

# Treatment Request and Integrated Georgia Reporting Survey

## Resource Guide

July 2001 Version

TRIGRS is a new, fully revised treatment request form for authorizing Medicaid-billable mental health and substance abuse services in Georgia.



- Provides a common framework and vocabulary to describe and measure behavioral health outcomes.

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- Focuses clinical care on recovery through a psychosocial rehabilitation model.

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- Offers a directory of impairments and strengths with specific examples for each rating level.

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- Provides a foundation for the development of an individualized plan with general goals, objectives and therapeutic interventions.

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- Lists specific questions to aid in the assessment process.

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Read  
Pages 23-24  
For Important  
Instructions On  
Service Plan  
Formulation!

APS Healthcare  
Georgia External Review Organization

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*133 Carnegie Way  
Suite 310  
Atlanta, GA 30303  
(877) 523-4978*

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## Reference/Resource List

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*The material in this Clinical Resource Guide was developed from a number of sources. Many APS Healthcare staff members as well as a number of Georgia Community Mental Health Center employees have made significant contributions. There was also a great deal of material adopted and revised from the following references:*

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# Purpose of the Clinical Resource Guide

## The Need to Establish a Common Vocabulary

A common language or vocabulary is critical to successfully assess, serve and measure consumer progress towards recovery. Recognizing this need APS Healthcare has utilized multiple resources in an attempt to create a common vocabulary that measures symptoms, behaviors, willingness, skills and resources. A common language or vocabulary will benefit staff that may have limited mental health or substance abuse training as well as provide a standard measuring device for the experienced therapist or physician.

While several resources exist that attempt to match the severity of consumer impairment with the intensity of services, no one model provides an instruction manual to meet the ever changing needs of complex human beings. This resource guide created by APS Healthcare is no different. It is simply offered to provide a common framework to describe specific needs and strengths and measure progress toward recovery.

In addition to creating a directory of impairments and strengths, this guide offers specific questions that will aid in the assessment process. General goals, objectives and therapeutic interventions associated with each identified need are also available to guide the clinician in the development of a comprehensive service/recovery plan.



# Introduction to the Consumer Recovery Model

## And How Does Medical Necessity Apply

Because we live in a world of fiscal accountability, the healthcare industry has had to evolve from the motto of “do no harm” to “prove what good was done.” Both private and public sector behavioral healthcare have been profoundly impacted by this shift over the last two decades. Consequently, payer sources (such as Medicaid or an insurance company) generally expect to see justification for services in the form of documentation. These expectations include documentation that reflects therapeutic needs and specific interventions designed to bring relief so that one's optimal functioning is regained.

The term “medical necessity” is derived from the medical model where diagnosis and treatment planning begin by defining the problems a person is experiencing in the form of symptoms, behaviors and impairments. Interventions are then designed to help the person return to their optimal level of functioning by reducing or removing the negative aspects of one's illness.

Medical necessity is similar to ensuring that the type and dose of medication appropriately match the severity of illness that it is designed to impact. For instance, one would expect to receive more than aspirin as anesthesia for major surgery. Likewise, one would probably not expect to be given morphine for a headache. Medical necessity simply means that the “dose” or intervention matches the need. In the medical world this model has been an effective tool for assuring that treatment results in symptom relief so that a person is not over-served or under-served.

However, when people with severe and persistent mental illness begin to experience a symptom free lifestyle for the first time, they may find that treatment has not equipped them with the skills to set and obtain goals, make choices and improve their quality of life. Symptom relief then, is an important outcome but it is not the only component of recovery.

## Symptom Relief- Just One Component of Recovery

The consumer recovery movement is the idea that instead of focusing on the disease or pathological aspect of schizophrenia-as does the medical model-emphasis is placed on the potential for growth in the individual. William Anthony, PhD, executive director of Boston University's Center for Psychiatric Rehabilitation, defines recovery as “the development of new meaning and purpose as one grows beyond the catastrophe of mental illness.” Two key precepts of recovery have to do with the consumer's right to play a hands-on role in getting well, and the need for the system to acknowledge that each person is different with different needs as reflected by a unique service plan. William Anthony further writes, “Major recovery may occur without complete symptom relief. That is, a person may still experience major episodes of symptom exacerbation, yet have significantly restored task and role performance and/or removed significant opportunity barriers”.

Since recovery from the consequences of mental illness can be more difficult than recovering from the illness itself, the goal of many of the Rehabilitation services in Georgia is to help

## 4 Introduction to the Resource Guide

restore the skills (such as Activities of Daily Living) and roles (such as employment) that have been diminished as a result of mental illness. Symptom relief then, while an important dimension, is not the sole definition of recovery.

### Symptom Relief Not Always the Primary Focus

Some services in Georgia such as Crisis Residential and Intensive Day Treatment are designed for stabilization of acute symptoms. Since skill development is not the primary focus within these services, the External Review Organization would expect to see impairment to the degree that warrants such intensive medical intervention. Conversely, admitting a consumer to a setting focused on stabilization, when he/she needs help to develop the skills to find a job, would be a disservice to that person. So, the general expectation is that some services are designed exclusively for symptom relief and stabilization while other services such as Psychosocial Rehabilitation and Day Supports are designed for restoration of lost skills and roles with skill acquisition as the primary outcome.

When it comes to medical necessity within the recovery model, the real question is how will this service benefit the consumer? Providing too much support for a person who has sufficient skills and resources can result in dependency on the provider, while not providing enough support can result in frequent relapse. In Georgia, services designed to provide these varying levels of supports include Assertive Community Treatment, Community Supports (by a team or individual staff), and Peer Supports.

### Matching Needs and Services

The basis of demonstrating medical necessity involves describing how the service is individually tailored to help a consumer meet his or her goals. This is done by documenting the overall goals desired by a consumer followed by a detailed list of agreed upon objectives and interventions that will be used to obtain those goals. The individual recovery plan, when written in specific, measurable and attainable terms, becomes the “road map” for demonstrating medical necessity within the recovery model.

Demonstrating medical necessity within the recovery model simply means that a provider avoids a one-size-fits-all approach by responding to the variable and episodic nature of mental illness. This is accomplished through an environment that stimulates recovery by providing quick access for symptom relief, rehabilitation for diminished skills/roles, and opportunities for enrichment, self-development and empowerment. Matching consumer needs with the right service will not only result in appropriate Medicaid billing but will most importantly result in ongoing recovery and growth.

# Chapter One

# Symptoms/Behaviors

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Severity Rating Examples

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General Goals, Objectives and Interventions

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Assessment Interview Questions

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## 6 Symptoms/Behaviors

## General Goals/Objectives/Interventions

Developing achievable therapeutic goals with a consumer and allying together to attain them are key components of successful counseling. There is integral therapeutic value to committing those same goals to writing in a treatment plan.



The Complete Adult Psychotherapy Treatment Planner expounds on this point:

*“Detailed written treatment plans can benefit not only the consumer, therapist, treatment team, insurance community, and agency... The consumer is served by a written plan because it stipulates the issues that are the focus of the treatment process. It is very easy for both clinician and consumer to lose sight of what the issues were that brought the person into therapy... Since issues can change as therapy progresses, the treatment plan must be viewed as a dynamic document that can and must be updated to reflect any major change of problem, definition, goal, objective or intervention” (p. 2).*

However, some clinicians report learning the skills of effective treatment planning is difficult and tedious. Or, they describe the demands of increased case loads and feeling overwhelmed by documentation requirements. This section of general goals, objectives and interventions is designed to assist clinicians in developing a service/recovery plan (or treatment plan) that is highly individualized, very specific, clearly measurable and appropriately time-limited.

After choosing the primary presenting problems identified through the assessment process, next the clinician and consumer should select one or more long-term goals. These are the global statements that outline the problems to be resolved. This guide presents samples of goals but is not meant to be comprehensive. It is hoped clinicians will modify these general examples as well as supplement the guide with their own examples for specific issues.

Next, specific and measurable objectives must be developed that will support the attainment of the overall goal. These must be individualized to the specific needs of each consumer. Once a clinician and consumer have identified general objectives that are appropriate (perhaps from the lists that follow), they must then quantify them so that they are clearly measurable. An objective is measurable when it is clear whether the person has attained its completion. This generally entails incorporating numerical values to measure progress. Finally, an appropriate time frame must be assigned for completing the objective by pairing it with a target date.

*Simply repeating the information that follows without the above development would constitute an inappropriate ISRP and would indicate the need for care management review.*

**Important  
Disclaimer**

For example, a consumer may be experiencing suicidal ideations and a clinician may need to include objectives supporting an overall goal of eliminating these thoughts. After reviewing the examples of general objectives, a clinician and consumer may determine that “identifying precipitants of suicidal thoughts” is one appropriate objective. Then, the clinician needs to take the extra steps of development by making the general objective quantifiable and time-limited. For example, “Sally will identify five things that may bring on thoughts of suicide and write them down and process with counselor within one week (by July 7, 2001).”

## 8 Symptoms/Behaviors: General Goals, Objectives and Interventions

First, select with consumer an appropriate general objective to support overall goal.

**Resource Guide General Objective**  
“Identify precipitants of suicidal thoughts”

Then, individualize it and make it specific, measurable and time-limited.

**Individualized Medical Record Objective**  
“Sally will identify five things that may bring on thoughts of suicide and write them down and process with counselor within one week (by July 7, 2001).”

Many of the objectives contained in this guide might be thought of as steps toward the attainment of the overall goals. However, *outcome based objectives* are another format that lends easily to being individualized, specific, measurable, and time-limited.

### **Outcome Based Objective:**

[Consumer’s name] \_\_\_\_\_ will increase/decrease [behavior] \_\_\_\_\_  
in [circumstances: where and with whom] \_\_\_\_\_ [#/% of times per day/week/  
month/quarter] \_\_\_\_\_ .

**Again, please note:** *The following general goals, objectives and therapeutic interventions are designed to guide the clinician in the development of a comprehensive service/recovery plan. However, these examples are only the beginning of the development of an appropriate ISRP. Each objective and intervention needs to be individualized to the consumer and then made measurable and quantifiable. For instance, time frames toward goal attainment and adjustments based on progress and strengths will differ from consumer to consumer. Ideal objectives set the foundation for measurement of decreased impairments as well as advancement towards the attainment of consumer goals.*

## 1. Danger to Self/Others

### **A. Suicidal Thought/Behavior**

Thoughts of or attempts at killing oneself.

#### **General Goals:**

1. Demonstrate no suicidal behavior for 72 hours.
2. Demonstrate ability to verbalize, not act on, suicidal thoughts.
3. Eliminate suicidal behavior.
4. Eliminate suicidal thoughts.

#### **General Objectives:**

1. Acknowledge responsibility for suicidal thought/behavior.
2. Make commitment not to harm self for a period of time.
3. Verbalize alternatives to suicide.
4. Verbalize reasons for living.

5. Identify precipitants of suicidal thought/behavior.
6. Verbalize warning signs that suicidal thought/behavior is worsening.
7. Verbalize steps to take when suicidal urges exacerbate.

*General Therapeutic Interventions:*

1. Assess suicidal ideation, taking into account extent of thoughts, past attempts, family history, etc.
2. Assess and monitor suicidal risk on an ongoing basis.
3. Engage family members to provide support, perhaps including a 24-hour suicide watch if indicated, until crisis subsides.
4. Complete a self-care worksheet, including the clinician or help-line to contact if suicidal urges become strong.
5. Explore and clarify sources of emotional pain and hopelessness.
6. Review previous problem-solving attempts and discuss new alternatives.
7. Assist in developing coping strategies for suicidal thoughts/behavior (e.g., more physical exercise, less internal focus, increased social involvement, and more expression of feelings).
8. Assist in finding positive, hopeful things in life at the present time.

## **B. Homicidal Thought/Behavior**

Thoughts of or attempts at killing another person.

*General Goals:*

1. Demonstrate no homicidal behavior for 72 hours.
2. Eliminate homicidal behavior.
3. Satisfactorily confirm the elimination of homicidal thoughts.

*General Objectives:*

1. Acknowledge responsibility for homicidal thought/behavior.
2. Make commitment not to harm others for a period of time.
3. Verbalize alternatives to homicide.
4. Identify precipitants of homicidal thought/behavior.
5. Verbalize warning signs that homicidal thought/behavior is worsening.
6. Verbalize steps to take when homicidal urges exacerbate.

*General Therapeutic Interventions:*

1. Assess homicidal ideation, taking into account extent of thoughts, past attempts, family history, etc.
2. Assess and monitor homicidal risk on an ongoing basis.
3. Complete a self-care worksheet, including person contacting clinician or help-line if homicidal urges become strong.
4. Explore sources of emotional pain and hopelessness for clarification.
5. Review previous problem-solving attempts and discuss new alternatives.

## **C. Aggressiveness**

Verbal hostility and/or physical violence to harm or to potentially harm persons or property [as distinguished from Homicidal Thought/Behavior or Sexual Trauma Perpetrator].

*General Goals:*

1. Demonstrate ability to consistently interrupt physical aggressiveness.
2. Eliminate aggressive threats and behavior.

*General Objectives:*

1. Adhere to a prescribed medication regimen.
2. Acknowledge responsibility for aggression.

## 10 Symptoms/Behaviors: *General Goals, Objectives and Interventions*

3. Agree to utilize behavior management techniques.
4. Verbalize dangers of aggressiveness.
5. Verbalize the consequences of aggressiveness.

### *General Therapeutic Interventions:*

1. Ask person to keep daily journal of persons and situations that cause anger, irritation or disappointment.
2. Assign and process a thorough list of all targets of and causes for anger.
3. Confront/reflect angry behaviors that occur within sessions.
4. Teach specific behavior management techniques.
5. Teach appropriate assertiveness.
6. Using role-playing techniques assist the person in developing non-self-defeating ways of handling angry feelings.

### **D. Self-Injurious Behavior**

Maiming or injuring of one's body, such as cutting or burning oneself [excludes Suicidal Thought/Behavior].

#### *General Goals:*

1. Eliminate self-injurious behavior for 72 hours.
2. Demonstrate ability to verbalize, not act on, self-injurious urges.
3. Eliminate self-injurious behavior.
4. Eliminate self-injurious urges.

#### *General Objectives:*

1. Acknowledge responsibility for self-injurious behavior.
2. Make commitment not to harm self-injure for a period of time.
3. Verbalize alternatives to self-injury.
4. Verbalize reasons not to self-injure.
5. Identify precipitants of self-injurious urges.
6. Verbalize warning signs that the urge to self-injure is intensifying.
7. Verbalize steps to take when urge to self-injure intensifies.

#### *General Therapeutic Interventions:*

1. Assess and monitor self-injurious risk on an ongoing basis.
2. Complete a self-care worksheet, including person contacting clinician or help-line if urges to self-injure become strong.
3. Explore sources of emotional pain and hopelessness for clarification.
4. Review previous problem-solving attempts and discuss new alternatives.
5. Assist in developing coping strategies for self-injurious thoughts/behavior (e.g., more physical exercise, less internal focus, increased social involvement, and more expression of feelings).
6. Assist in finding positive, hopeful things in life at the present time.

### **E. Sexual Trauma Perpetrator**

The perpetrator of sexual molestation or rape [as distinguished from Aggressiveness].

*This example focuses on adolescents.*

#### *General Goals:*

1. Develop ability to interrupt rape/molestation behaviors before acting on them.
2. Demonstrate ability to not blame others for rape/molestation behaviors.
3. Demonstrate ability to verbalize anger, not act on it.
4. Eliminate all inappropriate sexual behaviors.

*General Objectives:*

1. Acknowledge responsibility for rape/molestation behaviors.
2. Verbalize dangers to rape/molestation behaviors.
3. Verbalize damaging consequences of rape/molestation behaviors.
4. Verbalize warning signs that rape/molestation behavior is worsening.
5. Verbalize steps to take when rape/molestation behavior worsens.

*General Therapeutic Interventions:*

1. Work with the adolescent and his/her family to implement a behaviorally specific no-sexual-contact agreement.
2. Monitor along with the parents the no-sexual-contact agreement making adjustments as needed and giving both positive and negative feedback as appropriate.
3. Refer to a more restrictive setting if the no-sexual-contact agreement is violated.
4. Use a celebrity interview format to ask non-threatening questions such as likes and dislikes, best times, favorite holidays and so on, to initiate self-disclosure.
5. Process the behavior and incidents of sexual misconduct and/or abuse focusing on getting the whole story out and having the adolescent accept responsibility.
6. Role-play social situations in which sexual boundaries are involved. Give feedback on their actions and model appropriate behavior.

## 2. Psychosis

### A. Hallucinations

Sensory perceptions for which there are no external stimuli. May be experienced as auditory, visual, tactile (touch) or olfactory (smell).

*General Goals:*

1. Remain free of hallucinations for 72 hours.
2. Adequately manage hallucinations.
3. Eliminate hallucinations.

*General Objectives:*

1. Adhere to a prescribed medication regimen.
2. Acknowledge presence of hallucinations.
3. Verbalize alternative explanations for hallucinations.
4. Identify precipitants of hallucinations.
5. Verbalize warning signs hallucinations are worsening.
6. Verbalize steps to take when hallucinations exacerbate.
7. Utilize techniques to cope with/manage hallucinations.

*General Therapeutic Interventions:*

1. Assess for family history and whether hallucinations are of brief reactive nature or long term.
2. Provide supportive therapy to alleviate fears and reduce feelings of alienation.
3. Explain the nature of hallucinations, their biological component, and the confusing effect on rational thought.
4. Monitor and educate about medication compliance.
5. Model and teach coping techniques to manage hallucinations.
6. Explore feelings around stressors that trigger hallucinations.

## 12 Symptoms/Behaviors: *General Goals, Objectives and Interventions*

7. Assist in reducing risk in the environment, e.g., finding a safer place to live, arrange for regular visits from case manager, arrange for increased support from family members and/or friends.

### **B. Delusions**

Milder forms include beliefs obviously contrary to demonstrable fact while at a more severe level may include systematic misbeliefs of persecution and/or grandeur obviously contrary to demonstrable fact.

#### *General Goals:*

1. Remain free of delusions for 72 hours.
2. Adequately manage delusions.
3. Eliminate delusions.

#### *General Objectives:*

1. Adhere to a prescribed medication regimen.
2. Acknowledge presence of/responsibility for delusions.
3. Identify precipitants of delusions.
4. Verbalize warning signs that delusions are worsening.
5. Verbalize steps to take when delusions exacerbate.

#### *General Therapeutic Interventions:*

1. Assess for family history and whether delusions are of brief reactive nature or long term.
2. Provide supportive therapy to alleviate fears and reduce feelings of alienation.
3. Explain the nature of delusions, their biological component, and the confusing effect on rational thought.
4. Monitor and educate about medication compliance.
5. Assist in reducing risk in the environment, e.g., finding a safer place to live, arrange for regular visits from case manager, arrange for increased support from family members and/or friends.

### **C. Paranoia**

Excessive suspiciousness of intentions of others to exploit, harm or deceive them.

#### *General Goals:*

1. Remain free of dangerous paranoia for 72 hours.
2. Adequately manage paranoia.
3. Eliminate paranoia.

#### *General Objectives:*

1. Adhere to prescribed to a prescribed medication regimen.
2. Acknowledge presence of paranoia.
3. Consider alternative explanations of paranoia.
4. Identify precipitants of paranoia.
5. Verbalize warning signs that paranoia is worsening.
6. Verbalize steps to take when paranoia exacerbates.

#### *General Therapeutic Interventions:*

1. Actively build trust through consistent eye contact, active listening and warm acceptance to increase ability to identify and express feelings.
2. Demonstrate calm, tolerant demeanor to decrease fear of others.
3. Explore nature and extent, probing for delusional elements.
4. Probe person's fears of personal inadequacy and vulnerability.
5. Review social interactions and explore distorted cognitive beliefs.

6. Use behavioral rehearsal and role reversal to increase empathy for others and understanding of impact of behavior.

### 3. Mood

#### A. Depressed Mood

Conscious and apparent emotional suffering characterized by sadness, gloominess, despair, and depersonalization.

*General Goals:*

1. Score 50% improvement on Hamilton Depression Rating Scale.
2. Initiate a plan with family and friends.
3. Adequately manage depressed mood.
4. Eliminate depressed mood.

*General Objectives:*

1. Adhere to a prescribed medication regimen.
2. Acknowledge presence of depressed mood.
3. Agree to utilize behavior management techniques.
4. Verbalize positive statements about self.
5. Verbalize hope for the future.
6. Identify precipitants of depressed mood.
7. Verbalize warning signs that depressed mood is worsening.
8. Verbalize steps to take when depressed mood worsens.

*General Therapeutic Interventions:*

1. Explore how depressed mood is experienced in day-to-day living.
2. Ask to make a list of what is causing depressed mood and process.
3. Encourage sharing of feelings of depressed mood in order to clarify them and gain insight as to causes.
4. Explore connection between previously unexpressed anger and current feelings of depression.
5. Monitor and evaluate medication compliance.
6. Assist in developing awareness of cognitive messages that reinforce hopelessness and helplessness.
7. Help keep a daily record listing situations associated with depressed feelings and the specific thoughts that triggered them.
8. Assist in developing coping strategies for depressed mood (e.g., more physical exercise, less internal focus, increased social involvement, and more expression of feelings).

#### B. Feelings of Worthlessness

Behavioral or verbal acknowledgment of deficiency or absence of adequate regard for one's self; includes hypersensitivity to criticism in those not clearly depressed.

*General Goals:*

1. Participant in significant new experiences that enhance self-esteem.
2. Demonstrate adequate self-esteem.

*General Objectives:*

1. Acknowledge inability to maintain self-esteem.
2. Identify situations that threaten self-esteem.
3. Verbalize one's strengths and valuable attributes.
4. Identify new experiences that enhance self-esteem.

## 14 Symptoms/Behaviors: *General Goals, Objectives and Interventions*

5. Verbalize warning signs that self-esteem is falling.
6. Verbalize steps to take when self-esteem falls.
7. Complete a self-care worksheet for self-esteem.

### *General Therapeutic Interventions:*

1. Actively build trust through consistent eye contact, active listening and warm acceptance to increase ability to identify and express feelings.
2. Explore person's assessment of self.
3. Confront and reframe self-disparaging remarks.
4. Assist in becoming aware of how they express negative feelings about self.
5. Help become aware of the fear of rejection and its connection with past rejection or abandonment experiences.
6. Assist in becoming capable of identifying and verbalizing needs.
7. Ask to make one positive self-statement daily and record it in a journal.
8. Assist in developing self-talk as a way of increasing self-confidence.

### **C. Manic Thought/Behavior**

Euphoric or intensely irritable mood, often of a grandiose nature, with restlessness, agitation, and increased number and speed of ideas.

#### *General Goals:*

1. Remain free of manic thought/behavior for 72 hours.
2. Adequately manage the manic thought/behavior.
3. Eliminate manic thought/behavior.

#### *General Objectives:*

1. Adhere to a prescribed medication regimen.
2. Acknowledge presence of manic thought/behavior.
3. Acknowledge responsibility for manic thought/behavior.
4. Identify precipitants of manic thought/behavior.
5. Verbalize warning signs that manic thought/behavior is worsening.
6. Verbalize actions to take when manic thought/behavior is worsening.

#### *General Therapeutic Interventions:*

1. Assess severity of elation: hypomanic, manic or psychotic.
2. Monitor effectiveness of and compliance with medication.
3. Confront grandiosity and demandingness gradually but firmly.
4. Explore stressors that precipitate manic behavior, e.g., school failure, social rejection, or family trauma.
5. Repeatedly focus on consequences of behaviors to reduce thoughtless impulsivity.
6. Facilitate impulse control through behavioral rehearsal and role reversal to increase sensitivity to consequences of behavior.
7. Calmly listen to expressions of hostility while setting limits on aggressive or impulsive behavior.

## 4. Anxiety

### **A. Anxiety/Panic Attacks**

Intense fear, discomfort or worry, sometimes accompanied by a discrete period in which there is the sudden onset of intense apprehension, fearfulness or terror with physiological symptoms.

#### *General Goals:*

1. Score 50% improvement on Hamilton Rating Scale for Anxiety.

2. Adequately manage anxiety/panic attacks.
3. Eliminate anxiety/panic attacks.

*General Objectives:*

1. Adhere to a prescribed medication regimen.
2. Acknowledge presence of anxiety/panic attacks.
3. Agree to utilize behavior management techniques.
4. Identify precipitants of anxiety/panic attacks.
5. Verbalize warning signs that anxiety is worsening.
6. Verbalize steps to take when anxiety worsens.

*General Therapeutic Interventions:*

1. Build a level of trust and supportive environment that facilitates describing fears.
2. Develop and process a list of key past and present life conflicts.
3. Assist in becoming aware of key unresolved life conflicts and begin working towards resolution.
4. Train in guided imagery for anxiety relief.
5. Utilize biofeedback techniques to facilitate relaxation skills.
6. Explore and adapt cognitive messages that promote an anxiety response.
7. Utilize a brief-solution focused strategy of identifying a time or situation in which the person was able to manage anxiety.

## **B. Phobias**

Anxiety provoked by exposure to a specific feared object or situation.

*General Goals:*

1. Adequately manage phobia.
2. Eliminate phobia.

*General Objectives:*

1. Adhere to a prescribed medication regimen.
2. Acknowledge presence of the phobia.
3. Agree to utilize behavior management techniques.
4. Identify precipitants of phobia.
5. Verbalize warning signs that phobia is worsening.
6. Verbalize steps to take when phobia worsens.

*General Therapeutic Interventions:*

1. Discuss and assess the phobic fear, its depth and the precipitants.
2. Train in progressive relaxation methods and deep breathing.
3. Utilize biofeedback to facilitate relaxation skills.
4. Train in guided imagery for anxiety relief.
5. Direct systematic desensitization procedures to reduce phobic reactions.
6. Assign and/or accompany in an in vivo desensitization contact with phobic object.

## **C. Obsessions/Compulsions**

Unwelcome ideas, emotions, or urges that repetitiously and insistently force themselves into consciousness. Also, repetitive, stereotyped motor actions the person does not want to perform and does not feel any pleasure in performing [as distinguished from Binges/Purging, Lying/Manipulative, Sexual Promiscuity and Addiction]. Failure to perform these actions results in increased anxiety.

*General Goals:*

1. Adequately manage the obsession/compulsion.
2. Eliminate the obsession/compulsion.

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### *General Objectives:*

1. Adhere to a prescribed medication regimen.
2. Acknowledge presence of obsession/compulsion.
3. Agree to utilize behavior management techniques.
4. Identify precipitants of obsessions/compulsion.
5. Verbalize warning signs that obsessions/compulsions are worsening.
6. Verbalize steps to take when obsession/compulsion worsens.
7. Complete a self-care worksheet for obsession/compulsion.

### *General Therapeutic Interventions:*

1. Assess the nature, severity and history of the obsessive-compulsive behaviors.
2. Monitor effectiveness of and compliance with prescribed medication.
3. Teach a thought-stopping technique to cognitively interfere with an obsession or compulsion.
4. Train in relaxation methods, e.g., deep breathing, muscle tension release, positive imagery, to counteract high anxiety.
5. Assist in developing reality-based self-talk as a strategy to abate obsessive-compulsive thoughts/behaviors.
6. Use a Rational Emotive Therapy approach of teaching to analyze, attack and destroy self-defeating beliefs. Monitor and offer appropriate encouragement.
7. Develop and assign a cognitive/behavioral intervention task that will help disrupt the obsessive-compulsive patterns.
8. Develop and assign an Ericksonian task, e.g., if obsessed with a loss give a task to visit, send a card, or bring flowers to someone who has lost someone, and assess results.

## 5. Addiction

### **A. Withdrawal**

Substance-specific behavioral change with physiological and cognitive components.

#### *General Goals:*

1. Stabilize condition medically, behaviorally, emotionally and cognitively and return to functioning within normal parameters.
2. Recover from substance intoxication/withdrawal and participate in a chemical dependency assessment.
3. Understand severity of substance use and enter a recovery program.
4. Understand the extent of danger to self and others when intoxicated.

#### *General Objectives:*

1. Verbalize acceptance of need to be in safe place to recover from substance intoxication/withdrawal.
2. Cooperate with medical management of substance intoxication/withdrawal.
3. Stabilize vital signs within normal parameters.
4. Return cognitive, behavioral and emotional functions to preintoxication status.
5. Learn and cooperate with rules of the facility.
6. Take all medications as prescribed.

#### *General Therapeutic Interventions:*

1. Welcome to the treatment setting, explain substance intoxication, and describe the procedures that will be used to arrest symptoms.
2. Encourage to sign a release of information so that significant others can be contacted to gain support for their admission into treatment.

3. Physician will examine, educate about substance intoxication and withdrawal, order medications as appropriate, titrate medications, and monitor for side effects and effectiveness.
4. Medical staff will regularly take vital signs and administer the Clinical Institute of Withdrawal Scale (CIWA), or equivalent scales, tests or assessments.
5. Assign a staff member to stay with the person until through intoxication and withdrawal.

## **B. Alcohol/Sedative/Hypnotic Use/Abuse**

Continued use of alcohol/sedatives/hypnotics despite obvious social, occupational, psychological, or physical problems caused or exacerbated by the use of these substances.

### *General Goals:*

1. Demonstrate ability to abstain from alcohol, sedatives or hypnotics (confirmed by random screening).
2. Demonstrate ability to follow alcohol, sedative or hypnotic abuse self-care plan for three months.
3. Demonstrate the ability to maintain abstinence for six months.

### *General Objectives:*

1. Acknowledge presence of alcohol, sedative or hypnotic abuse.
2. Complete a written "Step One" and/or thoroughly understand the adverse impact of the alcohol, sedative or hypnotic abuse on self and others.
3. Verbalize hazards of alcohol, sedative or hypnotic substitution abuse.
4. Identify precipitants of alcohol, sedative or hypnotic abuse.
5. Verbalize warning signs that the urge to abuse is intensifying.
6. Verbalize steps to take when the urge to abuse intensifies.
7. Obtain a 12-step sponsor.

### *General Therapeutic Interventions:*

1. Physician will monitor the side effects and effectiveness of medication, titrating as necessary.
2. Attend a didactic series to increase knowledge of patterns and effects of alcohol, sedative or hypnotic abuse.
3. Identify key points learned from educational series and process with clinician.
4. Assign pages 1 to 164 in *Alcoholics Anonymous: The Big Book* and gather five key points to process with clinician.
5. Participate in group therapy that facilitates the sharing of, causes for, consequences of, feelings about, and alternatives to alcohol, sedative, or hypnotic abuse.
6. Complete an Alcoholics Anonymous (AA) first-step paper admitting powerlessness over alcohol, and present to group or clinician for feedback.
7. List ways alcohol, sedative, or hypnotic use has negatively impacted them and process the list with group or clinician.
8. Explore alcohol, sedative or hypnotic abuse as an escape from stress, physical and emotional pain, and boredom. Confront negative consequences of this pattern of behavior.
9. Using modeling and behavior rehearsal teach how to solve problems in an organized fashion, e.g., write the problem, think accurately, list the options of action, evaluate alternatives, act, monitor results.

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### **C. Other Drug Use/Abuse**

Continued use of a mood-altering substance (other than alcohol/sedatives/hypnotics) despite obvious social, occupational, psychological, or physical problems caused or exacerbated by the use of psychoactive substance(s).

#### *General Goals:*

1. Demonstrate ability to abstain from substances of abuse (confirmed by random screening).
2. Demonstrate ability to follow substance abuse self-care plan for three months.
3. Demonstrate the ability to maintain abstinence for six months.

#### *General Objectives:*

1. Acknowledge presence of substance abuse.
2. Complete a written "Step One" and/or thoroughly understand the adverse impact of the alcohol abuse on self and others.
3. Verbalize hazards of alcohol-substitution abuse.
4. Identify precipitants of substance abuse.
5. Verbalize warning signs that the urge to abuse is intensifying.
6. Verbalize steps to take when the urge to abuse intensifies.
7. Obtain a 12-step sponsor.

#### *General Therapeutic Interventions:*

1. Physician will monitor the side effects and effectiveness of medication, titrating as necessary.
2. Attend a didactic series to increase knowledge of patterns and effects of substance abuse.
3. Identify key points learned from educational series and process with clinician.
4. Assign pages 1 to 164 in *Alcoholics Anonymous: The Big Book* and gather five key points to process with clinician.
5. Participate in group therapy that facilitates the sharing of, causes for, consequences of, feelings about, and alternatives to substance abuse.
6. Complete an Alcoholics Anonymous (AA) first-step paper admitting powerlessness over mood-altering chemicals, and present to group or clinician for feedback.
7. List ways alcohol use has negatively impacted them and process the list with group or clinician.
8. Explore substance abuse as an escape from stress, physical and emotional pain, and boredom. Confront negative consequences of this pattern of behavior.
9. Using modeling and behavior rehearsal teach how to solve problems in an organized fashion, e.g., write the problem, think accurately, list the options of action, evaluate alternatives, act, monitor results.

### **D. Uncontrolled Gambling**

Persistent, excessive participation in games of chance with real or potential risk to self or others.

#### *General Goals:*

1. Understand severity of uncontrolled gambling and enter a recovery program.
2. Eliminate uncontrolled gambling.

#### *General Objectives:*

1. Acknowledge responsibility for uncontrolled gambling.
2. Verbalize adverse consequences of uncontrolled gambling.
3. Participate in self-help group.
4. Agree to utilize behavior management techniques.

5. Identify precipitants of uncontrolled gambling.
6. Verbalize warning signs that uncontrolled gambling is worsening.
7. Verbalize steps to take when uncontrolled gambling worsens.

*General Therapeutic Interventions*

1. Complete a self-care worksheet for uncontrolled gambling.
2. Participate in group therapy that facilitates the sharing of, causes for, consequences of, feelings about, and alternatives to uncontrolled gambling.
3. List ways uncontrolled gambling has negatively impacted them and process the list with group or clinician.
4. Explore uncontrolled gambling as an escape from stress, physical and emotional pain, and boredom. Confront negative consequences of this pattern of behavior.
5. Explore sense of shame, guilt and low self-worth that has resulted from uncontrolled gambling and its consequences.
6. Help the person list ten reasons to abstain from uncontrolled gambling.

## 6. Behavior

### A. Social Withdrawal

Curtailement or cessation of interpersonal relationships.

*General Goals:*

1. Demonstrate ability to initiate periods of social contact on a daily basis.
2. Demonstrate successful socialization.

*General Objectives:*

1. Acknowledge presence of social withdrawal.
2. Verbalize adverse consequences of social withdrawal.
3. Verbalize warning signs that social withdrawal is worsening.
4. Verbalize steps to take when social withdrawal worsens.

*General Therapeutic Interventions:*

1. Ask to list and process positive experiences from social activities.
2. Assign to initiate one conversation daily, increasing time from one minute to five minutes per interaction and report results to clinician.
3. Monitor, encourage, redirect and give positive feedback as necessary related to interaction with others.
4. Ask to attend and participate in available social and recreational activities within treatment program or the community.

### B. Binges/Purging

Eating behaviors including gross intake of food and/or practice of vomiting or excessive use of laxatives [as distinguished from Addiction].

*General Goals:*

1. Maintain normal vital signs and routine laboratory studies.
2. Maintain appropriate eating behaviors for 72 hours.
3. Adequately manage binges/purging.
4. Eliminate binges/purging.

*General Objectives:*

1. Adhere to a prescribed medication regimen.
2. Acknowledge presence of an eating disorder.
3. Agree to utilize behavior management techniques.
4. Maintain daily food intake log.

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5. Identify precipitants of binges/purging.
6. Verbalize warning signs that binges/purging is worsening.
7. Verbalize steps to take when binges/purging worsens.

### *General Therapeutic Interventions:*

1. Document the reality of a dysfunctional eating pattern (too little food, too much food, and/or binge eating, or hoarding food).
2. Explore existence of vomiting behavior to purge self of calorie intake.
3. Explore perception of body image/size and the frequency and intensity of thinking about it.
4. Refer to physician for physical exam.
5. Refer to dentist for dental exam.
6. Monitor medication effectiveness and side effects.
7. Assist in meal planning.
8. Assign to keep a journal of food intake, thoughts and feelings and process with clinician.
9. Assist in identification of negative cognitive messages, e.g., catastrophizing or exaggerating, that promotes avoidance of food intake.

### **C. Sexual Acting Out**

Sexual urges or behaviors that are distressing or harmful to the person or others.

#### *General Goals:*

1. Demonstrate ability to interrupt sexual acting out.
2. Eliminate sexual acting out

#### *General Objectives:*

1. Acknowledge responsibility for sexual acting out.
2. Know the potential medical consequences of sexual acting out.
3. Verbalize the potential dangers of sexual acting out.
4. Verbalize safe means of sexual gratification.
5. Verbalize warning signs that sexual acting out urges are intensifying.
6. Verbalize steps to take when sexual acting out urges/behavior intensifies.

#### *General Therapeutic Interventions:*

1. Actively build the level of trust with the child or adolescent through consistent eye contact, active listening, unconditional positive regard, and warm acceptance to help increase ability to identify and express feelings.
2. Educate about appropriate and inappropriate sexual behavior.
3. Role-play social situations in which sexual boundaries are involved. Give feedback on actions and model appropriate behavior.
4. Point out sexual references and content in speech and/or behavior. Process feelings and thoughts that underlie the references.
5. Explore, encourage and support in verbally expressing and clarifying feelings associated with any abuse issues.
6. Report sexual abuse to the appropriate child protection agency if disclosed or suspected.

### **D. Sexual Promiscuity**

Engaging in high-risk, indiscriminate sexual encounters with a high frequency and many partners.

#### *General Goals:*

1. Demonstrate ability to interrupt promiscuous behavior.
2. Eliminate promiscuity.

*General Objectives:*

1. Acknowledge responsibility for promiscuity.
2. Know the potential legal/medical consequences of promiscuity.
3. Verbalize the potential dangers of promiscuity.
4. Verbalize safe means of sexual gratification.
5. Verbalize warning signs that promiscuous urges are intensifying.
6. Verbalize steps to take when promiscuous urges/behavior intensifies.

*General Therapeutic Interventions:*

1. Complete a self-care worksheet for sexual promiscuity.
2. List ways sexual promiscuity has negatively impacted them and process the list with clinician.
3. Explore sexual promiscuity as an escape from stress, physical and emotional pain, and boredom. Confront negative consequences of this pattern of behavior.
4. Explore sense of shame, guilt and low self-worth that has resulted from sexual promiscuity and its consequences.
5. Help the person list ten reasons to abstain from sexual promiscuity.

**E. Distractibility/Impulsivity**

Repeated failure to resist thoughts, impulses, drives or temptations that interfere with task completion.

*General Goals:*

1. Decrease the frequency of impulsive acts/distractibility.
2. Develop skills to interrupt distractibility/impulsivity.

*General Objectives:*

1. Identify the presence of distractibility/impulsivity.
2. Acknowledge responsibility for distractibility/impulsivity.
3. Identify the adverse consequence of distractibility/impulsivity.
4. Identify precipitants to distractibility/impulsivity.
5. Utilize cognitive method to control triggers to distractibility/impulsivity.
6. Utilize relaxation techniques to reduce behaviors.
7. Adhere to medical regiment as prescribed.
8. Implement a reward system for replacing distractibility/impulsivity with alternative behaviors.

*General Therapeutic Interventions:*

1. Arrange for psychological testing to confirm presence of ADHD.
2. Arrange psychological testing to rule out emotional factors or learning problems as the basis for maladaptive behavior.
3. Give feedback to family based on results of psychological testing.
4. Monitor for effectiveness of, side effects of and compliance with medications.
5. Educate parents and siblings about symptoms of ADHD.
6. Assist the parents in developing and implementing an organizational system to increase on-task behaviors and completion of chores, school assignments or work responsibilities, e.g., use of calendars, charts, notebooks and class syllabus.
7. Assist parents in developing a routine schedule to increase compliance with school, household, or work-related responsibilities.
8. Teach mediational and self-control strategies, e.g., “stop, look, listen and think,” to delay gratification and inhibit impulses.

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### F. Hyperactivity

Movements and actions that are performed at a greater than normal rate of speed, as in an individual who is constantly restless and in motion.

#### General Goals:

1. Demonstrate ability to avoid stimuli that exacerbate hyperactivity.
2. Demonstrate ability to interrupt hyperactivity.
3. Adequately manage hyperactivity.
4. Eliminate hyperactivity.

#### General Objectives:

1. Adhere to a prescribed medication regimen.
2. Acknowledge responsibility for hyperactivity.
3. Agree to utilize behavior management techniques.
4. Verbalize warning signs that hyperactivity is worsening.
5. Verbalize step to take when hyperactivity worsens.

#### General Therapeutic Interventions:

1. Arrange for psychological testing to confirm presence of ADHD.
2. Arrange psychological testing to rule out emotional factors or learning problems as the basis for maladaptive behavior.
3. Give feedback to family based on results of psychological testing.
4. Monitor for effectiveness of, side effects of and compliance with medications.
5. Educate parents and siblings about symptoms of ADHD.
6. Encourage parents to utilize natural, logical consequences for disruptive and negative attention-seeking behavior.
7. Assign to read *Putting on the Brakes* or *Sometimes I Drive My Mom Crazy, But I Know She's Crazy About Me* and process the reading with the clinician.

### G. Lying/Manipulative

Deliberate or uncontrolled falsification and/or controlling or exploiting others solely to gain one's own ends without regard for the rights of others.

#### General Goals:

1. Make apologies for past lies.
2. Consistently avoid lying/manipulating others.
3. Eliminate lying/manipulation of others.

#### General Objectives:

1. Acknowledge presence of/responsibility for lying and manipulation.
2. Verbalize the adverse consequences of lying/manipulating others.
3. Identify the precipitants of lying/manipulation.
4. Verbalize the value of honesty.
5. Verbalize steps to take when lying/manipulation increases.

#### General Therapeutic Interventions:

1. Assist parents in establishing clearly defined rules, boundaries, and consequences for misbehavior.
2. Encourage and challenge parents not to protect child or adolescent from consequences of lying/manipulative behaviors.
3. Firmly confront the lying/manipulative behavior and attitude, pointing out consequences for self and others.
4. Assist in making a connection between feelings and reactive behaviors.
5. Confront statements of blaming others for misbehavior or failing to accept responsibility.

**H. Oppositional Behavior**

Pervasive disobedience, negativism, or provocative contrariness to authority figures.

**General Goals:**

1. Demonstrate ability to verbalize anger, not act on it.
2. Demonstrate ability to utilize adults to solve problems.
3. Eliminate oppositionalism.

**General Objectives:**

1. Acknowledge responsibility for oppositionalism.
2. Verbalize the adverse consequence of oppositionalism.
3. Identify precipitants of oppositionalism.
4. Verbalize the value of compliance.

**General Therapeutic Interventions:**

1. Actively build the level of trust with the child or adolescent through consistent eye contact, active listening, unconditional positive regard, and warm acceptance to help increase ability to identify and express feelings.
2. Encourage to verbalize the sources of negative, hostile feelings in an open, accepting and understanding manner.
3. Process negative, hostile or defiant behaviors and offer paradoxical interpretation or reframing, e.g., "Do you want Mom to put you in time-out more often?"
4. Facilitate family therapy sessions in which issues of respect, cooperation and conflict resolution are addressed and possible solutions reached and implemented.
5. Assist in becoming able to recognize feelings and express them in constructive, respectful ways.
6. Use a therapeutic game (Talking, Feeling, Doing, or The Ungame) to expand self-awareness.
7. Probe feelings associated with defiance to help make connections between feelings and behaviors.

**I. Running Away**

Reckless or planned elopements from home without parental authorization.

**General Goals:**

1. Control the urge to run away for 72 hours.
2. Demonstrate alternative actions to running away.
3. Eliminate running away.

**General Objectives:**

1. Acknowledge responsibility for running away.
2. Verbalize adverse consequence of running away.
3. Identify precipitants to running away.
4. Verbalize alternative actions to running away.
5. Verbalize warning signs that urge to run away if intensifying.
6. Verbalize steps to take when urge to run away intensifies.

**General Therapeutic Interventions:**

1. Actively build the level of trust with the child or adolescent through consistent eye contact, active listening, unconditional positive regard, and warm acceptance to help increase ability to identify and express feelings.
2. Probe causes for pain that prompts runaway behavior.

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3. Train in alternative ways to handle conflictual situations and assist in implementing in daily life.
4. Ask child or adolescent to list all possible ways of handling conflictual situations and process list with clinician.
5. Probe child or adolescent and family for any occurrence of physical or sexual abuse.
6. Evaluate the parents for addiction issues and effects on the child or adolescent.
7. Assist child or adolescent and parents in accepting responsibility for their individual contributions to the conflicts between them.

### **J. Truancy/Absenteeism**

Unauthorized absence from school or work.

#### *General Goals:*

1. Enter into contract to repair educational deficits due to truancy.
2. Eliminate truancy.

#### *General Objectives:*

1. Acknowledge responsibility for truancy.
2. Verbalize adverse consequence of truancy.
3. Accept consequences for further truancy.
4. Identify precipitants of truancy.
5. Verbalize steps to take when the urge to be truant intensifies.

#### *General Therapeutic Interventions:*

1. Acknowledge responsibility for truancy.
2. Assist parents in establishing clearly defined rules, boundaries, and consequences for misbehavior.
3. Encourage and challenge parents not to protect child or adolescent from legal consequences of truancy.
4. Firmly confront the truancy behavior, pointing out consequences for self and others.

### **K. Property Destruction**

Willful intent to destroy property belonging to self or others.

#### *General Goals:*

1. Eliminate destruction of property.
2. Develop ability to interrupt property destruction.

#### *General Objectives:*

1. Acknowledge responsibility for property destruction.
2. Make reparations for past property destruction.
3. Verbalize the adverse consequence of property destruction.
4. Verbalize precipitants of property destruction.
5. Utilize behavior management techniques to interrupt property destruction.
6. Verbalize warning signs that urge to destroy property is intensifying.
7. Verbalize steps to take when the urge to destroy property intensifies.

#### *General Therapeutic Interventions:*

1. Assist parents in establishing clearly defined rules, boundaries, and consequences for misbehavior.
2. Actively build the level of trust with the child or adolescent through consistent eye contact, active listening, unconditional positive regard, and warm acceptance to help increase ability to identify and express feelings.

3. Firmly confront the antisocial behavior and attitude, pointing out consequences for self and others.
4. Assist in making a connection between feelings and reactive behaviors.
5. Confront statements of blaming others for misbehavior or failing to accept responsibility.
6. Teach mediational and self-control strategies, e.g., relaxation, “stop, look, listen and think,” to help express anger through appropriate verbalizations and healthy physical outlets.

## **L. Fire Setting**

Urges to set destructive fires.

### *General Goals:*

1. Control urge to set fires for 72 hours.
2. Develop ability to interrupt fire setting.
3. Eliminate fire setting.

### *General Objectives:*

1. Acknowledge responsibility for fire setting.
2. Verbalize the dangers of fire setting.
3. Verbalize the adverse consequences of fire setting.
4. Identify precipitants of fire setting.
5. Verbalize warning signs that the urge to set fires is intensifying.
6. Verbalize steps to take when the urge to set fires intensifies.

### *General Therapeutic Interventions:*

1. Assist parents in clearly structuring and supervising person’s behavior.
2. Monitor parents’ efforts to structure, set limits on and supervise the child or adolescent giving support, encouragement and redirection as appropriate.
3. Assist child or adolescent and parents in developing ways to increase impulse control through the use of positive reinforcement at times of apparent control.
4. Ask the child or adolescent’s father to teach them how to safely build a fire, emphasizing the need for strict control of and respect for the power of fire. Clinician monitors and processes the assignment.
5. Urge all caregivers (parents, siblings, teachers, babysitters and extended family) intensify their efforts toward nurturing and affirming the child or adolescent.
6. Assess the degree of chaos and/or violence in the family situation leading to the desire for power and control over the environment. Encourage more structure, predictability, and respect within the family.
7. Assess whether fire setting may be associated with sexual and/or physical abuse.
8. Assess for the presence of Attention-Deficit Hyperactivity Disorder.

## **M. Cruelty to Animals**

Urges to harm pets/small animals.

### *General Goals:*

1. Control urge to harm animals for 72 hours.
2. Develop ability to interrupt cruelty to animals.
3. Eliminate cruelty to animals.

### *General Objectives:*

1. Acknowledge responsibility for cruelty to animals.
2. Verbalize the adverse consequences of cruelty to animals.

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3. Identify precipitants of animal cruelty.
4. Verbalize warning signs that the urge to harm animals is intensifying.
5. Verbalize steps to take when the urge to harm animals intensifies

### *General Therapeutic Interventions:*

1. Assist parents in establishing clearly defined rules, boundaries, and consequences for misbehavior.
2. Actively build the level of trust with the child or adolescent through consistent eye contact, active listening, unconditional positive regard, and warm acceptance to help increase ability to identify and express feelings.
3. Firmly confront the antisocial behavior and attitude, pointing out consequences for self and others.
4. Assist in making a connection between feelings and reactive behaviors.
5. Confront statements of blaming others for misbehavior or failing to accept responsibility.
6. Teach mediational and self-control strategies, e.g., relaxation, “stop, look, listen and think,” to help express anger through appropriate verbalizations and healthy physical outlets.

## **N. Stealing**

Violation of the rights and property of others, including taking what belongs to others.

### *General Goals:*

1. Make reparations for past stealing.
2. Eliminate stealing.

### *General Objectives:*

1. Verbalize dangers/legal consequence of stealing.
2. Identify precipitants of stealing.
3. Acknowledge responsibility for stealing.
4. Verbalize warning signs that the urge to steal is intensifying.
5. Verbalize steps to take when the urge to steal intensifies.

### *General Therapeutic Interventions:*

1. Assist parents in establishing clearly defined rules, boundaries, and consequences for misbehavior.
2. Encourage and challenge parents not to protect child or adolescent from legal consequences of stealing behaviors.
3. Firmly confront the antisocial behavior and attitude, pointing out consequences for self and others.
4. Assist in making a connection between feelings and reactive behaviors.
5. Confront statements of blaming others for misbehavior or failing to accept responsibility.
6. Teach mediational and self-control strategies, e.g., relaxation, “stop, look, listen and think,” to help express anger through appropriate verbalizations and healthy physical outlets.

## **O. Other Legal Issues**

Behaviors not listed above leading to legal involvement, e.g., fines, probation, jail, and imprisonment.

### *General Goals:*

1. If appropriate, make reparations for past illegal behaviors.
2. Eliminate illegal behaviors.

*General Objectives:*

1. Verbalize dangers/legal consequence of illegal behaviors.
2. Identify precipitants of illegal behaviors.
3. Acknowledge responsibility for illegal behaviors.
4. Verbalize warning signs that the urge to commit illegal behavior is intensifying.
5. Verbalize steps to take when the urge to commit illegal behaviors intensifies.

*General Therapeutic Interventions:*

1. Assist parents in establishing clearly defined rules, boundaries, and consequences for misbehavior.
2. Encourage and challenge parents not to protect child or adolescent from legal consequences of behaviors.
3. Firmly confront the antisocial behavior and attitude, pointing out consequences for self and others.
4. Assist in making a connection between feelings and reactive behaviors.
5. Confront statements of blaming others for misbehavior or failing to accept responsibility.
6. Teach mediational and self-control strategies, e.g., relaxation, “stop, look, listen and think,” to help express anger through appropriate verbalizations and healthy physical outlets.

## 7. Physical/Cognitive

### A. Change in Appetite

Any increase or decrease in normal eating pattern.

*General Goals:*

1. Increase food intake to normal eating pattern.
2. Decrease food intake to normal eating pattern.

*General Objectives:*

1. Acknowledge change in appetite.
2. Adhere to medical regimen/intervention prescribed for increased/decreased food intake.
3. Verbalize the adverse consequence to increased or decreased food intake.
4. Identify precipitants of increased or decreased food intake.
5. Verbalize the warning signs of increased/decreased food intake in worsening.
6. Verbalize steps to take when increased/decreased food intake worsens.

*General Therapeutic Interventions:*

*This physical/cognitive symptom may result from psychosis, mood, anxiety or addiction. Clinicians should focus therapeutic interventions on the primary problem that is the source while continuing to monitor this physical/cognitive manifestation.*

### B. Change in Energy Level

Any decrease in normal activity level.

*General Goals:*

1. Increase activity level to normal pattern.
2. Decrease activity level to normal pattern.

*General Objectives:*

1. Acknowledge change in activity level.
2. Adhere to medical regimen prescribed for increased/decreased energy.
3. Identify precipitants of increased or decreased activity.

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4. Verbalize steps to take when the change in activity worsens.

### *General Therapeutic Interventions:*

*This physical/cognitive symptom may result from psychosis, mood, anxiety or addiction. Clinicians should focus therapeutic interventions on the primary problem that is the source while continuing to monitor this physical/cognitive manifestation.*

### **C. Sleep Disturbance**

Any disruption of the normal 24-hour sleep-wake cycle, including insomnia, hypersomnia, early morning awakening, or night terrors.

#### *General Goals:*

1. Adequately manage sleep disorder.
2. Eliminate sleep disorder.

#### *General Objectives:*

1. Adhere to a prescribed medication regimen.
2. Agree to utilize behavior management techniques.
3. Identify precipitants of sleep disorder.
4. Verbalize steps to take when sleep disorder worsens.

#### *General Therapeutic Interventions:*

*This physical/cognitive symptom may result from psychosis, mood, anxiety or addiction. Clinicians should focus therapeutic interventions on the primary problem that is the source while continuing to monitor this physical/cognitive manifestation.*

### **D. Decreased Concentration**

Any observed or reported reduction in ability to direct one's thoughts or efforts to sustain attention, e.g., as in holding a conversation or reading.

#### *General Goals:*

1. Adequately increase concentration.
2. Eliminate decrease concentration.

#### *General Objectives:*

1. Adhere to a prescribed medication regimen.
2. Acknowledge presence of decreased concentration.
3. Verbalize the reasons for decreased concentration.
4. Verbalize warning signs that concentration is decreasing.
5. Verbalize steps to take when concentration decreases.

#### *General Therapeutic Interventions:*

*This physical/cognitive symptom may result from psychosis, mood, anxiety or addiction. Clinicians should focus therapeutic interventions on the primary problem that is the source while continuing to monitor this physical/cognitive manifestation.*

### **E. Disorganized/Disoriented**

Thoughts/behaviors that are fragmented and not organized by a coherent theme and/or lack of awareness of time, person or place.

#### *General Goals:*

1. Determine the degree and cause of cognitive impairment.
2. Develop alternative coping strategies to compensate for cognitive limitations.

#### *General Objectives:*

1. Understand and accept cognitive limitations and use alternative coping mechanisms.
2. Verbalize feelings associated with cognitive impairment.

3. Demonstrate the ability to follow through to completion of simple sequential tasks.
4. Implement memory-enhancement mechanisms.
5. Identify when it is appropriate to seek help with a task and when it is not.

*General Therapeutic Interventions:*

1. Administer appropriate psychological tests, e.g., Wechsler Adult Intelligence Scale, to determine nature, extent, and possible origin of cognitive deficits.
2. Assist in coming to an understanding and acceptance of limitations.
3. Assign and monitor memory-enhancing activities/exercises, e.g., crossword puzzles, card games or TV game shows, and memory-loss coping strategies, e.g., lists, routines, labeling.
4. Establish with person and significant other appropriate points to ask for help.
5. Develop a written plan for persons and times of supervisory contact.

## **F. Learning Problem**

Achievement in arithmetic, writing, reading, expressive or receptive language or speech that is markedly below expected level as measured by a standardized achievement test, given the person's education and intellectual capacity [as distinguished from an MR diagnosis reported on Axis II].

*General Goals:*

1. Demonstrate ability to use compensatory strategies to achieve optimal learning.
2. Adequately manage learning problem.
3. Consistently perform at an academic level that closely approaches the person's cognitive abilities.

*General Objectives:*

1. Acknowledge presence of learning problem.
2. Agree to utilize behavior management techniques.
3. Learn compensatory strategies for remediating specific learning problems.
4. Verbalize a plan for acquiring help in the future if difficulties arise in new learning situations.

*General Therapeutic Interventions:*

1. Arrange for psychoeducational testing to evaluate the presence of a learning disability and determine whether special education services are warranted.
2. Arrange for psychoeducational testing to assess whether a possible ADHD or emotional factors are interfering with learning abilities.
3. Gather psychosocial history information that includes key developmental milestones and a family history of educational achievements and failures.
4. Attend an Individualized Educational Planning (IEP) meeting with parents, teachers, and school officials to establish educational goals.
5. Teach more effective study skills, e.g., removing distractions, studying in quiet places, developing outlines, highlighting important details, scheduling breaks, etc.
6. Assist parents in resolving family conflicts that block or inhibit learning and establish new family patterns that reinforce academic achievement.

## **G. Medical Complication/Pain**

Any medical condition that may complicate behavioral health care (for example, diabetes or heart disease).

*General Goals:*

1. Adequately manage the medical condition.

30 **Symptoms/Behaviors:** *General Goals, Objectives and Interventions*

2. Accept chronic medical condition with proper medical attention given to it.
3. Take responsibility for maintaining physical health and well-being.

*General Objectives*

1. Acknowledge presence of medical condition.
2. Adhere to a medical regimen/monitoring for the condition.
3. Acknowledge responsibility for the condition.
4. Verbalize warning signs that the condition is worsening.
5. Verbalize steps to take when the condition worsens.

*General Therapeutic Interventions:*

1. Make any necessary arrangements for needed medical services.
2. Help to understand medical problems and need to cooperate with physician recommendations.
3. Confront denial of the seriousness of medical condition and reinforce acceptance of the condition.
4. Help identify and express feelings connected with medical condition.
5. Assign to make a list of things to do to help maintain physical health and process with clinician.
6. Help identify fears concerning doctors or medical treatment and help work through blocks thus allowing receipt of necessary care.

# Assessment Interview Questions

**Please Note:** The questions below are simply designed as a guide to gather information regarding specific impairments and strengths. They are fundamental in nature and not intended for the advanced clinician and/or assessor. These questions are not comprehensive but they should yield sufficient information to rate the severity of each impairment. The order of the questions should flow from general to more pointed, with the clinician's judgment dictating the number of questions required to determine the existence of an impairment or strength.

## 1. Danger to Self/Others

### A. Suicidal Thought/Behavior

Thoughts of or attempts at killing oneself.

1. You have mentioned some very painful experiences. They must have been hard to bear, and perhaps you have sometimes thought of quitting the struggle, hurting yourself or even ending your life. Is that true? (If this idea is accepted, ask further questions.)
2. When was the last time you wished you would not wake up, or were dead, or thought you or others or the world would be better off if you were dead?
3. Has it crossed your mind that death would relieve you or end the pain you feel?
4. Have you thought this way before?
5. Have you recently said to yourself or thought words like "Life is not worth living," "I can't take much more of this," "Who needs this crap/pain," "You won't have to worry about me much longer," or "Soon it will all be over?"
6. When was the first time you thought of hurting or killing yourself?
7. When was the most recent time you thought of hurting or killing yourself?
8. Do you feel now you want to die?
9. Have you recently, in the last month, made any plans to hurt or kill yourself?
10. If so, how would you do it? Do you have the means? Are you making preparations?
11. When you have suicidal thoughts, how long do they last?
12. Has any relative or friend of yours ever tried to or succeeded in killing themselves?
13. What effects would your suicide have on your family, friends, coworkers or others who care about you?

### B. Homicidal Thought/Behavior

Thoughts of or attempts at killing another person.

1. You have mentioned some very painful experiences. They must have been hard to bear, and perhaps you have sometimes thought of taking out your anger by hurting someone else. Is that true? (If this idea is accepted, ask further questions.)
2. When was the first time you thought of hurting or killing another person?
3. When was the most recent time you thought of hurting or killing another person?
4. Do you feel now you want to kill this person?
5. Have you recently, in the last month, made any plans to hurt or kill this person?
6. If so, how would you do it? Do you have the means? Are you making preparations?
7. When you have homicidal thoughts, how long do they last?
8. Has any relative or friend of yours ever tried to or succeeded in killing another person?

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9. What effects would your committing homicide have on your family, friends, coworkers or others who care about you?

### C. Aggressiveness

Verbal hostility and/or physical violence to harm or to potentially harm persons or property [as distinguished from Homicidal Thought/Behavior or Sexual Trauma Perpetrator].

1. What do you usually do when you get very upset or angry?
2. Do you have a bad temper, fly off the handle, or flare up?
3. Have you ever lost control of yourself? Have you ever hit someone or attacked another person?
4. Do you get involved in more fights than others in your neighborhood?

### D. Self-Injurious Behavior

Maiming or injuring of one's body, such as cutting or burning oneself [excludes Suicidal Thought/Behavior].

1. Have you had thoughts or urges to injure yourself? If so, what were those thoughts?
2. Have you ever harmed yourself? If so, what was the injury? Did it require medical attention?
3. How do you relieve unwanted feelings? Does it involve any physical release?
4. Is pain often pleasurable for you?

### E. Sexual Trauma Perpetrator

The perpetrator of sexual molestation or rape [as distinguished from Physically Aggressive Behavior].

1. Have you ever felt like you needed help for inappropriate sexual feelings?
2. Do you get sexually aroused in the company of young girls/boys?
3. Have you ever been arrested for a sexual offense?
4. Have you ever been convicted of a sexual offense?

## 2. Psychosis

### A. Hallucinations

Sensory perceptions for which there are no external stimuli. May be experienced as auditory, visual, tactile (touch) or olfactory (smell).

If person denies hallucinations, note behaviors suggesting hallucinations, e.g., return of gaze to a spot, sudden head turning, staring at one place in the room, eyes following something in motion, mumbling or conversing with no one else present, etc.

1. Do you have a vivid imagination?
2. Do you dream vividly, so you aren't sure it was a dream?
3. Has your mind ever played tricks on you?
4. Do you ever see or hear things others do not?
5. Have you had visions?
6. Were you ever surprised you could hear some sounds other people couldn't hear, e.g., whispering voices, echoes, melodies, parts of conversations, etc.?
7. Have you ever seen anything so unusual that other people didn't believe you?
8. Have you ever felt strange sensations or odd feelings in your body or anything crawling on you?

**B. Delusions**

Milder forms include beliefs obviously contrary to demonstrable fact while at a more severe level may include systematic misbeliefs of persecution and/or grandeur obviously contrary to demonstrable fact.

1. Have you ever been forewarned or known that something would happen before it did?
2. Did anyone ever try to read your mind or use unusual means to force thoughts into your mind or try to take some of your thoughts away or stop or block them?
3. Are you an especially gifted person?
4. Do you have great wealth, unusual strengths, special powers or impressive sexual qualities?
5. Have you been in communication with aliens, dead people, God, Jesus, the Devil, or any persons from the Bible?
6. Have you ever received personal messages from heaven or God or someone unusual?

**C. Paranoia**

Excessive suspiciousness of intentions of others to exploit, harm or deceive them.

1. When you get on a bus, eat in a restaurant or enter any public sort of place, do people notice you or turn around to look at you?
2. Have you ever been singled out for special attention, watched or spied upon?
3. Do people sometimes follow you for a while?
4. Do you think anyone is against you? Do you have any enemies?

**3. Mood****A. Depressed Mood**

Conscious and apparent emotional suffering characterized by sadness, gloominess, despair, and depersonalization.

1. When was the last time you really felt down?
2. Do you ever get pretty discouraged or depressed? Are you feeling low now?
3. When you get sad or down, how long does it usually last?
4. Have you had a time when you felt very tired or very irritable?
5. Have you felt some personal losses recently?
6. How do you feel about life in general?
7. Do you think you are more depressed in the winter than in the summer, or only in one season?

**A. Feelings of Worthlessness**

Behavioral or verbal acknowledgment of deficiency or absence of adequate regard for one's self; includes hypersensitivity to criticism in those not clearly depressed.

1. Are you hard on yourself? Are there times you call yourself names? If so, which?
2. Have you been harder on yourself lately?
3. Do you think you are a wicked person? Do you think you have sinned and cannot be forgiven?

**B. Manic Thought/Behavior**

Euphoric or intensely irritable mood, often of a grandiose nature, with restlessness, agitation, and increased number and speed of ideas.

Was there ever a time when you...

1. Stayed very excited?

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2. Were too happy without any reason?
3. Were too full of energy?
4. Talked too much and could not stop?
5. Did without sleep for a day or two?
6. Have you been involved in excessive sexual activities?
7. Overworked or held several jobs at the same time?
8. Spent money recklessly or spent money you did not have or gave extravagant gifts?  
(If yes to any of the above) When did this start? How long did it last? What happened as a result of this?

### 4. Anxiety

#### A. Anxiety/Panic Attacks

Intense fear, discomfort or worry, sometimes accompanied by a discrete period in which there is the sudden onset of intense apprehension, fearfulness or terror with physiological symptoms.

1. Is there something you are concerned about or afraid of happening?
2. How does the future look to you?
3. When you get frightened, what happens to you?
4. Do you ever have times of great fear or anxiety?
5. Do you ever experience panic attacks, an intense fear or discomfort that peaks in about 10 minutes and includes several of the following:
  - Palpitations, pounding heart, or accelerated heart rate
  - Sweating, trembling or shaking
  - Sensations of shortness of breath, smothering or feeling of choking
  - Chest pain or discomfort
  - Nausea or abdominal distress
  - Feeling dizzy, unsteady, lightheaded, or faint
  - Fear of losing control, going crazy or dying
  - Chills or hot flushes

#### B. Phobias

Anxiety provoked by exposure to a specific feared object or situation.

1. Do you have a sudden onset of irrational fear or anxiety/panic attacks only in specific situations?
2. Is it brought on by the presence or anticipation of a specific object or situation (e.g., flying, heights, animals, receiving an injection, seeing blood)?
3. Does exposure to the phobic stimulus almost invariably provoke an immediate anxiety response?
4. Do you recognize that the fear is excessive or unreasonable?
5. Do you avoid the phobic situation(s) or endure it with intense anxiety or distress?
6. Does the avoidance, anxious anticipation, or distress in the feared situation(s) interfere significantly with your normal routine, occupational (or academic) functioning, or social activities or relationships, or there is marked distress about having the phobia?

### C. Obsessions/Compulsions

Unwelcome ideas, emotions, or urges that repetitiously and insistently force themselves into consciousness. Also, repetitive, stereotyped motor actions the person does not want to perform and does not feel any pleasure in performing [as distinguished from Binges/Purging, Lying/Manipulative, Sexual Promiscuity and Addiction]. Failure to perform these actions results in increased anxiety.

Obsessions:

1. Do you worry about being contaminated with germs or dirt?
2. Do you often worry that you just did something horrible?
3. Do you spend time lining up things or making sure they are straight?
4. Do you have inappropriate thoughts, impulses, or images that consume your time?
5. If so, do you attempt to ignore or suppress such thoughts, impulses, or images, or to neutralize them with some other thoughts or actions?
6. Are you aware these obsessional thoughts, impulses, or images are from your own mind and are unreasonable?
7. How much time do you spend with these thoughts, impulses, or images?
8. Do these thoughts, impulses, or images interfere with your normal routine (occupational, academic, social, or relational functioning)?

Compulsions:

1. Do you spend a lot of time washing, counting, checking and re-checking, or anything like that?
2. Do you have certain mental rules that you must follow in response to this obsession?
3. Are these behaviors or mental acts used to prevent distress or anxiety?
4. Are these behaviors or mental acts excessive or unreasonable?
5. Are these behaviors or mental acts connected to what you want to prevent or stop?
6. How much time do you spend with these behaviors or mental acts?
7. Do these behaviors or mental acts interfere with your normal routine (occupational, academic, social, or relational functioning)?

## 5. Addiction

### A. Withdrawal

Substance-specific behavioral change with physiological and cognitive components.

1. Do you feel sick to your stomach?
2. (Observe arms extended and fingers spread apart for tremors.)
3. (Observe for sweats.)
4. Have you any itching, pins or needles sensations, any burning, any numbness, or do you feel bugs crawling on or under your skin?
5. Are you more aware of the sounds around you? Are they harsh or do they frighten you?
6. Does the light around you appear too bright? Is the color different? Does it hurt your eyes?
7. Do you feel nervous?
8. Does your head feel different? Does it feel like there is a band around your head?
9. (Observe for agitation.)
10. What day is this? Where are you? Who am I?

**B. Alcohol/Sedative/Hypnotic Use/Abuse**

Continued use of alcohol/sedatives/hypnotics despite obvious social, occupational, psychological, or physical problems caused or exacerbated by the use of these substances.

1. Have you ever felt you should cut down on your drinking?
2. Have people annoyed you by criticizing your drinking?
3. Have you ever felt bad or guilty about your drinking?
4. Have you ever had a drink first thing in the morning to steady your nerves or to get rid of a hangover (eye opener)?
5. Do you sometimes have a strong need to drink?
6. Have you ever missed work/school due to the need to drink?
7. Are you sometimes out of control in your drinking?
8. Do you have symptoms of nausea, sweating, shakiness, and anxiety when you stop drinking after a period of heavy drinking?
9. Do you need to increase the amount of alcohol in order to feel its effect?

**C. Other Drug Use/Abuse**

Continued use of a mood-altering substance (other than alcohol/sedatives/hypnotics) despite obvious social, occupational, psychological, or physical problems caused or exacerbated by the use of psychoactive substance(s).

1. Have you ever felt you should cut down on your using?
2. Have people annoyed you by criticizing your using?
3. Have you ever felt bad or guilty about your using?
4. Have you ever used first thing in the morning to steady your nerves or to get rid of a hangover (eye opener)?
5. Do you sometimes have a strong need to use?
6. Have you ever missed work/school due to the need to use drugs?
7. Are you sometimes out of control in your using?
8. Do you have symptoms of nausea, sweating, shakiness, and anxiety when you stopped using after a period of heavy using?
9. Do you need to increase the amount of drugs in order to feel its effect?

**D. Uncontrolled Gambling**

Persistent, excessive participation in games of chance with real or potential risk to self or others.

1. How often do you gamble?
2. How much control do you feel you have over gambling?
3. Have you ever missed work/school due to the need to gamble?
4. Do you resist or yield to these urges?
5. What consequences have you experienced as a result of your gambling?
6. Do you gamble with money devoted to daily needs?

**6. Behavior**

**A. Social Withdrawal**

Curtailed or cessation of interpersonal relationships.

1. Do you feel fearful or lonely? If so, how often?
2. Are there circumstances in your life that precipitate the need for you to withdraw from family and friends for extended periods of time?
3. Does your withdrawal affect others in your family? If so, how?
4. Are family members supportive during this withdrawal period?

5. Are there others, outside of your family, who can support you through your withdrawal?
6. How long are your withdrawal periods?
7. How do these periods of withdrawal affect you?

### **B. Binges/Purging**

Eating behaviors including gross intake of food and/or practice of vomiting or excessive use of laxatives [as distinguished from Addiction].

1. Are you currently engaging in activities that require a specific weight?
2. How often do you think about your eating habits?
3. Does your weight worry you?
4. Are you afraid of becoming overweight? Do you feel as if you are overweight?
5. "Have you ever gone on eating binges, vomited after eating, fasted for long periods, used diet pills/cathartics/laxatives/diuretics to lose weight, lost a great deal of weight, or felt guilty after eating?"
6. Do you currently binge/purge? If so, how often?
7. Do you have the desire to binge/purge, but can control desire through support?
8. How does bingeing/purging affect you? Your family?
9. Is your family supportive? Others, outside family members?

### **C. Sexually Acting Out**

Sexual urges or behaviors that are distressing or harmful to the person or others.

1. Do you have a history of acting out sexually (e.g., exhibitionist)?
2. Do you find yourself thinking about sex a lot and acting on these desires? If so, how often?
3. Have you ever been involved in sexual behaviors that you regretted?
4. Have you had legal problems/been arrested as a result of your sexual behavior (e.g., voyeurism, exhibitionism)?
5. Are there certain circumstances/precipitants in your life that promote your sexual acting out behaviors?
6. Do your sexual acting out behaviors place you or others in danger?

### **D. Sexual Promiscuity**

Engaging in high-risk, indiscriminate sexual encounters with a high frequency and many partners.

1. Do you have a history of sexual promiscuity?
2. Do you currently engage in sexually promiscuous behavior (multiple partners, unprotected intercourse)? How often?
3. Have you been involved in any sexual behaviors that you regretted?
4. Have you experienced any legal problems/been arrested as a result of your sexual promiscuity (prostitution, solicitation)?
5. Have you experienced any medical problems as a result of your sexual promiscuity (STD's)?
6. Does your sexual promiscuity place yourself or others in danger?

### **E. Distractibility/Impulsivity**

Repeated failure to resist thoughts, impulses, drives or temptations that interfere with task completion.

1. Do you find yourself suddenly doing things before you have thought about or decided to do them?
2. Do you find this impulsive behavior occurring daily?

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3. Do you find yourself distracted/losing concentration daily?
4. Does your distractibility/impulsivity affect your work/school performance?
5. Does your distractibility/impulsivity place others in possible danger?

### F. Hyperactivity

Movements and actions that are performed at a greater than normal rate of speed, as in an individual who is constantly restless and in motion.

1. Do you have difficulty remaining on task for an extended period of time?
2. Are you often restless and fidgety?
3. Does your restless/fidgety behavior disrupt your home/school/work environment?
4. Do you rush through your work making frequent mistakes?
5. Has your behavior placed others in possible danger?
6. Is your behavior controlled by medication?

### G. Lying/Manipulative

Deliberate or uncontrolled falsification and/or controlling or exploiting others solely to gain one's own ends without regard for the rights of others.

1. Do you deliberately lie/falsify information presented to others? How often? When was the last incident?
2. Do your lying/manipulative behaviors disrupt your home/school/work environment?
3. Do your behaviors affect your social relationships?
4. Do you rationalize your lying/manipulative behaviors?
5. Have your lying/manipulative behaviors caused legal problems for you?
6. Have these behaviors placed you or others in danger?

### H. Oppositional Behavior

Pervasive disobedience, negativism, or provocative contrariness to authority figures.

1. Have you been extremely and consistently disobedient towards authority figures before? When was last incident?
2. Are you currently disobedient towards authority figures?
3. Do others report you being disobedient or contrary towards authority figures?
4. What are the affects of your disobedience on others?
5. Does your defiant/oppositional behavior place yourself or others in danger?

### I. Running Away

Reckless or planned elopements from home without parental authorization.

1. Have you ever run away from home? If so, when was the last incident?
2. Do you think of running away? How often do you have these thoughts?
3. Do others report running away or attempts to run away as a problem?
4. Are you able to control the desire to run away?
5. Are you concerned with the affect your running away has on those closest to you?
6. Has your running away ever placed you in a dangerous situation?

### J. Truancy/Absenteeism

Unauthorized absence from school or work.

1. Have you skipped school/work without permission?
2. How many times have you been absent from school/work without permission?
3. Have your grades/quality of work suffered as a result of your skipping school/work?
4. Are you on the verge of expulsion from school or being fired from work?

**K. Property Destruction**

Willful intent to destroy property belonging to self or others.

1. Have you purposely destroyed property in the past? If so, when was last incident?
2. Do you frequently think of destroying property? How often?
3. Do you currently engage in property destruction behavior? How often?
4. Does your property destruction behavior affect those closest to you? How?
5. Are there circumstances in your life that precipitate your property destruction behavior?

**L. Fire Setting**

Urges to set destructive fires.

1. Have you purposely set fires before? When was the last time?
2. Do you find yourself thinking a lot about fires and/or setting fires?
3. Do you feel compelled to set fires?
4. How does/has your fire setting behavior affect those closest to you?

**M. Cruelty to Animals**

Urges to harm pets/small animals.

1. Have you performed acts of cruelty to animals before? When was the last incident?
2. Do you find yourself thinking of ways to harm animals?
3. Do you find yourself committing acts of cruelty to animals without thinking of the consequences?
4. Do you talk about harming animals or making plans/threats to harm animals?

**N. Stealing**

Violation of the rights and property of others, including taking what belongs to others.

1. Have you engaged in stealing before? If so, when was last incident?
2. Do you think a lot about stealing? Do you formulate plans to steal?
3. Have you experienced legal problems due to your stealing behaviors (arrest, community service, restitution)?
4. Are you aware of the consequences of stealing?
5. Are there people or circumstances in your life that precipitate stealing behavior?
6. How does your behavior affect you? Those closest to you?

**O. Other Legal Issues**

Behaviors not listed above leading to legal involvement, e.g., fines, probation, jail, and imprisonment.

1. Have you engaged in illegal behaviors before? If so, when was last incident?
2. Do you think a lot about illegal behaviors? Do you formulate plans to do them?
3. Have you experienced legal problems due to your behaviors (arrest, community service, restitution)?
4. Are you aware of the consequences of illegal behaviors?
5. Are there people or circumstances in your life that precipitate these behaviors?
6. How does your behavior affect you? Those closest to you?

**7. Physical/Cognitive****A. Change in Appetite**

Any increase or decrease in normal eating pattern.

1. Has your interest in food increased or decreased?

## 40 Symptoms/Behaviors: Assessment Interview Questions

2. Have you experienced a change in your normal eating pattern?
3. Have you recently gained or lost more than five pounds in a week without being on a diet or weight plan?

### **B. Change in Energy Level**

Any decrease in normal activity level.

1. Have you experienced a change in your normal activity level?
2. Do you have difficulty starting daily activities?
3. Do you have difficulty with even routine simple activities?
4. Has your desire for or interest in sex changed?

### **C. Sleep Disturbance**

Any disruption of the normal 24-hour sleep-wake cycle, including insomnia, hypersomnia, early morning awakening, or night terrors.

1. How is your sleep?
2. Do you have trouble falling asleep? If so, how many nights in a week?
3. Do you wake in the middle of the night, other than to go to the bathroom, and then cannot get back to sleep again?
4. Do you wake up early and then cannot fall asleep again?
5. Do you regularly nap during the day?

### **D. Decreased Concentration**

Any observed or reported reduction in ability to direct one's thoughts or efforts to sustain attention, e.g., as in holding a conversation or reading.

1. Do you ever have difficulty collecting your thoughts?
2. Do you have difficulty completing tasks?
3. Do you find yourself starting a task, stopping and beginning another?
4. Is it hard to carry on a conversation, read or stay on task?
5. Please spell your last name. Now please spell it backwards.
6. Name the days of the week backwards, starting with Saturday.
7. Say the alphabet backwards as fast as you can.

### **E. Disorganized/Disoriented**

Thoughts/behaviors that are fragmented and not organized by a coherent theme and/or lack of awareness of time, person or place.

*From the Mini-Mental Status Exam*

1. What is the year? Season? Month? Date? Day of the week?
2. Where are we now? State? City? Part of the city? Building?
3. Say: Listen carefully; I am going to say three words. You say them back after I stop. Ready? Here they are... PONY (wait one second), QUARTER (wait one second), ORANGE (wait one second). What are those words?
4. Ask: Subtract 7s from 100 and continue to subtract seven from each subsequent remainder until I ask you to stop. What is 100 take away seven? Keep going.
5. Again, what were those three words I asked you to remember?
6. Show a pencil and ask to name. Show a watch and ask to name.
7. Say: Now I am going to ask you to repeat what I say. Ready? No ifs, ands, or buts. Now you say that.
8. Say: Listen carefully because I am going to ask you to do something: Take this paper in your left hand, fold it in half and put it on the floor.

9. Say: Please read the following and do what it says but do not say it aloud, "Close your eyes."
10. Say: Write a sentence. If person does not respond, say: Write about the weather.

**F. Learning Problem**

Achievement in arithmetic, writing, reading, expressive or receptive language or speech that is markedly below expected level as measured by a standardized achievement test, given the person's education and intellectual capacity [as distinguished from an MR diagnosis reported on Axis II].

1. Were you in special classes?
2. Did you have problems learning and/or retaining new information?
3. Do you have more difficulty reading or doing simple math than your peers?

**G. Medical Complications/Pain**

Any medical condition that may complicate behavioral health care (for example, diabetes or heart disease).

1. What medical problems do you have?
2. Are you in constant pain?
3. Are you currently under the care of a physician?
4. How many times in the last month have you seen a physician?
5. How many times in the last month have you seen or called a dentist?
6. Are you currently taking any medications? If so, what are they?
7. How often do you take over the counter medications? If so, what are they?



# Chapter Two

## Skills/Abilities

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Strengths Rating Examples

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General Goals, Objectives and Interventions

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Assessment Interview Questions

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# General Goals, Objectives and Interventions

Please note the introduction on pages 23-24 of this guide for instructions on how to use the following general examples to develop an appropriate individualized service/recovery plan.

In addition to the outcome based objectives described in the introduction to chapter one, the following is another example of goal setting focused in the environments of living, learning, working and social.

## Goal:

[Consumer's Name] \_\_\_\_\_ intends to [live, learn, work, socialize] \_\_\_\_\_ at [Name of Place] \_\_\_\_\_ within/by [time frame or date (six to twelve months)] \_\_\_\_\_.

## Objective:

[Consumer's name] \_\_\_\_\_ will [what the person needs to do] \_\_\_\_\_ in [circumstances: where and with whom] \_\_\_\_\_ [#/% of times per day/week/month/quarter] \_\_\_\_\_.

## 1. Personal Hygiene

A category of skills and practices conducive to health, cleanliness, grooming and tasks that make one presentable.

### General Goals:

- A.) Demonstrate ability to perform skills conducive to neatness and cleanliness.
- B.) Verbalize steps to good personal hygiene.
- C.) Consistently performs personal hygiene skills independently.
- D.) Demonstrate awareness of need to obtain/maintain proper tooth brushing or grooming habits.

### General Objectives:

- A.) Learn steps required for proper/adequate bathing.
- B.) Perform steps of bathing with minimal (verbal) assistance.
- C.) Demonstrate awareness of proper tooth brushing frequency.
- D.) Verbalize warning signs of tooth decay.

### General Therapeutic Interventions:

- A.) Provide verbal feedback to help consumer recognize difficulties in the bathing process.
- B.) Assist consumer in developing techniques that help the consumer overcome personal difficulties impeding success.
- C.) Assist consumer with obtaining access to necessary materials to complete hygiene tasks.

## 2. Household Tasks

The routine tasks of managing and keeping one's dwelling environmentally safe and livable.

### *General Goals:*

- A.) Maintain a clean and safe living environment.
- B.) Demonstrate an improvement in quality of living.

### *General Objectives:*

- A.) Acknowledge difficulty with maintaining living environment by requesting assistance.
- B.) Maintain regular cleaning schedule.
- C.) Identify when garbage needs to be taken out and take out.
- D.) Ensure clean linen and towels are always available.

### *General Therapeutic Interventions:*

- A.) Provide client with a daily checklist to maintain personal living environment.
- B.) Provide daily log or calendar to record what needs to be cleaned.
- C.) Discuss importance of maintaining clean environment.

## 3. Cooking/Nutrition

Skills associated with selecting, preparing and consuming foods to maintain health.

### *General Goals:*

- A.) Awareness of five food groups.
- B.) Understanding of the importance of nutritionally balanced meals.
- C.) Awareness of examples of what constitutes junk food.
- D.) Understanding of the impact of sugar and other foods upon mood and energy level.

### *General Objectives:*

- A.) List five food groups.
- B.) List at least three foods found within each of the five food groups.
- C.) Prepare simple, nutritious meal.
- D.) Keep a journal of food consumed for nutritive analysis.
- E.) Make a grocery list containing nutritious foods from each of the food groups.

### *General Therapeutic Interventions:*

- A.) Assist consumer with identification of nutritious foods.
- B.) Provide list of foods contained within the five food groups.
- C.) Discuss the importance of maintaining healthy eating habits.
- D.) Teach healthy and nutritious eating habits.
- E.) Discuss importance of eating tasty, nutritious meals.

## 4. Personal Safety

Skills used to identify and protect oneself from the threats of danger, harm, or loss.

### *General Goals:*

- A.) Remain free from bodily harm.
- B.) Demonstrate understanding of potentially dangerous situations.

### *General Objectives:*

- A.) Follow rules of personal safety in public places/environments.
- B.) Verbalize safety procedures when faced with potentially dangerous situations.
- C.) Dry hands before using electrical appliances.

### *Personal Therapeutic Interventions:*

- A.) Develop a safety awareness protocol and practice on "Personal Safety Day."

- B.) Discuss personal safety methods and practice in group.
- C.) Discuss consequences of not following safety methods and practices.

## 5. Leisure/Recreational

Skills used in managing one's free time; identifying and planning for involvement in social and non-work activities that are enjoyable and refreshing.

*General Goals:*

- A.) Improve socialization skills
- B.) Enhance quality of life
- C.) Increase interactions with others.

*General Objectives:*

- A.) Identify preferred activity or social event.
- B.) Attend activities with friends outside the home.
- C.) Plan for and entertain friends or social group in home.

*General Therapeutic Interventions:*

- A.) Direct Skill Teaching of introducing yourself.
- B.) Skills Programming for choosing social activities.

## 6. Social/Family Relations

Skills required for successfully interacting with others; expressing oneself and communicating understanding of others; has satisfying relationships.

*General Goals:*

- A.) Improve interactions with family/friends.
- B.) Expand social circle.
- C.) Improve social etiquette.

*General Objectives:*

- A.) Converse with others at arm's length distance.
- B.) Engage in relevant conversation with others.
- C.) Recognize when to display affection.
- D.) Cover mouth when coughing.
- E.) Distinguish between proper and improper table manners.

*General Therapeutic Interventions:*

- A.) Provide group to develop, improve and enhance social etiquette.
- B.) Develop a friendship group to help improve social interactions and expand social circle.
- C.) Develop a conversation group.

## 7. Coping Skills/ Emotional Management

Skills used within one's mind to manage thoughts, feelings, or situations, i.e., calming, self-talk and reframing.

*General Goals:*

- A.) Reduce anxiety in strange or new environments.
- B.) Increase confidence.
- C.) Improve ability to handle demanding situations.

*General Objectives:*

- A.) Identify five methods to reducing anxiety in unfamiliar surroundings.
- B.) Practice anxiety reducing methods with familiar individuals before attempting methods in new settings.
- C.) List ways to internally reduce anxiety
- D.) Identify external methods of increasing confidence.

## 48 **Skills/Abilities: General Goals, Objectives and Interventions**

### *General Therapeutic Interventions:*

- A.) Teach relaxation techniques.
- B.) Discuss appropriate use of relaxation techniques (when to use).
- C.) Assist with the identification of specific variables that promote/increase anxiety.

## **8. Childcare/Parenting**

Skills associated with socially accepted methods of caring for the physical, emotional, intellectual, and spiritual needs of children.

### *General Goals:*

- A.) Improvement in positive interactions with child or between child and parent.
- B.) Adopt positive methods of discipline within three months.
- C.) Reestablish healthy communication with teenage daughter.

### *General Objectives:*

- A.) Selecting discipline methods: 100% of the time per week Marie will choose an appropriate consequence for Johnny when he disobeys.
- B.) Initiating conversation: 75% of the time per week, Barbara will ask open-ended questions about her daughter's day when she arrives home from school.

### *General Therapeutic Interventions:*

- A.) Direct Skill Teaching of selecting discipline methods.
- B.) Skill Programming for initiating conversation.

## **9. Financial Management**

Skills associated with the budgeting of funds, paying of bills, and planning for future needs based on one's financial resources.

### *General Goals:*

- A.) Adhere to monthly budget
- B.) Improve money management skills
- C.) Learn banking skills

### *General Objectives:*

- A.) Develop monthly budget
- B.) Write checks to pay bills
- C.) Learn to use 24-hour banking
- D.) Pay monthly bills using money allocated for these expenses.

### *General Therapeutic Interventions:*

- A.) Assist consumer in formulation of monthly budget (determine amount of money to be spent on food, clothing, recreation, etc.).
- B.) Practice with consumer, maintaining check ledger.
- C.) Practice filling out bank forms with consumer.

## **10. Medical/Medication Management**

Skills associated with monitoring and treating (according to physician orders) one's own medical condition(s), i.e., monitoring symptoms, taking medication, recognizing triggers and reporting symptoms.

### *General Goals:*

- A.) Understand side effects of medication.
- B.) Know/understand the dangers of mixing medication (over-the-counter with prescription).
- C.) Understand the need for medication
- D.) Understand the importance relating information to your doctor.

### *General Objectives:*

- A.) Read and follow medication dosage.

- B.) Understand and verbalize the effects of mixing medications with over the counter drugs.
- C.) Understand and verbalize the effects of drugs and alcohol when mixed with medications.
- D.) Be aware of all possible sides effects of medications.

*General Therapeutic Interventions:*

- A.) Develop health class.
- B.) Provide medication health awareness class.
- C.) Role play and practice verbalizing concerns related to medications with physician.

## **11. Mobility Within Community**

Skills associated with accessing and utilizing various transportation resources; also skills associated with accessing and utilizing needed and wanted services, activities, organizations, professionals, etc.

*General Goals:*

- A.) Improve/increase community awareness.
- B.) Increase/expand community involvement.
- C.) Enhance quality of life through increased independence.

*General Objectives:*

- A.) Identify community activities of interest.
- B.) Identify arrival/departure times of buses based on desired education.
- C.) Scheduling Transportation: Twice per week, Mark calls to arrange his own rides to the market.

*General Therapeutic Interventions:*

- A.) Practice looking up bus schedule
- B.) Assist consumer with development of social calendar.
- C.) Skill Programming for scheduling transportation.

## **12. Literacy/Basic Math**

Skills associated with a functional level of reading, writing, and math.

*General Goals:*

- A.) Increase literacy skills.
- B.) Receive a high school diploma or GED certificate.

*General Objectives:*

- A.) Identify factors that contributed to termination of education.
- B.) Identify negative consequences that have occurred due to lack of high school completion.
- C.) Verbally verify the need for a high school diploma or GED.
- D.) Describe personal and family educational achievements and struggles.
- E.) Verbalize positive self-talk regarding educational opportunities.

*General Therapeutic Interventions:*

- A.) Explore attitude toward education and the family, peer and/or school experiences that led to termination.
- B.) Confront with need for further education.
- C.) Support and direct toward obtaining further academic training.
- D.) Reinforce and encourage in pursuing educational and/or vocational training by pointing out the social, monetary and self-esteem advantages.
- E.) Give encouragement and verbal affirmation when there is work toward increasing educational level.

- F.) Reframe negative self-talk in light of testing results or overlooked accomplishments.

### **13. Prevocational**

Skills one must possess upon entering the work environment; not necessarily related to a particular industry or job. Skills associated with job readiness.

*General Goals:*

- A.) John will establish an Overall Rehabilitation Goal in the working environment within the next six months.
- B.) I intend to work as a receptionist in the clerical unit at New Hope Center for the next six months.
- C.) I intend to complete the Work Readiness Program within nine months.

*General Objectives:*

- A.) Researching alternative environments: Three days per week, John will describe the characteristics of two different work environments he has researched during Vocational Awareness Group.
- B.) Marie will increase her typing accuracy by 20% each month.
- C.) Answering the Phone: 90% of the time per day, Betty greets callers professionally when answering the telephone at New Hope Center.

*General Therapeutic Interventions:*

- A.) Direct Skill Teaching for researching alternative environments.
- B.) Skill Programming for typing.
- C.) Skill Programming for answering the telephone.

# Psychosocial Rehabilitation and Recovery

Community Friendship in Atlanta, Georgia provides a strengths-based, recovery-focused, consumer-driven model. They have developed materials that break down skill sets into specific skill categories organized according to the four major environments of living, learning, working, and social. They also have provided a list of suggested wordings for interventions that staff members may utilize to assist consumers in their recovery.

The following pages give lists of specific skill categories developed by Community Friendship. These lists are not meant to be exhaustive. However, they do contain appropriate skills, which the Center for Rehabilitation Research and Training at Boston University defines by the following four elements: behavioral, purposeful, generalizable and perfectible.

At the end of this section there is a list of words that appear to look like skill names but that do not meet the characteristics of a skill because they are passive in nature. For instance, “participating” or “attending” are more passive as opposed to the lists below containing more active skills.

## Skills List by Environments

### 1. Living Environment

#### ***Grooming/Hygiene***

Scheduling Hygiene Tasks  
 Brushing Teeth  
 Brushing Hair  
 Selecting Makeup  
 Applying Makeup  
 Applying Perfume/Cologne  
 Washing Body

Setting Alarm  
 Assessing Appearance  
 Recognizing When to Cut Hair  
 Applying Deodorant  
 Asking for Help  
 Washing Hair  
 Washing Clothes

#### ***Dressing***

Selecting/Choosing Clothes  
 Setting Alarm  
 Matching Clothes to Weather  
 Tucking in Shirt  
 Putting on Clothes

Assessing Appearance  
 Washing Clothes  
 Dressing for Bed  
 Asking for Help  
 Choosing Accessories

#### ***Housekeeping***

Analyzing Household Chores  
 Dividing up Chores  
 Selecting Cleaning Materials  
 Operating a Vacuum  
 Washing Windows  
 Setting Alarm

Scheduling Household Chores  
 Operating a Washing Machine  
 Operating a Dryer  
 Ironing  
 Waxing Floors/Stripping Floors  
 Folding Clothes

Recognizing When to Clean Apt.  
Comparison Shopping  
Prioritizing Needs

Buying Clothes  
Washing Clothes  
Asking for Help

***Cooking***

Selecting Meals  
Cooking by a Recipe  
Heating Food  
Storing Food  
Buying Groceries  
Operating a Stove  
Asking for Help

Selecting Utensils  
Modifying Recipes  
Serving Food  
Recognizing Spoiled Food  
Preparing Balanced Meals  
Recognizing High Calorie Foods  
Preparing Simple Meals

***Leisure Activities***

Selecting Activities  
Evaluating Activities  
Inviting Friends  
Riding the Bus  
Choosing Friends  
Scheduling Weekend Activities  
Exploring New Activities  
Recognizing When to Interrupt  
Listening

Scheduling Activities  
Selecting Movies  
Resolving Conflicts  
Initiating Activities  
Recognizing Others Personal Space  
Reading  
Interacting with Others  
Asking to be Included  
Recognizing Body Language

***Family Gatherings***

Analyzing Family Interaction  
Expressing Feelings/Opinions  
Conversing about Family  
Conversing about Impersonal Topics  
Discussing Differences of Opinion  
Resolving Conflicts  
Recognizing Others' Personal Space  
Recognizing Emotions Escalating  
Offering Assistance

Responding to Criticism  
Conversing about Sports  
Complimenting  
Listening  
Compromising  
Initiating Conversation  
Recognizing When to Interrupt  
Asking to be Included

***Parenting***

Diapering  
Potty Training  
Disagreeing  
Praising Appropriate Behavior  
Establishing Family Meetings  
Actively Listening

Setting Limits  
Establishing Consequences  
Resolving Conflicts  
Resolving Parental Differences  
Communicating Feelings

***Parties***

Responding to Personal Statements  
Telling Jokes  
Expressing Feelings  
Acknowledging Gifts

Requesting Assistance  
Expressing Opinions  
Choosing Gifts  
Praising

Acknowledging Praise  
 Selecting Friends  
 Asking to be Included

Assisting  
 Initiating Conversation  
 Interacting with Others

***Group Therapy/Group Situations***

Recognizing Feelings  
 Expressing Feelings  
 Speaking in Turn  
 Identifying Interpersonal Barriers  
 Scheduling Appointments  
 Interacting With Others  
 Recognizing When to Interrupt

Setting Goals  
 Responding to Feelings  
 Asking for Help  
 Resolving Conflicts  
 Identifying Present Level of Skill  
 Finding Alternatives to Violence  
 Recognizing Body Language

***Fixing Household Items/Home Repair***

Choosing Furniture  
 Stripping Wallpaper  
 Recognizing Maintenance Chores  
 Repairing Furniture  
 Changing Light Bulbs

Choosing Repair Jobs  
 Repairing Appliances  
 Asking for Help  
 Selecting Repairmen  
 Expressing Opinions

***First Aid***

Offering Support  
 Selecting Action Steps  
 Evaluating Medical Progress  
 Resuscitating

Analyzing Medical Problems  
 Preparing Medical Materials  
 Requesting Medical Assistance  
 Recognizing When to Assist

***Health***

Recognizing When Meds are Low  
 Self-Administering Medications  
 Recognizing Angry Feelings  
 Exercising  
 Rejecting Alcohol/Drugs  
 Recognizing Addictive Behaviors

Scheduling Appointments  
 Recognizing Physical/Psych. Symptoms  
 Recognizing Side Effects  
 Asking for Help  
 Recognizing Medication Benefits  
 Recognizing Relapse Symptoms

***Making Clothes***

Selecting Patterns  
 Selecting Material  
 Selecting Methods  
 Evaluating Size

Knitting  
 Sewing  
 Embroidering  
 Crocheting

***Pet Care***

Selecting Pets  
 Shampooing Pets  
 Playing with Pets

Training Pets  
 Solving Health Emergencies  
 Recognizing Symptoms

***Sports***

Serving a Ball  
 Resolving Conflicts

Evaluating Play  
 Assessing Performance

Giving Directions  
Responding to Personal Statements  
Expressing Disagreements

Expressing Opinion  
Selecting Game/Sport

***Working With Others***

Identifying Community Resources  
Conversing about Social Topics  
Dividing Work Responsibilities  
Discussing Differences of Opinion  
Recognizing When to Interrupt  
Recognizing Angry Feelings  
Recognizing Emotions Escalating  
Focusing on Personal Activities  
Clarifying Verbal Comments  
Initiating Program Manager Contact  
Listening  
Initiating Conversation  
Interacting with Others

Expressing an Opinion  
Asking Personal Questions  
Requesting Favors  
Responding to Questions  
Asserting Oneself  
Recognizing Body Language  
Asking for Help  
Resolving Conflicts  
Recognizing When to Assist  
Informing Staff of Conflicts  
Expressing Feelings  
Discussing Impersonal Topics  
Selecting Friends

***Budgeting***

Selecting Spending Priorities  
Assessing Finances  
Paying Rent  
Prioritizing Bills  
Recognizing Affordable Housing  
Exploring Housing Options

Allocating Money  
Consolidating Debts  
Paying Bills  
Saving Money  
Buying Groceries  
Prioritizing Needs

***Banking***

Balancing a Checkbook  
Paying Rent

Writing a Check/Money Order  
Saving Money

**2. Working Environment**

***Meeting With Supervisor***

Responding to Feedback  
Clarifying Instructions  
Requesting Assistance  
Resolving Conflicts  
Expressing Feelings  
Asking for Help  
Riding a Bus  
Discussing Differences of Opinion  
Listening to Others  
Interrupting  
Initiating Conversation  
Discussing impersonal Topics  
Initiating Additional Tasks  
Requesting Information

Clarifying Feedback  
Requesting Feedback  
Sharing Self-Evaluation  
Discussing Problems  
Recognizing Emotions Escalating  
Expressing Opinions  
Scheduling Appointments  
Compromising  
Responding  
Recognizing When to Interrupt  
Interviewing  
Pursuing Job Leads  
Saying No to Employer

**Working With Others**

- Identifying Community Resources
- Conversing about Social Topics
- Dividing Work Responsibilities
- Discussing Differences of Opinion
- Recognizing When to Interrupt
- Recognizing Angry Feelings
- Recognizing Emotions Escalating
- Focusing on Personal Activities
- Clarifying Verbal Comments
- Initiating Program Manager Contact
- Recognizing Others' Personal Space
- Initiating Conversation
- Interacting with Others
- Recognizing Feelings
- Speaking in Turn
- Identifying Interpersonal Barriers
- Establishing Supervisor Relationship
- Rejecting Offers of Drugs/Alcohol
- Responding to Others Feelings
- Expressing Opinions
- Asking Personal Questions
- Responding to Questions
- Requesting Favors
- Asserting Oneself
- Recognizing Body Language
- Asking for Help
- Recognizing When to Assist
- Informing Staff of Conflicts
- Listening
- Expressing Feelings
- Selecting Friends
- Discussing Impersonal Topics
- Interviewing
- Setting Goals
- Scheduling Appointments
- Finding Alternatives to Violence
- Resolving Conflicts

**Break Time/Lunch Breaks and Parties at Work**

- Responding to Personal Statements
- Telling Jokes
- Expressing Feelings
- Acknowledging Gifts
- Acknowledging Praise
- Selecting Friends
- Asking to be Included
- Introducing Self
- Inviting
- Requesting Assistance
- Expressing Opinions
- Choosing Gifts
- Praising
- Assisting
- Initiating Conversation
- Interacting with Others
- Discussing Impersonal Topics
- Answering/Asking Questions

**Budgeting**

- Selecting Spending Priorities
- Assessing Finances
- Paying Rent
- Prioritizing Bills
- Recognizing Affordable Housing
- Exploring Housing Options
- Allocating Money
- Consolidating Debts
- Paying Bills
- Saving Money
- Buying Groceries
- Prioritizing Needs

**Banking**

- Balancing a Checkbook
- Paying Rent
- Writing a Check/Money Order
- Saving Money

**Grooming/Hygiene**

- Scheduling Hygiene Tasks
- Brushing Teeth
- Brushing Hair
- Setting Alarm
- Assessing Appearance
- Recognizing When to Cut Hair

Selecting Makeup  
Applying Makeup  
Applying Perfume/Cologne  
Washing Body

Applying Deodorant  
Asking for Help  
Washing Hair  
Washing Clothes

**Dressing**

Selecting/Choosing Clothes  
Setting Alarm  
Matching Clothes to Weather  
Tucking in Shirt  
Putting on Clothes

Assessing Appearance  
Washing Clothes  
Dressing for Bed  
Asking for Help  
Choosing Accessories

**Health**

Recognizing When Meds are Low  
Self-Administering Medications  
Recognizing Angry Feelings  
Exercising  
Rejecting Alcohol/Drugs  
Recognizing Addictive Behaviors  
Monitoring Illness

Scheduling Appointments  
Recognizing Physical/Psych. Symptoms  
Recognizing Side Effects  
Asking for Help  
Recognizing Medication Benefits  
Recognizing Relapse Symptoms

**3. Learning Environment**

**Getting Into School/Taking Courses**

Designing  
Listening  
Defining Words/Terms  
Answering Questions  
Discussing Topics  
Summarizing Facts  
Clarifying Points  
Researching  
Spelling  
Identifying \_\_\_\_\_  
Illustrating Points  
Comparing Literature  
Comparing/Contrasting  
Applying for College  
Interviewing for College/School  
Exploring School Funding Options  
Filling out Applications

Operating \_\_\_\_\_  
Memorizing Math Equations  
Asking Questions  
Expressing Opinions  
Analyzing Concepts  
Responding to Feedback  
Writing Numbers  
Reading  
Requesting Information  
Listing \_\_\_\_\_  
Measuring \_\_\_\_\_  
Explaining \_\_\_\_\_  
Naming \_\_\_\_\_  
Requesting Transcripts  
Selecting College/School  
Applying for Loans/Grants  
Choosing Courses

**Grooming/Hygiene**

Scheduling Hygiene Tasks  
Brushing Teeth  
Brushing Hair  
Selecting Makeup  
Applying Makeup

Setting Alarm  
Assessing Appearance  
Recognizing When to Cut Hair  
Applying Deodorant  
Asking for Help

Applying Perfume/Cologne  
 Washing Body

Washing Hair  
 Washing Clothes

***Dressing***

Selecting/Choosing Clothes  
 Setting Alarm  
 Matching Clothes to Weather  
 Tucking in Shirt  
 Putting on Clothes

Assessing Appearance  
 Washing Clothes  
 Dressing for Bed  
 Asking for Help  
 Choosing Accessories

**4. Social Environment**

***Leisure Activities***

Selecting Activities  
 Evaluating Activities  
 Inviting Friends  
 Riding the Bus  
 Choosing Friends  
 Scheduling Weekend Activities  
 Exploring New Activities  
 Recognizing When to Interrupt  
 Listening  
 Expressing Feelings/Thoughts

Scheduling Activities  
 Selecting Movies  
 Managing Conflicts  
 Initiating Activities  
 Recognizing Others Personal Space  
 Reading  
 Interacting with Others  
 Asking to be Included  
 Recognizing Body Language

***Family Gatherings***

Analyzing Family Interaction  
 Expressing Feelings/Opinions  
 Conversing Family/Impersonal Topics  
 Offering Assistance  
 Discussing Differences of Opinion  
 Resolving Conflicts  
 Recognizing Others' Personal Space  
 Recognizing Emotions Escalating  
 Explaining Symptoms/Illness

Responding to Criticism  
 Conversing about Sports  
 Complimenting  
 Listening  
 Compromising  
 Initiating Conversation  
 Recognizing When to Interrupt  
 Asking to be Included

***Making Friends***

Selecting Friends  
 Explaining Symptoms  
 Initiating Conversation  
 Discussing Impersonal Topics  
 Interacting with Others  
 Initiating Activities  
 Requesting Information  
 Listening Actively  
 Recognizing Body Language  
 Rejecting Offers of Drugs/Alcohol

Speaking in Turn  
 Discussing Personal Topics  
 Compromising  
 Responding  
 Interrupting  
 Recognizing When to Interrupt  
 Asking to be Included  
 Praising Friends  
 Saying No  
 Inviting Others

***Making Clothes***

- |                    |              |
|--------------------|--------------|
| Selecting Patterns | Carding Wool |
| Shampooing Pets    | Knitting     |
| Selecting Methods  | Sewing       |
| Evaluating Size    | Embroidering |

***Pet Care***

- |                   |                            |
|-------------------|----------------------------|
| Selecting Pets    | Training Pets              |
| Shampooing Pets   | Solving Health Emergencies |
| Playing with Pets | Recognizing Symptoms       |

***Sports***

- |                                   |                       |
|-----------------------------------|-----------------------|
| Serving a Ball                    | Evaluating Play       |
| Resolving Conflicts               | Assessing Performance |
| Giving Directions                 | Expressing Opinion    |
| Responding to Personal Statements | Selecting Game/Sport  |
| Expressing Disagreements          |                       |

***Dances***

- |                              |                         |
|------------------------------|-------------------------|
| Selecting Partners           | Introducing Self        |
| Answering/Asking Questions   | Inviting                |
| Discussing Impersonal Topics | Interacting with Others |

***Parties***

- |                                   |                         |
|-----------------------------------|-------------------------|
| Responding to Personal Statements | Requesting Assistance   |
| Telling Jokes                     | Expressing Opinions     |
| Expressing Feelings               | Choosing Gifts          |
| Acknowledging Gifts               | Praising                |
| Acknowledging Praise              | Assisting               |
| Selecting Friends                 | Initiating Conversation |
| Asking to be Included             | Interacting with Other  |

**Words that Sound Like Skills But Are More Passive Than Active**

- |             |             |                             |                              |
|-------------|-------------|-----------------------------|------------------------------|
| Allowing    | Doing       | Learning                    | Seeing                       |
| Arriving    | Feeling     | Liking                      | Staying                      |
| Asserting   | Following   | Maintaining                 | Taking                       |
| Attending   | Functioning | Motivating                  | Talking                      |
| Avoiding    | Handling    | Participating               | Trying                       |
| Being       | Having      | Performing                  | Using                        |
| Completing  | Hearing     | Practicing                  | Wanting                      |
| Complying   | Hoping      | Reading (unless the basics) | Wishing                      |
| Controlling | Keeping     | Remembering                 | Writing (unless handwriting) |
| Developing  | Knowing     | Resisting                   |                              |

## A Structure for Staff Interventions

1. Staff will remind member...
2. Staff will encourage...
3. Staff will assist...
4. Staff will demonstrate...
5. Staff will transport...
6. Staff will accompany...
7. Staff will offer emotional support by...
8. Staff will review progress...
9. Staff will advocate...
10. Staff will follow up...
11. Staff will monitor...
12. Staff will praise...
13. Staff will provide feedback...
14. Staff will assist exploring alternatives to...
15. Staff will assist in budgeting...
16. Staff will mediate...
17. Staff will link to...
18. Staff will evaluate progress toward...
19. Staff will ask...
20. Staff will suggest...
21. Staff will call...
22. Staff will contact...
23. Staff will advise...
24. Staff will coordinate...
25. Staff will show...
26. Staff will help...
27. Staff will tell...
28. Staff will recommend...
29. Staff will instruct...
30. Staff will walk along side...
31. Staff will inspect...
32. Staff will train...
33. Staff will observe...
34. Staff will point out...
35. Staff will talk...
36. Staff will direct...
37. Staff will listen...
38. Staff will reinforce...
39. Staff will write...
40. Staff will chart...
41. Staff will graph...
42. Staff will explain...
43. Staff will indicate...
44. Staff will refer...
45. Staff will consult...



# Assessment Interview Questions

**Please Note:** It is usually not adequate to try and ascertain a person's true level of functioning through the use of direct questioning. Research shows that the best and most effective approach to assessment of role function and skill use is the process of Functional Assessment.

*“During the Functional Assessment, the practitioner helps the consumer identify critical skills based on the behavioral requirements of the environment and the behaviors that are personally important to the consumer. For each critical skill, the practitioner and the consumer describe the frequency with which the consumer needs to use the skill in specific circumstances in the environment. An evaluation is then made of the consumer's present ability to use these skills in comparison to the needed ability.”*

*The questions that follow are general ones a clinician would ask him/herself. They are not lists to ask in succession to the consumer.*

**Important  
Disclaimer**

Typically, the major components of Functional Assessment are:

- Listing Critical Skills: the identification of critical skills related to the achievement of an Overall Rehabilitation Goal
- Describing Skill Use: explanation of how the consumer is to use the skill
- Evaluating Skill Functioning: an appraisal of how the consumer is currently using the skill(s)

On the basis of the Functional Assessment, the findings then become part of the Individual Service/Recovery Plan for developing consumer skills.

Following are some general questions that a provider would need to have answered in order to determine the appropriate intervention(s) that will adequately address skill deficits in consumers. Some specific examples of skill names and ISRP objective examples have been included throughout the example questions as aides.

## 1. **Personal Hygiene**

A category of skills and practices conducive to health, cleanliness, grooming and tasks that make one presentable.

- A.) Do others in the consumer's environment express concerns about the consumer's hygiene, cleanliness, or appearance?
- B.) Does the consumer express an inability to complete some skill or task associated with maintaining their appearance or cleanliness?
- C.) To what degree is the consumer's success related to their personal hygiene and appearance and the particular skills associated with "personal hygiene", etc.?
- D.) If particular skill deficits have been identified in this area (wears dirty and wrinkled clothing to work), based on direct Functional Assessment of the skill or based on the quantitative report of others, to what degree does the consumer currently possess and use the skill (Johnny currently wears dirty clothes to work three out of five days per week)?

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- E.) To what degree does the consumer need to use the skill (ISRP objective: five out of five days per week, Johnny will dress in matching, clean, and pressed clothing before going to work)?

2. **Household Tasks**

The routine tasks of managing and keeping one's dwelling environmentally safe and livable.

- A.) Do others in the consumer's living environment express concerns about how the cleanliness of the consumer's home?
- B.) Does the consumer express an inability to keep their home clean or that others are critical of him/her because of the condition of their living space?
- C.) To what degree is the consumer's success related to the cleanliness and order of their home? Might the consumer lose their home or be "kicked out" of their living environment if they don't keep it clean?
- D.) If particular skill deficits have been identified in this skill area (consumer is leaving dirty dishes in the sink for days at a time), based on a functional assessment of the skill or based on the quantitative report of others, to what degree does the consumer currently possess and use the skill (consumer doesn't wash dishes; expects others to wash them for him)?
- E.) To what level must the consumer perform the skill in order to be considered successful (ISRP objective: Six out of seven days per week, Joe will wash all his dirty dishes after dinner)?

3. **Cooking / Nutrition**

Skills associated with selecting, preparing and consuming foods to maintain health.

- A.) Do others in the consumer's environment express concerns about consumer's eating habits or their lack of ability to prepare meals?
- B.) Does the consumer express frustration or an inability to plan or prepare meals?
- C.) To what degree is the consumer's success related to their ability to cook and meet their nutritional needs and the particular skills associated with cooking, food preparation, and food selection?
- D.) If particular skill deficits have been identified in this skill area (consumer is only eating "junk" food), based on a functional assessment of the skill or based on the quantitative report of others, to what degree does the consumer currently possess and use the skill (consumer cooks a meal one time per week when her family comes to visit on Sunday)?
- E.) To what level must the consumer perform the skill of Preparing Nutritious Meals in order to be considered successful (ISRP objective: Seven days per week, Betty will prepare at least one nutritious meal for herself)?

4. **Personal Safety**

Skills used to identify and protect oneself from the threats of danger, harm, or loss.

- A.) Do others in the consumer's environment express concerns about the consumer's awareness of safety issues and their ability to stay safe?
- B.) Does the consumer express concerns about their safety and ability to reduce risk or be safe?
- C.) To what degree is the consumer's success in the environment related to their ability to maintain or protect their own personal safety (possibly the safety of others) and the particular skills associated with "personal safety", etc.? Will they get "kicked out"

of an environment (work, school, home) if they don't know and use particular safety skills?

- D.) If particular skill deficits have been identified in this skill area (consumer's employer reports that consumer doesn't follow procedures during fire drills), to what degree does the consumer currently possess and use the skill, if at all?
- E.) To what level must the consumer perform the skill in order to be considered successful?

## 5. **Leisure / Recreational**

Skills used in managing one's free time; identifying and planning for involvement in social and non-work activities that are enjoyable and refreshing.

- A.) Do others in the consumer's environment express concerns about consumer's ability to manage his/her free time and participate in social and recreational activities?
- B.) Does the consumer express frustration about or an inability to plan their free time or become involved in social and leisure activities?
- C.) To what degree is the consumer's success related to his ability to manage his free time and plan for social/recreational activities for himself? What are the particular skills he needs to use to be successful and satisfied?
- D.) If particular skill deficits have been identified in this skill area (consumer stays at home when others don't plan activities for him; he's feeling isolated and says he's bored), based on a functional assessment of the skill or based on the quantitative report of others, to what degree does the consumer currently possess and use the skill (consumer is aware of a few activities in the community but doesn't know how to get involved)?
- E.) To what level must the consumer perform the skill of Planning Leisure Activities in order to feel satisfied (ISRP objective: Within three months, John will select at least one weekend activity from the "Community Events" section of the newspaper, make reservations, and arrange transportation every Wednesday after work)?

## 6. **Social / Family Relations**

Skills required for successfully interacting with others; expressing oneself and communicating understanding of others; has satisfying relationships.

- A.) Do others in the consumer's environment express concerns about consumer's ability to interact with friends and family? Do they complain about consumer's lack of social skills? Do they complain about consumer inappropriately expressing himself?
- B.) Does the consumer express frustration about or demonstrate an inability to express him/herself? Do they voice attempts at trying to communicate with others that end in frustration, arguments, or rejection?
- C.) To what degree is the consumer's success related to his ability to interact with others? Has inappropriate social interaction gotten him in trouble and is he in danger of losing his goal environment or being "kicked out"? What are the particular social / interpersonal skills he needs to use to be successful and satisfied?
- D.) If particular skill deficits have been identified in this skill area (consumer throws household objects at his family when he's angry), based on a functional assessment of the skill or based on the quantitative report of others, to what degree does the consumer currently possess and use the skill (consumer doesn't know another way to express his anger and make others know that he's frustrated)?
- E.) To what level must the consumer perform the skill of Expressing Negative Feelings in order to be successful and/or feel satisfied (ISRP objective: Within three months,

64 **Skills/Abilities: Assessment Interview Questions**

Joe will choose a feeling word and use it in describing how he's feeling to others when he is angry or upset 90% of the time)?

7. **Coping Skills / Emotional Management**

Skills used within one's mind to manage thoughts, feelings, or situations, i.e., calming, self-talk and reframing.

- A.) Do others in the consumer's environment express concerns about consumer's inability to cope with day-to-day stress? Do they complain about consumer's lack of coping skills? Do they complain about consumer being unable to control his emotions?
- B.) Does the consumer express frustration about or an inability to calm himself under stress? Do they voice attempts at trying to cope that end in failure?
- C.) What are the particular coping, intrapersonal, or emotional management skills the consumer needs?
- D.) If particular skill deficits have been identified in this skill area, to what degree does the consumer currently possess and use the skill?
- E.) To what level must the consumer perform the skill of Reframing "Negative" Events?

8. **Childcare / Parenting**

Skills associated with socially accepted methods of caring for the physical, emotional, intellectual, and spiritual needs of children.

- A.) Do others in the consumer's environment express concerns about consumer's ability to parent or take proper care of their children? Do they complain about consumer inappropriately or disciplining too severely?
- B.) Does the consumer express frustration about or an inability to care for the children? Do they voice attempts at trying to discipline that end in frustration or abusiveness?
- C.) Has inappropriate discipline or poor parenting gotten him/her in trouble? What are the particular childcare/parenting skills he/she needs to use to be successful and increase their satisfaction as a parent?
- D.) If particular skill deficits have been identified in this skill area (consumer doesn't set boundaries with established consequences with the children and is consistently frustrated with their behavior), based on a functional assessment of the skill or based on the quantitative report of others, to what degree does the consumer currently possess and use the skill?
- E.) To what level must the consumer perform the skill of Setting Boundaries in order to be successful and/or feel satisfied (ISRP objective: Within one month, Ann will clarify her expectations regarding curfews and will establish and post enforceable consequences for violations with her adolescent child)?

9. **Financial Management**

Skills associated with the budgeting of funds, paying of bills, and planning for future needs based on one's financial resources.

- A.) Do others in the consumer's environment express concerns about consumer's ability to manage their own finances? Do they complain about consumer over-spending?
- B.) Does the consumer express frustration about not being able to manage their money or an inability to control spending?
- C.) To what degree is the consumer's success related to his ability to manage his finances? Have spending priorities gotten him in trouble with others in his environment and is he in danger of losing his goal environment or being "kicked

out”? What are the particular financial management skills he needs to use to be successful and satisfied?

- D.) If particular skill deficits have been identified in this skill area (consumer spends so much money on cigarettes that he doesn't have enough to buy groceries), based on a functional assessment of the skill or based on the quantitative report of others, to what degree does the consumer currently possess and use the skill (consumer knows how to make a budget but doesn't feel able to stick to it)?
- E.) To what level must the consumer perform the skill of Budgeting Household Expenses in order to be successful and/or feel satisfied?

#### 10. **Medical / Medication Management**

Skills associated with monitoring and treating (according to physician orders) one's own medical condition(s), i.e., monitoring symptoms, taking medication, recognizing triggers and reporting symptoms.

- A.) Do others in the consumer's environment express concerns about consumer's ability to take their medications as prescribed or monitor their symptoms?
- B.) Does the consumer express frustration about being unable to take their medication as prescribed? Does he/she express an inability to manage their illness or get to medical appointments?
- C.) To what degree is the consumer's success related to his/her ability to manage their illness or medications? Has his/her inability to take their medications, manage medical appointments, etc. caused problems for consumer or others in the environment? What are the particular medical / medication management skills consumer needs to use to be considered successful and satisfied?
- D.) If particular skill deficits have been identified in this skill area (consumer doesn't take his medication as prescribed), based on a functional assessment of the skill or based on the quantitative report of others, to what degree does the consumer currently possess and use the skill?
- E.) To what level must the consumer perform the skill in order to be successful and/or feel satisfied?

#### 11. **Mobility Within the Community**

Skills associated with accessing and utilizing various transportation resources; also skills associated with accessing and utilizing needed and wanted services, activities, organizations, professionals, etc.

- A.) Do others in the consumer's environment express concerns about consumer's ability to access services, professionals, or transportation or make other connections in the community?
- B.) Does the consumer express frustration about or an inability to access services, professionals, activities, or transportation?
- C.) To what degree is the consumer's success related to his/her ability to access community supports and transportation?
- D.) If particular skill deficits have been identified in this skill area (consumer doesn't access transportation as needed), based on a functional assessment of the skill or based on the quantitative report of others, to what degree does the consumer currently possess and use the skill (consumer doesn't know how to arrange for his own transportation)?
- E.) To what level must the consumer perform the skill of Arranging Transportation in order to be successful and/or feel satisfied (ISRP objective: Within two months, John will schedule his own transportation when he has appointments 90% of the time)?

**12. Literacy/Basic Math**

Skills associated with a functional level of reading, writing, and math.

- A.) Do others in the consumer's environment express concern about the consumer's ability to read or perform basic mathematical functions?
- B.) Does the consumer express concern about his/her inability to read or does he/she shy away from math or tasks that involve numbers?
- C.) To what degree is the consumer's success related to his/her ability to read or perform basic math calculations? Might they lose their job?
- D.) If particular skill deficits have been identified in this area, to what degree does the consumer currently possess the skill?
- E.) To what degree must the consumer perform a particular reading or math skill in order to be considered successful in his/her goal environment?

**13. Prevocational**

Skills one must possess upon entering the work environment; not necessarily related to a particular industry or job. Skills associated with job readiness.

- A.) Do others in the consumer's environment express concern about the consumer's ability to get a job and/or keep it?
- B.) Does the consumer express concern about his/her ability to interview for a job or does he/she state that they really don't know what kind of jobs are out there?
- C.) To what degree is the consumer's success related to his/her ability to get a job?
- D.) If particular skill deficits have been identified in this area, to what degree does the consumer currently possess the skill?
- E.) To what degree must the consumer perform a particular prevocational skill in order to choose, get, and/or keep a work environment?

# Chapter Three

## Resources/Needs

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Supports Rating Examples

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General Goals, Objectives and Interventions

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Assessment Interview Questions

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# General Goals, Objectives and Interventions

Please note the introduction on pages 23-24 of this guide for instructions on how to use the following general examples to develop an appropriate individualized service/recovery plan.

## 1. Housing

Decent place to live.

*General Goals:*

- A.) Acquire housing suitable to needs.
- B.) Acquire affordable housing.

*General Objectives:*

- A.) Identify housing needs (wheelchair accessible, W/D connections, ground floor apt. neighborhood with not children, etc.).
- B.) Identify possible roommates.
- C.) Identify affordable/suitable neighborhoods.

*General Therapeutic Interventions:*

- A.) Assist consumer in obtaining apartment guide/home section of newspaper.
- B.) Teach living skills in preparation for possible roommate situation.
- C.) Identify sources of possible assistance with living situations for low-income consumers.

## 2. Family/Social Support

People involved with the person who provide emotional support and guidance in healthy, loving relationships.

*General Goals:*

- A.) Develop support within the community.
- B.) Improve family support/interactions.

*General Objectives:*

- A.) Attend social support group at least monthly (AA, NA, Neighborhood meetings).
- B.) Participate in family functions at least twice monthly.
- C.) Involve family members in community support groups.

*General Therapeutic Interventions:*

- A.) Process family/social interactions in order to increase/improve quality/quantity of interactions.
- B.) Make assignments that require consumer to build social supports.

## 3. Community Involvement/Support

Services and people that provide for the integration of consumers into natural community settings.

*General Goals:*

- A.) Access supports independently.
- B.) Increase community involvement.
- C.) Develop community involvement/support.

*General Objectives:*

- A.) Identify sources/resources of support in community.
- B.) Journal weekly/bi-weekly, community involvement/support detailing impact of experiences upon consumer.

*General Therapeutic Interventions:*

- A.) Process journal entries/experiences with consumer.

#### **4. Financial**

Services that assist with financial planning, budgeting, etc. or could refer to actual income through work or entitlements.

*General Goals:*

- A.) Access financial planning/assistance services.
- B.) Adhere to financial plan.

*General Objectives:*

- A.) Determine financial needs based on priority.
- B.) Develop step-by-step financial plan.

*General Therapeutic Interventions:*

- A.) Resource Acquisition for Money Management Services.
- B.) Resource Coordination for Food Stamps.

#### **5. Healthcare**

Services and people that provide physical and mental healthcare.

*General Goals:*

- A.) Maintain health through regular doctor's visits.
- B.) Maintain Mental Health wellness.

*General Objectives:*

- A.) Select desired physician.
- B.) Determine medical needs.

*General Therapeutic Interventions:*

- A.) Provide list of appropriate/available physicians.
- B.) Resource Acquisition to obtain a physical assessment.

#### **6. Transportation**

Means of getting people where they need to be (could be getting someone a car or someone taking them where they need to be).

*General Goals:*

- A.) Utilize public transportation.
- B.) Independently arrange transportation.

*General Objectives:*

- A.) Obtain schedule of arrival/departure times for desired destination.
- B.) Determine best mode of transportation based on desired destination.

*General Therapeutic Interventions:*

- A.) Practice accessing public transportation through mock trials.
- B.) Assist consumer in obtaining schedule.
- C.) Support consumer through process by addressing concerns.

#### **7. Educational**

Agencies or people that provide educational assistance for the integration of consumers into natural community settings.

*General Goals:*

- A.) Obtain GED.
- B.) Connect with agency providing educational assistance/support.

*General Objectives:*

- A.) Attend GED classes at least two times weekly.
- B.) Attend support/study groups.

*General Therapeutic Interventions:*

- A.) Resource Coordination for accommodation to attend GED classes weekly.

B.) Resource Acquisition to get necessary books for classes.

## 8. Vocational

Agencies that provide assistance with assessment, training and placement for integration into the work force.

### *General Goals:*

- A.) Obtain gainful employment.
- B.) Complete vocational training program.
- C.) List resume with Temporary Service.

### *General Objectives:*

- B.) Routinely read want ads.
- C.) Practice filling out job applications.
- D.) Update resume.
- E.) Visit Vocational Rehabilitation for assessment.

### *General Therapeutic Interventions:*

- A.) Assist consumer with accessing Vocational Rehabilitation services.
- B.) Provide feedback regarding completed applications.
- C.) Process consumer's vocational desires in order to help determine appropriate vocation.

# Assessment Interview Questions

## 1. Housing

Decent place to live.

- A.) Do you currently have a suitable, affordable place to live?
- B.) Are you satisfied with your place of residence?

## 2. Family/Social Support

People involved with the person who provide emotional support and guidance in healthy, loving relationships.

- A.) Do you currently have family members or friends who provide you with sufficient support?
- B.) How often do you have contact with these family members and/or friends?
- C.) If you have an urgent need, is there someone you can call for help?

## 3. Community Involvement/Support

Services and people that provide for the integration of consumers into natural community settings.

- A.) Are you currently involved in church, support groups or other activities in the community?
- B.) Do you know how to find people who have similar interests and needs as yourself?

## 4. Financial

Services that assist with financial planning, budgeting, etc. or could refer to actual income through work or entitlements.

- A.) What is your income? How much do money do you receive monthly?
- B.) Are you able to meet your basic needs of food, shelter and clothing?
- C.) Do you often spend money on things that you later wish you had not?

## 5. Healthcare

Services and people that provide physical and mental healthcare.

- A.) Do you currently have a medical issue for which you need assistance?
- B.) Do medical problems interfere with your functioning in the areas of work and/or leisure?
- C.) Where do you go for help for a medical need?

## 6. Transportation

Means of getting people where they need to be (could be getting someone a car or someone taking them where they need to be).

- A.) Do you currently have a car?
- B.) Do you have a friend or family member who can transport you?
- C.) Do you have access to a bus or other public transportation (such as MARTA)?

## 7. Educational

Agencies or people that provide educational assistance for the integration of consumers into natural community settings.

- A.) Do you currently want to increase your ability to read or write, obtain a GED, college degree or technical skills?

B.) Who would you call to further your education?

**8. Vocational**

Agencies that provide assistance with assessment, training and placement for integration into the work force.

A.) What are your career or work interests?

B.) What skills do you need to obtain your work and career goals?

C.) Where would you go or who would you call to take the first step towards an enjoyable job or career?