff by FPE Advanced Facilitator.	2.5 hours / month	30 hours/year
Co-facilitation of at least One All-day FPE Learning Collaborative	8 hours/ one day event	8 hours/ year
Supervision provided to FPE Advanced Facilitator in the process to become a FPE Trainer/Supervisor by a FPE Trainer/Supervisor	1 hour/month	12 hours/year
Total Training Cycle : 74 hrs. Minimum		
Materials		
<ul style="list-style-type: none"> • White board or big paper • Markers • Office space to review videos • Training Location • Training Materials (provided by Trainer/Supervisor) • Blank DVDs • DVD burner • TV and DVD player • Computers (for communication, to play DVD's, etc) 		

FPE PIHP/Regional Coordinator

Responsibilities	Coordinates Family Psycho-education initiative within a given PIHP
Professional Qualifications	<ol style="list-style-type: none"> 1. Bachelor or Master level with experience in project management. 2. Preferred degree in human services. 3. Completion of 3 day Facilitator Training within six months of appointment.
Selection Considerations	<ol style="list-style-type: none"> 1. Comfortable in front of an audience. Strong oral, written, and organizational skills. 2. Commitment to and understanding of the FPE model. 3. Proficient in Microsoft Office software, including Word, Excel, and Access
Selection Process	The FPE/Regional Coordinator will be assigned by the PIHP or a designated entity.
Duties and Responsibilities	<ol style="list-style-type: none"> 1. Leads the implementation of the FPE initiative at the PIHP/County/Regional level 2. Reports to the PIHP designated committee on implementation issues with FPE, usually the IPLT. 3. Participates in FPE Statewide Steering Committee meetings. 4. Works with the FPE Steering Committee in the selection of topics for the Learning Collaborative. 5. Provides support and direction to the local Implementation Team. 6. Assists in securing resources to address implementation challenges. 7. Coordinates/oversees the external evaluation of fidelity to the FPE model. 8. Coordinates evaluation of training needs of clinical staff engaged in FPE service provision across the PIHP and/or region. 9. Coordinates with CMHSPs and/or other community partners state-wide to ensure that trainings are available for staff participating in the FPE implementation. 10. Participates in and oversees FPE trainings in the PIHP region as needed. 11. Ensures that there is a written record of individuals who have completed FPE trainings in conjunction with supporting documents, records of supervision, review of audio taped sessions, etc as required by FPE credentialing requirements within their region. 12. Continually builds and supports staff recruitment, training and other elements critical to FPE sustainability throughout region, including outcomes. 13. Disseminates information among staff at their region about training and Learning Collaborative related to FPE. 14. Maintains and forwards a list of all approved Facilitators/Trainers/ Supervisors in the region to the FPE Statewide Project Manager as needed. 15. Monitors/updates and reports to the FPE Steering Committee any advances in the implementation of the FPE model at the PIPH level. 16. Oversees FPE workgroup meetings in the region as needed.
Evaluation Process	The position will be supervised and evaluated by the employing agency. This employer is encouraged to take into consideration the opinion of the FPE Steering Committee.

FPE PIHP/Regional Coordinator

Estimate of Time and Materials

FPE PIHP/Regional Coordinator Resource Requirements		
<p>The FPE PIHP Coordinator requires many resources as they link and align implementation efforts between the local providers, CMHSPs administrators, PIHPs and the FPE Steering Committee at the State level. The following outline is an estimate of time associated with these tasks.</p>		
Time Requirements		
<p>The time spent in activities related to the assessment of local implementation, generation of reports to the PIHP leadership about advances in the implementation, participation in meetings and Family Psycho-education collaborative.</p> <p>In addition, the time spent by the FPE PIHP Coordinator will vary depending upon the stage of implementation (i.e. if the agency is starting to implement the FPE model verses in the sustainability stage). The following estimate is for agencies that are already running problem solving groups.</p>		
Activity or Event	Time Estimates	Annual Time Estimates (excludes travel and direct service time)
Gathering information about implementation at the local level	2 hour per site/ per month	24 hours /year/per site
Generating reports for administrators and FPE steering committee	3 hours / quarter	12 hours/year
Participation in FPE Learning Collaborative	8 hours/ once a quarter	32 hours/ year
Participation in the FPE Steering Committee	3 hours/bi-monthly	18 hours/year
Dissemination of trainings and information to staff implementing FPE model.	3 hours per month	36 hour /per year
Coordinating supervision, trainings and gathering resources for staff	10 hours per month	120 hours/per year
Miscellaneous	5 hours per month	60 Hours/per year
Total Training Cycle: 302 hrs. Minimum		

FPE Statewide Project Manager

Responsibilities	Coordinates state wide roll out of FPE.
Professional Qualifications	<ol style="list-style-type: none"> 1. Bachelor or Master level with experience in project management. 2. Preferred degree in human services.
Selection Considerations	<ol style="list-style-type: none"> 1. Comfortable in front of an audience. 2. Good oral and writing skills. 3. Good organizational skills. 4. Commitment and understanding of the FPE model 5. Proficient in use of Microsoft Office software preferably highly proficient in use of Word, Excel and Access.
Selection Process	The Project Manager will be hired by the Michigan Association of Community Mental Health Boards or a designated entity in collaboration with the MDCH and the FPE State Steering Committee.
Duties and Responsibilities	<ol style="list-style-type: none"> 1. The Project Manager reports to the FPE State Steering Committee. 2. Coordinates with PIHP regions to ensure that trainings are available for new FPE leaders. 3. Sets up training sessions for trainers when needed. 4. Coordinates the once a year Statewide training for FPE. 5. Maintains a list of all approved Trainers/Supervisors. 6. Serves as a liaison with all approved Trainers/Supervisors. 7. Maintains a list of all individuals receiving training for FPE from approved Trainers/Supervisors. 8. Completes applications for CEU-credits for FPE State trainings and Supervision training. 9. Coordinates and works with the FPE Learning Collaborative. 10. Assists with the evaluation initiatives of the FPE Steering Committee. 11. Monitors/Coordinates/updates all areas of the implementation of the FPE information site, and keeps records of the information from all sites. 12. Coordinates fidelity reviews when asked by the Steering Committee. 13. Schedules FPE Steering Committee meetings. 14. Distributes agenda and takes minutes for FPE Steering Committee Meetings. 15. When needed arranges alternate forms of communication for meetings.
Evaluation Process	The position will be supervised and evaluated by the employing agency. This employer is encouraged to take into consideration the opinion of the FPE Steering Committee.

FPE Steering Committee

<p>Representation</p>	<ol style="list-style-type: none"> 1. One or more representatives from each PIHP region—ideally the FPE Coordinator from each CMHC/PIHP. 2. One or more representatives from MDCH, the FPE Specialist and/or the MDCH staff person assigned to FPE.. 3. Two consumers and two family members.
<p>Selection of a Chairperson</p>	<p>The FPE Steering Committee will select a chairperson to serve for two years who works directly with the FPE Project Manager and convenes the meetings of the FPE Steering Committee.</p>
<p>General Responsibilities</p>	<ol style="list-style-type: none"> 1. The FPE Steering Committee will meet quarterly to address ongoing support for FPE, training issues, certification process and fidelity monitoring. 2. Monitors the statewide training of new FPE Facilitators which will occur once a year. 3. The supervision training for certification will also occur at the statewide training. 4. The FPE Steering Committee will submit names to the State of individuals who have met the requirements to be certified as FPE Facilitators, Advanced Facilitators and Trainers/ Supervisors. 5. The Steering Committee advocates for the Implementation of FPE with fidelity to the model. 6. Work on issues of sustainability. 7. Make recommendations to consultants and MDCH officials if modifications of the program occur. <p>Fidelity to the FPE model</p> <ol style="list-style-type: none"> 1. Assures Fidelity monitoring of FPE every three years by each PIHP. 2. Assures that the fidelity monitoring tool is completed every three years by each PIHP region. 3. Implement a peer review process conducted by teams of FPE facilitators.

FPE Steering Committee (Cont.)

Responsibilities	Outcome Measures
	<ol style="list-style-type: none"><li data-bbox="456 264 1390 331">1. Develop with the MDCH an outcome monitoring process for FPE in collaboration with a University based evaluator.<li data-bbox="456 342 1430 443">2. Design and monitor a survey of FPE Facilitators, Advanced Facilitators Trainers/ Supervisors, family members and consumers to assess change over time.<li data-bbox="456 453 1394 554">3. Coordinate with the MDCH to ensure that when possible, outcome measures already collected by the State are not duplicated in the FPE evaluation.<li data-bbox="456 564 1402 632">4. At least once every three years the FPE Steering Committee will seek expert consultation on advances with the model.<li data-bbox="456 642 1410 667">5. Develop a Web Portal as a way to sustain the FPE model with fidelity.

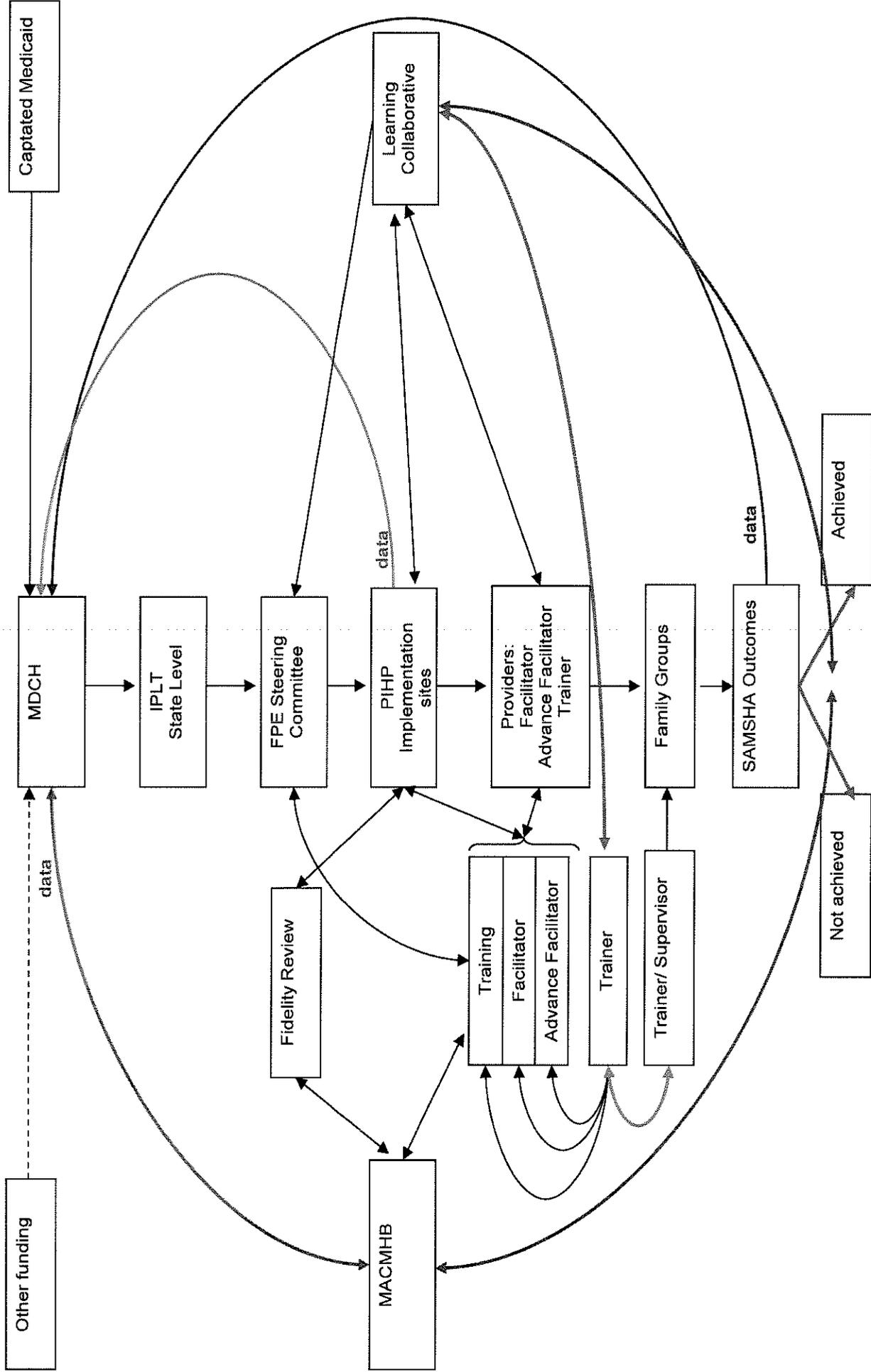
FPE Special Provision

Exceptions	
	<p data-bbox="427 909 1410 1010">In order to make sure that Fidelity to FPE is not compromised, agencies that purchased supervision and training prior to approved curricula (April 2010) will fall under the following:</p> <p data-bbox="427 1050 1450 1117">Curriculum associated with training provided by Michigan PRIOR TO April 2010 will be submitted to the FPE Steering Committee for review and approval</p> <p data-bbox="427 1157 1437 1266">Detail regarding FPE Training and Supervision provided by entities outside of Michigan PRIOR TO April 2010 will be submitted to the FPE Steering Committee and will be maintained in a statewide supervision database.</p>

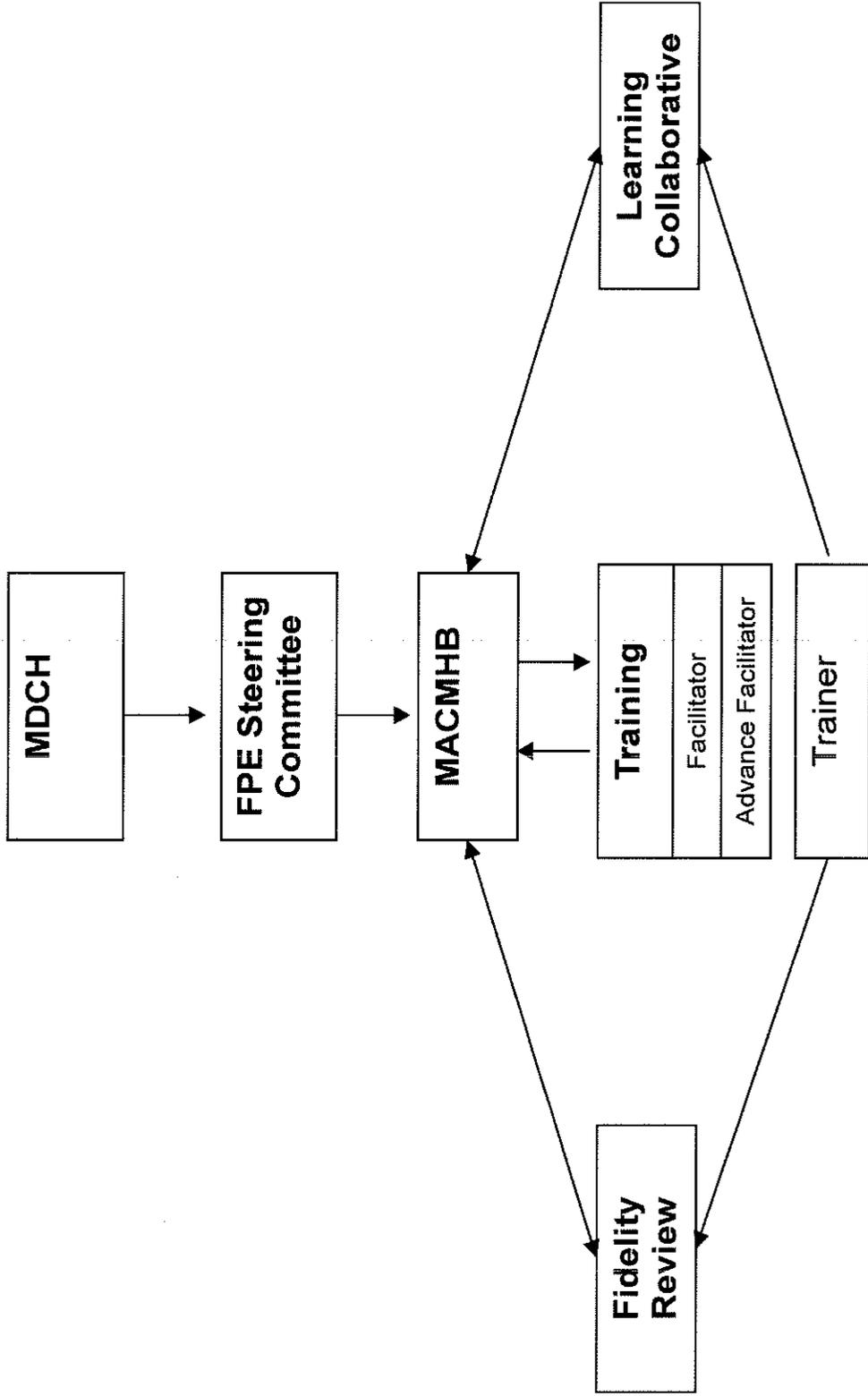
APPENDIXES

Appendix A.1

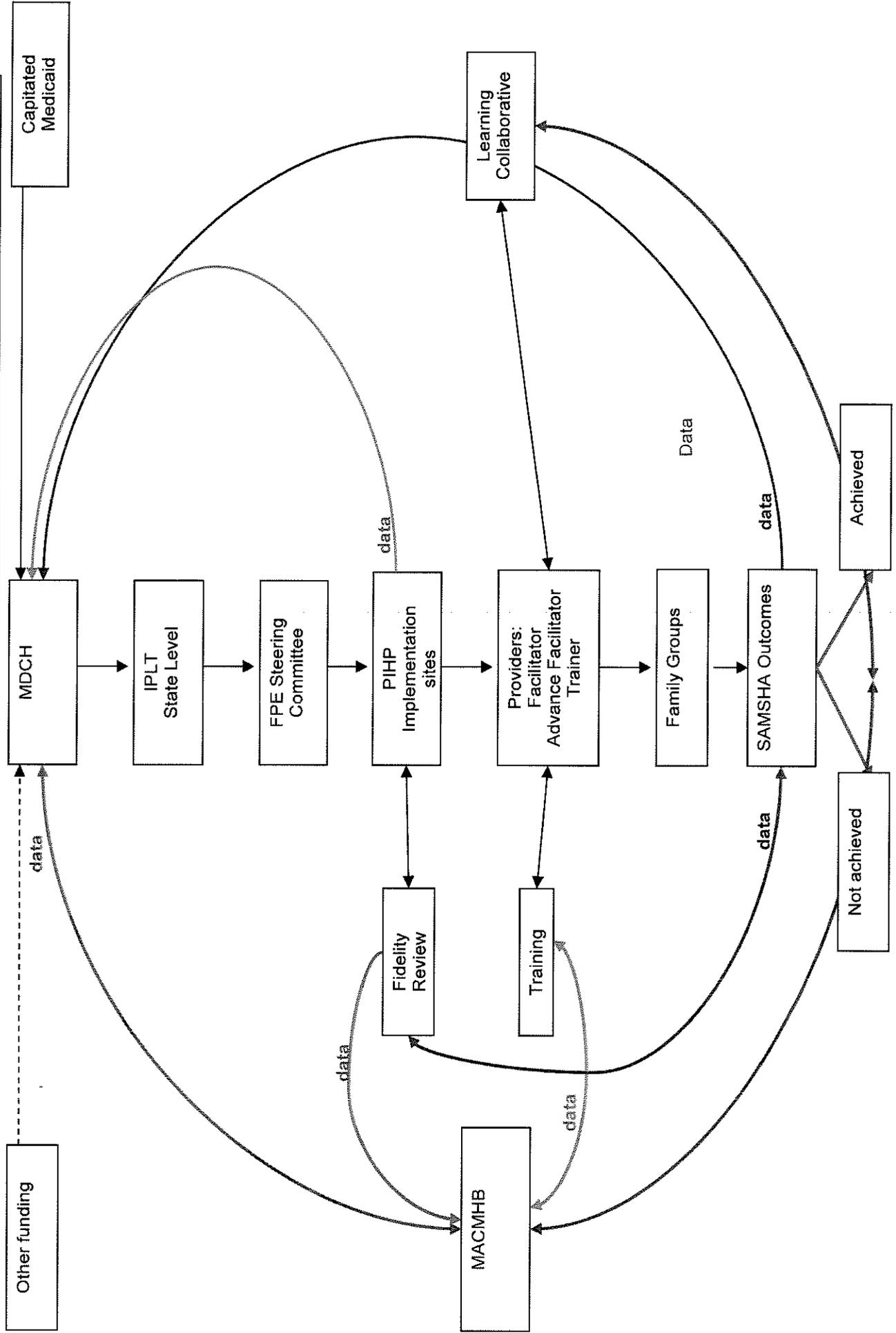
FAMILY PSYCHOEDUCATION (FPE) OVERVIEW
Service Delivery, Implementation and Sustainability Loop



Appendix A Family Psychoeducation Overview Flowcharts

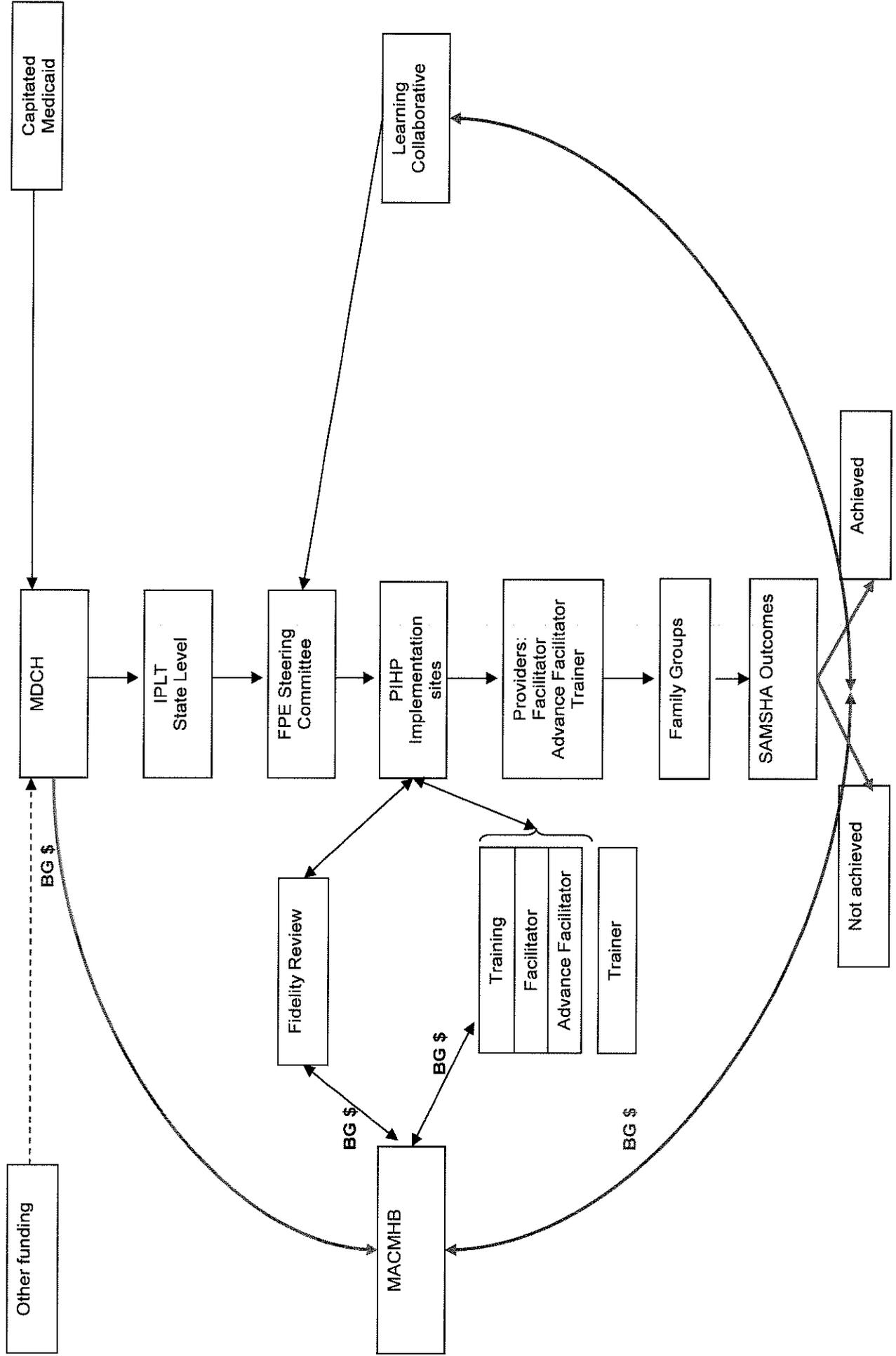


Appendix A.3 FAMILY PSYCHOEDUCATION (FPE) OVERVIEW Data Feedback Loop



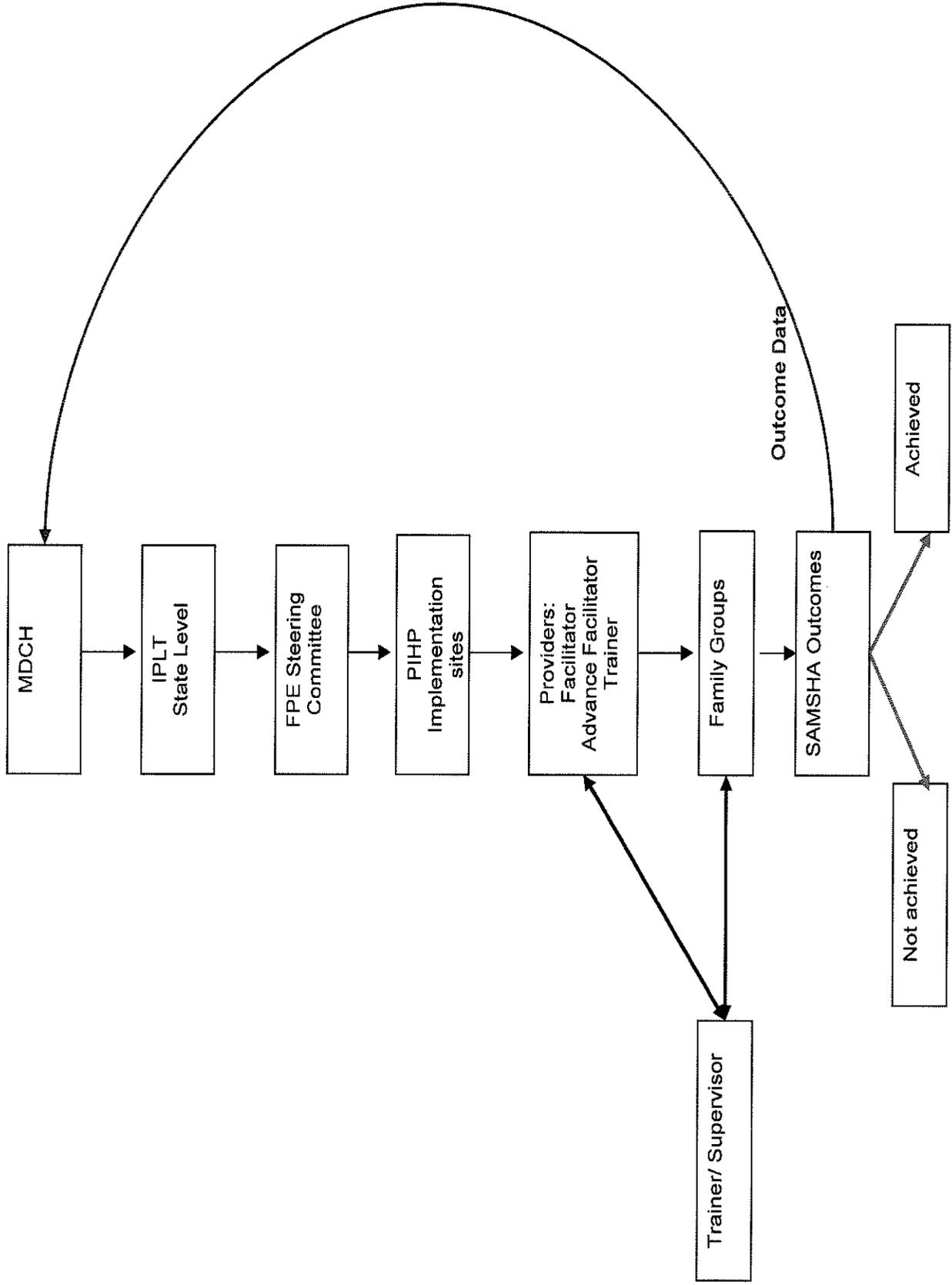
Appendix A.4

**FAMILY PSYCHOEDUCATION (FPE) OVERVIEW
Proposed Funding Model**



Appendix A.5

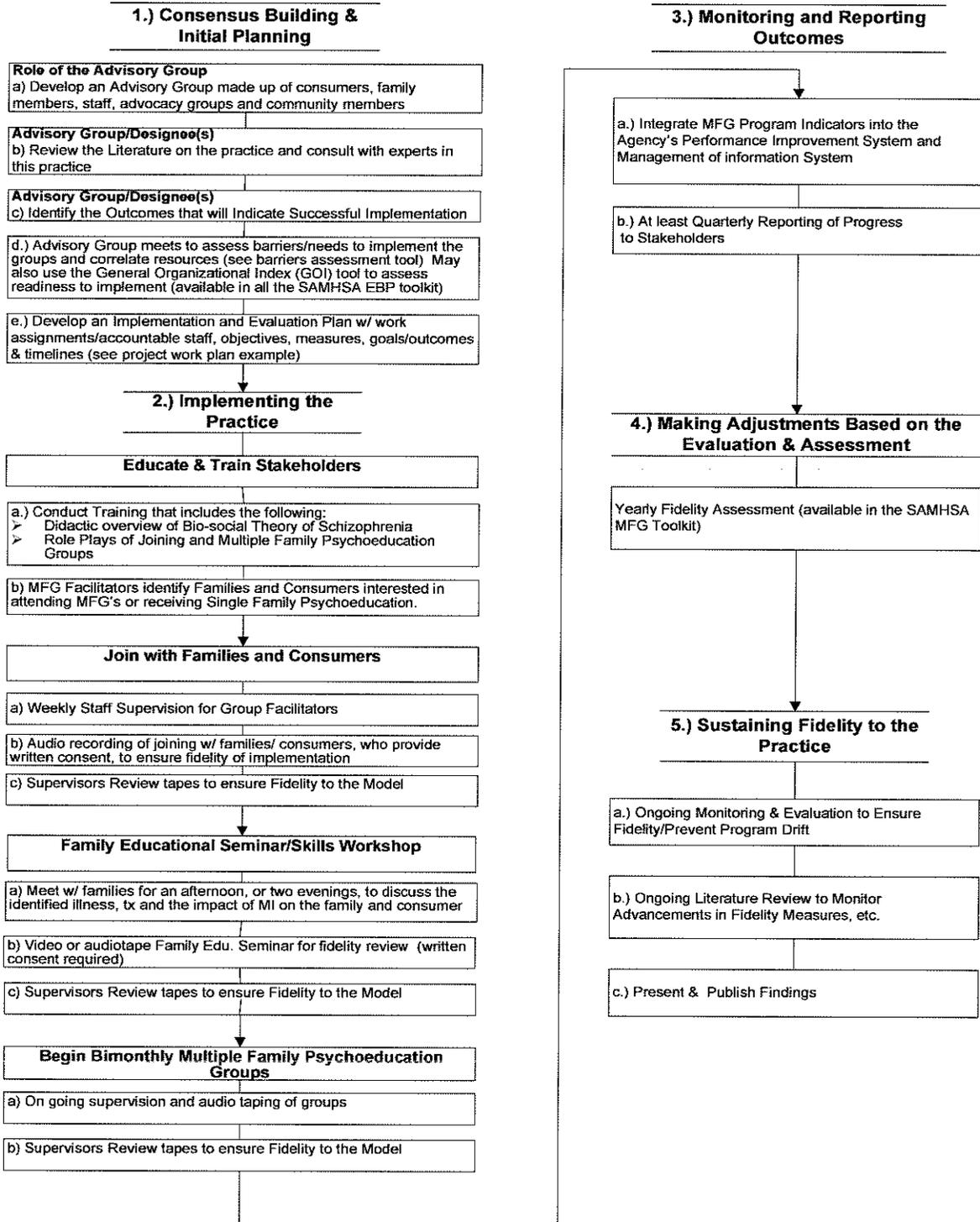
FAMILY PSYCHOEDUCATION (FPE) OVERVIEW
Service Delivery



Appendix B Implementation Flowcharts

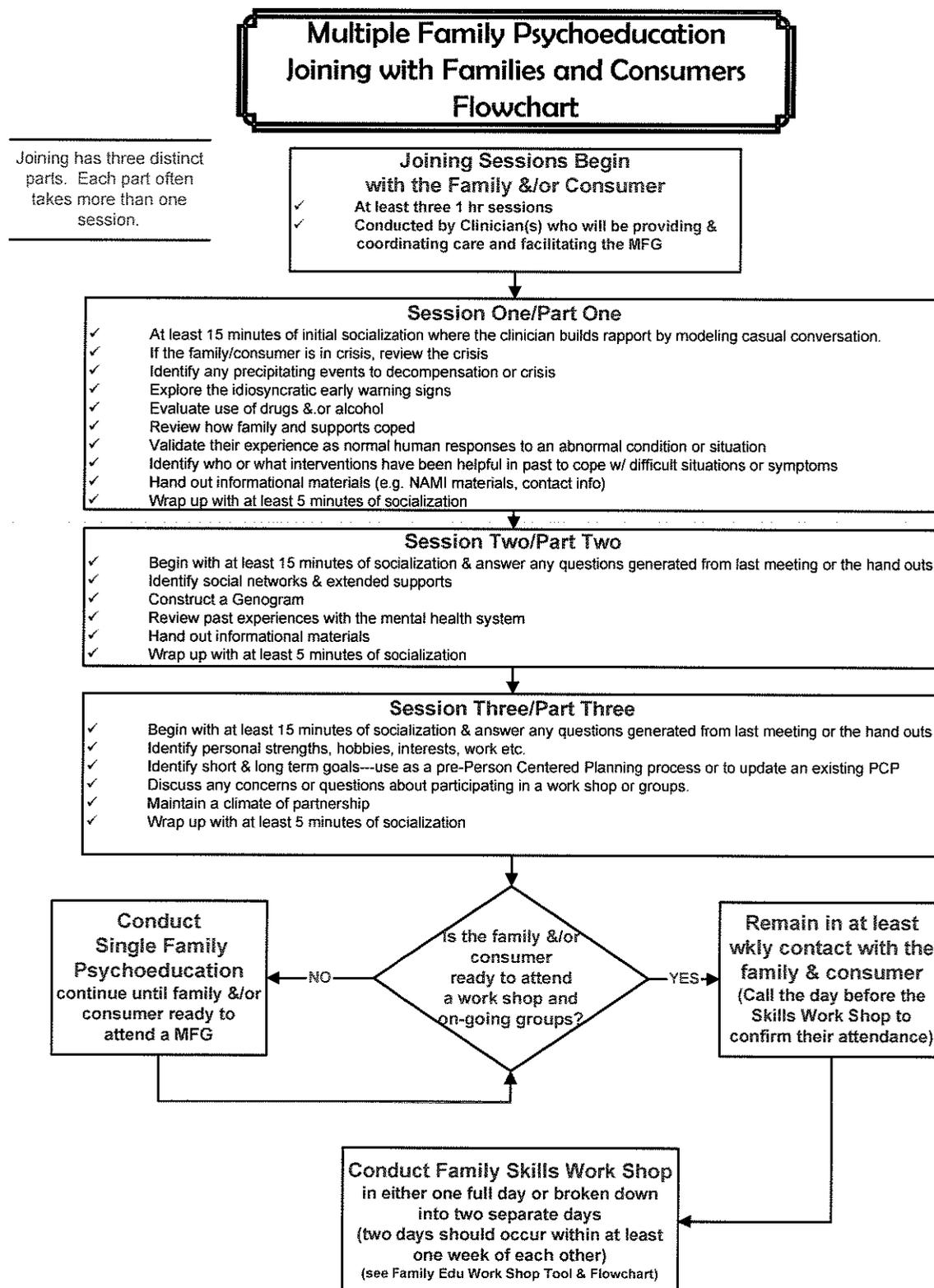
Appendix B1 Flow Chart for Administrators

Implementing the Multiple Family Psychoeducation Group Model into a Community Mental Health Center FLOW CHART for ADMINISTRATORS

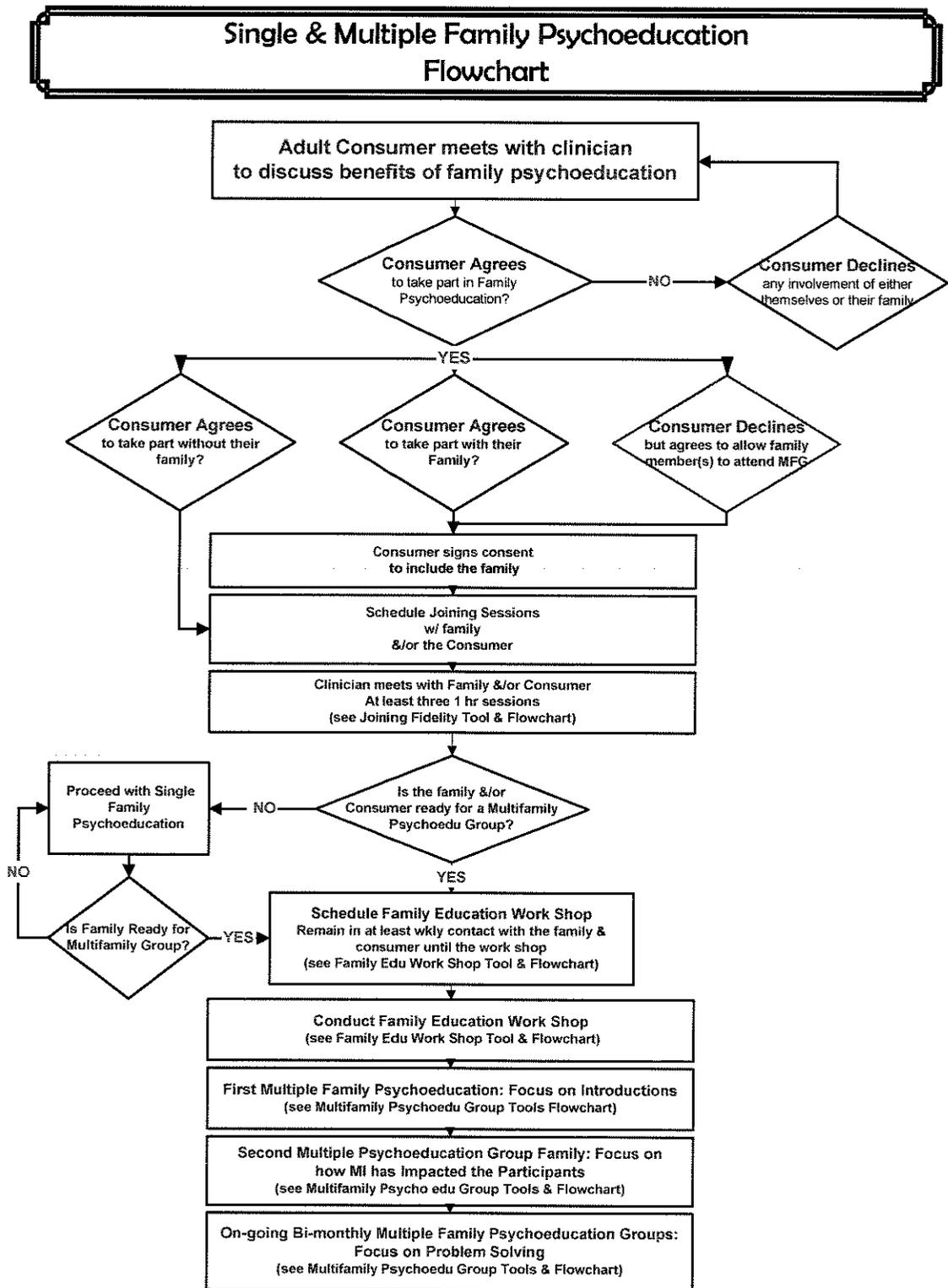


Appendix B.2

Multiple Family Psychoeducation: Joining with Families and Consumers Flowchart



Appendix B.3 Single and Multiple Family Psychoeducation Flowchart



Competency Checklist for MFG Clinicians
Problem-Solving Meetings of the
Multifamily Psychoeducation Group

Clinicians _____ **Date of Session** _____
Session Number _____ **Date of Rating** _____

Circle One: Videotape Audiotape Self monitor/Discussion

Coding Key: ✓ = appropriately included O = optionally omitted NA = not applicable

Initial Socialization

- ___ 1. The meeting began with 10-15 minutes of social conversation.
- ___ 2. The clinician introduced a topic of conversation.
- ___ 3. There was balanced participation among group members.
- ___ 4. Quiet members were encouraged to participate.
- ___ 5. Group members were encouraged to talk to each other directly without side conversations.
- ___ 6. The clinician redirected side conversations.
- ___ 7. The content was light with a place for humor.
- ___ 8. Comments about the illness or criticisms/ complaints about the consumer were deflected, ignored or reframed.
- ___ 9. The group started on time.
- ___ 10. The clinician reminded the group members of the structure of the group (for the first 2-3 months).
- ___ 11. The clinicians shared relevant, social information about themselves.

Go Around

- ___ 1. The clinician started the go-around with the family who solved a problem in the previous session.
- ___ 2. The clinician reviewed the implementation of the plan with the family.
- ___ 3. The clinician praised the family for their efforts.
- ___ 4. Praise was given for an alternative solutions tried by the family
- ___ 5. The clinician pointed out specific suggestions made by other family members and thanks them for their participation

- ___ 6. Factors that might have been overlooked if the solution and plan was unsuccessful were reviewed.
- ___ 7. The clinician took responsibility for any failed solutions.
- ___ 8. An alternative solution was suggested if necessary.
- ___ 9. The clinician checked in with each member of the family.
- ___ 10. The clinician inquired about pertinent areas of significance.
- ___ 11. The clinician probed for more information when responses were general.
- ___ 12. Appropriate biological information was shared with the family.
- ___ 13. The Family Guidelines were reinforced or integrated into the clinician comments.
- ___ 14. The clinician offered to intervene directly with the treatment system when appropriate.
- ___ 15. The family was asked to observe a situation and contact the clinician before the next meeting if the situation persists, if appropriate.
- ___ 16. The issue was identified as a possible problem solving for the meeting.
- ___ 17. The clinicians “debriefed” each family situation between families and summarized key issues.
- ___ 18. The Go-Around was completed in 20-25 minutes.
- ___ 19. The clinician’s voice tone was low key, supportive and nonjudgmental throughout the Go-around.
- ___ 20. The clinician redirected interruptions from other group members.
- ___ 21. Everyone was thanked for their participation.

Problem/Issue Identification

- ___ 1. The clinicians openly discussed which problem needed to be worked on in this session.
- ___ 2. There was an attempt to rotate the problem-solving among the families.
- ___ 3. Attention was given to factors leading to relapse and issues having to do with the next steps in recovery when considering a problem-solving.
- ___ 4. Consideration was given to the immediacy of the problem/issue.
- ___ 5. The clinician offered to meet with the family outside of group if a crisis was presented.
- ___ 6. A problem solving was not done with a family attending for the first time.
- ___ 7. The definition of the problem/issue was narrowed so that it leads to a practical solution.
- ___ 8. The clinician acquired agreement on issue definition from all family members.

Problem Solving

- ___ 1. A problem solving process was facilitated utilizing the 6-step problem-solving model.
- ___ 2. In the early sessions the families were reminded of the problem-solving steps and guidelines.
- ___ 3. The clinicians rotated their roles; one lead the group through the six-step process while the other ensured group participation.
- ___ 4. Clinicians contributed solutions and accepted all solutions to the problem.
- ___ 5. Clinicians used a brainstorming format for solution generation; deferring evaluation of ideas to discussion of advantages/disadvantages.
- ___ 6. Six to eight solutions were generated before moving on to discussing the advantages and disadvantages.
- ___ 7. The advantages then disadvantages to each solution were explored.
- ___ 8. A solution was identified that the family feels best suits their situation.
- ___ 9. The solution was broken done into manageable, specific steps.
- ___ 10. A copy of the problem solving is given to the family.
- ___ 11. A recorder documented the information.

Closing Socialization

- ___ 1. The group spent five minutes socializing.
- ___ 2. The content was again light and positive.

Appendix B.5

Competency Checklist for MFG Clinicians
Joining Sessions and Family Workshop
Multifamily Psychoeducation Group Treatment

Clinicians _____ **Date of Session** _____
Session _____ **Date of Rating** _____

Circle One: Videotape Audiotape Self monitor/Discussion

Coding Key: ✓ = appropriately included ○ = optionally omitted NA = not applicable

Session I

- _____ 1. The clinician socialized with the family for 15 minutes.
- _____ 2. The clinician presented self as a colleague and an advocate.
- _____ 3. The clinician shared relevant personal information about self.
- _____ 4. The consumer's history was reviewed.
- _____ 5. Early warning signs were identified.
- _____ 6. Symptoms of the illness were identified.
- _____ 7. The clinician explained the basic structure of the multifamily group experience and what the family can expect.
- _____ 8. Emphasis was placed on the concept that the family is not to blame.
- _____ 9. The clinician shared relevant information about the illness.
- _____ 10. The session ended with 5 minutes of socialization.

Session 2

- _____ 1. The clinician socialized with the family for 15 minutes.
- _____ 2. Exploration of the family's social network and resources occurred.
- _____ 3. The clinician identified family and consumer strengths.
- _____ 4. A genogram or sociogram was used in the session.
- _____ 5. The session ended with 5 minutes of socialization.

Session 3

- _____ 1. The clinician socialized with the family for 15 minutes.

- ___ 2. The clinician facilitated a discussion about the family and consumer's short-term goals.
- ___ 3. The clinician facilitated a discussion about the family and consumer's long-term goals.
- ___ 4. The clinician answered questions and provided information about the upcoming Family workshop.
- ___ 5. Inquires were made regarding the family's experience with groups and any concerns they may have about groups.
- ___ 6. The clinician asked the family for information regarding their past experiences with the mental health system of care.
- ___ 7. A discussion occurred regarding the consumer and family's response to living with and/or around the illness.
- ___ 8. The session ended with 5 minutes of socialization.

Multifamily Workshop

- ___ 1. The workshop was structured in a classroom atmosphere.
- ___ 2. Information about the nature, etiology, course and outcomes of schizophrenia was presented.
- ___ 3. Information about medications and current treatment was presented.
- ___ 4. Information about management of the illness was presented.
- ___ 5. Information regarding common reactions was presented.
- ___ 6. The Family Guidelines were presented.
- ___ 7. The problem solving method was presented.
- ___ 8. Specific questions were answered.
- ___ 9. Handouts were included and given to families.
- ___ 10. The clinicians' manner was collegial, open and encouraged questions from family members.
- ___ 11. The clinicians acted as hosts, hostesses during the breaks assisting families in feeling comfortable.

READINESS CHECK LIST
Completed by CMH or Agencies Serving Serious Mental Illnesses

This self survey/questionnaire is designed to inform you of the activities required for this training and assist you in your decision to commit your agency resources to the training requirement necessary for the implementation and sustainability of the Family Psychoeducation (FPE) Evidence Based Practice. FPE is an internationally recognized, Evidence Based Practice Model which trains therapists to assist families and consumers in problem solving skills to help the recovery of their love ones.

Implementation of this model, necessitates a long term commitment for training therapists, for developing trainers to continue and expand the model, to identify practitioners at different levels and a support system for therapists and to ensure the fidelity of the model. This commitment is to the model but more so to the care of the families and consumers of the State of Michigan.

As you rate the items below, use the 4-point scale from 1=Not at All True to 4=Absolutely True to indicate your willingness to carry out the work described in each item.

1 = Completely Disagree 2 = Generally Disagree 3 = Generally Agree 4 = Completely Agree

*** Note – recommended minimum score of 125 with no score of 2 or below ***

TASK	RATING			
A: Fiscal Support				
1. We will pay for training expense, which include:				
a. Telephone expenses for the consultations.	1	2	3	4
b. Workshop Expenses for trainees (transportation, lodging, per diem, etc.).	1	2	3	4
2. We agree to provide the following:				
a. Incentives to families (food)	1	2	3	4
b. Printing for handouts and notebooks	1	2	3	4
c. Support Staff to produce materials for families and consumers	1	2	3	4
3. We agree to purchase proper equipment that includes:				
a. Digital DVD video camera, tripod, wide-angle lens, separate microphone, DVD's for recording/copying.	1	2	3	4
b. Copy capability (enables copying DVD's to send to sites.	1	2	3	4
c. A computer with internet access so trainee can complete mandatory forms weekly.	1	2	3	4
d. Trainee should have reasonable access to equipment to participate fully in the training program	1	2	3	4

1 = Completely Disagree 2 = Generally Disagree 3 = Generally Agree 4 = Completely Agree

TASK **RATING**

A: Fiscal Support (continued)				
4. We agree to support participation of additional staff as necessary and as financially feasible, (e.g. IT support)	1	2	3	4
B: Research / Evaluation				
5. We will participate in the fidelity reviews	1	2	3	4
6. We will participate in surveys to measure outcomes	1	2	3	4
7. We will ensure that The Michigan Department of Community Health's procedures are followed	1	2	3	4
8. We will ensure that we have signed consents for all adults, families, and therapists participating in the training.	1	2	3	4
C: Staff Support / Availability				
9. We will develop a job description or develop goal priorities for trainees during the training that includes:	1	2	3	4
a. Sufficient time to attend workshops, supervision meetings and consultations.	1	2	3	4
b. A sufficient number of families to treat within appropriate training time frames.	1	2	3	4
c. Sufficient time and support to conduct the treatment necessary for the training (minimum of 1 problem solving group).	1	2	3	4
d. Training activities as a significant dimension and portion of their work assignment.	1	2	3	4
e. Sufficient time to get supervision while in training.	1	2	3	4

1 = Completely Disagree 2 = Generally Disagree 3 = Generally Agree 4 = Completely Agree

TASK **RATING**

C: Staff Support / Availability (continued)				
10. We will provide:	1	2	3	4
a. Cases available for participation in the training within the schedule of the trainings.	1	2	3	4
b. Resources sufficient to guarantee outcomes data collection and analysis	1	2	3	4
c. FPE Clinical Consultation via internal staff or by arrangement with external supervision	1	2	3	4
d. Support staff to make reminder calls to family members one week prior to next meeting	1	2	3	4
D: Family inclusion				
11. We will see that families will participate in:				
a. Activities related to implementation of FPE.	1	2	3	4
b. Evaluation activities.	1	2	3	4

c. Consumer advocacy for support of, expansion of and continuation of the model.	1	2	3	4
E: Plan for Dissemination				
12. Upon training completion, we will:				
a. Develop a new job description for the trainee to allow them to use the new FPE skills as practitioner, coach, or trainer, as appropriate.	1	2	3	4
b. Ensure that workloads will be sufficiently allocated to permit training, supervision and fidelity review	1	2	3	4
c. Consider providing financial incentives for the FPE clinician upon certification.				
d. Provide adequate support by clinical supervisor (AKA FPE Champion) for assistance in case identification, case recruitment, outreach to other clinical staff for case identification as needed	1	2	3	4
e. Set date for Educational Workshop 2 - 3 months after Joining Processes are begun				