FAMILY PSYCHOEDUCATION FIDELITY SCALE

	1	2	3	4	5
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 setting up FPE services, removing barriers to implementation, overseeing training and supervision, including family members in planning and oversight activities, linking with NAMI.	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
2. Session Frequency for Family Psychoeducation	< 3 months	Every 3 months	Every 2 months	Monthly	At least twice a month
3. Long-Term FPE	Most families receive at less than 6 months of FPE sessions	Most families receive between 6-7 months of FPE sessions	Most families receive between 7-8 months	Most families receive between 8-9 months of FPE sessions	Excluding dropouts, >90% families receive at least 9 months of FPE sessions
4. Quality of Practitioner-Family Alliance. In individual or group sessions (approximately three sessions), the practitioner engages family members and consumer with warmth, empathy, acceptance and attention to each individual's needs and desires.	Sources consistently indicate poor practitioner-family alliance (e.g., all members of family and consumer decline services or drop-out)	Sources indicate that practitioner-family-consumer alliance often poor.	Sources indicate alliance is inconsistent or barely adequate, or information is inconsistent	Sources indicate a fairly strong practitioner-family-consumer alliance.	Sources consistently indicate a strong practitioner-family-consumer alliance
5. Detailed Family Reaction. In single-family Joining sessions, the clinician(s) identify and specify the family's reaction to their relative's mental illness.	<33% of involved families	33% - 49% of involved families	50% - 64% of involved families	65%-79% of involved families	Documented on standardized checklist for 80% or more of involved families, corroborated by coordinator, supervisor, clinicians, and families.
6. Precipitating Factors. In single-family Joining sessions, the clinician(s) identify and specify precipitating factors to their relative's mental illness.	<33% of involved families	33% - 49% of involved families	50% - 64% of involved families	65%-79% of involved families	Documented on standardized checklist for 80% or more of involved families, corroborated by coordinator, supervisor, clinicians, and families.

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7. Prodromal Signs. In single-family Joining sessions, the clinician(s) help families to identify and specify prodromal signs and symptoms of their relative's mental illness.	<33% of involved families	33% - 49% of involved families	50% - 64% of involved families	65%-79% of involved families	Documented on standardized checklist for 80% or more of involved families, corroborated by coordinator, supervisor, clinicians, and families.
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.	<33% of involved families	33% - 49% of involved families	50% - 64% of involved families	65%-79% of involved families	Documented on standardized checklist for 80% or more of involved families, corroborated by coordinator, supervisor, clinicians, and families.
9. Educational Curriculum. In individual or group sessions, the clinician(s) use a standardized curriculum to teach families about mental illness. The curriculum covers at least six topics: psychobiology, diagnosis, treatment and rehabilitation, reactions to experiencing psychosis as a family, relapse prevention, and family guidelines.	<33% of involved families	33% - 49% of involved families	50% - 64% of involved families	65%-79% of involved families	Documented on standardized checklist for 80% or more of involved families, corroborated by coordinator, supervisor, clinicians, and families.
10. Multimedia Education. Educational materials on illness, treatment, and guidelines are provided with choices in several formats (e.g., written, video, web sites).	<33% of involved families	33% - 49% of involved families	50% - 64% of involved families	65%-79% of involved families	Documented on standardized checklist for 80% or more of involved families, corroborated by coordinator, supervisor, clinicians, and families.
11. Structured Sessions. Multiple- or single-family sessions follow a structured procedure that includes socialization, go-round, response to each family, problem solving, and socialization.	<33% of involved families	33% - 49% of involved families	50% - 64% of involved families	65%-79% of involved families	Documented on standardized checklist for 80% or more of involved families, corroborated by coordinator, supervisor, clinicians, and families.
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.	<33% of involved families	33% - 49% of involved families	50% - 64% of involved families	65%-79% of involved families	Documented on standardized checklist for 80% or more of involved families, corroborated by coordinator, supervisor, clinicians, and families.