2021-02

First Episode Psychosis Services Fidelity Scale (FEPS-FS 1.0) and Manual

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University of Calgary Press

http://hdl.handle.net/1880/113111
book

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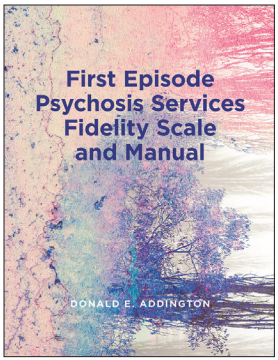

FIRST EPISODE PSYCHOSIS SERVICES FIDELITY SCALE AND MANUAL

by Donald E. Addington

ISBN 978-1-77385-209-6

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APPENDIX C: FIDELITY INTERVIEW GUIDE

The First Episode Psychosis Services Fidelity Scale interview is a structured interview. The purpose of using a structured interview is to ensure that each interviewee is presented with the same questions in the same order. This ensures that the answers can be reliably aggregated and that programs can be compared with confidence. The interview guide is designed to be used in conjunction with the *First Episode Psychosis Fidelity Scale* (*FEPS-FS-1.0*) and the *FEPS-FS 1.0 Manual*. The interview is the primary source of information for the service components that describe clinician's practice and team functioning. It is a secondary source of information for other services and is used to validate data obtained from health record review and administrative data. Once the required questions are asked, supplementary questions can be asked to clarify inconsistencies.

The suggested questions are designed to cover all aspects of the fidelity assessment but should be supplemented by any questions the rater may have based on the information submitted before the interview. All the questions should be asked to the team leader or other person taking the lead for the fidelity review. This person should be prepared to answer all the questions and be knowledgeable about all the information submitted prior to the fidelity interview. It is useful to provide team leader with the questions in advance.

Who is interviewed?

- The assessment team leader completes the whole interview.
- The same questions can be used for the start of the more targeted interviews with other individuals, but more probing questions need to be asked to explore their perspective and role.
- The focus of the scale is services received by patients, and there is significant variability in the titles and professions titles of the person who delivers the specific service. The interviewer can identify the key providers during the orientation with the team leader.
- The individual responsible for assessment, care-coordination, and therapy is interviewed on components 4, 15, 16, 17, 18, 22, 24, 26 27, 30, and 33.
- The supported employment specialist is interviewed on components 28 and 29.
- The psychiatrist/prescriber is interviewed on components 5, 6, 8, 15, 16, 18, 19, 20, 21, and 25.

Assessor Instructions:

This interview guide is intended to be used with the team leader or program manager. Relevant questions may also be used with other staff (e.g., case managers/care coordinators, nurse, employment specialist, CBT specialist, peer support worker, etc.) as appropriate. If you know you will be interviewing other specialty roles, it is helpful to note in advance which questions are relevant. If you are using this interview guide with multiple individuals, you do not necessarily have to ask a question again once you are confident that you have made an accurate rating.

Most fidelity raters prefer to use a separate interview sheet for each interview. If you are doing multiple assessments in which the staff titles and roles are the same, you can tailor the interview sheet to fit the circumstances.

If more than one person is completing the in-person interviews, the assessors should identify one team member to ask questions and another to take notes. The assessor leading the interview should view these questions as a guide and use their judgement as to which questions are appropriate to ask individual staff.

Questions may be rephrased, omitted/added, or reordered as appropriate to gather the information needed to complete the ratings.

Notes should not include any individual names or personal health information. Notes should pertain to program performance. Please avoid comments about performance of individual staff.

Sample Introduction/consent:

"Thank you for agreeing to be interviewed as part of the fidelity review. Before we begin, please review the consent form. I am happy to answer any questions. If you feel comfortable proceeding, please sign the bottom. Remember that you can always choose not to answer specific questions or stop the interview entirely." (*Give time for staff to review consent form and answer any questions.*)

Background:

"Could you tell us about your role in the program, your professional background, and how long you have been involved in the program?" (*This question can be used to help gauge which questions will be appropriate for this individual.)*

Sample Questions:

QUESTIONS	RESPONSES
Component 1: Practicing Team Leader	
• What are your academic and professional credentials? • Do you (the team leader) provide clinical services to patients? • How much time do you spend providing direct supervision and/or clinical services? • Do you carry a caseload? Do you provide counseling or other direct services? • What Full Time Equivalent (FTE) do you devote to the FEP service?	
Component 2: Patient-to-Provider Ratio	
• What is the total FTE of all clinical staff assigned to the program, excluding the psychiatrist/prescriber? • How many patients are currently enrolled in the program?	
Component 3: Services Delivered by Team	
• What services are provided to the patients enrolled in your program? □ Case Management Services including care coordination □ Health Services (i.e., registering with primary care, measuring weight and metabolic monitoring, supporting smoking cessation) □ Evidence-based psychotherapies such as CBT and ME/MI □ Substance use management including, assessment, assessing readiness to change and ME/MI or CBT for addictions □ Employment services such as Supported Employment or Supported Education □ Family Education and Support □ Patient Psychoeducation □ Pharmacotherapy	
Component 4: Assigned Case Manager/Care Coordinator	
• What proportion of your patients get assigned a clinician who is responsible for delivering case management services or care coordinator upon enrollment in the FEP service? • Who provides the care coordination?	

Component 5: Psychiatrist Caseload

• Are patients assigned a psychiatrist/qualified prescriber (excluding family doctor) upon enrollment into the program? • How frequently can patients be seen by the psychiatrist/qualified prescriber (excluding family doctor) for urgent problems or to adjust medications early in treatment? • What is the caseload of the psychiatrist/qualified prescriber (excluding family doctor)? • How much FTE of psychiatrist/qualified prescriber time is available for that caseload?	

Component 6: Psychiatrist Role on Team

• What is the role of the psychiatrist on the team? □ Attend team meetings □ See patients with another clinician □ Accessible for consultation by team during the work week □ Record medication, symptoms, side-effects, etc., in the same health record as the rest of the team □ Registering with a primary care provider for those not already enrolled in primary care	

Component 7: Weekly Multi-Disciplinary Team Meetings

• Does your program have clinical team meetings? • How often are team meetings held? • What issues are discussed during team meetings? □ Case review, admissions, and discharges □ Assessment and treatment planning and coordination □ Discussion of complex cases • Who attends those meetings?	

Component 8: Explicit Diagnostic Admission Criteria

• Does your program have explicit admission diagnostic criteria that are listed in a document? • If yes, what are your admission criteria? (Ask for a blank copy if you don't have one already.) • How do you determine if a patient meets criteria? • Do you sometimes have exceptions? What the reasons for making an exception? • What percentage of your patients meet the program criteria after you have established a firm diagnosis ?	

Component 9: Population Served

• Does your program serve a designated catchment area? • How do you determine the size of the population that you serve? • Does the program compare the expected incidence of first episode psychosis in the population with the annual admission rate to the program? • What is the ratio of annual admission rate to the expected incidence?	

Component 10: Age Range Served

• What is the age range served by your program?	

Component 11: Duration of First Episode Psychosis (FEP) Program

• Is there a time limit on the length of time a person can receive services in your program? What is it?	

Component 12: Targeted Education to Health/Education/Social Service/Community Groups

• Do you provide education about psychosis and first episode psychosis services to first-contact professionals such as community mental health teams, school and college counsellors, social services agencies, family physicians, or emergency rooms? • How many such presentations did you provide in the last year? • Were any to services within your own agency? • How often, where, and to whom? □ family physicians □ school and post-secondary counseling services □ police service □ hospital emergency rooms □ youth social services agencies □ community mental health services	

Component 13: Early Intervention

• How many patients do you have on your caseload with a first episode psychosis, not including any patients at clinical high risk? • What proportion of these patients with a first episode psychosis received inpatient psychiatric care prior to starting or being admitted to first episode psychosis services?	

Component 14: Timely Contact with Referred Individual	
• Do you have a time limit in which to respond to referrals? • What proportion of referrals are seen within two weeks at a face-to-face interview with a FEPS team clinician who can start treatment?	

Component 15: Family Involvement in Assessments	
• Do you have a policy of family involvement in the initial assessment? If yes, what is it? • Where is this policy document? Is it written or assumed? (Ask for a copy if you don't have one already.) • How do you communicate the need and benefit of family involvement in the initial assessment prior to the first meeting?	

Component 16: Comprehensive Clinical Assessment at Enrollment (all 9 components completed)	
• Please outline what information is collected at the initial assessment upon enrollment into the FEP Service: □ Change in functioning from stable baseline □ Time of onset of substance use and frequency of use □ Recent changes in behavior □ Risk assessment/harm to self or others □ Mental status exam □ Psychiatric history □ Premorbid functioning □ Co-morbid medical illness and substance use □ Family history of mental disorder • Who reviews the initial assessment after completion? • Where would we find it in the health record? (Ask for a blank copy if you don't have one already.)	

Component 17: Comprehensive Psychosocial Needs Assessment	
• Do you assess the psychosocial needs of your patients? • Which of the following areas are assessed? □ Housing □ Employment □ Education □ Social support □ Past trauma □ Family physician □ Legal □ Financial support □ Family support	
Component 18: Clinical Treatment/Care Plan after Initial Assessment	
• Do your patients have clinical treatment plans? • How do you engage patients in developing the plans? • How do you document patient involvement in developing the plans? □ Do the patients sign off on the plan? • What is addressed in the clinical treatment plan? □ Needs □ Goals □ Preferences □ Pharmacotherapy □ Psychotherapy □ Substance Use □ Mood problems □ Suicide prevention □ Weight management	
Component 19: Antipsychotic Medication Prescription	
• What percentage of patients with a confirmed first episode schizophrenia spectrum disorder are offered antipsychotic medications?	
Component 20: Antipsychotic Dosing within Recommendations for Individuals with Psychosis	
• What is your policy regarding antipsychotic dosing? • What proportion of antipsychotic prescriptions are within the recommended government approved dose range (at 6 months)? • What percentage of patients are on dosages below the guidelines at 6 months?	

Component 21: Clozapine for Medication-Resistant Symptoms	
• Does the program use clozapine when indicated? • How many patients with schizophrenia spectrum diagnosis do you have in the program? • How many of your patients with a schizophrenia spectrum diagnosis are on clozapine?	

Component 22: Patient Psychoeducation	
• Are patients provided with information about the schizophrenia spectrum disorders? If yes, how? • What languages do you provide written materials in? • Do you have a structured psychoeducational curriculum (e.g., Illness Management and Recovery curriculum, Wellness, Recovery Action Plan (WRAP) training)? If yes, what is it? (Ask for a copy if you don't have one already.) • Who delivers the curriculum? • Do the staff who deliver Psychoeducation (PE) have formal training in PE? If yes, what is it? □ A formal part of their professional training including: □ Training □ Supervision □ Continuing professional development including: □ Training □ Supervision • How is this curriculum delivered? Are patients engaged in formal group or individual psychoeducational sessions? What are the topics of discussion? □ Developing coping and self-help strategies □ Developing resiliency □ Dealing with the symptoms of psychosis □ Activities of daily living □ Educational/academic supports □ Vocational/employment supports □ Housing supports □ Substance use □ Establishing social relationships or connections □ Peer support □ Income support • Do you document whether a patient receives this curriculum? If yes, how do you document this?	

Component 23: Family Education and Support	

• How do you deliver information about psychosis to family and caregivers?
• Do you provide written materials in various languages?
• Are families engaged in individual or group sessions?
• Do you document family and caregiver participation in your sessions?
• Who delivers the Family Psychoeducation?
• Do the staff who deliver Family Psychoeducation have formal training in Family Education and Support? If yes, what is it?
  □ A formal part of their professional training including
  □ Training
  □ Supervision
  □ Continuing professional development including
  □ Training
  □ Supervision
• Do the staff who deliver Family Psychoeducation receive supervision? Describe the frequency and intensity of the supervision.
• Which of the following topics are addressed?
  □ Information about psychosis
  □ Information about medications
  □ Information about coping with stress
  □ Recognition and prevention of relapse
  □ Collaboration with clinicians
  □ Effective communication
  □ Supporting recovery	

Component 24: Cognitive Behavioral Therapy (CBT)

• Does the program offer Cognitive Behaviour Therapy (CBT) for patients?
• Who delivers CBT?
• Do the staff who deliver CBT have formal training in CBT? If yes, what is it?
  □ A formal part of their professional training including:
  □ Training
  □ Supervision
  □ Continuing professional development including:
  □ Training
  □ Supervision
• What are the indications for which CBT is provided?
  □ Anxiety or depression
  □ Residual or medication-resistant positive symptoms
  □ Substance Use Disorders
• How many sessions are typically given to an individual patient?
• What proportion of patients receive at least 10 sessions of CBT in their first year in the program?
• Where is CBT documented?
• Do you offer CBT in individual or group formats or both?	

Component 25: Supporting Health

• Primary care linkage:
  ○ Do you record whether your patients have a primary medical care provider?
  ○ Do you refer patients or support patient application to a primary care provider?
  ○ Where do you document support for primary care engagement?
• Non-pharmacological weight management:
  ○ Do you routinely monitor weight?
  ○ How often do you monitor weight?
  ○ Where is this documented?
  ○ Does someone on the team provide feedback to patients on their weight?
  ○ Does someone on the team provide advice and suggestions about diet and exercise?
• Monitor glucose and triglycerides annually:
  ○ Do you routinely assess blood glucose and or haemoglobin A1C?
  ○ Do you routinely assess triglycerides?
  ○ Who on the team is responsible for ensuring that these are done?
  ○ Where is this recorded?
• Smoking reduction:
  ○ Do you routinely assess patients' smoking habits?
  ○ Who is responsible for assessing and recording this?
  ○ Do you prescribe pharmacological aids to smoking cessation?
  □ Nicotine Replacement Therapy
  □ Varenicline
  □ Bupropion
  ○ Where is this recorded?	

Component 26. Annual Comprehensive Assessment (all 7 components)

• Do you conduct an annual comprehensive assessment?
• Please outline what information is collected at the annual assessment:
  □ Educational functioning
  □ Occupational functioning
  □ Social Functioning
  □ Symptoms
  □ Psychosocial needs
  □ Risk assessment of harm to self/others
  □ Substance use
• Where would we find it in the health record? (Ask for a blank copy if you don't have one already.)	

Component 27: Services for Patients with Substance Use Disorders

- Does the service exclude patients with a substance use disorders?
- If patients with substance use disorders are accepted, how do you assess for the presence of substance use?
- Do you address substance use in patient psychoeducation?
- Do you address substance use in family education?
- Does the program provide brief interventions such as motivational enhancement/motivational interviewing of CBT for substance use problems?
- Does the program refer patients with moderate to severe (i.e., DSM-5 moderate 4-5 symptoms, severe 6 or more symptoms) substance use disorders to specialized addictions services ranging from detoxification to residential treatment? If the patient is attending specialized services does the service maintain them in the FEP program? Liaise with the addiction service and maintain contact with the patient?
- Who delivers the Motivational Enhancement (ME) or Motivational Interviewing (MI)?
- Do the staff who deliver ME/MI have formal training in ME/MI? If yes, what is it?
    - □ A formal part of their professional training including:
        - □ Training
        - □ Supervision
    - □ Continuing professional development including:
        - □ Training
        - □ Supervision
- How many sessions are typically given to an individual patient?

Evidence suggests that only training and supervision ensure that clinicians use correct ME/MI strategies in practice. If there is uncertainty about the MI/ME delivered ask an open question about which techniques are used. If the respondent does not understand the question, use one or two of the following as an example:

- What techniques or skills do you use in motivational interviewing? Can you give examples from a recent case?
- These are a few of several techniques that have been described as part of MI:
    - Designate a change goal (i.e. reduce substance use)
    - Ask related questions, including: What? How much? Benefits? Impact? Negatives?
    - Provide simple reflections
    - Provide complex reflections
    - Affirm
    - Summarize
    - Elicit/reinforce change talk
    - Collaborate with patient
    - Support Self-Efficacy
    - Roll with resistance
    - Address ambivalence
- Do the staff who deliver ME/MI or CBT for psychosis have formal training in those modalities? If yes, what is it?
    - □ A formal part of their professional training
    - □ Continuing professional development with a formal confirmation of proficiency
    - □ Continuing professional development without confirmation of proficiency
- What other services are offered to address co-occurring substance use disorders?

Component 28: Supported Employment (SE)	
• Do you have a separate role on your team for SE specialist (or is this part of the job responsibilities for a care manager)? • What training has your SE specialist received? (Prompts: IPS Employment Center online course, IPS practice manual, SAMHSA toolkit, RAISE toolkit, On Track) • What supported employment model do you follow? (Prompts: IPS, SAMHSA toolkit, RAISE NAVIGATE model, On Track) • How much experience does your SE specialist have? Is it >6 months? • Is SE specialist a team member who attends team meetings? Is it at least twice monthly? • Does your SE specialist receive supervision from an experienced SE supervisor? (What frequency?) • How many patients are on each SE specialist's caseload? • How many employer contacts doe your SE have? Is it tracked on a specific form? Does SE have ≥6 employer contacts per week? • Does your SE specialist use a Career Profile or equivalent? • Does your SE specialist track in-person employer contacts?	

Component 29: Supported Education (SEd)	
• Do you offer supported education services to all patients interested in education? • Who provides supported education services? • What training has your SEd specialist received? (Prompts: IPS, SAMHSA toolkit, RAISE model, On Track) • Is your SEd specialist a member of FEPS team? • Do you offer SEd services to all patients interested in education? • Who provides SEd services? • What training has your SEd specialist received? (Prompts: IPS, SAMHSA toolkit, RAISE model, On Track) • Is your SEd specialist a member of FEPS team? • What is your SEd's caseload of patients with education goals? • Does your SEd specialist complete and documents educational goals? What forms do they use for documenting goals? • Does your SEd specialist explore education programs with interested patients? • Does your SEd support educational financial planning (e.g., loan forgiveness, financial aid, loan repayment, scholarship application)? • Does your SEd specialist support patients in applying to programs? • Does your SEd specialist help students manage course work? • Does your SEd specialist identify legislated support for high school students?	

Component 30: Active Engagement and Retention

• Do you have a policy about where case managers/care coordinators meet their patients and families? If yes, what is it? • Where is this policy documented? Is it written or assumed? • What proportion of case managers/care coordinator visits are out of the clinic and in the community?	

Component 31: Patient Retention

For this component we are considering "all causes discontinuation" as the measure of retention. This means all patients who leave the program before the end of their first year in the program. Questions: • What is the total caseload of patients with a first episode psychosis in your program at this time? • How many patients were terminated/discharged from your program in the last 12 months? • Of those who were terminated/discharged, how many were active patients for less than 12 months? • Count the number of early terminators and divide by caseload size.	

Component 32: Crisis Intervention Services

• How does your program manage patient-related crises during and after hours? □ Formal linkages to out-of-hours services □ Respond to crisis calls during office hours □ Drop-in crisis visits during office hours □ 24-hour phone and in-person crisis services	

Component 33: Communication Between FEP and Inpatient Services

• How many patients on the caseload were admitted to an inpatient psychiatric unit in the last year? • What arrangements do you have in place to ensure communication with inpatients and continuity of care during and after hospitalization? • Which of the following roles are part of FEPS staffs' standard communication protocol for patients admitted to hospital? □ Contact inpatient unit to establish communication plan □ Visit with patient on inpatient unit □ Communicate with family about admission □ Involvement in discharge planning process □ Schedule outpatient appointment prior to discharge □ Obtain a hospital discharge summary	

Component 34: Timely Contact after Discharge from Hospital	
• Do you have a target for how soon patients who have been admitted to hospital should be seen after discharge? • How soon were each of the last five patients admitted to hospital seen after discharge?	

Component 35: Assuring Fidelity	

• Does the program use a set of quality standards?
• Who set or published these standards?
• Do you assess program quality with a Fidelity Scale?
  □ Which fidelity scale do you use?
  □ Has the fidelity scale been published?
  □ Is the fidelity assessment done by an independent rater?
• Do you measure quality indicators for
  □ Percentage of referrals seen within 2 weeks
  □ Percentage receiving Cognitive Behavioral Therapy
  □ Percentage receiving Family Psychoeducation
  □ Percentage receiving clozapine
  □ Percentage receiving Supported Employment
  □ Percentage receiving annual physical assessment
  □ Percentage receiving motivational enhancement for substance use disorder
  □ Any other indicators	