

# Factors Associated with Implementation of High-Fidelity Family Psychoeducation Programs in a Large State Initiative

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# Overview

- **The New York State Family Psychoeducation Initiative**
- **Preliminary Results**
- **Lessons Learned**
- **Next Steps**

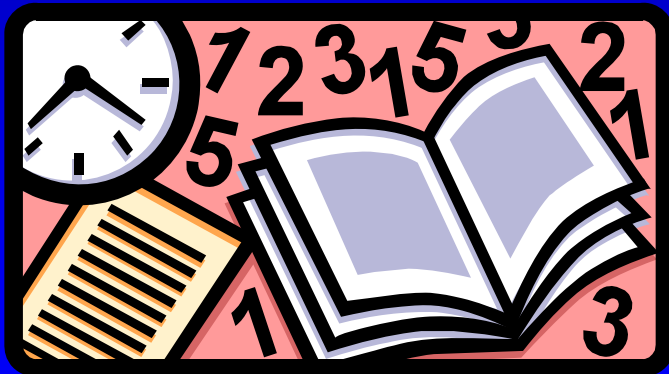
# Defining Quality: Integrating Science into Everyday Practice

- **President's New Freedom Commission Report**
  - **Goal 2: "Mental Health Care Is Consumer and Family Driven"**
- **The Surgeon Generals Report(1999)**
  - **"The efficacy of mental health treatments is well documented..."**
  - **"A range of treatments exist for most mental disorders"**
  - **"Critical gaps exist between those who need service and those who receive service..between optimally effective treatment and what many individuals receive in actual practice settings"**

# Gaps in Literature

- **How does a state proceed to successfully implement an Evidence-Based Practice?**
- **What factors predict relative success or failure of implementation at a site? (e.g., organizational, staff, consultant, training process).**
- **What is the optimal level or strategy of consultation and/or technical assistance for a program/staff? Does it depend on the program setting or other characteristics?**

# Needed to start somewhere...



***Develop a State-Wide Implementation  
Strategy for Evidence-Based Family  
Services***

**Consensus Building, Enacting, & Sustaining  
Family Services**

Carpinello et al., 2001

# System Change Strategies

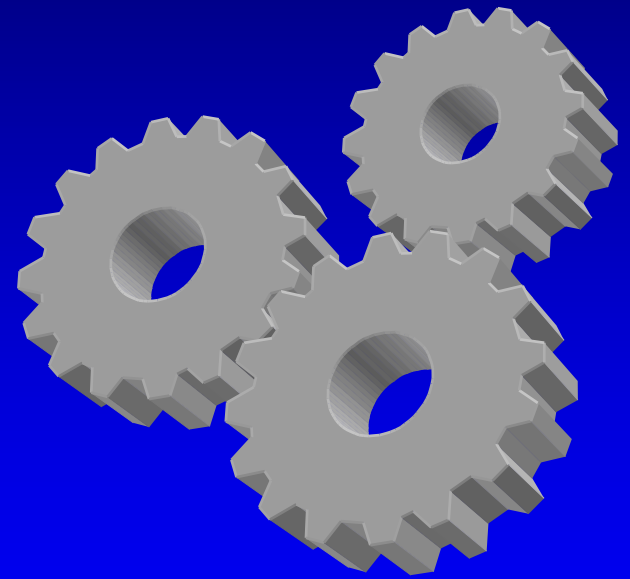
**I. Build Stakeholder  
Partnerships & Collaborations**

**II. Development Statewide  
Implementation Strategy**

**III. Organize & Deliver Technical  
Assistance & Consultation to  
Sites**

**IV. Resource Development**

**V. Research & Program  
Evaluation**



# Build Collaborations

- **NYS Office of Mental Health**
- **University of Rochester Medical Center**
- **NAMI - State & Local Chapters**
- **Conference of Local Mental Hygiene Directors**
  - *County Offices of Mental Health*
  - *State Psychiatric Facilities*
  - *Mental Health Associations*
  - *NYS Academic Institutions*
  - *NYS Family Research & Policy Workgroup*
  - *Provider Organizations*
  - *International Leaders*
  - *Individual staff members, families, & clients*

# **Establish a System Wide Resource for the Provider Community**

**The Family Institute for Education, Practice  
& Research at the University of  
Rochester Medical Center**

## **Staffing:**

- Director**
- Project Coordinator**
- Research & Program Evaluation Coordinator**
- Seven (7) Faculty Consultants**

# Consensus Building & Site Selection

- **Informational Forums/Sessions**
- **Build Statewide Collaborations**
- **Distributed Request for Proposals (RFP)**
- **Selected 37 Sites**
- **Two Distinct Consultation Approaches**
  - **1:1 Consultation (between one faculty and one site)**
  - **Collaborative Consultation (between one faculty and many sites)**



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# Technical Assistance & Consultation

- **Create Project Teams at each site**
  - **Administrative Liaison**
  - **Project Coordinator**
  - **Front Line Staff**
- **Conduct 2-Day Intensive Workshops**
- **Provide Ongoing Consultation & Technical Assistance**
- **Help teams address implementation challenges (e.g., staff attrition, billing issues, juggling caseloads, etc.)**



# **Develop Resource Materials**

- **Family Psychoeducation Training Manual**
- **Billing Manual**
- **Family Education Workshop Manual**
- **Instructional Videos and DVDs**
- **Supplemental Materials (e.g., brochures, Fact Sheets, laminated posters, articles)**

# Program Evaluation

	Months								
	0	3	6	9	12	15	18	21	24
<b>Staff Survey</b>	X				X				X
<b>Organizational Survey</b>	X				X				X
<b>Fidelity Assessment</b>	X		X		X		X		X
<b>Implementation Milestones Summary</b>			X	X	X	X	X	X	X
<b>Consultant Survey</b>	X				X				X
<b>Training Activities Documentation</b>		X	X	X	X	X	X	X	X
<b>Perceptions of Training and Consultation</b>					X				X

# PRELIMINARY RESULTS

# Program and Staff Characteristics at Baseline

- **Programs:**
  - Diverse in location (urban/rural), staffing (6-212 FTEs), and consumers served (138-14,000)
- **Staff:**
  - Generally female (n=161, 77.8%), white (n=173, 84.4%), and full-time (n=191, 92.3%)
  - Age range from 22 to 74 (mean=41.6, SD=10.9)
  - Most had a master's degree (n=138, 67%) and more than 10 years' experience in mental health (n=109, 52.6%)
  - No significant differences in staff demographics or characteristics by consultation model

# MFG Fit with Agency at Baseline

- All agencies report MFG as consistent with agency philosophy and mission
- 12 (75%) administrators anticipated that MFG would be implemented within 9 months
  - Staff also optimistic: 80% (n=163) anticipated implementation within 9 months
- Administrators and staff identified similar barriers to MFG implementation
  - Intense work pressure on staff
  - Too many demands on staff to implement new program
  - Extended duration of family participation

# Staff Views on Families

- **Responses to Family Culpability Scale suggest divergence from model at baseline.**
  - **“Getting families to understand how their family dynamics have helped cause their relative’s severe mental illness should be an aim of therapy.” 65% (n=136) agreed**
  - **“Therapists should inform relatives of clients with severe mental illness that their own behaviors or family dynamics did not help cause their relative’s illness.” 72.8% (n=152) disagreed**

# MFG Implementation

- **22 of 37 sites (59.5%) reached the MFG stage: 1:1 consultation sites had 5.5 times greater odds of conducting MFG than collaborative sites**
  - 16 of 1:1 sites (76%) reached MFG
  - 6 of 17 collaborative sites (35%) reached MFG
- **Of the 15 dropouts:**
  - 8 (53%) did not reach 1<sup>st</sup> join
  - 3 (20%) did not reach workshop
  - 4 (27%) did not reach MFG

# MFG Penetration

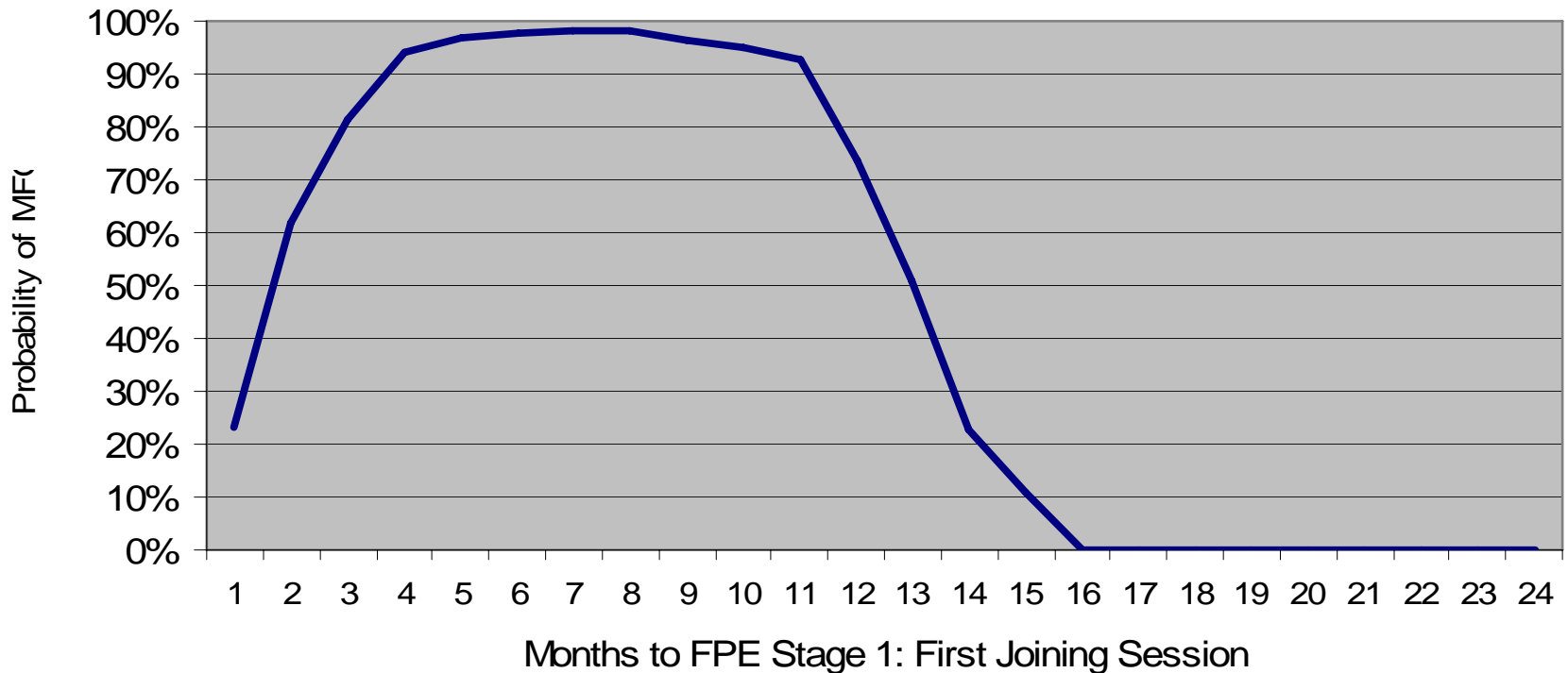
	<b>Consumers Served</b>	<b>Family Members Served</b>	<b># of MFGs</b>
<b>1:1 Sites</b>	<b>70</b>	<b>100</b>	<b>14</b>
<b>Collaborative Sites</b>	<b>67</b>	<b>83</b>	<b>14</b>
<b>Total</b>	<b>137</b>	<b>183</b>	<b>28</b>

# Time to Implement MFG

	Mean	SD	Range
<b>Baseline to 1<sup>st</sup> Join</b>	<b>7.7 months</b>	<b>5.2 months</b>	<b>1-23 months</b>
<b>Baseline to Workshop</b>	<b>11 months</b>	<b>4.4 months</b>	<b>4.7-22.5 months</b>
<b>Baseline to MFG</b>	<b>11.7 months</b>	<b>4.6 months</b>	<b>5.7-22.8 months</b>

# Curvilinear Relationship between Time to 1<sup>st</sup> Joining Session and Probability of Establishing a MFG

Probability of Conducting a Multi-Family Group (MFG) based on the Time to Implement the First Joining Session



# **Reasons for Drop-Outs: Some Informed Speculation**

- **Incompatibility of agency services with MFG model, i.e. length of stay too short**
- **Agency-level decisions regarding services: disbanding of unit assigned to implement MFG**
- **Organizational and programmatic overload: trying to do too much at once**
- **Conflict of priorities: other new initiatives take precedence**

# Fidelity: Measures and Methods

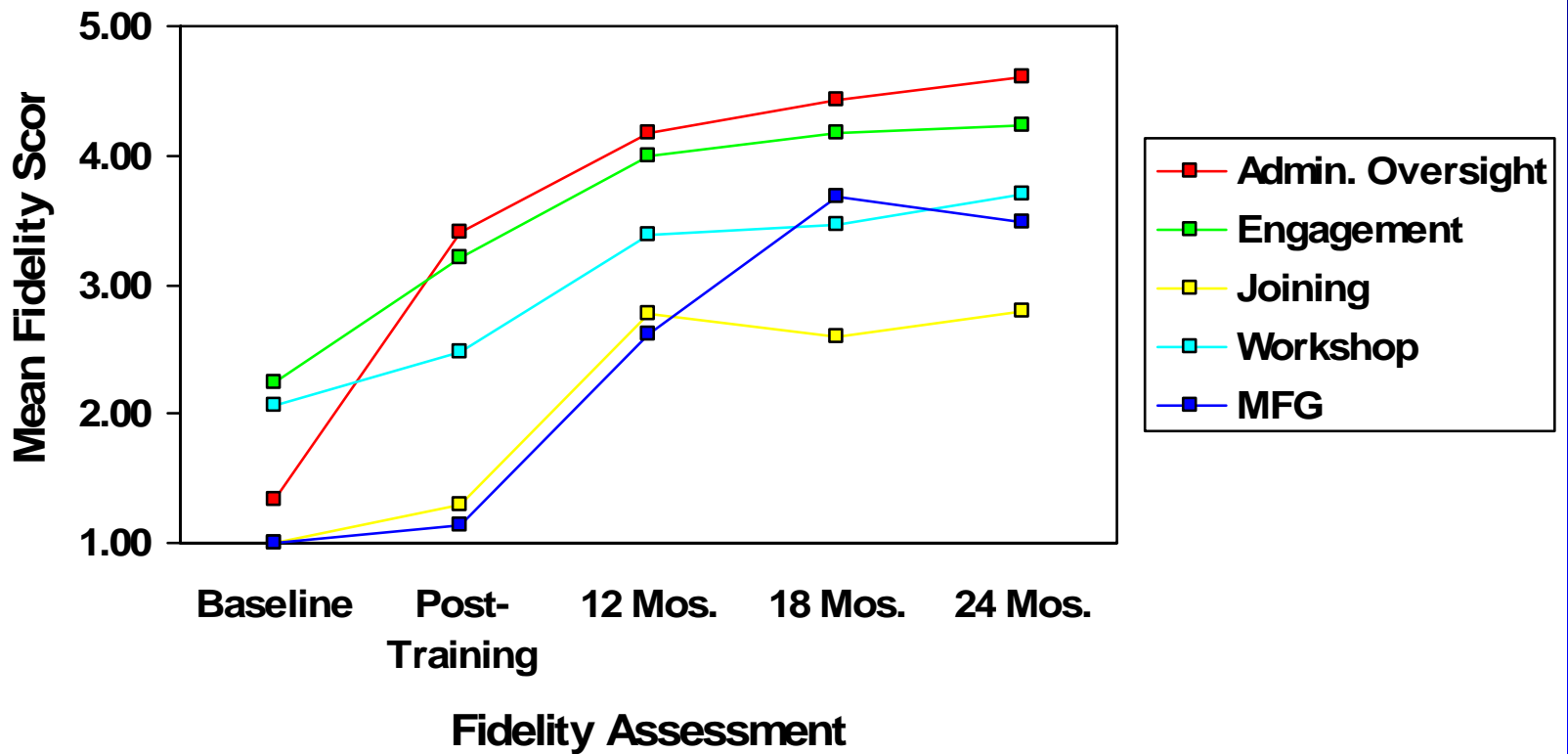
- **FPE Fidelity Scale**
  - 14 items rated from 1 to 5, with 5=full implementation
  - Designed to assess implementation of MFG model
- **General Organizational Index**
  - 15 items rated from 1-5, with 5= fully implemented
  - Designed to assess general agency environment for implementation of evidence-based practices
- **FPE and GOI Fidelity assessed periodically over 24 months**
  - At least 2 raters independently score items, then develop consensus scores
  - Done by telephone

# Fidelity Scores Over Time

	Baseline	Post-Train	12 Mon	18 Mon	24 Mon
Mean (SD)	1.35 (.19)	1.81 (.46)	2.98 (.82)	3.39 (.85)	3.52 (.93)
Range	1 - 2	1 - 4	1 - 4	2 - 5	2 - 5

- **Inter-rater reliability of .80 or above except at Baseline**
- **No significant differences in FPE scores by consultation model at any time point**

# Fidelity Domains over Time



# GOI Scores Over Time

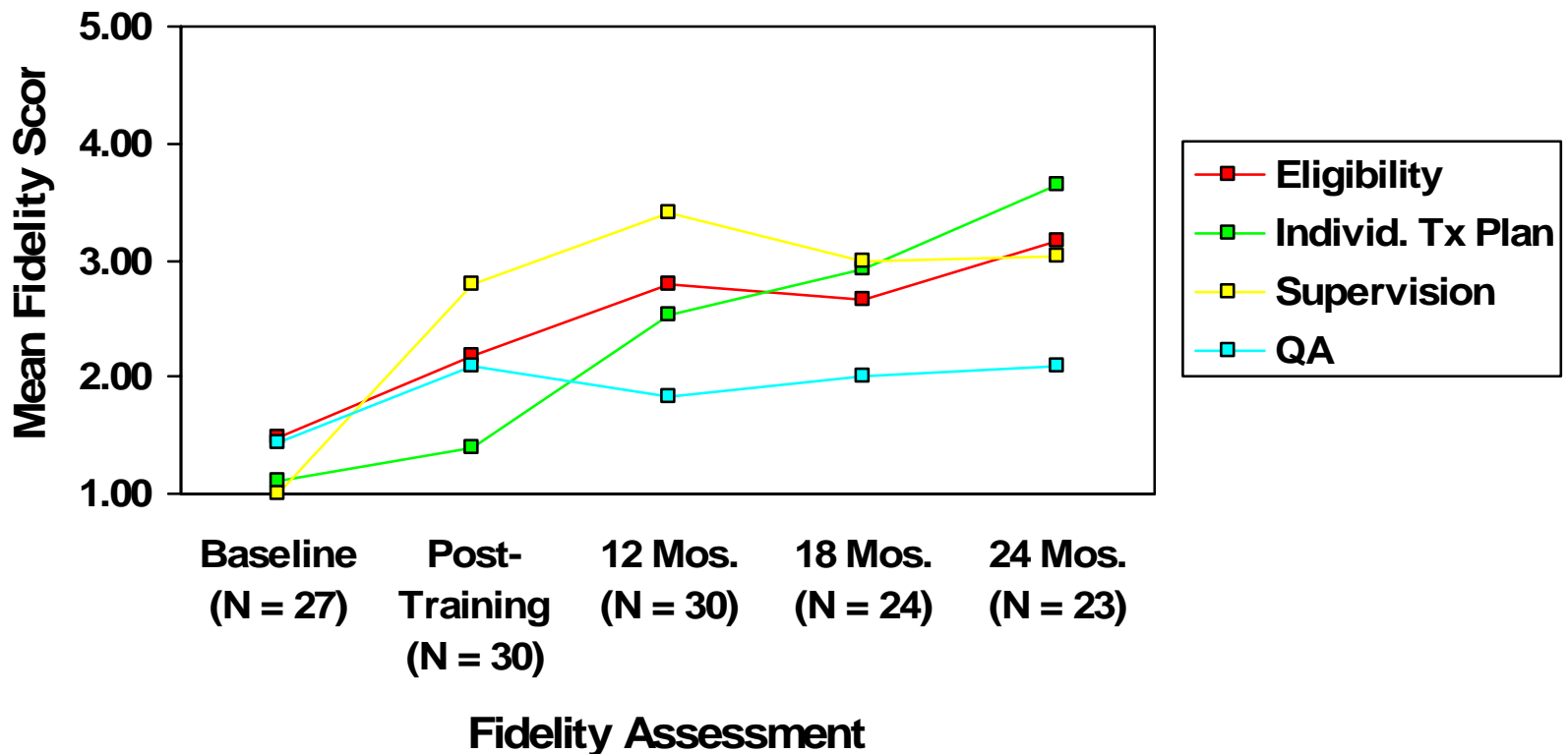
	Baseline	Post-Train	12 Mon	18 Mon	24 Mon
Mean (SD)	1.5 (.24)	2.49 (.58)	3.17 (.46)	3.15 (.49)	3.39 (.53)
Range	1 - 2	1 - 4	2 - 4	2 - 4	2 - 4

- **Inter-rater reliability of .75 or above except at Baseline**
- **No significant differences in GOI scores by consultation model at any time point**

# Correlation of Fidelity and GOI

- FPE and GOI mean scores significantly correlated at post-training ( $r=.425$ ,  $p<.05$ ), 18 months ( $r=.650$ ,  $p<.01$ ), and 24 months ( $r=.775$ ,  $p<.01$ )
- GOI items correlated with Fidelity at 24 months:
  - Screening and eligibility ( $r=.83$ ,  $p<.01$ )
  - Individualized treatment plan ( $r=.63$ ,  $p<.01$ )
  - Supervision ( $r=.67$ ,  $p<.01$ )
  - Quality assurance ( $r=.43$ ,  $p<.05$ )

# GOI Items Correlated with Fidelity over Time



# Staff Characteristics: Measures and Methods

- **Current analysis focuses on correlations between baseline scores and fidelity**
- **Measures included:**
  - **Job Satisfaction (Koeske, Kirk, Koeske, & Rauktis, 1994)**
  - **Self-Efficacy Scale (Schwarzer, Baessler, Kwiatek, & Schroeder, 1997)**
  - **Burnout (Maslach & Jackson, 1986)**
  - **Attitudes towards Change (De Meuse & McDaris, 1994)**
  - **Family Culpability (Rubin, Cardenas, Warren, Pike, and Wambach, 1998)**
  - **Organizational Leadership (Bass & Avolio, 1993)**
- **Generally acceptable reliability (alpha >.80), though some measures were weaker (alpha=.60-.69)**

# Staff Correlates of Fidelity (All Sites)

	Correlation with 12 Month Fidelity (n=171)	Correlation with 24 Month Fidelity (n=145)
Maslach Burnout Inventory: Emotional Exhaustion	<b>-0.196***</b>	0.062
Maslach Burnout Inventory: Depersonalization	<b>-0.139*</b>	0.113
Maslach Burnout Inventory: Personal Accomplishments	0.090	-0.077
Job Satisfaction: Salary and Promotion	<b>-0.172**</b>	<b>-0.151*</b>
Job Satisfaction: Intrinsic Satisfaction	0.093	-0.10
Job Satisfaction: Organizational Satisfaction	0.036	-0.082
Self Efficacy Scale	-0.010	<b>-0.163**</b>
Family Culpability	-0.072	0.023
Attitudes Toward Change	-0.049	0.002
Transactional Leadership Subscale	-0.03	0.04
Transformational Leadership Subscale	0.03	0.03

\*p<.05, \*\*p<.01, \*\*\*p<.001

# Staff Predictors of Fidelity at 12 Months, Controlling for Site

	B	se	$\beta$	p
Maslach Burnout Inventory: Emotional Exhaustion	<b>-0.16</b>	<b>0.89</b>	<b>-0.20</b>	<b>.03</b>
Maslach Burnout Inventory: Depersonalization	-0.03	0.07	-0.03	.71
Maslach Burnout Inventory: Personal Accomplishment	0.11	0.09	0.08	.34
Job Satisfaction: Salary and Promotion	<b>-0.10</b>	<b>0.05</b>	<b>-0.15</b>	<b>.09</b>
Job Satisfaction: Intrinsic Satisfaction	0.14	0.13	0.11	.28
Job Satisfaction: Organizational Satisfaction	0.07	0.10	0.08	.44
Self Efficacy Scale	-0.01	0.02	-0.06	.43
Family Culpability	0.02	0.08	0.02	.77
Attitudes Toward Change	<b>-0.004</b>	<b>.002</b>	<b>-0.14</b>	<b>.07</b>
Transactional Leadership Subscale	<b>-0.03</b>	<b>0.01</b>	<b>-0.14</b>	<b>.08</b>
Transformational Leadership Subscale	-0.01	0.01	-0.10	.27

# Staff Correlates of MFG Implementation (All sites)

	MFG (n=116)	No MFG (n=64)	t	p
Maslach Burnout Inventory: Emotional Exhaustion	2.0	2.1	0.81	.41
Maslach Burnout Inventory: Depersonalization	<b>0.6</b>	<b>0.9</b>	<b>2.05</b>	<b>.04</b>
Maslach Burnout Inventory: Personal Accomplishments	5.0	5.0	0.02	.98
Job Satisfaction: Salary and Promotion	<b>4.2</b>	<b>4.6</b>	<b>2.07</b>	<b>.03</b>
Job Satisfaction: Intrinsic Satisfaction	5.8	5.9	1.08	.28
Job Satisfaction: Organizational Satisfaction	5.3	5.5	1.23	.22
Self Efficacy Total Score	<b>32.9</b>	<b>33.8</b>	<b>1.71</b>	<b>.08</b>
Attitudes Toward Change Total Score	<b>24.6</b>	<b>29.2</b>	<b>1.04</b>	<b>.09</b>
Family Culpability Scale	2.6	2.7	0.61	.554
Transactional Leadership Subscale	-0.08	-0.1	-0.04	.97
Transformational Leadership Subscale	9.5	9.4	-.18	.86

# Next Steps for Analysis

- **Rationale for growth model**
  - **Fixed effects of outcomes**
  - **Variability within agencies on staff attitudes at baseline**
  - **Curvilinear relationship of time to implementation success**
- **First step: incorporate fidelity over time and consultation model**
- **Next step: incorporate changes in staff attitudes over time**

# LESSONS LEARNED



*"Incredible, but is it billable?"*

# Lessons Learned

- **Factors for Success:**
  - Leadership support is critical
  - Project Coordinator as “Champion”
  - Importance of having a Resource Center
  - Quality and consistency of consultation
  - Agency “owns” the change process
  - **Critical: We did not place responsibility on 2 people**
  - Ongoing support for project coordinators

# Lessons Learned

- **This is hard work**
  - **Organizational challenges & staff turnover**
  - **Staff attitudes & competencies**
  - **Felt need of consumers and families varies**
  - **Fit between MFG model and agency services/priorities**
  - **Low penetration**

# NO ONE-SIZED SHOE FITS ALL

No *single* model of family intervention/support is sufficient to treat the diversity of issues, characteristics, life cycle stages, needs and wants of all families and consumers.

# **NEXT STEPS FOR FAMILY SERVICES IN NYS**

**Developing a Spectrum of Family  
Services, Resources & Supports in NYS**

# Spectrum of Services and Supports

- Promotes access to a wide range of service and support options rather than focusing on a single model
  - Addresses agency context
- Offered to every consumer who wants and could benefit from family involvement in recovery
  - Addresses penetration issues
- Involves every clinician
  - Addresses turnover issues

# **FAMILY CONSULTATION:**

**Core Service Platform for  
Addressing Consumer and  
Family Wants/Needs**

**“... there is great complexity and diversity both in what professionals want from families and what families need and want for themselves.”**

Wynne, L. (1994)

*The End*

