CaFI Culturally-adapted Family Intervention

African Caribbean people

FIDELITY MEASURE

This measure incorporates a modified version of the **Cognitive Therapy Scale for Psychosis (CTS-PSY) (Haddock et al., 2001)** which has been adapted to account for the presence of two therapists and the relatives and a modified version of the **Family Interventions in Psychosis-Adherence Scale (FIPAS) (Onwumere et al., 2009)** which has been adapted so components of the scale map directly onto the CaFI therapy manual.

References:

Haddock, G., Devane, S., Bradshaw, T., McGovern, J., Tarrier, N., Kinderman, P., . . . Harris, N. (2001). An Investigation into the Psychometric Properties of the Cognitive Therapy Scale for Psychosis (Cts-Psy). *Behavioural and Cognitive Psychotherapy, 29*(2), 221-233

Onwumere, J., Kuipers, E., Gamble, C., Jolley, S., Smith, B., Rollinson, R., . . . Dunn, G. (2009). Family interventions in psychosis: a scale to measure therapist adherence. *Journal of Family Therapy, 31*(3), 270-283

GENERAL SUBSCALES (derived from CT-PSY)

a) AGENDA

1 The therapists noted the patient's and relative's current emotional status regarding agenda setting.

2 Therapists, patient and relatives established agenda for session.

3 Priorities for agenda items were established.

4 Agenda was appropriate for time allotment (neither too ambitious nor too limited).

5 The agenda provided an opportunity for the patient and the relative(s) to discuss salient events or problems occurring during the time since the last session.

6 The agenda was adhered to during the session where appropriate.

b) FEEDBACK

1 Therapists asked for feedback regarding previous session.

2 Therapists asked for feedback and reactions to present session.

3 Therapists asked patient and relative specifically for any negative reactions to therapists, content, problem formulation etc.

4 Therapists attempted to respond to the patient's and the relative's feedback.

5 Therapists checked that the patient and relative clearly understood the therapists' roles and / or the purpose and limitation of sessions.

6 Therapists checked that they had fully understood the patient's and the relative's perspective by summarising and asking the patient and the relative to fine-tune as appropriate.

c) UNDERSTANDING

1 Therapists listened to different members' points of view

2 Therapists showed sensitivity e.g. by reflecting back feelings as well as ideas.

3 Therapists' tones of voice were empathic.

4 Therapists acknowledged the patient's and the relative's viewpoint as valid and important.

5 Therapists did not negate the patient's nor the relative's point of view.

6 Where differences occurred, they were acknowledged and respected.

d) INTERPERSONAL EFFECTIVENESS

1 Therapists seemed open rather than defensive shown by not holding back impressions or information, or evading the patient's or relative's questions.

2 Content of what therapists said communicated warmth, concern and caring rather that cold indifference.

3 The therapists did not criticise, disapprove or ridicule the patient's nor relative's behaviour or point of view.

4 The therapists responded to, or displayed, humour when appropriate.

5 Therapists made clear statements without frequent hesitations or rephrasing.

6 Therapists were in control of the session, they were able to shift appropriately between listening and leading in terms of both their interactions with the family and with each other.

e) COLLABORATION

1 Therapists asked the patient and relatives for suggestions on how to proceed and offered choices when feasible.

2 Therapists ensured that the patient's and relative's suggestions and choices were acknowledged.

3 Therapists explained rationale for intervention(s).

4 Flow of verbal interchange was smooth with a balance of listening and talking.

5 Therapists worked collaboratively with the patient and relatives even when using a primarily educative role.

6 Discussion was pitched at a level and in a language that was understandable by the patient and relatives.

f) **HOMEWORK**

1 Therapists explicitly reviewed previous week's homework.

2 The therapists summarised the conclusions derived, or progress made, from previous homework.

3 Appropriate homework was assigned.

4 Therapists explained rationale for homework assignment.

5 Homework was specific and details were clearly explained.

6 Therapists asked the patient and relative(s) if they anticipated problems in carrying out homework.

g) **QUALITY OF INTERVENTION: COGNITIVE–BEHAVIOURAL TECHNIQUES**

The therapists did not apply cognitive–behavioural techniques.

Technique applied with:

1 barely adequate level of skill
2 mediocre
3 satisfactory
4 good
5 very good
6 excellent

Note: score for this question is 0 if no cognitive-behavioural techniques are applied.

II. CAFI – SPECIFIC SUBSCALES (adapted from FIPAS)

a) **SESSIONS 1-2: ASSESSMENT AND ENGAGEMENT** *(if applicable)*

1. Establish ground rules
2. Establish personal accounts of psychosis and treatment
3. Identify areas of need and priorities for the family and service user
4. Therapists specifically identify strengths and resources within the family.
5. Agreed Specific, Measurable, Achievable, Realistic and Timely (SMART) goals that closely relate to identified needs and problems
6. Plans are put in place to reward and evaluate goals

b) **SESSIONS 3-4: SHARED LEARNING** *(if applicable)*

1. Identify what the family want to know more about
2. Offer the information/education
3. Answer questions raised by the family
4. Provide written information
5. Explain terminology and avoid use of jargon

c) **SESSION 5-6: COMMUNICATION** *(if applicable)*

1. Help family members to listen to each other, not allowing individuals to talk over each other
2. Identify positive and negative approaches to communication
3. Support and encourage families to express their needs to each other

4. Facilitate better ways of negotiating needs to services

d) **SESSION 7-8: STRESS MANAGEMENT, COPING AND PROBLEM SOLVING** *(if applicable)*

1. Normalise stressful feelings in response to schizophrenia or psychosis

2. Help the family formulate their own role in maintaining stress and service user's problems in a non-judgemental way

3. Help families break out of vicious cycles by changing their own thoughts, feelings and behaviours.

4. Help families support service users in making changes in functioning by setting SMART goals

5. Goals are evaluated and rewarded when achieved.

e) **SESSION 9-10: STAYING WELL AND MAINTAINING GAINS** *(if applicable)*

1. Help the family identify signs of relapse and coping strategies, including action plans in relation to early warning signs or crises.

2. Help the family reflect on and consolidate their learning, including ideas about how any gains can be maintained or generalised to other goals.

3. Help the family prepare for and deal with any difficult feelings in relation to ending therapy.

4. Use the good-bye letter to communicate any positive experiences of working with the family and highlight strengths of the family unit or patient.

f) **REDUCING CRITICISM AND CONFLICT** *(if applicable across all sessions)*

1. Defuse any anger

2. Reframe negative comments

3. Set appropriate limits

4. Model positive communication

5. Help family to tolerate slow change within sessions

g) **REDUCING OVER-INVOLVEMENT** *(if applicable across all sessions)*

1. Identify and address over-involvement

2. Normalise carer's grief, guilt, loss, anxiety and related feelings

3. Set tasks to maximise independence in the context of involvement (within cultural norms) and/or address respite for carer

PART I FIDELITY SCORING GUIDE:

For each item:
0 = inappropriately omitted
1 = appropriately included
9 = not applicable (carries a score of 1)

ITEM		MAX SCORE	ACTUAL SCORE	COMMENTS
PART I				
A	Agenda	6		
B	Feedback	6		
C	Understanding	6		
D	Interpersonal effectiveness	6		
E	Collaboration	6		
F	Homework	6		
G	Quality of Intervention CBT	6		
TOTAL SCORE		42		

PART II SCORING GUIDE

For each item within each session:
0 = not included
1 = included

PART II		Max number of items	Number of items covered	% items covered	Comments
A	Assessment and Engagement	6			
B	Shared Learning	5			
C	Communication	4			
D	Stress management, coping and problem solving	5			
E	Staying well and maintaining gains	4			
F	Reducing criticism and conflict	5			
G	Reducing over-involvement	5			

*Part II will provide a descriptive record of the components covered in the sessions