Soteria Fidelity Scale
of the International Soteria Association (IAS)

Version: July 2024

Preamble
The Soteria Fidelity Scale (SFS) attempts to define Mosher`s and Ciompi's Soteria criteria in easy-to-understand terms that can be reviewed by informed personnel. The SFS serves the purpose of quality assurance.

It is a self-assessment tool for facilities that primarily treat people with acute psychosis of schizophrenia spectrum disorders.

To increase validity, it should be completed independently by two (or more) team members (e.g. doctor and caregiver). Any differences between raters should be resolved by consensus in a subsequent discussion and then **a single** joint version of the Fidelity Scale should be completed.

We decided to use the recovery-oriented term "*users*" instead of *patients*, even though most Soteria facilities exist as a part of a clinical service covered by health insurances where patients are being treated, the term users seemed nevertheless more appropriate for the Soteria concept.

A) Criteria for which each Soteria or ward with Soteria elements must necessarily score 3 points in order to be recognized as such by the IAS:

1. Coercive treatment (forced medication, restraints, seclusion)

- ☐ 1 = Unfortunately, compulsory treatment is also part of everyday life (> 1x per month).
- ☐ 2 = Compulsory treatment is only carried out very rarely (< 1x per month).
- ☐ 3 = There is no compulsory treatment. If this is deemed necessary in exceptional cases (e.g. in case of severe danger to health or life), the user is transferred to another service.

B) Criteria for which each Soteria facility must achieve a minimum of 3 points and each ward with Soteria elements must achieve a minimum of 2 points in order to be recognized as such by the IAS:

2. Openness

- ☐ 1 = Soteria/ ward with Soteria elements is frequently closed (several days per month).
- ☐ 2 = Soteria/ ward with Soteria elements is occasionally closed (max. 1 day/month).
- ☐ 3 = Soteria/ ward with Soteria elements is always kept open.

3. 1:1 Support („being with“)
1:1 support in Soteria means reassuring a person experiencing psychosis through a supportive and respectful relationship and accompanying them "through" the psychosis (in the sense of "being with" according to Mosher). This includes, among other things, recognizing the psychotic experience as subjectively real, but gently strengthening the connection to reality and conveying hope. Being-with therefore primarily consists of relational aspects far beyond the security aspects

of a "classic 1:1 observation".
The 1:1 support is provided over a longer period of time by the same caregiver who is part of the regular team (usually several hours) and is also offered at night if needed

- ☐ 1 = 1:1 support („being with“) in the above sense is not offered in the acute phase, but rather as a 1:1 observation.
- ☐ 2 = 1:1 support is often offered in the acute phase, but not regularly.
- ☐ 3 = 1:1 support is part of the routine service in the acute phase.

4. Cooking

- ☐ 1 = The food is usually prepared by the facility kitchen; there are only cooking groups.
- ☐ 2 = The majority of meals are prepared by the users.
- ☐ 3 = All meals are prepared by the users according to their wishes.

5. Family atmosphere

The atmosphere at Soteria is informal, similar to a family or residential community. Rules and behavioral expectations arise from the necessities of living together in a social community. Rules are negotiated with the users and, if necessary, also individually. The staff act as mediators between individual and general interests, but in exceptional cases also exercise their right to direct and make decisions.

- ☐ 1 = There is a treatment setting in which rules and procedures are hierarchically prescribed and structured in line with a (closed) acute ward.
- ☐ 2 = There is an open treatment setting in which, however, many procedures and rules are prescribed by general regulations.
- ☐ 3 = There is an informal, family-like atmosphere corresponding to a residential community boundaries are negotiated individually, there are only a few fixed rules.

6. Stimulus protection

Stimulus protection with the aim of sustainable emotional relaxation is understood as a central element of treatment (possibilities for retreat, single rooms, selective admission planning, agreements on consideration of others)

- ☐ 1 = There is usually a lot of agitation. Sufficient stimulus protection can hardly be provided.
- ☐ 2 = Sufficient stimulus protection can be provided at least half of the time.
- ☐ 3 = Sufficient stimulus protection can (almost) always be provided (> 90% of the time).

7. Co-determination of treatment

Therapeutic activity is necessarily based on joint, ongoing agreements on equal terms. Even if one or more goals of the users sometimes seem idiosyncratic or unrealistic, attempts are constantly made to negotiate and implement jointly shared "minimum goals".

- ☐ 1 = There are often treatment goals that are only based on the assessments of the treatment team. These are often developed and implemented without the explicit consent of the users.
- ☐ 2 = Besides shared goals, other goals are only occasionally developed and implemented

without the explicit consent of the beneficiaries.

☐ 3 = No goals are formulated or implemented without the explicit consent of the users.

8. Therapeutic groups in the Soteria

In the Soteria, there are no or only a few formalized therapy groups as they are common on conventional wards (e.g. occupational or movement therapy, relaxation group, metacognitive training, abstinence group).

☐ 1 = The majority of the group activities have predetermined formalized contents (e.g. occupational or movement therapy, etc.) and are carried out by specialist therapists.

☐ 2 = Group activities have approximately equal proportions of prescribed formalized and social/milieu therapeutic content.

☐ 3 = The majority of the group activities have a social/milieu therapeutic content (such activities are offered by team members and include topics of direct interaction, such as current conflicts, everyday planning, but also informal exchange about illness topics, in which all participants meet at eye level).

C) Criteria for which each Soteria or ward with Soteria elements must score at least 2 points in order to be recognized as such by the IAS:

9. Spatial design

There is a homely environment similar to a residential community, which is very different from a ward in a typical psychiatric hospital.

☐ 1 = The spatial design corresponds to the atmosphere of a hospital ward with the following features, among others:

a. Classic hospital beds
b. Shared room for more than 2 persons.
c. The nursing station has an oberservation room and a classic nurse station.
d. The room layout corresponds to a hospital ward and not a residential house
e. Common hospital equipment/utensils are omnipresent and dominate the overall impression (e.g. food trolleys, signal lights at the rooms, bumper guards for hospital beds, functional strips)

☐ 2 = The spatial design is similar to a hospital ward only in some places and otherwise differs significantly from typical psychiatric wards.

☐ 3 = The spatial design does not resemble that of a hospital ward.

10. Soft room

The Soft Room is a pleasantly homely, low-stimulus room that is available for 1:1 support and can be used as a place of retreat.

☐ 1 = There is no soft room.

☐ 2 = The Soft Room is only used occasionally (<50% of the time).

☐ 3 = The soft room is used regularly (>50% of the time).

11.Nurse station

This refers to the central room or office in Soteria, where medicines, medical utensils or patient files are kept.

- ☐ 1 = The nurse station is usually not accessible to the users.
- ☐ 2 = The nurse station is usually accessible to the users.
- ☐ 3 = There is no actual nurse station.

12. Team autonomy in implementation of the Soteria concept

- ☐ 1 = The team of the Soteria/ ward with Soteria elements is largely bound to the specifications of the hospital management in the design of the concept and the treatment processes.
- ☐ 2 = The team of the Soteria/ ward with Soteria elements is subject to certain restrictions of the clinic management in the design of the concept and the treatment processes.
- ☐ 3 = The team of the Soteria/ ward with Soteria elements is largely autonomous in designing the concept and treatment processes.

13. Role of the doctors or psychologists

- ☐ 1 = Classic medical tasks, such as information about medication, exit regulation, documentation/ correspondence with the outside world, are managed exclusively by doctors/psychologists.
- ☐ 2 = The above-mentioned medical tasks are mainly performed by doctors/psychologists.
- ☐ 3 = The above-mentioned tasks are partly or completely taken over or delegated by team members of other occupational groups.

14. Doctor visits

Standardized visits are often experienced by users and staff as hierarchical and unhelpful contact situations. Treatment goals should always be negotiated by the users together with the responsible caregivers/therapists at eye level.

- ☐ 1 = A classic medical visit takes place in the user's room.
- ☐ 2 = There is a doctor-led ward round in a common room or team office.
- ☐ 3 = There is no classical medical visit.

15. Personal caregiver system

One or two persons from the staff are assigned to the user during the entire stay who form a therapeutic relationship, take responsibility for the treatment planning and work on goals together with the user.

- ☐ 1 = There is a caregiver system with organisationally caused frequent changes and subordinate treatment responsibility.
- ☐ 2 = There is a largely reliable caregiver system, but only with subordinate treatment responsibility.
- ☐ 3 = The caregiver system is a central component of the therapeutic setting and the caregivers assume continuous treatment responsibility throughout the treatment period.

16. Selection of team members
Participation of the team: before hiring it is common for team members to sit in on interviews to get to know and assess a potential applicant, or for selection interviews to take place in the presence of team members.

- ☐ 1 = The selection of team members (incl. doctors) is not made specifically for the work in Soteria/ ward with Soteria elements by the service management.
- ☐ 2 = The selection of team members (incl. doctors) is made specifically for the work in Soteria by the management of the Soteria/ ward with Soteria elements without the team having a say.
- ☐ 3 = The selection of the team members (incl. doctors) is made specifically for the work in Soteria by the management of the Soteria/ ward with Soteria elements with consultation of the team.

17. Direct contact of the team members with the patient
The remaining working time is used for organisational processes, meetings and documentation.

- ☐ 1 = Team members spend < 40% of their working time in direct contact with the beneficiaries.
- ☐ 2 = Team members spend 40-70% of their working time in direct contact with the beneficiaries.
- ☐ 3 = Team members spend > 70% of their working time in direct contact with the beneficiaries.

18. External supervision
Supervision is provided by external supervisor, i.e. who does not belong to the institution.

- ☐ 1 = Team has no or irregular external supervision.
- ☐ 2 = Team has regular external supervision.
- ☐ 3 = Team has regular external supervision at least monthly.

19. Peer group (age and diagnosis)

- ☐ 1 = Soteria/wards with Soteria elements serve people with psychoses (>66%) as well as people with other diagnoses and there are also patients older than 40 (<33%).
- ☐ 2 = Soteria/wards with Soteria elements mostly serve people with psychoses (>75%) and younger than 40 (>75%).
- ☐ 3 = Soteria/wards with Soteria elements practically exclusively serve people (>90%) with psychoses and younger than 40 (>90%).

20. Medication
Especially for first-time patients, treatment without medication or initially only with minor tranquilizers (benzodiazepines?) can be offered if desired by the user and if it is appropriate. Antipsychotics are used according to individual need with the lowest possible dosage, primarily in monotherapy.

- ☐ 1 = Treatment with doses of antipsychotics as in conventional wards for psychosis

patients.

☐ 2 = Treatment with lower-dose antipsychotics.

☐ 3 = Treatment with lower-dose antipsychotics and in at least 10% of cases without antipsychotic medication.

21. Active community in coping with everyday life

☐ 1 = A large part of the household tasks (cleaning, shopping, cooking, gardening, etc.) are carried out by non-therapeutic employees.

☐ 2 = A large part of the daily household tasks (cleaning, shopping, cooking, gardening etc.) are done by the users and the team together in the sense of a therapeutic community.

☐ 3 = All daily household tasks (cleaning, shopping, cooking, gardening etc.) are done exclusively by the users and the team together in the sense of a therapeutic community.

D) Criteria where no minimum score needs to be achieved to be recognized as a Soteria/ ward with Soteria elements by the IAS:

22. Location

☐ 1 = Soteria/ ward with Soteria elements is a ward in the hospital building.

☐ 2 = Soteria/ ward with Soteria elements is in a separate house on the hospital grounds.

☐ 3 = Soteria is located in a house in the community/ outside of hospital grounds.

23. Number of users

☐ 1 = Soteria/ ward with Soteria elements have >15 users.

☐ 2 = Soteria/ ward with Soteria elements have 11-15 users.

☐ 3 = Soteria/ ward with Soteria elements have a maximum of 10 users.

24. Division of tasks among the team members of different professional groups

☐ 1 = The majority of staff come from psychiatric professions (nursing, social work, psychology, occupational therapy) and work in a profession-specific manner, i.e. they only take on tasks that are usually performed by their professional group.

☐ 2 = The majority of staff members come from psychiatric professions, but most of them do not work in a profession-specific way, i.e. there is a large overlap of activities that are taken on by all staff members and individual professional groups also take on tasks that are not usually performed by them (e.g. -, determining exit regulations, creating crisis plans, counselling on psychotropic drugs, etc. by non-medical staff members).

☐ 3 = The majority of staff members do not come from psychiatric professions or are peers, and the majority do not work in a profession-specific way.

25. Working hours Employees

☐ 1 = Employees work in 3 shifts per day.
☐ 2 = Employees work in 2 shifts per day.
☐ 3 = Employees work ≤ 1 shift per day.

26. Admitting practice

☐ 1 = Soteria/ward with Soteria elements has an obligation to admit patients referred by others, i.e. by the doctor on call and the Soteria/ward staff is restricted in its decision making power regarding admissions.
☐ 2 = Soteria/ward with Soteria elements have external admission obligations, but the management of the Soteria/wards decides largely autonomously on admissions.
☐ 3 = Soteria/ ward with Soteria elements has no external admission obligation and the management of the Soteria/ ward decides completely autonomously about any admissions.

27. Relapse prevention
Relapse prevention means the individual analysis of early warning signs and the development of strategies in individual discussions. Classical psychoeducation does not correspond to individualized relapse prevention.

☐ 1 = Relapse prevention is only offered occasionally.
☐ 2 = Relapse prevention is offered (but usually only in the context of group psychoeducation or a checklist).
☐ 3 = Relapse prevention is always offered comprehensively and individualized.

28. Length of stay
Soteria is based on the assumption that it takes a certain amount of time to build up a relationship, to understand the crisis and to integrate it into one's own biography and further life planning. The length of stay is not limited by the treatment concept, but is adapted to the individual situation of the person concerned as well as the common goals.

☐ 1 = The length of stay corresponds to that of comparable hospital wards.
☐ 2 = The length of stay is limited, but longer than that of comparable hospital wards.
☐ 3 = The length of stay is not limited in principle but determined by the needs of the user

29. Aftercare

☐ 1 = Follow-up care is not organized on a regular basis (there are regular discharges where a first follow-up appointment is not yet fixed on the day of discharge).

☐ 2 = Follow-up is organized regularly, but most of the time it is not carried out by the team members who already know the users from their inpatient stay.

☐ 3 = Aftercare is organized regularly and carried out by integrated aftercare services (day hospital, outpatient clinic, home visits, group activities, peer networks, etc.) mostly by team members (or peers) who already know the users from the Soteria stay.

30. Involvement of relatives / families

☐ 1 = Relatives and the social environment are occasionally involved in admission and discharge preparations. Family discussions are not offered on a regular basis.

☐ 2 = Relatives and the social environment are mostly involved in admission and discharge preparations. Family discussions are offered regularly, but often only one family discussion takes place during the stay.

☐ 3 = Relatives and the social environment are regularly involved in admission and discharge preparation. Family discussions are routinely offered; as a rule, several family discussions take place during one stay.

Scoring

Please enter in the table below how many criteria per category have been achieved and add **up all the points.** Adding the scores of **each row gives the** total score (in the blue box).

If one or more criteria are in a red box, **no recognition as** a soteria or ward with soteria elements can be granted by the IAS, regardless of the total score. If one or more criteria are in a yellow field, only recognition as a ward with soteria elements can be granted by the IAS, irrespective of the total score.

	1 point	2 points	3 points	Score
Category A (1 criterion)				
Category B (7 criteria)				
Category C (13 criteria)				
Category D (9 criteria)				
Total				

Total score:

30 - 51 points: Clinic ward
52 - 71 points: Station with Soteria elements
72 - 90 points: Soteria

Date:

Name of the institution:

Name of the assessor 1:

Name of the assessor 2:

E-mail:

Tel. no.:

Please scan and send to: d.nischk@zfp-reichenau.de