

Competency Checklist for MFG Clinicians

Problem-Solving Meetings of the Multifamily Psycho-education 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.

Competency Checklist for MFG Clinicians

Joining Sessions and Family Workshop

Multifamily Psycho-education Group Treatment

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

Circle One: Videotape Audiotape Self monitor/Discussion

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

Session 1

- _____ 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.