

Family Psychoeducation Fidelity Scale (8-7-02)

	1	2	3	4	5
<p>1. Family Intervention. Coordinator. One clinical administrator is designated as overseer of the family psychoeducation program for a substantial portion of his/her job (time depends on size of program). This person's role should include activities such as overseeing training and supervision, including family members in planning and oversight activities, linking with NAMI.</p>	Agency does not have a designated position	Agency has a designated position who performs 1 of the tasks	Agency has a designated position who performs 2 or 3 of the tasks	Agency has a designated position who performs 4 or 5 of the tasks	Agency has a designated position who performs all tasks
<p>2. Session Frequency for Family Psychoeducation.</p>	< 3 months	Every 3 months	Every 2 months	Monthly	At least twice a month
<p>3. Long-Term FPE.</p>	Most families receive at less than 6 months of FPE sessions	Most families receive 6-7 months of FPE sessions	Most families receive between 7-8 months	Most families receive 8-9 months of FPE sessions	Excluding dropouts, >90% families receive at least 9 months of FPE sessions
<p>4. Quality of Practitioner-Family Alliance. In individual or group sessions, the practitioner engages family members and consumer with warmth, empathy, acceptance and attention to each individual's needs and desires.</p>	High dropout rate	Sources indicate that practitioner-family alliance often poor	Sources indicate alliance is inconsistent or barely adequate, or information is inconsistent	Sources indicate a fairly strong practitioner-family alliance.	Sources consistently indicate a strong practitioner-family alliance
<p>5. Detailed Family Reaction. In individual or group sessions, the clinician(s) identify and specify the family's reaction to their relative's mental illness.</p>	Most FPE clinicians do not understand practice and it is documented for <33% of involved families	Less than half of FPE clinicians understand practice and it is documented for 33% - 49% of involved families	Less than half of FPE clinicians understand practice and it is documented for 50% - 64% of involved families	Most FPE clinicians understand practice and it is documented for 65%-79% of involved families	All FPE clinicians understand practice and it is documented on standardized checklist for 80% or more of involved families, corroborated by coordinator and families.

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<p>6. Precipitating Factors. In individual or group sessions, the clinician(s) identify and specify precipitating factors to their relative's mental illness.</p>	<p>Most FPE clinicians do not understand practice and it is documented for <33% of involved families</p>	<p>Less than half of FPE clinicians understand practice and it is documented for 33% - 49% of involved families</p>	<p>Less than half of FPE clinicians understand practice and it is documented for 50% - 64% of involved families</p>	<p>Most FPE clinicians understand practice and it is documented for 65%-79% of involved families</p>	<p>All FPE clinicians understand practice and it is documented on standardized checklist for 80% or more of involved families, corroborated by coordinator and families.</p>
<p>7. Prodromal Signs. In individual or group sessions, the clinician(s) help families to identify and specify prodromal signs and symptoms of their relative's mental illness.</p>	<p>Most FPE clinicians do not understand practice and it is documented for <33% of involved families</p>	<p>Less than half of FPE clinicians understand practice and it is documented for 33% - 49% of involved families</p>	<p>Less than half of FPE clinicians understand practice and it is documented for 50% - 64% of involved families</p>	<p>Most FPE clinicians understand practice and it is documented for 65%-79% of involved families</p>	<p>All FPE clinicians understand practice and it is documented on standardized checklist for 80% or more of involved families, corroborated by coordinator and families.</p>
<p>8. Coping Strategies. In single-family Joining sessions, the clinician(s) help to identify, describe, clarify, and teach coping strategies that are used by families.</p>	<p>Most FPE clinicians do not understand practice and it is documented for <33% of involved families</p>	<p>Less than half of FPE clinicians understand practice and it is documented for 33% - 49% of involved families</p>	<p>Less than half of FPE clinicians understand practice and it is documented for 50% - 64% of involved families</p>	<p>Most FPE clinicians understand practice and it is documented for 65%-79% of involved families</p>	<p>All FPE clinicians understand practice and it is documented on standardized checklist for 80% or more of involved families, corroborated by coordinator and families.</p>

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<p>9. Educational Curriculum. FPE uses a standardized curriculum to teach families about mental illness. The curriculum covers six topics: psychobiology, diagnosis, treatment and rehabilitation, reactions to experiencing psychosis as a family, relapse prevention, and family guidelines.</p>	<p>Most FPE clinicians do not understand practice and it is documented for <33% of involved families</p>	<p>Less than half of FPE clinicians understand practice and it is documented for 33% - 49% of involved families</p>	<p>Less than half of FPE clinicians understand practice and it is documented for 50% - 64% of involved families</p>	<p>Most FPE clinicians understand practice and it is documented for 65%-79% of involved families</p>	<p>All FPE clinicians understand practice and it is documented on standardized checklist for 80% or more of involved families, corroborated by coordinator and families.</p>
<p>10. Multimedia Education. Educational materials on illness, treatment, and guidelines are provided with choices in several formats (e.g., written, video, web sites).</p>	<p>Most FPE clinicians do not understand practice and it is documented for <33% of involved families</p>	<p>Less than half of FPE clinicians understand practice and it is documented for 33% - 49% of involved families</p>	<p>Less than half of FPE clinicians understand practice and it is documented for 50% - 64% of involved families</p>	<p>Most FPE clinicians understand practice and it is documented for 65%-79% of involved families</p>	<p>All FPE clinicians understand practice and it is documented on standardized checklist for 80% or more of involved families, corroborated by coordinator and families.</p>
<p>11. Structured Group Sessions. Multiple family groups follow a structured procedure that includes socialization, go-round, response to each family, problem solving, and socialization.</p>	<p>Most FPE clinicians do not understand practice and it is documented for <33% of involved families</p>	<p>Less than half of FPE clinicians understand practice and it is documented for 33% - 49% of involved families</p>	<p>Less than half of FPE clinicians understand practice and it is documented for 50% - 64% of involved families</p>	<p>Most FPE clinicians understand practice and it is documented for 65%-79% of involved families</p>	<p>All FPE clinicians understand practice and it is documented on standardized checklist for 80% or more of involved families, corroborated by coordinator and families.</p>

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<p>12. Structured Problem-Solving. Techniques. In individual or group sessions, the clinician(s) use a standardized approach (identify the problem, define the problem for one patient/family, generate >7 solutions, review pros and cons, select a solution, develop specific and individualized tasks and plans) to help families with problem-solving.</p>	<p>Most FPE clinicians do not understand practice and it is documented for <33% of involved families</p>	<p>Less than half of FPE clinicians understand practice and it is documented for 33% - 49% of involved families</p>	<p>Less than half of FPE clinicians understand practice and it is documented for 50% - 64% of involved families</p>	<p>Most FPE clinicians understand practice and it is documented for 65%-79% of involved families</p>	<p>All FPE clinicians understand practice and it is documented on standardized checklist for 80% or more of involved families, corroborated by coordinator and families.</p>
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