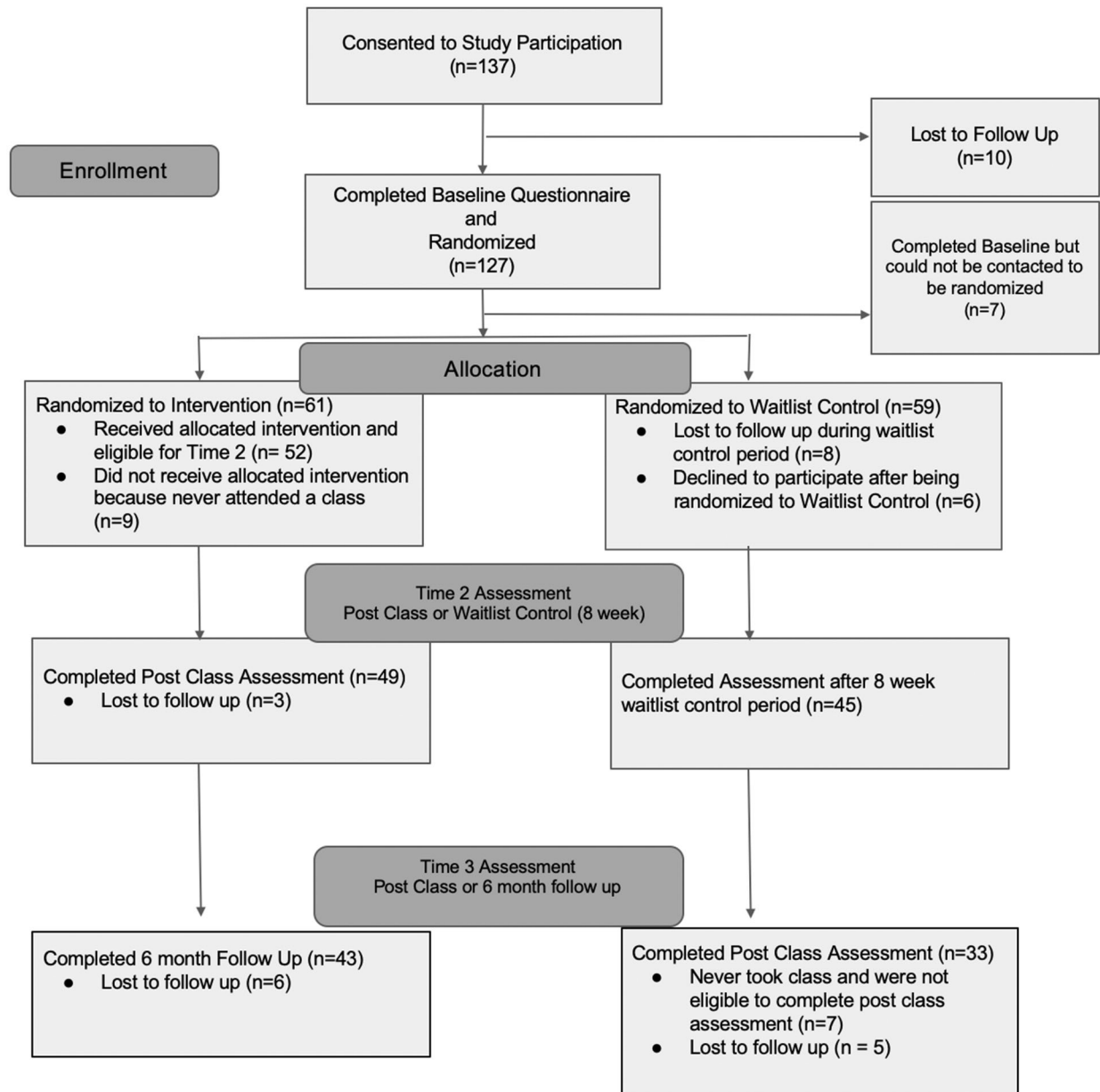


Consort Diagram Showing Participant Enrollment, Allocation, and Follow Up



Description of NAMI Basics Course Content

| Class | Description of content covered |
|--|--|
| Class 1: Introduction | <ul style="list-style-type: none">• Provide psychoeducation about mental health conditions including prevalence of mental health disorders and their impact on families.• Discuss coping with mental health conditions and efforts to normalize caregiver experiences around adjusting to coping with your child's mental illness.• Introduce idea of mental health conditions as brain-based and therefore no different than other medical conditions.• Introduce idea of parent as advocate for their child.• Begin to instill hope for the future.• Cover brain development and different developmental theories.• Normalize how development differs for each child.• Discuss obtaining a diagnosis and its function in obtaining services.• Discuss difficulties that families may face in obtaining a diagnosis.• Introduce concept of behaviors as symptoms of mental health conditions.• Parent as the expert on their own child and their symptoms.• Discussion of evidence-based treatment options for different symptoms including an overview of different types of mental health professionals and different treatment approaches, and specific evidence-based treatments.• Information about psychiatric evaluation.• Discussion of medication and its appropriateness for different conditions in children, and how these medications work in the brain.• Time for course attendees to share their own story |
| Class 2: Biological Bases of Mental Health Conditions | <ul style="list-style-type: none">• Teach communication skills as well as strategies to use to manage difficult behaviors and de-escalate crisis type situations. |
| Class 3: Treatment Options and Opportunity for Participants to share their story | |
| Class 4: Communication Skills and Preparing for a Crisis | |

Class 5: Navigating systems of care

- How to handle a crisis if it does occur.
- Discuss importance of record keeping and provide examples for families as a tool to facilitate effectively navigating systems.
- Provide guidance on how to best engage with systems of care.
- Provide an overview of each system including Medicaid, Medicare, CHIP, and the school system. Overview of the school system includes explanations of the different laws, regulations, and processes that impact families with children with mental health conditions.

Class 6: Self-care and Advocacy

- Discuss impact and stress of caring for a child with mental health conditions.
- Introduction of the idea that self-care allows for best care of a child with mental health conditions.
- Assessment of one's own self-care and ideas for caregiver self-care.
- Provide list of organizations that may help families better advocate for their children with mental health conditions.
- Hear from guest speaker in an area that the members of the course have identified.

Fidelity Monitoring

Fidelity to the intervention was assessed by a *NAMI Basics* trained individual who attended one randomly selected class session for each study course. Fidelity monitors completed a checklist to indicate whether objectives for that session were covered. Coverage of content was rated dichotomously (1 = *present*, 0 = *not present*), and total fidelity was calculated as number of elements covered divided by total possible class elements. Objectives selected for fidelity monitoring included common elements across sessions (e.g. sharing facilitator personal experience, encouraging participants to share, providing messaging to reduce stigma) as well as session-specific content. The Fidelity assessment for the first class session is provided below as an example.

NAMI Basics Fidelity Assessment: Class 1

| | |
|------------------------|------------------------|
| Date: | NAMI Affiliate: |
| Class Number: 1 | Teacher Name: |
| Completed by: | |

An important part of research and evaluating programs delivered by a variety of different people is the ability to confirm that the program was carried out as planned each time it was delivered, regardless of who delivered it. Otherwise, we cannot say for sure whether the designed program is or is not effective. We want to check that key elements of the program have been included in each class. Those key elements are ones that are emphasized to program teachers in their training, explained in the *NAMI Basics Teacher Manual* and listed in the checklist provided. As a fidelity assessment observer, you need simply to indicate that the listed component was included in the class you observed. Remember, you are not being asked to evaluate the quality of the class or program teachers, only whether or not the listed components and messages were included. You are not critiquing the teachers' style. Please do not share your ratings with the teachers or provide any feedback. You may prefer to take notes during the class and complete the form after you leave.

Please indicate with an "X" next to the item to indicate that the listed component was included in the NAMI Basics class you are observing. You may check them off as they occur.

| | Present | Not Present |
|--|---------|-------------|
| 1. The teachers were available before class to welcome participants. | | |
| 2. The class chart and handouts were visible and used in the class. | | |
| 3. Teacher reviewed goals of NAMI Basics | | |
| 4. Teacher reviewed belief system & principles of NAMI programs | | |
| 5. Teacher reviewed prevalence rates of mental health conditions in children/adolescents in US | | |
| 6. Teacher explained the emotional stages of family reactions | | |
| 7. Teacher explained the double-edged sword of mental illness | | |

| | Present | Not Present |
|---|---------|-------------|
| <p>8. The teachers added examples from his/her own life in general during the discussion times.</p> <p>Note: If personal examples were excessive and distracted from the curriculum, indicate “not present.”</p> | | |
| 9. The teachers led discussions by engaging participants. | | |
| 10. Teachers allowed participants to share their experiences or respond to questions rather than teachers providing the all the input. | | |
| <p>11. Teachers shared messages intended to reduce stigma around mental illness, such as the following:</p> <ul style="list-style-type: none"> • Mental health conditions are medical illnesses, just like any other physical illness • Mental health conditions are not anyone’s fault or something to be ashamed of. • You are never alone, even if it may feel like it at times. | | |
| <p>12. Teachers shared messages intended to empower caregivers and emphasize the importance of their role, such as the following:</p> <ul style="list-style-type: none"> • You are in charge of your child’s care and services – at school and in treatment. • You are your child’s best advocate. • You can’t help you child or your family if you don’t take care of yourself first. | | |
| <p>13. Teachers shared messages intended to foster hope about the future and the effectiveness of treatment, such as the following:</p> <ul style="list-style-type: none"> • There are many resources you can turn to for support and information, • Treatment works, even though it may take time to find what works best. • There is hope – for the child and the family. | | |
| <p>14. The class was a full 2-1/2 hours.</p> <ul style="list-style-type: none"> • (Up to a 15-minute extension is allowable if the teacher gained permission from the group.) | | |