

ACTIVITIES OF DAILY LIVING (ADL)

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.
- 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 (ADL).

* 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*, 2nd ed. (Berghuis and Jongsma) by John Wiley & Sons, 2008.

4 THE SEVERE AND PERSISTENT MENTAL ILLNESS PROGRESS NOTES PLANNER

- 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. Prepare an Inventory of ADLs (1)***

- A. The client was assisted in preparing an inventory of positive and negative functioning regarding his/her ADLs.
- B. The client's inventory of positive and negative functioning regarding ADLs 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. Review Diet (3)

- A. The client's diet was reviewed.
- B. The client was referred to a dietician for an assessment regarding basic nutritional knowledge and skills, usual diet, and nutritional deficiencies.
- C. The client reported that he/she has met with the dietician, and the results of his/her assessment were reviewed.
- D. The client displayed an understanding of his/her nutritional functioning as the assessment was reviewed.
- E. The client displayed a lack of understanding about the information contained in the nutritional assessment and was provided with additional feedback in this area.
- F. 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.

* 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*, 2nd ed. (Berghuis and Jongsma) by John Wiley & Sons, 2008.

6 THE SEVERE AND PERSISTENT MENTAL ILLNESS PROGRESS NOTES PLANNER

- 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. Review Medical Risks (5)

- 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.

6. Facilitate Expressing Emotions (6)

- 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.

7. Identify Secondary Gain (7)

- 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.

8. Refer for Psychological Testing (8)

- 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.

9. Recommend Remediating Programs (9)

- 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.

10. Educate about Mental Illness and Decompensation (10)

- 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's poor performance on ADLs was interpreted as an indicator of psychiatric decompensation.
- D. The client's pattern of poor ADLs and psychiatric decompensation was shared with the client, caregivers, and medical staff.
- E. The client acknowledged his/her poor performance on ADLs as prodromals of his/her psychiatric decompensation, and this was supported during the session.
- F. The client, caregivers, and medical staff concurred regarding the client's general psychiatric decompensation.
- G. The client denied psychiatric decompensation, despite being told that his/her poor performance on ADLs is an indication of psychiatric decompensation.

11. Refer to a Physician (11)

- 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.

12. Educate about Psychotropic Medications (12)

- 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.

13. Monitor Medications (13)

- 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.

8 THE SEVERE AND PERSISTENT MENTAL ILLNESS PROGRESS NOTES PLANNER

- 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.

14. Organize Medications (14)

- 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.

15. Coordinate Medication Compliance Oversight (15)

- 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.

16. Arrange for a Physical Examination (16)

- 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.

17. Refer to a Dentist (17)

- 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.

18. Provide Educational Material (18)

- 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.

19. Refer for One-to-One Training (19)

- 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.

20. Refer to a Psychoeducational Group (20)

- 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.

21. Encourage Scheduled Hygiene Performance (21)

- 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.

22. Refer to Behavioral Treatment (22)

- 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.

10 THE SEVERE AND PERSISTENT MENTAL ILLNESS PROGRESS NOTES PLANNER

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

23. Provide Feedback (23)

- 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.

24. Review Community Resources (24)

- 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.

25. Arrange for a Tour of Community Resources (25)

- 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.

26. Assess for Substance Abuse (26)

- 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.

27. Refer for Substance Abuse Treatment (27)

- 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.

28. Teach Housekeeping Skills (28)

- 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.

29. Provide Cleaning Feedback (29)

- 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.

30. Encourage Family Members and/or Caregivers to Assign Chores (30)

- 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.

31. Teach Cooking Techniques (31)

- 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.

32. Refer/Conduct a Dietary Group (32)

- 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.

33. Facilitate a Community Education Class (33)

- 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.

12 THE SEVERE AND PERSISTENT MENTAL ILLNESS PROGRESS NOTES PLANNER

34. Review for Safety Hazards (34)

- 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.

35. Assist in Advocating Resolution of Safety Hazards (35)

- 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.

36. Facilitate Involvement in Programs for Safety Equipment (36)

- 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.

37. Teach about High-Risk Sexual Behaviors (37)

- 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.

38. Teach Remediation of High-Risk Drug Use Behaviors (38)

- 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.

39. Assist in Developing Intervention Plans (39)

- 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.