ACTIVITIES OF DAILY LIVING (ADLs)

CLIENT PRESENTATION

1. Substandard Grooming and Hygiene (1)*

A. The client came to the session poorly groomed.

B. The client displayed poor grooming, as evidenced by strong body odor, disheveled hair, or dirty clothing.

C. Others have noted that the client displays substandard grooming and hygiene.

D. The client has begun to show an increased focus on his/her hygiene and grooming.

E. The client's hygiene and grooming have been appropriate, with clean clothing and no strong body odor.

2. Failure to Use Basic Hygiene Techniques (2)

A. The client gave evidence of a failure to use basic hygiene techniques, such as bathing, brushing his/her teeth, or washing his/her clothes.

B. When questioned about his/her basic hygiene techniques, the client reported that he/she rarely bathes, brushes his/her teeth, or washes his/her clothes.

C. The client has begun to bathe, brush his/her teeth, and dress himself/herself in clean clothes on a regular basis.

D. The client displayed increased personal care through the use of basic hygiene techniques.

3. Medical Problems (3)

A. The client's poor hygiene has caused specific medical problems.

B. The client is experiencing dental difficulties due to his/her poor hygiene.

C. Due to the client's poor personal hygiene, he/she is experiencing medical problems that put others at risk.

D. As the client has improved his/her personal hygiene, his/her medical problems have decreased.

4. Poor Diet (4)

A. Due to the client's inability to cook meals properly, he/she has experienced deficiencies in his/her diet.

B. The client makes poor food selections, which has caused deficiencies in his/her diet.

* The numbers in parentheses correlate to the number of the Behavioral Definition statement in the companion chapter with the same title in *The Severe and Persistent Mental Illness Treatment Planner* (Berghuis and Jongsma) by John Wiley & Sons, 2000.

C. The client has displayed an increased understanding of and willingness to use a healthier diet.

D. As the client's diet has improved, his/her overall level of physical functioning has improved.

5. Impaired Reality Testing (5)

A. The client's impaired reality testing and bizarre behaviors cause problems with his/her performance of activities of daily living (ADLs).

B. The client's decreased reality testing causes him/her to have a decreased motivation to perform ADLs.

C. As the client has become more reality focused, his/her completion of ADLs has increased.

6. Social Skills Deficits (6)

A. The client displayed poor social interaction skills.

B. The client displayed poor eye contact, insufficient interpersonal attending, and awkward social responses.

C. As the client's severe and persistent mental illness symptoms have stabilized, his/her interaction skills have increased.

D. The client now displays more appropriate eye contact, interpersonal attending skills, and social responses.

7. Others Excuse Poor ADLs (7)

A. The client described a history of others excusing his/her poor performance on ADLs.

B. The client's family and friends rarely confront him/her on his/her poor performance on ADLs, as they believe this to be an inevitable component of his/her mental illness.

C. Friends and family members have become more direct with the client about giving feedback regarding his/her performance on ADLs.

D. The client's performance on ADLs has increased, as others have expected increased responsibility from him/her.

8. Inadequate Knowledge Regarding ADLs (8)

A. The client displayed an inadequate level of knowledge or functioning in basic skills around the home.

B. The client indicated that he/she has little experience in doing basic ADLs around the home (e.g., cleaning floors, washing dishes, disposing of garbage, keeping fresh food available).

C. As the client has gained specific knowledge about how to perform basic duties around the home, his/her ADLs have become more appropriate.

9. Losses Due to Poor Hygiene (9)

A. The client described that he/she has experienced loss of relationship, employment, or other social opportunities due to his/her poor hygiene and inadequate attention to grooming.

B. The client's family, friends, and employer have all indicated a decreased desire to be involved with him/her due to his/her poor hygiene and inadequate attention to grooming.

C. As the client's hygiene and grooming have improved, he/she has experienced improvement in relationships, employer acceptance, and other social opportunities.

INTERVENTIONS IMPLEMENTED

1. Assign Inventory of ADLs (1)*

A. The client was asked to prepare an inventory of positive and negative functioning regarding his/her ADLs.

B. The client prepared his/her inventory of positive and negative functioning regarding ADLs, and this was reviewed within the session.

C. The client was given positive feedback regarding his/her accurate inventory of positive and negative functioning regarding ADLs.

D. The client has prepared his/her inventory of positive and negative functioning regarding ADLs but needed additional feedback to develop an accurate assessment.

E. The client has not prepared an inventory of positive and negative functioning regarding ADLs and was redirected to do so.

2. Assign Obtaining Feedback (2)

A. The client was asked to identify a trusted individual from whom he/she can obtain helpful feedback regarding daily hygiene and grooming.

B. The client has received helpful feedback regarding his/her daily hygiene and grooming, and this was reviewed within the session.

C. The client has declined to seek or use any feedback regarding his/her daily hygiene and grooming and was redirected to complete this assignment.

3. Refer to a Dietician (3)

A. The client was referred to a dietician for an assessment regarding basic nutritional knowledge and skills, usual diet, and nutritional deficiencies.

B. The client reported that he/she has met with the dietician, and the results of his/her assessment were reviewed.

* The numbers in parentheses correlate to the number of the Therapeutic Intervention statement in the companion chapter with the same title in *The Severe and Persistent Mental Illness Treatment Planner* (Berghuis and Jongsma) by John Wiley & Sons, 2000.

C. The client displayed an understanding of his/her nutritional functioning as the assessment was reviewed.
D. The client displayed a lack of understanding about the information contained in the nutritional assessment and was provided with additional feedback in this area.
E. The client has not followed through on his/her referral to a dietician and was redirected to do so.

4. Review Rejection (4)

A. The client was asked to identify painful experiences in which rejection was experienced due to the lack of performance of basic ADLs.
B. The client was provided with empathy as he/she identified painful experiences in which rejection was experienced due to the lack of performance of basic ADLs.
C. The client's broken relationships, loss of employment, and other painful experiences were reviewed within the session.
D. The client could not identify painful experiences related to poor performance of basic ADLs and was asked to continue to focus in these areas.

5. Teach Possible Positive Outcomes (5)

A. The client was assisted in visualizing the possible positive changes that could occur from his/her increased attention to appearance and other daily living skills.
B. The client was supported and reinforced as he/she identified positive results that would occur due to his/her increased attention to appearance and other daily living skills.
C. The client struggled to identify positive results that could occur from his/her giving increased attention to appearance and other daily living skills and was provided with additional feedback about these areas.

6. Review Medical Risks (6)

A. Specific medical risks associated with poor hygiene and nutrition or lack of attention to other ADLs were reviewed.
B. Medical risks (e.g., dental problems, risk of infection, lice, and other health problems) were identified and discussed.
C. The client was assisted in developing an understanding about the medical risks associated with poor nutrition and hygiene or lack of attention to other ADLs.
D. The client agreed that he/she is at a higher medical risk due to poor nutrition and hygiene or lack of attention to other ADLs and was focused on remediation efforts.
E. The client rejected the identified concerns regarding medical risks.

7. Facilitate Expressing Emotions (7)

A. The client was assisted in expressing his/her emotions related to impaired performance in ADLs.

B. The client was assisted in identifying specific emotions regarding impaired performance in ADLs (e.g., embarrassment, depression, and low self-esteem).
C. Empathy was provided to the client as he/she expressed his/her emotions regarding impaired performance in ADLs.
D. The client was reluctant to admit to any negative emotions regarding impaired performance of ADLs and was provided with feedback about likely emotions that he/she may experience.

8. Identify Secondary Gain (8)

A. The possible secondary gain associated with decreased ADL functioning was reviewed.
B. The client identified specific secondary gains that he/she has attained for decreased functioning in ADLs (e.g., less involvement in potentially difficult social situations), and these were reviewed within the session.
C. The client denied any pattern of secondary gain related to decreased functioning in his/her ADLs and was provided with hypothetical examples of the secondary gains.

9. Identify Needed ADLs (9)

A. The client was assisted in identifying those ADLs that are desired but are not present in his/her current repertoire.
B. The client received feedback regarding his/her description of ADLs that he/she wished to increase.
C. The client was unable to identify specific ADLs that he/she wishes to increase and was encouraged to review this area.

10. Prioritize ADLs (10)

A. The client was asked to prioritize on which ADLs he/she would like to focus in order to improve his/her functioning.
B. The client was given feedback about his/her choice of ADLs to focus on implementing.
C. The client was informed about the specific skills that he/she will need to learn in order to implement the use of individual ADLs.
D. The client struggled to prioritize which ADLs he/she wishes to use and was redirected to do so.

11. Refer for Psychological Testing (11)

A. The client was referred for an assessment of cognitive abilities and deficits.
B. Objective psychological testing was administered to the client to assess his/her cognitive strengths and weaknesses.
C. The client cooperated with the psychological testing, and he/she received feedback about the results.

D. The psychological testing confirmed the presence of specific cognitive abilities and deficits.

E. The client was not compliant with taking the psychological evaluation and was encouraged to participate completely.

12. Recommend Remediating Programs (12)

A. The client was referred to remediating programs that are focused on removing deficits for performing ADLs, including skill-building groups, token economies, or behavior-shaping programs.

B. The client was assisted in remediating his/her deficits for performing ADLs through the use of skill-building groups, token economies, and behavior-shaping programs.

C. As specific programs have assisted the client in removing deficits for performing ADLs, his/her ADLs have gradually increased.

13. Educate about Mental Illness (13)

A. The client was educated about the expected or common symptoms of his/her mental illness, which may negatively impact basic ADL functioning.

B. As his/her symptoms of mental illness were discussed, the client displayed an understanding of how these symptoms may affect his/her ADL functioning.

C. The client struggled to identify how symptoms of his/her mental illness may negatively impact basic ADL functioning and was given additional feedback in this area.

14. Interpret Psychiatric Decompensation (14)

A. The client's poor performance on ADLs was interpreted as an indicator of psychiatric decompensation.

B. The client's pattern of poor ADLs and psychiatric decompensation was shared with the client, caregivers, and medical staff.

C. The client acknowledged his/her poor performance on ADLs as prodromals of his/her psychiatric decompensation, and this was supported during the session.

D. The client, caregivers, and medical staff concurred regarding the client's general psychiatric decompensation.

E. The client denied psychiatric decompensation, despite being told that his/her poor performance on ADLs is an indication of psychiatric decompensation.

15. Refer to a Physician (15)

A. The client was referred to a physician for an evaluation for a prescription of psychotropic medications.

B. The client was reinforced for following through on a referral to a physician for an assessment for a prescription of psychotropic medications, but none were prescribed.

C. The client has been prescribed psychotropic medications.

D. The client declined evaluation by a physician for a prescription of psychotropic medications and was redirected to cooperate with this referral.

16. Educate about Psychotropic Medications (16)

A. The client was taught about the indications for and the expected benefits of psychotropic medications.

B. As the client's psychotropic medications were reviewed, he/she displayed an understanding about the indications for and expected benefits of the medications.

C. The client displayed a lack of understanding of the indications for and expected benefits of psychotropic medications and was provided with additional information and feedback regarding his/her medications.

17. Monitor Medications (17)

A. The client was monitored for compliance with his/her psychotropic medication regimen.

B. The client was provided with positive feedback about his/her regular use of psychotropic medications.

C. The client was monitored for the effectiveness and side effects of his/her prescribed medications.

D. Concerns about the effectiveness and side effects of the client's medications were communicated to the physician.

E. Although the client was monitored for side effects from the medications, he/she reported no concerns in this area.

18. Organize Medications (18)

A. The client was provided with a pillbox for organizing and coordinating each dose of his/her medications.

B. The client was taught about the proper use of the medication compliance packaging/reminder system.

C. The client was tested on his/her understanding of the use of the medication compliance packaging/reminder system.

D. The client was provided with positive feedback about his/her regular use of the pillbox to organize his/her medications.

E. The client has not used the pillbox to organize his/her medications and was redirected to do so.

19. Coordinate Medication Compliance Oversight (19)

A. Family members and/or caregivers were instructed on how to regularly dispense and/or monitor the client's medication compliance.

B. Family members and/or caregivers indicated an understanding of how to monitor the client's medication compliance.

C. The client's medication compliance was reviewed, and family members and/or caregivers indicated that he/she is regularly medication compliant.

D. Family members and/or caregivers indicated that the client is not medication compliant, and this was reviewed with the client.

20. Review Side Effects of Medications (20)

A. The possible side effects of the client's medications were reviewed with him/her.
B. The client identified significant medication side effects, and these were reported to the medical staff.
C. Possible side effects of the client's medications were reviewed, but he/she denied experiencing any side effects.

21. Arrange for a Physical Examination (21)

A. A full physical examination was arranged for the client, and the physician was encouraged to prescribe remediation programs to aid the client in performing ADLs.
B. A physician examined the client, and specific negative medical effects of low functioning on ADLs were identified.
C. The physician has identified specific recommendations to help remediate the effects of the client's poor ADL skills.
D. The physician has not identified any physical effects related to the client's poor performance on ADLs.
E. Specific ADL remediation behaviors were reviewed with the client.

22. Refer to a Dentist (22)

A. The client was referred to a dentist to determine dental treatment needs.
B. Specific dental treatment needs were identified, and ongoing dental treatment was coordinated.
C. No specific dental treatment needs were identified, but a routine follow-up appointment was made.
D. The client has not followed through on the referral for dental services and was redirected to do so.

23. Provide Educational Material (23)

A. The client was provided with educational material to help him/her learn basic personal hygiene skills.
B. The client was referred to specific portions of books and videos on the topic of personal hygiene.
C. The client was referred to written material such as *The Complete Guide to Better Dental Care* (Taintor and Taintor) or *The New Wellness Encyclopedia* (Editors of University of California-Berkeley).
D. The client has surveyed the educational material, and important points were reviewed within the session.
E. The client has not reviewed the educational material and was requested to do so.

24. Refer for One-to-One Training (24)

A. The client was referred to the agency medical staff for one-to-one training in basic hygiene needs and techniques.

B. The client has reviewed specific hygiene needs and techniques with the agency medical staff and was supported for this.

C. The client has not yet met with agency medical staff for one-to-one training in basic hygiene needs and techniques and was redirected to do so.

25. Refer to a Psychoeducational Group (25)

A. The client was referred to a psychoeducational group focused on teaching personal hygiene skills.

B. The psychoeducational group was used to help the client learn to give and receive feedback about hygiene skill implementation.

C. The client has attended a psychoeducational group and received feedback about hygiene skill implementation, which was processed within the session.

D. The client was verbally reinforced for using the group feedback about hygiene skill implementation.

E. The client has not attended the psychoeducational group for hygiene skill implementation and was redirected to do so.

26. Encourage Scheduled Hygiene Performance (26)

A. The client was encouraged to perform basic hygiene skills on a regular schedule (e.g., the same time and in the same order each day).

B. The client was reinforced for his/her pattern of performing basic hygiene skills on a regular schedule.

C. The client has not performed his/her personal hygiene skills on a scheduled basis and was redirected to do so.

27. Refer to Behavioral Treatment (27)

A. The client was referred to a behavioral treatment specialist to develop and implement a program to monitor and reward the regular use of ADL techniques.

B. An individualized behavioral treatment plan has been developed to monitor and reward the client's regular use of ADL techniques.

C. As the client has increased his/her regular use of ADL techniques, he/she has earned rewards within the behavioral treatment plan.

D. The client's increased completion of ADLs through the use of a behavioral treatment plan was reviewed.

E. The client has resisted compliance with a behavioral treatment plan to monitor and reward the regular use of his/her ADL techniques and was redirected to do so.

28. Teach Self-Monitoring (28)

A. The client was assisted in developing a self-monitoring program for performing his/her ADLs.

B. The client was supported in his/her use of a checkoff chart for performing his/her ADLs.

C. The client was provided with positive feedback and encouragement regarding his/her use of a self-monitoring program for performing ADLs.

D. The client has not implemented or used a self-monitoring program for performing ADLs and was encouraged to do so.

29. Provide Feedback (29)

A. The client was provided with feedback about progress in his/her use of self-monitoring to improve personal hygiene.

B. The client appeared to react positively to the feedback that was given regarding his/her progress in the use of self-monitoring to improve performance of ADLs.

C. The client accepted the negative feedback that was given regarding his/her lack of use of self-monitoring to improve personal hygiene.

30. Review Community Resources (30)

A. A list of community resources was reviewed with the client to assist him/her in improving his/her personal appearance (e.g., laundromat/dry cleaner, hair salon/barber).

B. As community resources were reviewed, the client displayed an understanding and commitment to use appropriate community resources.

C. The client has not used community resources to improve his/her personal appearance and was provided with additional encouragement to do so.

31. Arrange for a Tour of Community Resources (31)

A. Arrangements were made for the client to tour community facilities for cleaning and pressing clothes, cutting and styling hair, or purchasing soap and deodorant.

B. As the community resources were reviewed, the client showed an increased understanding of how these resources can be used to improve performance of ADLs.

C. The client continued to display a lack of understanding about the use of community facilities to assist in performing ADLs, and this information was reiterated.

32. Assess for Substance Abuse (32)

A. The client was assessed for substance abuse that may exacerbate poor performance in ADLs.

B. The client was identified as having a concomitant substance abuse problem.

C. Upon review, the client does not display evidence of a substance abuse problem.

33. Refer for Substance Abuse Treatment (33)

A. The client was referred to a 12-step recovery program (e.g., Alcoholics Anonymous or Narcotics Anonymous).

B. The client was referred to a substance abuse treatment program.

C. The client has been admitted to a substance abuse treatment program and was supported for this follow-through.

D. The client has refused the referral to a substance abuse treatment program, and this refusal was processed.

34. Integrate Mental Health and Substance Abuse Treatment (34)

A. The client's mental health and substance abuse treatment services were coordinated in an integrated fashion.

B. The client's substance abuse treatment providers have been provided with increased information about the client's mental health diagnosis and treatment.

C. The client's mental health treatment providers have been provided with increased information about the client's substance abuse diagnosis and treatment.

35. Facilitate Training from Support System (35)

A. The client's family members, friends, and caregivers were facilitated to assist in training the client in basic housekeeping skills.

B. Family members, friends, and caregivers were requested to monitor and report on the client's progress regarding basic housekeeping skills.

C. Family members, friends, and caregivers were reinforced for regularly providing training to the client on basic housekeeping skills and reporting on his/her progress.

D. Family members, friends, and caregivers do not regularly provide options for the client to learn basic housekeeping skills and were redirected to do so.

36. Teach Housekeeping Skills (36)

A. The client was taught about basic housekeeping skills through references to books on this subject.

B. As the client has been taught basic housekeeping skills, he/she has displayed an increased understanding of these needs and techniques.

C. The client continues to display a lack of understanding of basic housekeeping skills, and this information was presented again in a different fashion.

37. Provide Cleaning Feedback (37)

A. The client was given feedback about the care of his/her personal area, apartment, or home.

B. The client appeared to be reinforced by the positive feedback that he/she has received about his/her personal area, apartment, or home.

C. The client was given negative feedback, which prompted him/her to pledge to improve his/her personal area, apartment, or home.

38. Encourage Family Members and/or Caregivers to Assign Chores (38)

A. The client's family members and/or caregivers were encouraged to provide regular assignment to the client of basic chores around the home.

B. Family members and/or caregivers were reinforced for having provided regular assignment of basic chores around the home.

C. Family members and/or caregivers have not provided regular assignment of basic chores around the home and were redirected to do so.

39. Teach Cooking Techniques (39)

A. The client was taught some basic cooking techniques.

B. Cookbooks were used to teach the client basic cooking techniques.

C. As the client has been taught about basic cooking techniques, he/she has displayed an increased understanding of food preparation.

D. The client displayed a lack of understanding of food preparation procedures and was provided with additional remedial information in this area.

40. Refer/Conduct a Dietary Group (40)

A. The client was referred to a psychoeducational group focused on teaching cooking skills and dietary needs.

B. The client displayed an increased understanding of dietary needs and cooking skills as a result of involvement in the psychoeducational group.

C. The client has not attended the psychoeducational group focused on teaching cooking skills and dietary needs and was redirected to do so.

41. Monitor Dietary Recommendations (41)

A. The client was monitored for follow-through regarding a dietician's recommendations for changes in his/her eating practices.

B. The client was provided with positive feedback for consistently following through on the recommended changes to his/her cooking and eating practices.

C. The client was provided with negative feedback regarding his/her failure to use the dietician's recommendations, which prompted his/her pledge to improve in this area.

42. Facilitate a Community Education Class (42)

A. The client's enrollment in a community education cooking class or seminar was facilitated.

B. The client was supported for his/her regular attendance to a community education cooking class or seminar.

C. The client has not regularly attended the community education class or seminar, and his/her irregular attendance was processed to resolution.

43. Refer to an Activity Therapist (43)

A. The client was referred to an activity therapist for recommendations regarding physical fitness activities that are available in the community.

B. The client was referred to community physical fitness resources (e.g., health clubs and other recreational programs).

C. The client has been actively participating in community physical fitness programs and was reinforced for this.
D. The client has declined involvement in community physical fitness programs and was redirected to do so.

44. Assist in Setting Exercise Goals (44)

A. The client was assisted in setting specific exercise goals.
B. The client's participation in exercise and physical fitness activities was monitored.
C. The client reported regular participation in exercise and physical fitness activities and was reinforced for this.
D. The client reported very limited participation in exercise and physical fitness activities and was encouraged to increase his/her participation.

45. Provide Physical Fitness Educational Material (45)

A. Educational material regarding physical fitness was provided to the client.
B. The client displayed an increased understanding of physical fitness as a result of reviewing physical fitness educational material.
C. The client has not read the physical fitness educational material and was redirected to do so.

46. Coordinate a Health Club Membership (46)

A. The client's membership at a local health club or YMCA/YWCA was facilitated.
B. The client has joined a local health club or YMCA/YWCA fitness program and was reinforced for doing so.
C. The client has not used local resources for fitness programs and was redirected to do so.

47. Review for Safety Hazards (47)

A. The client's living situation was inspected for potential safety hazards.
B. The client has identified potential safety hazards and these were reviewed.
C. The client was assisted in remediating his/her potential safety hazards in his/her home.
D. The client has not remediated his/her potential home safety hazards and was redirected to do so.

48. Assist in Advocating Resolution of Safety Hazards (48)

A. The client was assisted with requests to the appropriate parties (landlord, home providers, or family members) to remediate home safety hazards.
B. The client was supported in his/her advocacy to remediate home safety hazards, insect infestations, and other concerns that would confound ADLs.

C. The client has not appropriately advocated for himself/herself regarding seeking resolution of home safety hazards, and he/she was given additional direction in this area.

49. Assist in Prioritizing Safety Concerns (49)

A. The client was assisted in prioritizing safety concerns that he/she has identified around his/her home.

B. The client was assisted in developing and implementing plans to make the home a safer environment.

C. The client has been able, with continued support, to increase safety factors around his/her home.

D. The client has not prioritized, developed, or implemented plans to make his/her home a safer environment and was redirected to do so.

50. Facilitate Involvement in Programs for Safety Equipment (50)

A. Arrangements were made for the client to become involved in programs that assist him/her in procuring safety equipment (e.g., free smoke or carbon monoxide detectors).

B. The client was provided with support for his/her pursuit of programs that assist with procuring safety equipment.

C. The client has not used programs to assist himself/herself with procuring needed safety equipment and was directed to follow up on this.

51. Teach about High-Risk Sexual Behaviors (51)

A. The client was taught about high-risk sexual behaviors.

B. The client was referred to a free condom program to decrease the risk in his/her sexual behaviors.

C. The client's understanding of his/her high-risk sexual behaviors and how to remediate these concerns was reviewed.

D. The client has implemented precautions to decrease his/her risk of sexually transmitted disease and was provided with positive feedback for these changes.

E. The client does not appear to understand or use appropriate precautions regarding his/her high-risk sexual behaviors and was reeducated about these issues.

52. Teach Remediation of High-Risk Drug Use Behaviors (52)

A. The client was taught about the serious risk that is involved with sharing needles for drug abuse.

B. The client was referred to a needle exchange program.

C. The client was referred to a substance abuse treatment program.

D. The client reported a decreased pattern of high-risk drug abuse behaviors and was provided with positive reinforcement for this change.

E. The client has not used techniques to decrease his/her high-risk drug abuse behaviors and was redirected to do so.

53. Identify Prodromal Symptoms (53)

A. The client's behaviors were interpreted to him/her as possible signs of psychosis, mania, or other severe and persistent mental illness.

B. The client's prodromal symptoms were identified as concerns that could increase the potential for harm to self or others and decrease his/her ability to care for his/her own basic needs.

C. The client was provided with positive feedback for his/her ability to accept concerns related to his/her prodromal symptoms.

D. The client did not identify his/her prodromal symptoms and was given additional feedback regarding the need for treatment.

54. Assist in Developing Intervention Plans (54)

A. The client was assisted in developing intervention plans to avoid injury, poisoning, or other self-care problems during periods of mania, psychosis, or other decompensation.

B. The client reiterated specific procedures to obtain assistance when decompensating, including calling a treatment hotline, contacting a therapist or physician, or going to the hospital emergency department, and was supported for his/her plan.

C. The client displayed an understanding of his/her crisis intervention plan and was provided with positive feedback and reminders in this area.

D. The client has not developed a crisis intervention plan and was provided with more direct information in this area.

55. Assess the Need for Alternative Care (55)

A. The client's needs regarding alternative care were assessed.

B. The client was recommended for transfer to an alternative setting to provide respite to his/her caregivers.

C. Arrangements were made for the client to receive respite care in order to reduce the stress level of his/her caregivers.

D. The client would not accept transfer to an alternative care setting; therefore, other stress reduction measures must be sought for the caregivers.

56. Provide Caregiver Training (56)

A. The client's caregivers were provided with training regarding his/her pertinent diagnostic symptoms.

B. The client's caregivers were provided with training regarding techniques to reduce their personal stress level.

C. As the client's caregivers have learned techniques for stress management and how to respond to his/her pertinent diagnostic symptoms, the caregiver's mood has improved.

57. Refer the Caregivers to a Provider Group (57)

A. The client's caregivers were referred to a stress management or support group that is specifically designed for providers of care for individuals with severe and persistent mental illness.

B. The client's caregivers were reinforced for attending the stress management and support groups.

C. The client's caregivers have not used the stress management or support groups and were redirected to do so.

AGING

CLIENT PRESENTATION

1. Advanced Age (1)*

A. As the client has grown older, he/she has become more dependent on others.

B. The client's advanced age has exacerbated his/her severe and persistent mental illness concerns.

C. The client displayed denial regarding the effects of aging on his/her ability to function independently.

D. The effects of the client's advanced age have been ameliorated through the use of an enhanced support network and greater supervision.

2. Decreased Intensity of Symptoms (2)

A. As the client has advanced in age, he/she has reported a gradual decrease in the intensity of his/her severe and persistent mental illness symptoms.

B. The client's overall level of functioning has gradually increased as he/she has aged.

C. As the client has aged, he/she displays less intense thought disorder symptoms and more ability to control his/her symptoms.

3. Cognitive Decline (3)

A. The client presented with clear evidence of impaired abstract thinking and a tendency to think in a rather concrete manner.

B. The client showed evidence of short- and long-term memory deficits.

C. The client displayed periods of confusion.

D. The client has struggled to learn new information.

E. As the client has complied with treatment approaches, he/she has reported an amelioration of his/her cognitive difficulties.

4. Loss of Social Support System (4)

A. The client reported that he/she has been losing his/her support system due to the infirmity or death of members of his/her family of origin and friends.

* The numbers in parentheses correlate to the number of the Behavioral Definition statement in the companion chapter with the same title in *The Severe and Persistent Mental Illness Treatment Planner* (Berghuis and Jongsma) by John Wiley & Sons, 2000.

B. Individuals whom the client has regularly relied upon have been less capable of providing support to the client.
C. The client has begun to develop a new social support system.

5. Little Interest from Offspring (5)

A. The client reported that he/she receives little or no support or attention from his/her children.
B. The client's children identified that they struggle with providing support for the client due to his/her long history of severe and persistent mental illness.
C. As the client has improved the relationship with his/her children, he/she has enjoyed increased support from them.

6. Serious Medical Condition (6)

A. The client presented with serious medical problems related to his/her advanced age that are having a negative impact on daily living.
B. The client has pursued treatment for his/her medical condition.
C. The client has refused treatment for his/her medical condition.
D. The client has not sought treatment for his/her medical condition because of a lack of insurance and financial resources.
E. The client's serious medical condition is now under treatment and is showing signs of improvement.

7. Medication Side Effects (7)

A. The client displayed specific physical deficits due to long-term use of psychotropic medications (e.g., tardive dyskinesia).
B. The client displayed tremors, grimaces, twitches, and involuntary vocal tics due to the long-term use of psychotropic medications.
C. The client expressed concern about continued use of psychotropic medications due to the long-term physical deficits he/she has experienced.
D. Medication adjustment has assisted in reducing the effects of the long-term use of psychotropic medications.

8. Spiritual Confusion (8)

A. The client reported concerns about spiritual confusion due to uncertainty about the meaning or purpose in life and fears surrounding mortality issues.
B. The client's severe and persistent mental illness issues have confounded his/her attempts to find meaning or purpose in life.
C. The client has sought out spiritual guidance to help resolve concerns about mortality issues and the meaning and purpose of his/her life.
D. The client reported that he/she has become more at peace due to involvement in spiritual activities.

9. Decreased ADLs/IADLs (9)

A. The client has displayed a decreased ability to perform activities of daily living (ADLs) (e.g., personal hygiene needs, caring for home, meal preparation) due to his/her advanced age.

B. The client reported that he/she has had to decrease his/her independent activities of daily living (IADLs) (e.g., grocery shopping, other activities within the community) due to his/her age-related infirmities.

C. As treatment has progressed, the client has identified ways to modify his/her performance of ADLs/IADLs and is now performing these more regularly.

D. The client has received support for his/her performance of ADLs/IADLs and is performing these more regularly.

10. Suicidal Ideation (10)

A. The client reported experiencing recent suicidal ideation but denied having any specific plan to implement suicidal urges.

B. The client reported ongoing suicidal ideation and has developed a specific plan for suicide.

C. The frequency and intensity of the client's suicidal urges have diminished.

D. The client was admitted to a psychiatric facility because he/she had a specific suicide plan and strong suicidal urges.

E. The client stated that he/she has not experienced any recent suicidal ideation.

11. Abuse Vulnerability (11)

A. The client displayed increased vulnerability to sexual, physical, and psychological abuse due to his/her age-related limitations.

B. The client reported an increased exposure to sexual, physical, or psychological abuse.

C. The client's vulnerability to abuse has declined as he/she has developed better coping mechanisms.

D. The client reported feeling safer regarding the potential of being subjected to sexual, physical, or psychological abuse.

12. Anger Outbursts (12)

A. The client has displayed anger outbursts due to his/her frustration over age-related declining abilities.

B. The client often vents his/her anger in an inappropriate manner when he/she experiences the effects of his/her aging.

C. As treatment has progressed, the client has developed better frustration coping mechanisms and has decreased his/her pattern of anger outbursts.

D. The client does not often display anger outbursts.

INTERVENTIONS IMPLEMENTED

1. Identify Aging Issues (1)*

A. The client was requested to identify negative situations that have occurred due to aging issues.

B. The client received support and encouragement as he/she identified some of the concerns that have occurred due to his/her advancing age.

C. The client did not clearly identify concerns related to aging issues and was redirected to review these areas.

2. List Fears (2)

A. The client was requested to list fears about concerns related to aging issues.

B. Empathic listening was used as the client discussed his/her fears about concerns related to aging issues.

C. The client did not identify any impending problems related to aging issues and was encouraged to be aware of possible problem areas.

3. Provide Aging Information (3)

A. The client was provided with general information regarding the aging process.

B. The client was encouraged to read books on the aging process (e.g., *The Practical Guide to Aging* by Cassel or *Alzheimer's and Dementia: Questions You Have . . . Answers You Need* by Hay).

C. The client has read material regarding the aging process, and this was discussed within the clinical contact.

D. The client has not read material regarding the aging process and was redirected to do so.

4. Clarify Emotions (4)

A. The client was encouraged to share his/her emotions regarding aging issues (e.g., fear of abandonment, sadness regarding loss of abilities).

B. The client has continued to share his/her feelings and has been assisted in identifying causes for them.

C. Distorted cognitive messages contribute to the client's emotional response.

D. The client demonstrated a sad affect and tearfulness when describing his/her feelings.

E. As the client has developed better coping mechanisms, he/she reports a decrease in his/her feelings of abandonment and sadness.

* The numbers in parentheses correlate to the number of the Therapeutic Intervention statement in the companion chapter with the same title in *The Severe and Persistent Mental Illness Treatment Planner* (Berghuis and Jongsma) by John Wiley & Sons, 2000.

5. Teach Healthy Anger Expression (5)

A. The client was taught about healthy ways to express anger (e.g., using writing, drawing, or the empty-chair technique).

B. Writing, drawing, and the empty-chair technique have been helpful in allowing the client to express feelings of anger, hurt, or sadness.

C. The client appeared uncomfortable with the use of anger expression techniques, had difficulty verbalizing his/her angry emotions, and was provided with additional encouragement in this area.

6. Coordinate Caregiver Training (6)

A. Training was coordinated for caregivers in techniques of physical management and diffusion of the client's anger.

B. The caregivers have been trained in physical management and anger diffusion techniques.

C. Caregivers have used physical management and anger diffusion techniques to assist the client in decreasing his/her angry outbursts.

7. Teach Stress Management Techniques (7)

A. The client was taught about stress management techniques that he/she could implement to prevent anxiety-driven responses.

B. The client was taught the specific skills of assertiveness and relaxation that can be implemented to prevent anxiety-driven responses.

C. As the client has used the stress management techniques, he/she has experienced a decreased pattern of anxiety.

D. The client has not used stress management techniques and was redirected to do so.

8. List Benefits of Aging Process (8)

A. The client was asked to prepare a list of benefits that are related to the aging process.

B. The client was provided with support and feedback as he/she shared his/her list of benefits that are related to the aging process (e.g., decreased work expectations, new residential opportunities).

C. The client denied any benefits that are related to the aging process and was redirected to these areas.

9. Provide Feedback Regarding Expectations (9)

A. The client was provided with feedback about the decreased expectations and stress level that older adults often experience.

B. Specific examples of the decreased expectations and stress level for older adults were discussed.

C. The client identified his/her own experience of decreased stress level as he/she has aged.

D. The client did not endorse the decreased pattern of stress and expectations as this issue was discussed.

10. Provide Information Regarding Aging and Mental Illness (10)

A. The client was provided with specific information about the impact of the aging process on his/her mental illness.

B. The tendency for severe and persistent mental illness symptoms to decrease in intensity as an individual ages was presented and discussed.

C. The client described his/her own pattern of decreased mental illness symptoms as he/she has aged.

D. The client denied that he/she has experienced a pattern of decreased mental illness symptoms as he/she has aged.

11. Referral for a Physical Evaluation (11)

A. The client was referred for a complete physical evaluation by a medical professional who is knowledgeable in both geriatric and mental illness concerns.

B. The client has completed his/her physical evaluation, and the results of this evaluation were processed.

C. The client has not submitted to a physical evaluation and was redirected to do so.

12. Support and Monitor Physical Evaluation Recommendations (12)

A. The client was supported in following up on the recommendations from the medical evaluation.

B. The client's follow-up on the recommendations from the medical evaluation have been monitored.

C. The client was reinforced for following up on the recommendations from the medical evaluation.

D. The client has not regularly followed up on his/her medical evaluation recommendations and was redirected to do so.

13. Assist in Physical Health Needs Expression (13)

A. The client was taught how to express his/her physical health needs to the medical staff.

B. The client's bizarre descriptions of his/her physical health problems were "translated" to the medical staff to assist in providing more clear communication.

C. Role playing was used to practice asking questions of or reporting concerns to the medical staff.

D. The client has provided more information to the medical staff as a result of more assertive and clear expression of needs.

E. The client continues to fail to express his/her physical health needs to the medical staff and was given additional direction.

14. Interpret and Investigate Decompensation (14)

A. The client's psychiatric decompensation was interpreted as a possible reaction to medical instability and the stress that is associated with it.

B. As the client has decompensated psychiatrically, inquiries have been made about his/her medical needs.

C. The client accepted the interpretation that he/she is struggling with medical concerns, feels more stressed, and has been decompensating psychiatrically due to these problems.

D. The client denied any medical difficulties that have led to his/her psychiatric decompensation, and he/she was given further education in this area.

15. Obtain Physical Health Information (15)

A. Having procured the necessary authorization from the client to release confidential material, information was obtained about the physical health concerns that he/she experiences.

B. The physician has provided information about the client's physical health, and this was reviewed with him/her.

C. The client's physical health report has not been received from the physician, so an additional request for information was sent.

16. Review Health Concerns (16)

A. Health concerns and recovery needs were reviewed with the client on a regular basis.

B. The client was asked specific questions about his/her understanding of his/her recovery needs and health concerns.

C. The client was provided with positive feedback as he/she displayed understanding of his/her physical health concerns.

D. The client has continued to display poor understanding of his/her physical health concerns, and these data were reviewed again.

17. Refer to a Physician (17)

A. The client was referred to a physician for an evaluation for a prescription of psychotropic medications.

B. The client was reinforced for following through on a referral to a physician for an assessment for a prescription of psychotropic medications, but none were prescribed.

C. The client has been prescribed psychotropic medications.

D. The client declined evaluation by a physician for a prescription of psychotropic medications and was redirected to cooperate with this referral.

18. Educate about Psychotropic Medications (18)

A. The client was taught about the indications for and the expected benefits of psychotropic medications.

B. As the client's psychotropic medications were reviewed, he/she displayed an understanding about the indications for and expected benefits of the medications.
C. The client displayed a lack of understanding of the indications for and expected benefits of psychotropic medications and was provided with additional information and feedback regarding his/her medications.

19. Monitor Medications (19)

A. The client was monitored for compliance with his/her psychotropic medication regimen.
B. The client was provided with positive feedback about his/her regular use of psychotropic medications.
C. The client was monitored for the effectiveness and side effects of his/her prescribed medications.
D. Concerns about the effectiveness and side effects of the client's medications were communicated to the physician.
E. Although the client was monitored for side effects from the medications, he/she reported no concerns in this area.

20. Review Side Effects of Medications (20)

A. The possible side effects of the client's medications were reviewed with him/her.
B. The client identified significant medication side effects, and these were reported to the medical staff.
C. Possible side effects of the client's medications were reviewed, but he/she denied experiencing side effects.

21. Assess Ability to Adhere to Medication Regimen (21)

A. The client was assessed regarding his/her ability to regularly adhere to his/her medication regimen.
B. The client was asked about the times, dosages, and types of medications he/she should be taking.
C. The client's ongoing use of his/her medications was closely monitored to make certain that he/she is adhering to his/her medication regimen.
D. The client was provided with positive feedback as he/she displayed the ability to adhere to his/her medication regimen.
E. The client displayed a lack of understanding about his/her medications, has failed to adhere to his/her medication regimen, and was directed to have others dispense his/her medications to him/her.

22. Organize Medications (22)

A. The client was provided with a pillbox for organizing and coordinating each dose of his/her medications.

B. The client was taught about the proper use of the medication compliance packaging/reminder system.
C. The client was tested on his/her understanding of the use of the medication compliance packaging/reminder system.
D. The client was provided with positive feedback about his/her regular use of the pillbox to organize his/her medications.
E. The client has not used the pillbox to organize his/her medications and was redirected to do so.

23. Monitor Medication Use (23)

A. The number of pills left in the client's prescription of psychotropic medications was counted and compared with the expected amount that should remain.
B. Discrepancies within the expected and actual amounts of medications remaining were reviewed with the client and medical staff.
C. The client's remaining medications correspond with the amount expected to remain, and this was reviewed with the client.

24. Coordinate Multiple Physicians' Communication (24)

A. Authorizations from the client to release confidential information were obtained so that multiple physicians can communicate with each other regarding the medications that are prescribed.
B. The client's physicians were contacted regarding the use of multiple medications and encouraged to consult with each other regarding the client's overall medication needs.
C. The client declined to provide authorizations to release confidential information for his/her multiple physicians.

25. Facilitate Contact between Multiple Physicians (25)

A. Contact between the client's physicians was coordinated to assist in a review of multiple medications and their possible chemical interaction.
B. The client's multiple physicians worked together to provide a coordinated review of his/her complete medication regime.
C. Specific changes in the client's medication regime were instituted after his/her multiple physicians conferred.
D. No changes have been made subsequent to the client's multiple physicians conferring.
E. The client's multiple physicians have not been in regular contact to review his/her variety of medications.

26. Evaluate ADLs/IADLs (26)

A. The client's overall level of functioning in ADLs and IADLs were evaluated, identifying strengths, weaknesses, and expected future levels of functioning.

B. Concerns about the client's ability to perform his/her ADLs and IADLs in the future were identified.

27. Develop ADL/IADL Support (27)

A. Specific supports were developed for helping the client to maintain his/her ADLs and IADLs.

B. Contact was made with the family, community resources, and staff to assist them in developing support treatment for the client's ADLs and IADLs.

28. Review Hearing and Vision Needs (28)

A. An increase in the client's auditory and visual hallucinations was noted, not accompanied by other severe and persistent mental illness symptoms, which triggered a review of his/her hearing and vision needs.

B. The client reported difficulties relating to hearing and vision, and exams in these areas were coordinated.

C. Upon inquiry, the client denied any pattern of hearing or vision concerns.

29. Refer for Vision/Hearing Exams (29)

A. The client was referred to an audiologist for a clinical assessment of his/her hearing abilities.

B. The client was referred to an ophthalmologist for a specific evaluation of his/her vision needs.

C. Expert clinical review of the client's hearing and vision indicated deficits in these areas, as well as suggestions for remediation.

D. No concerns were identified through the expert clinical evaluations of hearing and vision.

30. Refer to Supervised Residence (30)

A. The client was referred to an appropriate supervised residential care center.

B. The client agreed with the referral to a supervised residential care center.

C. The client has been accepted at a supervised residential care center.

D. The client has refused to accept a referral to an appropriate residential care center and was given additional encouragement to do so.

31. Advocate with Housing Programs (31)

A. Advocacy was performed with age-appropriate housing programs to assist the housing program in accepting the client and to provide needed adaptations for him/her.

B. Training was provided to the housing program staff to assist them in adapting to the client's needs.

C. Despite advocacy, the housing program has been reluctant to accept the client.

32. Train the Housing Staff (32)

A. Specific training was provided to the housing staff about how to assist the mentally ill resident.

B. Housing staff were trained about the client's symptoms, prodromals, as well as treatment techniques used for him/her.

C. Housing staff displayed an increased understanding and comfort level with the client after receiving training.

33. Differentiate Hospitalization and Age-Appropriate Residence (33)

A. The client's history of institutionalization was reviewed with him/her.

B. The client was taught the difference between his/her previous psychiatric hospitalizations and a relatively restrictive residential placement due to aging concerns.

C. The client's hard-won independence from restrictive psychiatric settings was acknowledged, and the restrictive residence due to aging was differentiated from the restrictive psychiatric setting.

D. The client displayed understanding and acceptance of the more restrictive residential placement due to aging concerns.

E. The client continues to balk at the suggestion of a more restrictive residential placement due to aging concerns and was redirected in this area.

34. Empathize Regarding Losses (34)

A. The client's history of significant losses due to death, geographical move, aging, or physical/mental disability was reviewed.

B. The client was provided with support and empathy as he/she expressed feelings regarding his/her history of losses.

C. The client was reluctant to express his/her emotions regarding his/her pattern of loss but was encouraged to do so.

35. Educate about Grief and Mental Illness (35)

A. The client was educated about the typical pattern of grief.

B. The client was educated about how the grief process may impact his/her severe and persistent mental illness symptoms.

C. The client failed to understand the effect of the grief process on his/her severe and persistent mental illness symptoms, and this information was reviewed again.

36. Refer for Individual Therapy (36)

A. The client was referred for individual therapy to work through the grief associated with his/her losses.

B. The client has followed through on participating in individual therapy focused on grief and was provided with reinforcement for this.

C. The client has failed to follow through with the individual therapy referral and was encouraged to do so.

37. Coordinate Support Group (37)

A. The client was referred to a support group for grief and loss issues.
B. The client was referred to a support group for chronic mental illness concerns.
C. The client has become involved in a support group and reports that this is helpful.
D. The client has not followed through on the referral to a support group and was encouraged to do so.

38. Develop Social Skills (38)

A. The client was assisted in developing social skills.
B. The client was provided with positive support as he/she displayed increased social skills.
C. The client has struggled to develop social skills and was provided with additional feedback in this area.

39. Coordinate Social Activities (39)

A. The client was linked to age-appropriate social activities.
B. The client has become more involved in age-appropriate social activities and was given positive reinforcement for these choices.
C. The client has refused involvement in age-appropriate social activities and was redirected to investigate available options.

40. Refer to a Recreational Therapist (40)

A. The client was referred to a recreational therapist for an evaluation of recreational abilities, needs, and opportunities.
B. The client has followed through with the recommendation to see a recreational therapist, and the results of this evaluation have been shared with the client.
C. The client has not followed through on the referral to a recreational therapist and was redirected to do so.

41. Focus on Self-Regulation (41)

A. The client was focused on the need to regulate his/her own social involvement depending on his/her needs and symptoms.
B. The client identified that he/she varies the frequency and intensity of social contacts in order to modulate his/her stress level and was given feedback about this technique.
C. The client reported a decreased stress level due to his/her modulation of social contact, and the success of this was reviewed.
D. The client reported that he/she does not modulate his/her social involvement depending on his/her needs and symptoms and was redirected to use this technique.

42. Develop Mental Illness Timeline (42)

A. The client was assisted in developing a timeline of mental illness concerns, including onset, diagnostic changes, hospitalization, and key recovery points.

B. The client developed a coherent description of his/her history of mental illness concerns, and this description was reviewed.

C. The client did not develop a coherent description of his/her mental illness concerns and was provided with more assistance in this area.

43. Identify Decrease in Mental Illness Symptoms (43)

A. Using the client's mental illness timeline, he/she was assisted in identifying how severe and persistent mental illness symptoms have decreased as he/she is growing older.

B. The client endorsed the concept that his/her severe and persistent mental illness symptoms have decreased over time.

C. The client did not accept the concept that his/her severe and persistent mental illness symptoms have decreased over time and was provided with additional feedback in this area.

44. Identify New Opportunities (44)

A. The client was assisted in identifying activities in which he/she can now be engaged as his/her psychotic symptoms have gradually abated.

B. The client listed many activities in which he/she wishes to engage as psychotic symptoms have gradually abated, and this list was reviewed.

C. The client failed to identify activities in which he/she wishes to engage as his/her mental illness symptoms lessen and was given additional feedback in this area.

45. Identify Relationships to Restore (45)

A. The client was requested to identify important relationships that he/she would like to restore.

B. The client declined to identify any relationships that he/she would like to restore and was given additional feedback in this area.

46. Develop a Plan for Restoring Relationships (46)

A. The client was assisted in developing a specific plan for restoring relationships.

B. The client has implemented his/her plan for restoring relationships, and this was reviewed.

C. The client has struggled to identify how he/she wishes to restore relationships, and was given additional feedback in this area.

47. Normalize Occupational Changes (47)

A. The client was assisted in normalizing the changes that are occurring in his/her occupational situation.

B. The client has had a retirement party, and his/her feelings about the transition were processed.

C. The client was encouraged to focus on volunteering and leisure activities rather than an occupational program.

48. Provide Information on Changing Roles (48)

A. The client was provided with specific information about his/her changing roles and planning for later years.

B. The client was requested to read specific information (e.g., *Simplifying Life as a Senior Citizen* by Cleveland).

C. The client was provided with direct feedback about his/her changing roles and making plans for his/her later years.

D. The client has read the information related to his/her changing roles and plans, and this was reviewed.

E. The client has neither read the information nor accepted feedback about his/her changing roles and plans and was redirected to do so.

49. Provide Information to Family and Caregivers (49)

A. The family and caregivers were provided with adequate information and training relative to the client's mental illness, physical health, and aging concerns.

B. The family and caregivers were recommended to read material regarding coping with providing care to someone with severe mental illness.

C. Specific books were recommended to the client's family and caregivers (e.g., *Surviving Schizophrenia* by Torrey or *Helping Someone with Mental Illness* by Carter and Golant).

D. Family members and caregivers were assisted in processing the information and training that has been provided regarding the client's mental illness, physical health, and aging concerns.

E. The family and caregivers continued to struggle with the client's mental illness, physical health, and aging concerns and were provided with additional feedback in these areas.

50. Empathize with the Caregiver (50)

A. The caregiver was allowed to vent about difficulties that are related to supervising the client.

B. Empathy was displayed as the caregiver was focused on making a commitment for continued care.

C. The caregiver was assisted in developing alternative plans for the client's care.

D. The caregiver was confronted when he/she began to deride the client.

51. Educate the Caregiver and Family Members (51)

A. The client's caregivers and family members were educated about programs, techniques, and options for caring for older adults.

B. The client's caregivers and family members were referred to guidebooks regarding caring for older adults.
C. The client's caregivers and family members were referred to specific materials (e.g., *Coping with Your Difficult Older Parent* by Lebow, Cane, and Lebow) regarding caring for older adults.
D. The client's caregivers and family members were assisted in processing key concepts from their reading and learning about how to care for older adults.

52. Refer to Caregiver Support Group (52)

A. The caregiver was referred to a support group for those who care for the chronically mentally ill and the aged.
B. The client's caregiver reported being helped by attending a support group for those who care for the chronically mentally ill and aged, and this attendance was reinforced.
C. The caregiver has not attended a support group and was encouraged to do so.

53. Assess Elder Abuse (53)

A. The client was assessed for whether he/she has been a victim of elder abuse in any form.
B. Concerns related to abuse of the client were identified, and immediate steps were taken to secure his/her safety.
C. Elder abuse was suspected, and the appropriate adult protective services agency has been informed.
D. There is no evidence that the client has been a victim of elder abuse in any form.

54. Explore Specific Abuse (54)

A. The specific details related to physical abuse done to the client were explored.
B. The pattern of emotional abuse done to the client was explored.
C. A pattern of sexual abuse toward the client was identified and specific information was gathered.
D. Financial abuse of the client was investigated with the focus on developing specific details in this area.
E. The client declined to provide any specific information regarding the abuse that he/she has suffered.

55. Probe Emotions Regarding Abuse (55)

A. The client was gently probed for his/her emotional reaction to being the victim of abuse.
B. The client was provided with support and empathy as he/she disclosed his/her emotions regarding the abuse that has occurred to him/her.
C. The client was cautious and defensive about describing his/her emotional reaction to his/her abuse and was provided with support and feedback in this area.

D. The client struggled to identify and coherently express his/her emotions regarding the abuse done to him/her and was provided with support and feedback in this area.

56. Facilitate Changes to Stop Abuse (56)

A. The client was assisted in making specific changes related to his/her residence in order to immediately terminate the abuse he/she has suffered.

B. The client was assisted in making changes in the programs in which he/she is involved to terminate the abuse that has occurred to him/her within those programs.

C. The client was assisted in making any necessary changes to assist in terminating the abuse he/she has been experiencing.

D. The client has failed to make changes to help terminate the abuse and was redirected and assisted to make these changes.

57. Educate about Elder Abuse (57)

A. The client and caregivers were assisted in defining and identifying elder abuse.

B. The client and caregivers were provided specific information about steps to take if they identify elder abuse.

C. The client and caregiver were supported for displaying an understanding of the definition and criteria for elder abuse and how to respond.

D. The client and caregiver continue to be confused and uncertain about the concepts related to elder abuse and were provided with additional feedback in this area.

58. Follow Abuse Reporting Procedures (58)

A. Applicable abuse reporting procedures as outlined in local law were followed regarding the suspected or identified elder abuse.

B. Agency guidelines were followed regarding the suspected or identified elder abuse.

C. Peer or supervisory support was obtained regarding reporting suspected or confirmed elder abuse.

59. Advocate Change in Guardian/Payee (59)

A. The client was urged to request a change in his/her legal guardian or payee procedures in order to stem financial abuse.

B. The court was petitioned for a change in the client's legal guardian status in order to stem financial abuse.

C. The client's legal guardian or payee procedures have been changed in an effort to discontinue the financial abuse.

D. The client declined to make any changes in his/her legal guardian or payee procedures and was redirected to do so.

60. Investigate Spiritual Concerns (60)

A. Spiritual concerns were reviewed with the client, with a focus on allowing him/her to identify the relative importance of such issues for him/her.

B. The client was facilitated in discussing his/her spiritual beliefs, and the effects that his/her end-of-life issues have had in this area.
C. The client described his/her spiritual contentment and fulfillment and was given support and encouragement in this area.
D. The client denied any spiritual concerns, and he/she was accepted for this position.

61. Differentiate Religious Issues and Mental Illness Symptoms (61)

A. The potency of the client's religious interest was assessed.
B. The client was assisted in differentiating between religiously oriented mental illness symptoms and legitimate religious issues.
C. The client was reinforced for displaying a clear understanding of legitimate religious issues and his/her religiously oriented mental illness symptoms.
D. The client displayed confusion regarding his/her religiously oriented mental illness symptoms and legitimate religious issues and was provided with additional feedback in these areas.

62. Refer to Clergy Person (62)

A. The client was referred to a clergy person who is knowledgeable about aging and mental illness concerns.
B. The client has met with his/her clergy person regarding his/her religious concerns, and this contact was reviewed.
C. The client has not met with his/her clergy person and was encouraged to do so.

63. Review Specialized Needs Due to Physical Deterioration (63)

A. The focus of today's clinical contact was on the client's specialized needs that he/she will face due to the natural deterioration of physical capabilities that are associated with aging.
B. The client was reinforced for displaying an understanding of the specialized needs that he/she will require due to his/her physical decompensation due to aging.
C. The client does not appear to understand or accept the specialized needs that he/she may experience due to his/her natural deterioration of physical capabilities and was provided with additional feedback in this area.

64. Coordinate Information Regarding Programs (64)

A. The client was provided with information regarding residential or other programs that are available to him/her as he/she ages.
B. The client was assisted with a tour of residential programs that are available to him/her as he/she ages.
C. The client was reinforced for displaying an increased understanding of the options available to him/her as he/she ages.
D. The client struggled to understand the residential programs and other programs that he/she may need as he/she ages and was given additional feedback in this area.

65. Develop a Written Plan for Incapacitation (65)

A. The client was directed to develop a written plan to detail his/her wishes should he/she be legally unable to make his/her own decisions.

B. The client was assisted in developing a written plan to detail his/her wishes should he/she become legally unable to make his/her own decisions.

C. The client was reinforced for developing a plan for guardianship, advanced medical directives, and last will and testament.

D. The client has not developed a plan for his/her possible incapacitation and was redirected to do so.

ANGER MANAGEMENT

CLIENT PRESENTATION

1. Explosive, Destructive Outbursts (1)*

A. The client described a history of loss of temper in which he/she has destroyed property in fits of rage.

B. The client described a history of loss of temper that dates back many years, involving verbal outbursts, as well as property destruction.

C. As treatment has progressed, the client has reported increased control over his/her temper and a significant reduction in incidents of poor anger management.

D. The client has had no recent incidents of explosive outbursts that have resulted in destruction of any property or intimidating verbal assaults.

2. Explosive, Assaultive Outbursts (1)

A. The client described a history of loss of anger control to the point of physical assaults on others who were the target of his/her anger.

B. The client has been arrested for assaultive attacks on others when he/she has lost control of his/her temper.

C. The client has used assaultive acts as well as threats and intimidation to control others.

D. The client has made a commitment to control his/her temper and terminate all assaultive behavior.

E. There have been no recent incidents of assaultive attacks on anyone, in spite of the client having experienced periods of anger.

3. Violent Outbursts Due to Altered Perception of Reality (2)

A. The client described a history of violent actions that have occurred during a psychotic episode of perceived threat.

B. The client reported that his/her pattern of hallucinations and delusions have caused a threatening altered perception of reality, which has led to violent actions.

C. As the client has gained a better reality orientation that is less threatening, his/her violent actions have diminished.

D. The client reported no recent incidents of violent actions committed as a result of threatening hallucinations or delusions.

* The numbers in parentheses correlate to the number of the Behavioral Definition statement in the companion chapter with the same title in *The Severe and Persistent Mental Illness Treatment Planner* (Berghuis and Jongsma) by John Wiley & Sons, 2000.

4. Loss of Inhibition or Regard for Consequences (3)

A. The client reported a pattern of impulsive anger outbursts that have occurred when he/she has lost his/her natural inhibition.

B. The client identified a pattern of impulsive anger outbursts without regard to the painful consequences that occur due to these anger outbursts.

C. As the client has become more stable in his/her mood, he/she has reported a decrease in impulsive anger outbursts.

D. The client reported that he/she is able to inhibit his/her impulses to react in an angry manner and considers the consequences for his/her actions.

E. The client reported that he/she has not engaged in any recent incidents of impulsive anger outbursts.

5. Hostile Overreaction (4)

A. The client described a history of reacting angrily to rather insignificant irritants in his/her daily life.

B. The client indicated that he/she recognizes that he/she becomes too angry in the face of rather minor frustrations and irritants.

C. Minor irritants have resulted in explosive, angry outbursts that have led to destruction of property and/or striking out physically at others.

D. The client has made significant progress at increasing his/her frustration tolerance and reducing explosive overreactivity to minor irritants.

E. The client has not overreacted with anger to minor frustrations or irritants.

6. Paranoid Ideation (5)

A. The client described a history of incidents in which he/she has become easily offended and was quick to anger.

B. The client described a pattern of defensiveness in which he/she feels easily threatened by others and becomes angry with them.

C. The client described periods during which he/she projects threatening motivations onto others, then reacts with irritability, defensiveness, and anger.

D. The client reported a decreased pattern of inappropriate paranoid thought, which has led to fewer anger outbursts.

E. The client has become less defensive and has not shown any recent incidents of unreasonable anger.

7. Intimidation and Control (6)

A. The client identified a pattern of violent actions, threats, or verbally abusive language used to intimidate and control others when feeling threatened.

B. The client presented in a hostile, angry, uncooperative, and intimidating manner during the clinical contact.

C. The client is trying to act in a more cooperative manner within social and employment settings.
D. The client is showing less irritability and argumentativeness.
E. The client displayed a willingness to not have to be in control of all situations.

8. Challenges Authority (7)

A. The client's history shows a consistent pattern of challenging or disrespectful treatment of authority figures.
B. The client acknowledged that he/she becomes angry quickly when someone in authority gives direction to him/her.
C. The client's disrespectful treatment of authority figures has often erupted in explosive, aggressive outbursts.
D. The client has made progress in controlling his/her overreactivity to taking direction from those in authority and is responding with more acts of cooperation.
E. The client now takes direction from authority figures without reacting angrily.

9. Angry, Tense Body Language (8)

A. The client presented with verbalizations of anger as well as tense, rigid muscles and glaring facial expressions.
B. The client expressed his/her anger with bodily signs of muscle tension, clenched fists, and refusal to make eye contact.
C. The client appeared more relaxed, less angry, and did not exhibit physical signs of aggression.
D. The client's family and/or caregiver reported that he/she has been more relaxed within the home setting and has not shown glaring looks or pounded his/her fists on the table.

10. History of Abuse (9)

A. The client has vague memories of inappropriate, abusive verbal, physical, and/or sexual contact.
B. The client recalled clear, detailed memories of experiences of verbal, physical, and/or sexual abuse in his/her childhood or adulthood.
C. The client displayed a pattern of overreaction to stress, due to his/her history of childhood abuse.
D. The client has decreased his/her overreaction to stress as he/she has worked through his/her pattern of childhood verbal, physical, and/or sexual abuse.

11. Self-Directed Anger (10)

A. The client displayed self-directed anger, as evidenced by a history of multiple suicidal gestures and/or threats.
B. The client has engaged in self-mutilating behavior as an expression of his/her anger toward himself/herself.

C. The client has made a commitment to terminate suicidal gestures and threats.
D. The client agreed to stop the pattern of self-mutilating behavior.
E. There have been no recent reports of occurrences of suicidal gestures, threats, or self-mutilating behavior.

INTERVENTIONS IMPLEMENTED

1. Develop Trust (1)*

A. Today's clinical contact focused on building the level of trust with the client through consistent eye contact, active listening, unconditional positive regard, and warm acceptance.
B. Empathy and support were provided for the client's expression of thoughts and feelings during today's clinical contact.
C. The client was provided with support and feedback as he/she described his/her maladaptive pattern of anger expression.
D. As the client has remained mistrustful and reluctant to share his/her underlying thoughts and feelings, he/she was provided with additional reassurance.
E. The client verbally recognized that he/she has difficulty establishing trust because he/she has often felt let down by others in the past, and was accepted for this insight.

2. Identify Anger Management Problem (2)

A. The client was assisted in becoming more aware of the frequency with which he/she experiences anger and the signs of anger in his/her life.
B. Situations were reviewed in which the client has experienced anger, but has refused to acknowledge it or has minimized the experience.
C. The client was assisted in identifying the costs of his/her anger, such as legal problems, lost relationships, or other effects.
D. The client was reinforced for acknowledging that he/she is frequently angry and has problems with anger management.

3. Develop a Timeline (3)

A. A graphic timeline display was used to help the client chart his/her pattern of anger outbursts.
B. The client identified his/her precursors, triggers, anger outbursts, and effects on a timeline to review how he/she experiences and is affected by anger.
C. The client displayed a greater understanding of his/her pattern of anger management problems and was given support and feedback in this area.

* The numbers in parentheses correlate to the number of the Therapeutic Intervention statement in the companion chapter with the same title in *The Severe and Persistent Mental Illness Treatment Planner* (Berghuis and Jongsma) by John Wiley & Sons, 2000.

D. The client struggled to understand his/her pattern of anger management concerns and was redirected in this area.

4. Psychological Testing (4)

A. A psychological evaluation was conducted to determine the extent and severity of the client's anger management problems.

B. The client approached the psychological testing in an honest, straightforward manner and was cooperative with any requests presented to him/her.

C. The client was uncooperative and resistant to engage during the evaluation process and was advised to use this testing to discover more about himself/herself.

D. The results of the psychological evaluation were reviewed with the client.

5. Inquire about Current Anger Concerns (5)

A. The client was questioned about his/her current pattern of anger management.

B. As the client shared his/her current concerns related to anger management, he/she was provided with support and empathy.

C. The client declined to give significant information about his/her current pattern of anger management and was encouraged to focus in this area.

6. Provide an Anger Log (6)

A. The client was provided with an anger journal or log to track the frequency, intensity, duration, and consequences of his/her anger expression.

B. The client's caretaker was provided with an anger journal or log to track the frequency, intensity, duration, and consequences of the client's anger expression.

C. The client has consistently tracked his/her pattern of anger expression, and this journal content was reviewed.

D. The client's caretaker has consistently tracked the client's pattern of anger expression, and this journal content was reviewed.

E. The client was assisted in developing an accurate understanding of his/her pattern of anger control based on his/her journal content.

F. The client and his/her caretaker have failed to log the client's anger outbursts and were redirected to do so.

7. Assign Books on Anger (7)

A. The client was assigned to read educational material related to anger.

B. The client was asked to read *Of Course You're Angry* (Rosellini and Worden) or *The Angry Book* (Rubin) to increase his/her understanding of and experience with anger.

C. The client followed through and read the assigned material on anger, and key ideas from this material were processed.

D. The client was supported as he/she reported learning a significant amount from the assigned material on anger, and he/she stated that he/she is more aware of the causes for or the targets of his/her anger.

E. The client has not followed through on reading the assigned material and was encouraged to do so.

8. Connect Hallucinations or Delusions and Anger Outbursts (8)

A. The client was asked to identify the hallucinations or delusions that he/she has experienced and how these internal cognitive stimuli have prompted anger outbursts.

B. The client described how he/she has reacted in an angry manner to his/her internal cognitive stimuli and was provided with feedback in this area.

C. The client was helped to understand that his/her anger is a reaction to internal cognitive stimuli that are not based in reality.

D. The client struggled to identify any connection between his/her hallucinations or delusions and anger outbursts and was given additional feedback in this area.

9. Emphasize Control Issues (9)

A. The client was provided with feedback about his/her issues of loss of control due to severe and persistent mental illness symptoms, and the attempt to regain control through temper outbursts.

B. The client was reinforced for his/her understanding of the ideas presented about the loss of control and the attempt to regain control through temper outbursts.

C. The client denied any pattern of attempting to regain control through temper outbursts, and was given additional feedback regarding his/her pattern of loss of control due to his/her severe and persistent mental illness symptoms.

10. Arrange More Restrictive Setting (10)

A. The client was judged to be at imminent risk of harm to himself/herself or others, and an admission to a more restrictive treatment setting was coordinated.

B. The client declined voluntary admission to a more restrictive treatment setting and was petitioned to be involuntarily admitted.

C. The client has decreased his/her pattern of angry outbursts as a result of treatment in a more structured setting.

D. The client reacted to the threat of an impending psychiatric hospitalization with a decrease in his/her anger outbursts.

11. Remove Anger-Provoking Stimuli (11)

A. The client's environment was reviewed for possible anger-provoking stimuli.

B. Specific anger-provoking stimuli were removed from the client's environment.

12. Assess Self-Harm (12)

A. The client was asked to describe the frequency and intensity of his/her suicidal ideation, the details of any existing suicide plan, the history of any previous suicide attempts, and any family history of depression or suicide.

B. The client was encouraged to be forthright regarding the current strength of his/her suicidal feelings and the ability to control such suicidal urges.
C. The client identified ongoing anger concerns, and a concern that he/she might perform some type of self-harm or suicide attempt, and was provided with a more structured treatment setting to decrease this potential.
D. The client denied any potential of directing harm at himself/herself and was encouraged to contact the clinician if his/her thoughts of this type increased.

13. Physician Referral (13)

A. The client was referred to a physician to undergo a thorough examination to rule out any medical etiologies for anger outbursts and to receive recommendations for further treatment options.
B. The client has followed through on the physician evaluation referral, and specific medical etiologies for anger outbursts were reviewed.
C. The client was supported as he/she is seeking out medical treatment that may decrease his/her anger outbursts.
D. The client has followed through on the physician evaluation referral, but no specific medical etiologies for anger outbursts have been identified.
E. The client declined evaluation by a physician for a prescription of psychotropic medications and was redirected to cooperate with this referral.

14. Follow Up on Physical Evaluation Recommendations (14)

A. The client was supported in following up on the recommendations from the medical evaluation.
B. The client's follow-up on the recommendations from the medical evaluation have been monitored.
C. The client has been following up on the recommendations from the medical evaluation.
D. The client has not regularly followed up on his/her medical evaluation recommendations and was redirected to do so.

15. Review Substance Abuse (15)

A. The client's use of street drugs or alcohol as a contributing factor to anger control problems was reviewed.
B. The client identified that he/she often experiences his/her anger control problems in the context of using street drugs or alcohol, and this pattern was processed.
C. The client denied any pattern of use of street drugs or alcohol as a contributing factor to his/her anger control problems and was directed to monitor this area.

16. Evaluate Substance Abuse (16)

A. The client was evaluated for his/her use of substances, the severity of his/her substance abuse, and treatment needs/options.

B. The client was referred to a clinician knowledgeable in both substance abuse and severe and persistent mental illness treatment in order to accurately assess his/her substance abuse concerns and treatment needs.
C. The client was compliant with the substance abuse evaluation, and the results of the evaluation were discussed with him/her.
D. The client did not participate in the substance abuse evaluation and was encouraged to do so.

17. Refer to a Physician for Psychotropic Medications (17)

A. The client was referred to a physician for an evaluation for a prescription of psychotropic medications.
B. The client has followed through on a referral to a physician and has been assessed for a prescription of psychotropic medications, but none were prescribed.
C. The client has been prescribed psychotropic medications.
D. The client declined an evaluation by a physician for a prescription of psychotropic medication and was redirected to do so.

18. Educate about Psychotropic Medications (18)

A. The client was taught about the indications for and the expected benefits of psychotropic medications.
B. As the client's psychotropic medications were reviewed, he/she displayed an understanding about the indications for and expected benefits of the medications.
C. The client displayed a lack of understanding of the indications for and expected benefits of psychotropic medications and was provided with additional information and feedback regarding his/her medications.

19. Monitor Medications (19)

A. The client was monitored for compliance with his/her psychotropic medication regimen.
B. The client was provided with positive feedback about his/her regular use of psychotropic medications.
C. The client was monitored for the effectiveness and side effects of his/her prescribed medications.
D. Concerns about the client's medication effectiveness and side effects were communicated to the physician.
E. Although the client was monitored for medication side effects, he/she reported no concerns in this area.

20. Review Side Effects of the Medications (20)

A. The possible side effects of the client's medications were reviewed with him/her.
B. The client identified significant medication side effects, and these were reported to the medical staff.

C. Possible side effects of the client's medications were reviewed, but he/she denied experiencing any side effects.

21. Refer for Anger Control Treatment (21)

A. The client was referred for individual therapy to a therapist who specializes in the treatment of the severely and persistently mentally ill for anger management treatment.

B. The client was referred to a therapist who specializes in the treatment of the severely and persistently mentally ill for group therapy that is focused on anger control problems.

C. The client has followed up on the referral to anger management therapy, and this treatment was reviewed.

D. The client has not followed up on the referral to anger management therapy and was encouraged to make this contact.

22. Identify Anger Triggers (22)

A. The client was requested to develop a list of all situations, events, and people that lead to explosive expressions of anger.

B. The triggers for the client's anger experience were listed and processed.

C. While reviewing the list of anger triggers, prompts were provided to the client about areas that seemed to be missing.

D. As triggers for the client's anger experience were discussed, coping mechanisms for each trigger were identified.

E. The client has not attempted to develop a list of situations, events, and people that prompt anger, irritation, or disappointment and was encouraged to do so.

23. Name Emotions (23)

A. The client was assisted in identifying emotions (e.g., anger, hurt, shame) that underlie his/her cycle of anger.

B. The client identified a wide variety of emotions that underlie his/her cycle of anger and was given feedback about these insights.

C. The client struggled to name specific emotions that underlie his/her cycle of anger, and pictorial displays of emotions were used to help him/her identify the hard-to-name emotions.

D. Through the use of pictorial displays of emotions and other prompts, the client was able to identify specific emotions that underlie his/her cycle of anger.

E. The client continues to struggle in naming emotions, despite the use of pictorial displays and other prompts.

24. Use Social Cues to Identify Emotions (24)

A. Social cues that can assist in identifying emotions in self or others (e.g., context, body language) were emphasized to the client.

B. Role playing and behavioral rehearsal were used to assist the client in identifying social cues to assist in describing emotions in himself/herself and others.
C. The client displayed an adequate understanding of the use of social cues in identifying emotions in himself/herself and others and received positive feedback in this area.
D. The client continues to struggle with identifying emotions in himself/herself and others and was encouraged to continue to focus in this area.

25. Identify Anger Expression Models (25)

A. The client was assisted in identifying key figures in his/her life who have provided examples to him/her about how to positively or negatively express anger.
B. The client identified several key figures who have been negative role models in expressing anger explosively and destructively, and these were reviewed regarding their influence on him/her.
C. The client was supported for acknowledging that he/she manages his/her anger in the same way that an explosive parental figure did when he/she was growing up.
D. The client was encouraged to identify positive role models throughout his/her life that he/she could respect for their management of angry feelings.
E. The client was supported for acknowledging that others have been influential in teaching him/her destructive patterns of anger management.

26. Focus on Reality (26)

A. The client was assisted in focusing on reality rather than on hallucinations or delusions.
B. The client was assisted in learning to differentiate between his/her hallucinations or delusions and actual reality.
C. The client has failed to consistently identify his/her hallucinations or delusions as being out of touch with reality and was given additional feedback in this area.

27. Identify Paranoia as an Anger Trigger (27)

A. The client was requested to identify specific instances of paranoid ideation that have contributed to his/her angry outbursts.
B. The client identified specific situations in which his/her paranoid ideation has contributed to his/her anger outbursts and was given positive feedback in this area.
C. The client has been unable to clearly identify ways in which paranoid ideation has contributed to his/her angry outbursts and was encouraged to continue to focus on identifying these concerns.

28. Identify Trusted Individuals (28)

A. The client was asked to identify trusted individuals to whom he/she can turn for reality testing.

B. The client was assisted in identifying several individuals to whom he/she can turn for reality testing when he/she is uncertain of the psychotic nature of his/her hallucinations or delusions.

C. The client could not identify individuals whom he/she can contact to help test reality, and this need was reviewed.

29. Assign Assertiveness Classes (29)

A. The client was assigned to attend assertiveness-training classes to gain a greater understanding of ways to express feelings directly, constructively, and in a controlled fashion.

B. The client was reinforced for following through with attendance at assertiveness-training classes and has learned more adaptive ways to express thoughts and feelings.

C. The client has not followed through with the recommendation to attend assertiveness-training classes and was encouraged to do so.

D. The client declined to attend assertiveness-training classes, but has been willing to work on assertiveness in individual contacts.

30. Process Recent Anger Outbursts (30)

A. Incidents of recent anger outbursts by the client were processed and alternative, adaptive ways to express that anger were reviewed.

B. The client was reinforced for implementing alternative, positive ways to express his/her anger in a controlled fashion.

C. The client expressed feeling positive about the fact that he/she was capable of expressing anger in a more controlled, assertive manner that did not negatively impact others, and this was reinforced.

D. The client has not identified any other way to express his/her emotions, and this need was reviewed.

31. Role-Play Anger Control (31)

A. Role-playing techniques were used to teach the client adaptive ways of managing angry feelings.

B. The client has learned to use assertive methods versus aggressive methods to express anger, and he/she was praised for his/her progress in this area.

C. The client has failed to learn or implement assertiveness techniques, and additional time was spent reviewing these techniques.

32. Teach Body Language to Communicate Emotions (32)

A. The client was taught about how to use his/her body language to communicate both positive and negative emotions accurately.

B. The client was assisted in identifying how his/her body language sometimes contradicts his/her emotional content.

C. The client demonstrated an understanding of how body language communicates emotions and was given support for this insight.

D. The client continues to struggle with understanding his/her body language and was given additional feedback and examples of how to display his/her emotions accurately.

33. Reinforce Anger Management (33)

A. The client identified periods of time when he/she has demonstrated good anger control and did not lash out at others, and he/she was provided with positive reinforcement for this progress.

B. The client was encouraged to use coping strategies similar to those used successfully in the past to control his/her anger.

C. The client was supported for expressing hopefulness about his/her ability to control angry emotions.

34. Teach Relaxation Techniques (34)

A. The client was taught deep muscle relaxation and deep breathing techniques as ways to reduce muscle tension when feelings of anger are experienced.

B. *The Relaxation and Stress Reduction Workbook* (Davis, Eshelman, and McKay) was used to provide the client with examples of techniques to help himself/herself relax.

C. The client was reinforced for implementing the relaxation techniques and reporting decreased reactivity when experiencing anger.

D. The client has not implemented the relaxation techniques presented to him/her and continues to feel quite stressed in the face of anger; use of relaxation procedures was again encouraged.

35. Request Feedback about Anger Effects (35)

A. The client was requested to obtain specific feedback from loved ones about how his/her anger has affected them.

B. The client has obtained the feedback from specific individuals about how his/her anger has affected them, and this feedback was reviewed.

C. After review of feedback from the client's loved ones, he/she was able to identify the negative ways his/her anger has affected others.

D. The client has not obtained specific feedback from others about how his/her anger has affected them and was redirected to do so.

36. Process Anger Effects (36)

A. The common negative effects of anger outbursts were reviewed with the client.

B. A variety of negative reactions that others may experience toward the client's anger were reviewed.

C. The client identified many negative reactions that others have had to his/her expressions of anger and these reactions were processed.

37. Teach Social Skills (37)

A. The client was taught about specific social skills that can assist him/her in improving social relationships (e.g., eye contact, conversation, showing interest in others).

B. The client was supported for displaying an understanding of the social skills that were reviewed.

C. The client was reinforced for reporting increased functioning in his/her social relationships as a result of the social skills that he/she has been taught.

D. The client has continued to struggle with social skills and social relationships, and additional feedback was provided in this area.

38. Refer to a Support Group (38)

A. The client was referred to a support group for individuals with severe and persistent mental illness.

B. The client has attended the support group for individuals with severe and persistent mental illness, and the benefits of this support group were reviewed.

C. The client reported that he/she has not experienced any positive benefit from the use of a support group but was encouraged to continue to attend.

D. The client has not used the support group for individuals with severe and persistent mental illness and was redirected to do so.

39. Teach Thought-Stopping Techniques (39)

A. The client was taught to use thought-stopping techniques in order to slow his/her anger reaction.

B. *The Depression Workbook* (Copeland) was used to provide examples of how to use thought-stopping techniques.

C. The client was supported for displaying an understanding of the thought-stopping techniques.

D. The client has used the thought-stopping techniques to slow his/her anger reactions, and the results of this implementation were reviewed.

E. The client has not used thought-stopping techniques and was encouraged to focus on using these techniques.

40. Explore Self-Harm (40)

A. The client's history of self-harm was explored, and these self-mutilating behaviors were interpreted as an expression of the rage and helplessness that he/she has not been able to express toward the appropriate target.

B. The client was supported as he/she endorsed the interpretation of his/her self-harm as an expression of his/her rage and helplessness.

C. The client was encouraged to express his/her emotions more directly toward the appropriate target in order to decrease the urge to do self-harm or self-mutilation.

D. The client did not endorse the interpretation of his/her self-harm as unexpressed rage; this connection was reviewed again.

41. Develop a Safety Plan (41)

A. The client was assisted in developing a safety plan (e.g., calling a friend, contacting a crisis/help line, going to a public area), outlining the specific steps that he/she will take in order to decrease his/her urge to do self-mutilation.

B. The client has not developed a crisis plan for his/her self-mutilation urges and was redirected to do so.

42. Assign a Letter to the Perpetrator (42)

A. The client was assigned to write a letter to the perpetrator of abuse that expresses the client's feelings and behavioral reactions to the abuse done to him/her.

B. The client followed through with writing the letter to the perpetrator of the abuse and processed the content of the letter within the session.

C. The client's decision to send the confrontational letter to the perpetrator of the abuse was reviewed.

D. The client's decision to confront the perpetrator in person with the content of the letter that he/she wrote was reviewed.

E. The client was accepted for his/her conclusion that he/she does not feel capable of confronting the perpetrator with the content of the letter.

F. The client has avoided writing the letter to the perpetrator of the abuse, and the implications of this were reviewed within the session.

43. Practice Expressing Anger to Perpetrator (43)

A. Role-playing techniques were used to practice possible scenarios for the client expressing his/her anger directly to the perpetrator of the abuse.

B. The client identified and role-played possible techniques for the confrontation of the perpetrator of abuse and the likely outcomes of such techniques.

C. The client did not seem to understand the scenarios for expressing anger directly to the perpetrator of the abuse and the possible outcomes and was provided with additional feedback in this area.

44. Review Safety Regarding Confronting the Abuser (44)

A. A thorough review was completed regarding the emotional and physical safety needs that the client may have regarding the direct expression of anger to a perpetrator of abuse.

B. The client has selected, after a thorough review of safety concerns, to perform a direct expression of anger toward a perpetrator of abuse.

C. The client was offered to have the clinician attend the confrontation meeting to provide support to the client.

D. The client has confronted his/her abuser, and the effects of this meeting were discussed.

45. Discuss the Effects of Maintaining Anger (45)

A. The positive effects of maintaining anger (e.g., increased vigilance to abuse) were reviewed.

B. The negative effects of maintaining anger (e.g., bitterness, anger outbursts) were reviewed.

C. The client identified both positive and negative experiences related to his/her maintenance of anger, and these were reviewed.

D. The client has identified his/her preference regarding how strongly to maintain his/her anger, and this decision was processed.

46. Recommend Forgiveness Readings (46)

A. The client was referred to written material regarding the topic of forgiveness.

B. It was recommended that the client read the book *Forgive and Forget* (Smedes) in order to help him/her understand the process of forgiveness as applied to the perpetrator of his/her childhood abuse.

C. The client was reinforced for following through with reading the written material on forgiveness and indicating a greater understanding of the benefit of forgiveness.

D. The client was supported for committing himself/herself to beginning the process of forgiving the perpetrator of the abuse.

E. The client rejected the concept of forgiveness and continues to hold onto feelings of anger toward the perpetrator; the implications of this decision were reviewed.

47. Assign a Forgiveness Letter (47)

A. The client was assigned to write a forgiveness letter to the perpetrator of the abuse he/she has experienced.

B. The client was assigned to complete a forgiveness exercise from the book *Forgiving* (Simon and Simon).

C. The client was reinforced for following through with the forgiveness letter and for committing himself/herself to beginning the process of forgiving himself/herself, the perpetrator, and others connected with the abuse.

D. The client presented the completed forgiveness letter and the contents of that exercise were processed.

E. The client was assisted in making decisions about whether he/she will send the forgiveness letter.

48. Refer to a Clergy Person (48)

A. The client was referred to a clergy person who is knowledgeable about anger and mental illness concerns.

B. The client has met with his/her clergy person regarding his/her religious concerns, and this contact was reviewed.

C. The client has not met with his/her clergy person and was encouraged to do so.

49. Educate Family about Symptoms of Mental Illness (49)

A. The client's family, friends, and caregivers were educated about the symptoms of mental illness, with specific emphasis on the nonvolitional aspects of some symptoms.

B. The family members were supported for their increased understanding about the symptoms of mental illness and the nonvolitional aspects of some symptoms.

C. The family members, friends, and caregivers rejected the information regarding the client's symptoms of mental illness, and the nonvolitional aspects of some symptoms, and were given additional feedback in this area.

50. Develop Support Network's Safety Plan (50)

A. Members of the client's support network, including family, friends, and caregivers, were educated on how to manage the client's anger episodes.

B. The family members, friends, and caregivers were assisted in developing an understanding of when to contact public safety officials.

C. The client was informed about the support network's safety plan.

D. The safety plan has been used and has helped to contain the client's anger outbursts.

E. The safety plan has not been helpful toward containing the client's anger outbursts, and additional plans were developed in this area.

51. Role-Play Response to Anger Outbursts (51)

A. Specific responses to the client's anger outbursts were role-played with his/her family members.

B. The client's family, friends, and caregivers were reinforced for their understanding of assertive, safe, direct responses to his/her anger outbursts.

C. The client's family, friends, and caregivers remain confused about how to respond directly to his/her anger outbursts in an assertive, safe manner; further direction was provided to them.

52. Release Information to Court (52)

A. After obtaining the proper authorization for release of information, the court was provided with information about the client's mental illness symptoms and treatment.

B. The client declined to provide a release of information, so no specific information was provided to the court.

C. Ongoing discussions with the court have been helpful to assist court staff in understanding the client's mental illness symptoms and treatment.

53. Advocate within the Court System (53)

A. Steps were taken to advocate for the client within the court system to assist him/her in receiving assistance, legal representation, leniency, or sentencing that is commensurate with his/her mental illness status.

B. Due to the advocacy provided on behalf of the client, the court has provided appropriate assistance, legal representation, leniency, or sentencing that is commensurate with his/her mental illness status.

C. Although advocacy has been provided for the client within the court system, the court has not accommodated his/her mental illness status.

54. Assist in Complying with Sentence (54)

A. The client was provided with encouragement and direction in order to meet the requirements of the court-mandated sentence.

B. The client was provided supportive services (e.g., transportation) in order to help him/her meet the court-mandated sentence.

C. The client was assisted in coordinating his/her community service in a setting that will be sensitive to his/her mental health needs.

D. The client was assisted in completing his/her sentence requirements through the use of increased communication with court officials.

E. The client was reinforced for completing his/her court-mandated sentence.

ANXIETY

CLIENT PRESENTATION

1. Apprehension Due to Severe and Persistent Mental Illness Symptoms (1)*

A. The client identified a pattern of apprehension and nervousness in response to his/her severe and persistent mental illness symptoms.

B. The client identified specific symptoms, such as frightening hallucinations or manic/racing thoughts, which have led to increased anxiety.

C. The client described a general state of nervousness due to his/her severe and persistent mental illness symptoms.

D. As treatment has progressed, the client has reported a decrease in the severity of his/her mental illness symptoms and a decreased level of anxiety.

2. Excessive Worry (2)

A. The client described preoccupation with worry that something dire would happen.

B. The client showed some recognition that his/her excessive worry is beyond the scope of rationality, but he/she feels unable to control the anxiety.

C. The client described that he/she worries about issues related to family, personal safety, health, and employment, among other things.

D. The client reported that his/her worry about life circumstances has diminished and that he/she is living with more of a sense of peace and confidence.

3. Motor Tension (3)

A. The client described a history of restlessness, tiredness, muscle tension, and shaking.

B. The client moved about in his/her chair frequently and sat stiffly.

C. The client said that he/she is unable to relax and is always restless and stressed.

D. The client reported that he/she has been successful in reducing levels of tension and increasing levels of relaxation.

E. The client appeared more relaxed as he/she sat calmly during the clinical contact.

4. Fear Due to Persecutory Delusions (4)

A. The client described a pattern of recurrent or persistent fear due to persecutory delusions or other bizarre beliefs.

* The numbers in parentheses correlate to the number of the Behavioral Definition statement in the companion chapter with the same title in *The Severe and Persistent Mental Illness Treatment Planner* (Berghuis and Jongsma) by John Wiley & Sons, 2000.

B. The client described his/her delusions and bizarre beliefs, as well as the anxiety that he/she experiences due to these beliefs.
C. The client has identified his/her delusions as not based on reality and reports a decreased pattern of anxiety.
D. As the client's persecutory delusions or other bizarre beliefs have decreased, he/she has also identified a decrease in his/her fear.

5. Hypervigilance (5)

A. The client related that he/she is constantly feeling on edge, sleep is interrupted, and concentration is difficult.
B. The client reported being irritable in interactions with others as his/her patience is thin and he/she worries about everything.
C. The client's family members report that he/she is difficult to get along with, as his/her irritability is high.
D. As new anxiety/coping skills have been implemented, the client's level of tension has decreased, sleep has improved, and irritability has diminished.

6. Concentration Difficulties (6)

A. The client reported an inability to concentrate or maintain his/her train of thought due to anxious preoccupation.
B. The client's lack of ability to concentrate has resulted in poor functioning in his/her social, vocational, and educational needs.
C. The client's ability to concentrate seems to be increasing as he/she reports decreased anxious preoccupation.

7. Panic Attacks (7)

A. The client has experienced sudden and unexpected panic symptoms that have occurred repeatedly and have resulted in persistent concern about additional attacks.
B. The client has significantly modified his/her normal behavior pattern in an effort to avoid panic attacks.
C. The frequency and severity of the panic attacks have diminished significantly.
D. The client reported that he/she has not experienced any recent panic attacks.

8. Obsessive Thoughts (8)

A. The client described recurrent and persistent thoughts or impulses that are viewed as senseless, intrusive, and time consuming, and that interfere with his/her daily routine.
B. The client identified that he/she engages in his/her obsessive thoughts in an attempt to decrease his/her sense of fear.
C. The intensity of the recurrent and persistent thoughts is so severe that the client is unable to efficiently perform daily duties or interact in social relationships.

D. The strength of the client's obsessive thoughts has diminished, and he/she has become more efficient in his/her daily routine.
E. The client reported that the obsessive thoughts are under significant control and that he/she is able to focus attention and effort on the task at hand.

9. Compulsive Behaviors (8)

A. The client described repetitive and intentional behaviors that are performed in a ritualistic fashion in an attempt to control anxiety.
B. The client's compulsive behavior pattern follows rigid rules and has many repetitions to it.
C. The repetitive and intentional behaviors are performed in response to the client's fearful, obsessive thoughts.
D. The client reported a significant decrease in the frequency of repetitive, compulsive behaviors.
E. The client reported very little interference in his/her daily routine from compulsive behavioral rituals.

10. Persistent, Unreasonable Fear of Objects or Situations (9)

A. The client described a pattern of persistent and unreasonable phobic fear that promotes avoidance behaviors because an encounter with the phobic stimulus provokes an immediate anxiety response.
B. The client has shown a willingness to begin to encounter the phobic stimulus and endure some of the anxiety response that is precipitated.
C. The client has been able to tolerate the previously phobic stimulus without debilitating anxiety.
D. The client verbalized that he/she no longer holds phobic beliefs nor experiences anxiety during an encounter with the phobic stimulus.

INTERVENTIONS IMPLEMENTED

1. Develop Trust (1)*

A. Today's clinical contact focused on building the level of trust with the client through consistent eye contact, active listening, unconditional positive regard, and warm acceptance.
B. Empathy and support were provided for the client's expression of thoughts and feelings during today's clinical contact.
C. The client was provided with support and feedback as he/she described his/her maladaptive pattern of anxiety.

* The numbers in parentheses correlate to the number of the Therapeutic Intervention statement in the companion chapter with the same title in *The Severe and Persistent Mental Illness Treatment Planner* (Berghuis and Jongsma) by John Wiley & Sons, 2000.

D. As the client has remained mistrustful and reluctant to share his/her underlying thoughts and feelings, he/she was provided with additional reassurance.
E. The client verbally recognized that he/she has difficulty establishing trust because he/she has often felt let down by others in the past and was accepted for this insight.

2. Identify History of Anxiety Symptoms (2)

A. The client was assisted in becoming more aware of the frequency with which he/she experiences anxiety and the signs of anxiety in his/her life.
B. Situations were reviewed in which the client has experienced anxiety, but has refused to acknowledge it or has minimized the experience.
C. The client was assisted in identifying symptoms such as phobias, panic attacks, generalized anxiety, obsessions, or compulsions.
D. The client was reinforced for acknowledging that he/she is frequently anxious and has problems with managing his/her anxiety.

3. Develop a Timeline (3)

A. A graphic timeline display was used to help the client chart his/her pattern of anxiety symptoms.
B. The client identified his/her precursors, triggers, anxiety symptoms, and effects on a timeline to review how he/she experiences and is affected by anxiety.
C. The client displayed a greater understanding of his/her pattern of anxiety problems and was given support and feedback in this area.
D. The client failed to adequately understand his/her pattern of anxiety symptoms and was redirected in this area.

4. Psychological Testing (4)

A. A psychological evaluation was conducted to determine the extent and severity of the client's anxiety symptoms.
B. The client approached the psychological testing in an honest, straightforward manner and was cooperative with any requests presented to him/her.
C. The client was uncooperative and resistant to engage during the evaluation process and was advised to use this testing to discover more about himself/herself.
D. The results of the psychological evaluation were reviewed with the client.

5. Identify Diagnostic Classification (5)

A. The client was assisted in identifying a specific diagnostic classification for his/her anxiety symptoms.
B. Using a description of anxiety symptoms such as that found in Bourne's *The Anxiety and Phobia Workbook,* the client was taken through a detailed review of his/her anxiety symptoms, diagnosis, and treatment needs.
C. The client has failed to clearly understand and classify his/her anxiety symptoms and was given additional feedback in this area.

6. Differentiate Anxiety Symptoms (6)

A. The client was assisted in differentiating anxiety symptoms that are a direct effect of his/her severe and persistent mental illness, as opposed to a separate diagnosis of an anxiety disorder.

B. The client was provided with feedback regarding his/her differentiation of symptoms that are related to his/her severe and persistent mental illness, as opposed to a separate diagnosis.

C. The client's specific anxiety disorder, which is freestanding from his/her severe and persistent mental illness, was reviewed.

D. The client has been unsuccessful in identifying ways in which his/her anxiety symptoms are related to his/her mental illness or a separate anxiety disorder.

7. Provide Cognitive Information (7)

A. The client was taught about the cognitive precursors to anxiety.

B. The client was provided with specific information regarding the cognitive precursors of anxiety found in Beck's *Anxiety Disorders and Phobias: A Cognitive Perspective.*

C. The client identified a healthy understanding of information related to the cognitive precursors of anxiety.

D. The client has displayed limited understanding about his/her cognitive precursors of anxiety and was provided with additional feedback in this area.

8. Apply Cognitive Information to Symptoms (8)

A. The client was assisted in applying cognitive etiology information to his/her specific symptoms and experience of anxiety.

B. The client was supported as he/she displayed increased understanding of his/her own anxiety symptoms as he/she has applied information about the cognitive etiology of those symptoms.

C. The client failed to apply cognitive etiology information to his/her symptoms and was provided with feedback in this area.

9. Apply Secondary Gain (9)

A. The possible secondary gain associated with anxiety symptoms was reviewed.

B. The client identified specific secondary gains that he/she has attained related to anxiety symptoms, such as less involvement in potentially difficult social situations, and these were reviewed.

C. The client denied any pattern of secondary gain related to decreased functioning due to his/her anxiety and was provided with hypothetical examples of the secondary gains.

10. Anxiety-Producing Circumstances (10)

A. The client was asked to list current or past circumstances that may contribute to his/her feelings of worry.

B. The client's list of anxiety-producing life circumstances was processed.
C. The client was supported as he/she clarified the causes for his/her worry and put them in better perspective.
D. The client has failed to identify many life circumstances that may induce anxiety for him/her and was provided with feedback about possible precursors.

11. Differentiate Reality versus Hallucinations/Delusions (11)

A. The client was assisted in differentiating between actual life situations and those that appear real but are due to hallucinations or delusions.
B. Positive feedback was provided to the client as he/she identified several situations that have appeared real but are actually due to hallucinations or delusions.
C. Redirection was provided to the client as he/she continues to struggle with reality testing and is uncertain about the reality of his/her hallucinations or delusions.

12. Acknowledge Anxiety Related to Delusional Experiences (12)

A. It was acknowledged that both real and delusional experiences could cause anxiety.
B. The client was provided with support as he/she acknowledged his/her anxieties and worries, which are related to both the real experiences and delusional experiences.

13. Resolve Identifiable Stressors (13)

A. The client was assisted in developing plans for resolving identifiable stressors (e.g., housing, financial, medical treatment, or other concerns).
B. The client was reinforced for implementing his/her plans for resolving identifiable external stressors.
C. Feedback was provided to the client as he/she failed to identify or develop plans for resolving external stressors.

14. Encourage Past Coping Techniques (14)

A. The client was encouraged to identify specific techniques that have helped to reduce his/her anxiety symptoms in the past.
B. The client's specific techniques that have helped to reduce his/her anxiety symptoms in the past were reviewed.
C. The client was directed to implement his/her previously successful anxiety-reducing measures more consistently.
D. The client received positive feedback for his/her more consistent implementation of past coping techniques.
E. The client has not used his/her coping techniques on a regular basis and was redirected to do so.

15. Train in Guided Imagery (15)

A. The client was trained in the use of positive guided imagery that will induce relaxation and can be used as a coping mechanism to reduce anxiety symptoms.

B. The client was assisted in developing specific calming imagery, such as identifying several characteristics of a quiet, serene place, or "surfing" through a panic attack.
C. The client was reinforced for using positive guided imagery that has been effective in reducing the experience of anxiety.
D. The client has not followed through with the implementation of guided imagery to reduce the experience of stress and anxiety and was redirected to do so.

16. Teach Relaxation Skills (16)

A. The client was taught the use of relaxation skills (e.g., deep muscle relaxation, deep breathing, and biofeedback techniques) to facilitate anxiety reduction.
B. The client reported that he/she has implemented his/her use of relaxation skills in daily life to reduce levels of muscle tension and the experience of anxiety; the benefits of the relaxation techniques were reviewed.
C. The client has not followed through on implementation of relaxation skills to reduce anxiety symptoms and was redirected to do so.

17. Assign Reading Material in Relaxation (17)

A. The client was directed to read assigned material regarding anxiety and relaxation.
B. The client was assigned to read about one of the stress reduction techniques in *The Relaxation and Stress Reduction Workbook* (Davis, Eshelman, and McKay), and then to implement this chosen technique in daily life.
C. The client was taught a new stress reduction technique and was encouraged to implement it on a daily basis.
D. The client was reinforced for successfully implementing the stress reduction technique that has successfully reduced his/her experience of anxiety.
E. The client has not regularly implemented or used stress reduction techniques to reduce his/her experience of anxiety, and these difficulties were processed.

18. Refer for a Physical Evaluation (18)

A. The client was referred to a physician to undergo a thorough examination to rule out any medical etiologies for anger outbursts and to receive recommendations for further treatment options.
B. The client has followed through on the physician evaluation referral, and specific medical etiologies for anger outbursts were reviewed.
C. The client was supported as he/she is seeking out medical treatment that may decrease his/her anger outbursts.
D. The client has followed through on the physician evaluation referral, but no specific medical etiologies for anger outbursts have been identified.
E. The client declined evaluation by a physician and was redirected to cooperate with this referral.

19. Follow Up on Physical Evaluation Recommendations (19)

A. The client was supported in following up on the recommendations from the medical evaluation.

B. The client's follow-up on the recommendations from the medical evaluation has been monitored.

C. The client has been following up on the recommendations from the medical evaluation.

D. The client has not regularly followed up on his/her medical evaluation recommendations and was redirected to do so.

20. Review Psychoactive Chemicals (20)

A. The client's use of psychoactive chemicals (e.g., nicotine, caffeine, alcohol, street drugs) was reviewed.

B. The client's pattern of psychoactive chemical use was connected to his/her symptoms.

C. The client was supported as he/she acknowledged that his/her psychoactive chemical use is affecting his/her anxiety symptoms.

D. The client was reinforced for decreasing his/her psychoactive chemical use, leading to a decrease in anxiety symptoms.

E. The client denies any connection between his/her psychoactive chemical use and his/her anxiety symptoms and has continued to use psychoactive chemicals, despite encouragement to discontinue this.

21. Recommend Substance Abuse Evaluation and/or Termination (21)

A. It was recommended to the client that he/she terminate the consumption of the mood-altering substances that could contribute to anxiety.

B. The client was referred for a substance abuse evaluation to more completely assess his/her substance abuse concerns and how they may trigger anxiety.

C. The client was referred for substance abuse treatment to assist him/her in discontinuing his/her consumption of mood-altering substances.

D. As the client has decreased his/her use of mood-altering substances, he/she has experienced a decrease in anxiety, and this was reviewed.

E. The client has declined any evaluation or treatment related to his/her substance use and was encouraged to seek this out at a later time.

22. Refer to a Physician (22)

A. The client was referred to a physician for an evaluation for a prescription of psychotropic medications.

B. The client was reinforced for following through on a referral to a physician for an assessment for a prescription of psychotropic medications, but none were prescribed.

C. The client has been prescribed psychotropic medications.

D. The client declined evaluation by a physician for a prescription of psychotropic medications and was redirected to cooperate with this referral.

23. Educate about Psychotropic Medications (23)

A. The client was taught about the indications for and the expected benefits of psychotropic medications.

B. As the client's psychotropic medications were reviewed, he/she displayed an understanding about the indications for and expected benefits of the medications.

C. The client displayed a lack of understanding of the indications for and expected benefits of psychotropic medications and was provided with additional information and feedback regarding his/her medications.

24. Monitor Medications (24)

A. The client was monitored for compliance with his/her psychotropic medication regimen.

B. The client was provided with positive feedback about his/her regular use of psychotropic medications.

C. The client was monitored for the effectiveness and side effects of his/her prescribed medications.

D. Concerns about the client's medication effectiveness and side effects were communicated to the physician.

E. Although the client was monitored for medication side effects, he/she reported no concerns in this area.

25. Review Side Effects of Medications (25)

A. The possible side effects related to the client's medications were reviewed with him/her.

B. The client identified significant side effects, and these were reported to the medical staff.

C. Possible side effects of the client's medications were reviewed, but he/she denied experiencing any side effects.

26. Refer for Anxiety Treatment (26)

A. The client was referred for individual therapy to a therapist who specializes in the treatment of the severely and persistently mentally ill for anxiety concerns.

B. The client was referred to a therapist who specializes in the treatment of the severely and persistently mentally ill for group therapy that is focused on anxiety symptoms.

C. The client has followed up on the referral to anxiety reduction therapy, and this treatment was reviewed.

D. The client has not followed up on the referral to anxiety reduction therapy and was encouraged to make this contact.

27. Generalize Stress Reduction Techniques (27)

A. The client was requested to identify ways in which stress reduction techniques can be applied to other severe and persistent mental illness symptoms.

B. The client's ideas regarding how to use stress reduction techniques for other severe and persistent mental illness symptoms were reviewed.

C. As the client has applied his/her stress reduction techniques to other severe and persistent mental illness symptoms, a general decrease in symptoms has been identified.

D. The client has struggled to apply his/her stress reduction techniques to other severe and persistent mental illness symptoms and was provided with remedial information about how to accomplish this.

28. Modify the Environment to Be More Soothing (28)

A. The client was assisted in making modifications to his/her environment to help make it more soothing.

B. The client has used specific techniques to help make his/her environment be more soothing (e.g., softer lighting, low music, maintaining a comfortable temperature) and was provided with positive feedback.

C. The client noted having a decrease in his/her anxiety symptoms as he/she has modified his/her environment.

D. The client has not developed a more soothing environment and was redirected to do so.

29. Encourage Daily Routines (29)

A. The client was encouraged to develop a routine daily pattern as a means of reducing stress.

B. The client was assisted in setting a routine daily pattern, including his/her regular waking and resting times, mealtimes, and routinely performing daily chores.

C. The client was reinforced for implementing a regular daily routine, which has increased his/her emotional stability.

D. The client has not maintained his/her regular daily routine and was provided with redirection in this area.

30. Teach about Routine to Decrease Anxiety (30)

A. The client was taught about how a calm environment and predictable, regular routine can help decrease anxiety.

B. As the client was taught about the use of a regular routine, he/she displayed understanding.

C. The client was encouraged to use a calm environment and predictable routine to decrease anxiety.

D. The client was redirected, as he/she has not regularly used a calm environment and predictable routine to decrease his/her anxiety.

31. List Alternative Activities (31)

A. The client was assisted in identifying a list of alternative, diversionary activities to use when experiencing anxiety.

B. The client's identified diversionary techniques to use when experiencing anxiety (e.g., taking a walk, watching television, listening to the radio, doing a household chore, calling a friend or family member) were processed.

C. The client was reinforced for implementing his/her diversionary techniques to reduce anxiety.

D. The client has not regularly used his/her list of alternative, diversionary activities and was redirected to do so.

32. Enlist the Client's Support System (32)

A. The help of the client's support system was enlisted in his/her implementation of specific stress reduction techniques.

B. The client's support system was enthusiastic and supportive of his/her stress reduction techniques, and he/she was encouraged to use this support on a regular basis.

C. The client's support system has declined significant involvement in helping him/her to implement specific stress reduction techniques, so alternative means of development of support for stress reduction were developed.

D. The client has declined support from his/her family, friends, and caretakers and was again urged to use this support.

33. Emphasize Short-Term, Predictable Nature of Panic Attacks (33)

A. The client was taught that, although panic attacks are terrifying, they are by nature short-term, predictable, and relatively harmless when completed.

B. The client was provided with support as he/she acknowledged the short-term, predictable, and harmless nature of panic attacks.

C. As the client has focused on the nature of panic attacks, his/her level of anxiety has decreased, and this was processed.

D. The client has not embraced the use of focusing on the short-term, predictable, and harmless nature of panic attacks and was redirected to do so.

34. Counter Frightening Thoughts (34)

A. The client was assisted in identifying the frightening thoughts that he/she has experienced during panic attacks.

B. The client was assisted in identifying realistic, positive responses to frightening thoughts that he/she has experienced during panic attacks.

C. The client was directed to write out his/her realistic, positive responses to his/her frightening thoughts on a set of three-by-five-inch cards and to refer to them when experiencing a panic attack.

D. The client was reinforced as he/she reported having experienced a decreased intensity to his/her panic attacks through the use of realistic, positive thoughts.

E. The client has not used his/her realistic, positive responses to frightening thoughts and was redirected to do so.

35. Use Relaxation Technique during Panic Attacks (35)

A. Role playing, modeling, and behavioral rehearsal were used to teach the client how to use breathing and muscle relaxation techniques to help work through a panic attack and to induce relaxation.

B. As the client participated in the role playing, modeling, and behavioral rehearsal, he/she displayed an increased understanding of the use of breathing and muscle relaxation techniques to help work through a panic attack.

C. It was noted that the client's frequency and intensity of panic attacks has diminished through the use of regular relaxation techniques.

D. The client has not used breathing and muscle relaxation techniques during panic attacks and was redirected to do so.

36. Increase Involvement in Activities (36)

A. The client was assisted in identifying appropriate and available community-based social, vocational, or recreational programs or activities in which he/she could become involved.

B. The client was assisted in gaining access to specific community-based social, vocational, or recreational programs or activities that he/she would like to pursue.

C. The client was given positive feedback for his/her increased involvement in community-based activities.

D. The client has not increased his/her involvement in community-based activities and was encouraged to do so.

37. Decrease Avoidance of Community Involvement (37)

A. Systematic desensitization techniques were used to help the client gradually decrease anxiety that leads to avoidance and to increase his/her involvement in the community.

B. The client was assigned to complete in vivo desensitization contact with the anxiety-producing situation.

C. The client was taught the principles of desensitization and encouraged to encounter the anxiety-producing stimulus in gradual steps, using relaxation to counteract any anxiety response.

D. It was noted that as the client has used his/her relaxation techniques when encountering the anxiety-producing situation, he/she has displayed increased ability to participate in that situation.

E. The client has not used the systematic desensitization techniques and was encouraged to do so.

38. Identify and Replace Anxious Beliefs (38)

A. The client was assisted in identifying the beliefs that support his/her pattern of anxiety.
B. The client's belief system that supports his/her anxiety was processed
C. The client was taught to replace his/her anxiety-producing beliefs with healthier, more realistic beliefs.
D. The client's use of healthier, more realistic beliefs was reviewed.
E. The client has struggled to identify more realistic or healthier beliefs and was encouraged to continue to work in this area.

39. Identify and Manage Psychotic or Delusional Beliefs (39)

A. The client was assisted in identifying and labeling his/her psychotic or delusional beliefs.
B. The client has been able to identify his/her psychotic and delusional beliefs and was provided with assistance to develop coping skills for his/her psychotic or delusional beliefs.
C. The client was reinforced for implementing specific coping skills to help ameliorate his/her psychotic or delusional beliefs.
D. The client declined to identify his/her irrational beliefs as psychotic or delusional and was given additional feedback in this area.

40. Analyze Fears Logically (40)

A. The client's fears were analyzed by examining the probability of the negative expectation actually occurring, what would be the real impact if it did occur, his/her ability to control it, as well as his/her ability to accept it.
B. The client's ability to control the outcome of circumstances was examined as well as the effect of his/her worry on that outcome.
C. The client was supported as he/she verbalized an increased understanding of his/her distorted, anxiety-producing cognitions.
D. The client had difficulty logically analyzing his/her fears, and he/she was provided with additional feedback.

41. Teach Thought-Stopping Techniques (41)

A. The client was taught thought-stopping techniques that involve thinking of a stop sign and then replacing negative thoughts with a pleasant scene.
B. The client's implementation of the thought-stopping technique was monitored, and his/her success with this technique was reinforced.
C. The client has struggled to use the thought-stopping techniques and was provided with additional feedback.

42. Associate Negative Stimulus with Obsession or Compulsion (42)

A. A negative stimulus, such as a necessary but unpleasant task, was paired with the obsession and compulsion.

B. The client was directed to complete the necessary negative stimulus situation when engaging in the obsession or compulsion.
C. It was noted that as the client has associated the negative situation with his/her obsession or compulsion, he/she has decreased his/her obsession and compulsion.
D. The client has not followed through on attaching the negative stimulus situation to the obsession or compulsion and was redirected to do so.

43. Replace Obsession or Compulsion with Less Intensive Ritual (43)

A. The client was directed to replace his/her obsession or compulsion with a less intensive and less intrusive thought or behavior.
B. The client was assisted in identifying a less intrusive thought or behavior that he/she can use to replace the debilitating obsession or compulsion.
C. As the client has replaced his/her more involved obsession or compulsion with a less intensive replacement thought or behavior, he/she reports freedom from the obsessive or compulsive symptoms; the benefits of this technique were reviewed.
D. The client has not used the replacement ritual and was redirected to do so.

44. Teach Rational Emotive Techniques (44)

A. The client was taught the principles of a rational emotive therapy approach.
B. The client was taught to analyze, attack, and destroy his/her self-defeating beliefs.
C. As the client implemented rational emotive techniques, he/she has decreased ruminations about death and other perplexing life issues; the benefits of this technique were reviewed.
D. The client has struggled to use rational emotive techniques and was provided with remedial information in this area.

45. Explore Traumatic Experiences (45)

A. Today's clinical contact explored the client's experience of traumatic events and their associated feelings.
B. The client was provided with a safe, nonjudgmental atmosphere in which to express his/her feelings related to his/her traumatic experiences.
C. The client has continued to exhibit significant anxiety despite the review of traumatic events and his/her associated feelings.

46. Use Ritual for Closure (46)

A. The client was encouraged to engage in a ritual to provide closure to a traumatic incident.
B. The client was assisted in developing a specific ritual that he/she can use to help provide closure to the traumatic event.
C. The client was encouraged to perform his/her ritual for closure.
D. The client was provided with positive feedback as he/she described the emotional closure that he/she has achieved through the use of a specific ritual.

E. The client has not used a ritual to help provide closure and was redirected to do so.

47. Provide Feedback to Support System (47)

A. After obtaining the proper authorization for release of information, feedback was provided to the client's support system about his/her symptoms and how to help him/her manage them.

B. Members of the client's support system were reinforced for displaying an increased understanding of the client's symptoms and how to help him/her manage them.

C. The increased support that the client has received from his/her family, friends, and caretakers was processed.

48. Identify Supports for Reality Testing (48)

A. The client was encouraged to identify support people with whom he/she has had positive experiences.

B. The client was encouraged to use his/her support system for reality testing and encouragement.

C. The client was provided with positive reinforcement for his/her active pursuit of support from others.

D. The client tends to disdain any support from others and was given additional feedback in this area.

49. Refer to a Support Group (49)

A. The client was referred to a support group for individuals with severe and persistent mental illness.

B. The client has attended the support group for individuals with severe and persistent mental illness, and the benefits of this support group were reviewed.

C. The client reported that he/she has not experienced any positive benefit from using a support group but was encouraged to continue attending.

D. The client has not used the support group for individuals with severe and persistent mental illness and was redirected to do so.

50. Assess Ability to Use Self-Talk Techniques (50)

A. The client's ability to use self-talk techniques was assessed, including understanding the difference between self-talk and auditory hallucinations.

B. The client was assessed as able to use self-talk techniques because he/she understood the difference between self-talk and auditory hallucinations.

C. The client is not reality-oriented enough to use self-talk techniques and has been discouraged from using these types of techniques.

51. Teach Self-Talk Techniques (51)

A. The client was taught self-talk techniques as a means of coping with and reducing his/her anxiety.

B. The client was directed to specific self-talk techniques as described in Bourne's *The Anxiety and Phobia Workbook*.

C. The client was helped to replace his/her distorted, negative, self-defeating thoughts with positive, reality-based self-talk.

D. The client was encouraged to make positive self-statements to improve his/her self-esteem and confidence.

E. The client was given a homework assignment to make at least one positive self-statement daily around others.

F. The client was noted to be experiencing increased calm by being able to replace his/her distorted, cognitive self-defeating thoughts with positive, reality-based self-talk.

G. The client has not used the self-talk techniques and was encouraged to do so.

52. Encourage Taking Responsibility for Personal Needs (52)

A. The client was encouraged to take responsibility for his/her personal needs wherever possible (e.g., cooking his/her own meals, managing all or part of his/her financial needs).

B. The client was provided with positive feedback as he/she displayed more attempts to use his/her independent ability to take care of his/her personal needs.

C. The client has been reluctant to take care of his/her personal needs and was encouraged to do so.