

Illness Management and Recovery (IMR) Fidelity Scale (12/11/02)

	1	2	3	4	5
1. # People in a Session or Group: IMR is taught individually or in groups of 8 or less consumers.	Some sessions taught with over 15 consumers	Some sessions taught with 13-15 consumers	Some sessions taught with 11 or 12 consumers	Some sessions taught with 9 or 10 consumers	All IMR sessions taught individually or in groups of 8 or less
2. Program Length: Consumers receive at least 3 months of weekly IMR sessions or equivalent (e.g., biweekly for at least 6 months).	<20% of IMR clients receive at least 3 months of weekly sessions	20%-39% of IMR clients receive at least 3 months of weekly sessions	40%-69% of IMR clients receive at least 3 months of weekly sessions	70%-89% of IMR clients receive at least 3 months of weekly sessions	≥90% of IMR clients receive at least 3 months of weekly sessions
3. Comprehensiveness of the Curriculum: <ul style="list-style-type: none"> • Recovery strategies • Mental illness facts • Stress-vulnerability model • Social support • Using medication • Preventing relapse • Stress management • Coping symptoms • Mental health system 	Curriculum materials include only 1 topic, or educational handouts are not available	Curriculum materials include 2 or 3 topic areas	Curriculum materials include 4 or 5 topic areas	Curriculum materials include 6 or 7 topic areas	Curriculum materials include 8 or 9 topic areas
4. Provision of Educational Handouts: All consumers participating in IMR receive IMR handouts.	<20% of IMR clients receive educational handouts	20%-39% of IMR clients receive educational handouts	40%-69% of IMR clients receive educational handouts	70%-89% of IMR clients receive educational handouts	≥90% of IMR clients receive educational handouts
5. Involvement of Significant Others: At least one IMR-related contact in the last month <u>OR</u> involvement with the consumer in pursuit of goals (e.g., assisting with homework assignments).	<20% of IMR clients have significant other(s) involved	20%-29% of IMR clients have significant other(s) involved	30%-39% of IMR clients have significant other(s) involved	40-49% of IMR clients have significant other(s) involved	≥50% of IMR clients have significant other(s) involved

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6. IMR Goal Setting <ul style="list-style-type: none"> • Realistic and measurable • Individualized • Pertinent to recovery process • Linked to IMR plan 	<20% of IMR clients have at least 1 personal goal in chart	20%-39% of IMR clients have at least 1 personal goal in chart	40%-69% of IMR clients have at least 1 personal goal in chart	70%-89% of IMR clients have at least 1 personal goal in chart	≥90% of IMR clients have at least 1 personal goal in their chart
7. IMR Goal Follow-up: Practitioners and consumers collaboratively follow up on goal(s) (See examples in the IMR Practitioner Workbook)	<20% of IMR clients have follow-up on goal(s) documented in chart	20%-39% of IMR clients have follow-up on goal(s) documented in chart	40%-69% of IMR clients have follow-up on goal(s) documented in chart	70%-89% of IMR clients have follow-up on goal(s) documented in chart	≥90% of IMR clients have follow-up on the goal(s) documented in their chart
8. Motivation-Based Strategies: <ul style="list-style-type: none"> • New info & skills • Positive perspectives • Pros & cons of change • Hope & self-efficacy 	<20% of IMR sessions use at least 1 motivation-based strategy	20-39% of IMR sessions use at least 1 motivation-based strategy	30-39% of IMR sessions use at least 1 motivation-based strategy	40-49% of IMR sessions use at least 1 motivation-based strategy	≥50% of IMR sessions use at least 1 motivation-based strategy
9. Educational Techniques: <ul style="list-style-type: none"> • Interactive teaching • Checking for understanding • Breaking down info • Reviewing info 	<20% of IMR sessions use at least 1 educational technique	20%-39% of IMR sessions use at least 1 educational technique	30%-39% of IMR sessions use at least 1 educational technique	40%-49% of IMR sessions use at least 1 educational technique	≥50% of IMR sessions use at least 1 educational technique
10. Cognitive-Behavioral Techniques: <ul style="list-style-type: none"> • Reinforcement • Shaping • Modeling • Role playing • Cognitive restructuring • Relaxation training 	<20% of IMR sessions use at least 1 cognitive-behavioral technique	20%-39% of IMR sessions use at least 1 cognitive-behavioral technique	30%-39% of IMR sessions use at least 1 cognitive-behavioral technique	40%-49% of IMR sessions use at least 1 cognitive-behavioral technique	≥50% of IMR sessions use at least 1 cognitive-behavioral technique
11. Coping Skills Training: <ul style="list-style-type: none"> • Review current coping • Amplify current coping or develop new coping skills • Behavioral rehearsal • Review effectiveness 	Few or none of the practitioners are familiar with the principles of coping skills training	Some of the practitioners are familiar with the principles of coping skills training, with a low level of use	Some of the practitioners are familiar with the principles of coping skills training, with a moderate level of use	The majority of the practitioners are familiar with the principles of coping skills training and use it regularly	All practitioners are familiar with the principles of coping skills training and use it regularly

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• Modify as necessary					
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12. Relapse Prevention Training: <ul style="list-style-type: none"> • Identify triggers • Identify early warning signs • Stress management • Ongoing monitoring • Rapid intervention as needed 	Few or none of the practitioners are familiar with the principles of relapse prevention training	Some of the practitioners are familiar with the principles of relapse prevention training, with a low level of use	Some of the practitioners are familiar with the principles of relapse prevention training, with a moderate level of use	The majority of the practitioners are familiar with the principles of relapse prevention training and use it regularly	All practitioners are familiar with the principles of relapse prevention training and use it regularly
13. Behavioral Tailoring for Medication: Behavioral tailoring includes developing strategies tailored to each individual's needs, motives and resources (e.g., choosing medication that requires less frequent dosing, placing medication next to one's toothbrush).	Few or none of the practitioners are familiar with the principles of behavioral tailoring for medication	Some of the practitioners are familiar with the principles of behavioral tailoring for medication, with a low level of use	Some of the practitioners are familiar with the principles of behavioral tailoring for medication, with a moderate level of use	The majority of the practitioners are familiar with the principles of behavioral tailoring for medication and use it regularly	All practitioners are familiar with the principles of behavioral tailoring for medication and use it regularly