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| **Instructions** | | | | | | | | | | | |
| **Observation:** The observation should be conducted by someone who knows the client well and in conjunction *with* the client.  It should be as demonstrative as possible and the observer should ask questions that elicit demonstrative answers (versus “yes” or “no” answers).  Each domain can be completed independently and only as applicable to the client. Annually observe, at a minimum, 10 domains clinically relevant.  On Plan of Care identify 2-3 skill building domains that the client is interested in working on in support of their recovery life goals. Within 30 days prior to Plan of Care review the 2-3 active domains to inform the Plan of Care development.  **Level of Skill Attainment:** Each domain has a “minimum” number of skills in each level (Basic, Intermediate, Advanced) that the client must know before moving on to review the next level.  The client is “placed” in the skill level of the domain in which they know the minimum number of skills.  For example, in the “Basic” category of the Money Management domain, the client must know 3 of 5 skills in order to move on to observe their skills in the “Intermediate” category.  If they only know 2 of the 5 skills, they are considered “Pre-Basic” and the *observation of money management skills would end there*.  If they know 3 or more of the 5, the observer moves on to the “Intermediate” category and begins observing those skills.  In the “Intermediate” category the client must know 5 of the 6 items.  If they only know 4 (or less) of the 6 items, they are rated as “Basic” and so on.  In order to be scored as “Independent” the client should know *at least* the minimum number of required skills in all three skill levels (Basic, Intermediate, and Advanced). | | | | | | | | | | | |
| **Cover Sheet (must be completed)** | | | | | | | | | | | |
| Client’s Name: | | | | Person Completing Observation/Title: | | | | | | | |
| Date of Observation: | Observation Type:  Initial  Review  Annual | | | MPI: | | | | | DOB: | | |
| DMHAS LMHA/PNP ( in WITS): | | | | Level of Care/Program Type (in WITS): | | | | | | | |
| Domain | | | Level of Skill Attainment | | | | | | |  |  |
|  | | Not Observed | Pre-  Basic | | Basic | Intermediate | Advanced | Independent | | Applies Skill  **1**-Never  **2**-Sometimes  **3**-Always | Include in Plan of Care  (Yes/No) |
| **K. Educational Planning** | |  |  | |  |  |  |  | |  |  |
| **L. Job Seeking Skills** | |  |  | |  |  |  |  | |  |  |
| **M. Job Maintenance Skills** | |  |  | |  |  |  |  | |  |  |
| **N. Interpersonal Skills** | |  |  | |  |  |  |  | |  |  |
| **O. Legal Skills** | |  |  | |  |  |  |  | |  |  |
| **P. Coping Skills** | |  |  | |  |  |  |  | |  |  |
| **Q. Anger Management** | |  |  | |  |  |  |  | |  |  |
| **R. Relationships** | |  |  | |  |  |  |  | |  |  |
| **S. Parenting and Childcare** | |  |  | |  |  |  |  | |  |  |
| **T. Medication Management** | |  |  | |  |  |  |  | |  |  |
| **Client’s top three priority domains: (Include in Plan of Care)** | | | | | | | | | | |  |
| 1. | | | | | | | | | | |  |
| 2. | | | | | | | | | | |  |
| 3. | | | | | | | | | | |  |
| **Integrated Summary** (Identify strengths and barriers) | | | | | | | | | | | |
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Staff Signature: Date:

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| K. Educational Planning: | |
| **Basic- Must know 2 of 2 to be able to advance to next level of accomplishment** | |
|  | Has a realistic view of his/her educational goals |
|  | Knows what a GED is and how to obtain one (if applicable) |
| **Intermediate- Must know 3 of 4 to move to the next level of accomplishment** | |
|  | Knows how to fill out forms to enroll in an educational program |
|  | Has a general idea of what educational degree (diploma, GED, certificate, associates, bachelors, masters, etc.) is needed for the job he/she wants |
|  | Knows how to discuss educational/vocational plans with others |
|  | Knows of educational resources available in the community |
| **Advanced- Must know 7 of 9 to be rated as Advanced.** | |
|  | Knows how to obtain school transcripts |
|  | Knows current educational credits and standing |
|  | Knows how to develop appropriate educational plan for the job selected |
|  | Understands the educational/skill requirements for the job selected |
|  | Is aware of the cost of higher education/vocational training |
|  | Knows the difference between a loan and a grant |
|  | Knows where to find and how to access adult education or vocational training in the community |
|  | Knows how to obtain financial aid/scholarships for education |
|  | Understands future prospects and probable living standards relative to levels of education and specialized skills |
| Stage of Change | Pre-contemplative Contemplation Preparation Action Maintenance |
| Staff/Client Comments:  (Include reason for deferral, if appropriate) |  |

Staff Name:       Staff Signature:

Date:

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| Job Seeking Skills: | |
| **Basic- Must know 2 of 2 to be able to advance to next level of accomplishment** | |
|  | Knows how to develop a realistic plan for vocational goals |
|  | Knows what the minimum wage is |
| **Intermediate- Must know 6 of 8 to move to the next level of accomplishment** | |
|  | Knows how to read want ads and find appropriate leads |
|  | Knows how to fill out a standard (paper) job application form |
|  | Knows how to complete a mock interview giving appropriate answers to potential questions |
|  | Knows how to make an appointment for a job interview |
|  | Knows appropriate clothing to wear for the interview |
|  | Knows how to write a resume |
|  | Knows how to prepare for a job interview |
|  | Knows how to participate in a job interview |
| **Advanced- Must know 6 of 7 to be rated as Advanced.** | |
|  | Knows the function of and can contact the public employment agency |
|  | Knows how to fill out an on-line job application form |
|  | Knows the function of, and fees associated with, private employment agencies |
|  | Knows how to follow up an interview with a letter |
|  | Understands and can weigh the advantages of one job over another |
|  | Understands what discrimination is and where to seek help if discriminated against |
|  | Knows the purpose of and can contact a “Temp” Agency |
| Stage of Change | Pre-contemplative Contemplation Preparation Action Maintenance |
| Staff/Client Comments:  (Include reason for deferral, if appropriate) |  |

Staff Name:       Staff Signature:

Date:

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| Job Maintenance Skills: (Complete this section ONLY if the client is employed) | |
| **Basic- Must know 3 of 4 to be able to advance to next level of accomplishment** | |
|  | Knows how to dress for work appropriately |
|  | Knows the importance of reporting to work on time |
|  | Knows job responsibilities and how to complete job tasks |
|  | Knows to contact employer when not able to go to work. |
| **Intermediate- Must know 4 of 5 to move to the next level of accomplishment** | |
|  | Knows appropriate way to talk to supervisor |
|  | Knows what behaviors will get a person fired immediately |
|  | Knows how to read a pay stub |
|  | Knows how to ask for help with a problem on the job |
|  | Knows if eligible for sick time, vacation time, or personal time and if so, rate of accrual |
| **Advanced- Must know 6 of 8 to be rated as Advanced.** | |
|  | Knows how to handle anger in an appropriate manner when angry at supervisor, co-worker, or customers |
|  | Knows where and when it is acceptable (and not acceptable) to chat with co-workers |
|  | Knows how to use company grievance procedure to report and resolve disputes/issues/concerns |
|  | Knows company’s “unwritten policies” and can adhere to them |
|  | Knows what to do/how to ask for a raise |
|  | Knows what to do to be eligible for a promotion |
|  | Knows legal rights as an employee |
|  | Knows and can describe what supports/assistance they may need to maintain employment |
| Stage of Change | Pre-contemplative Contemplation Preparation Action Maintenance |
| Staff/Client Comments:  (Include reason for deferral, if appropriate) |  |

Staff Name:       Staff Signature:

Date:

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| Interpersonal Skills: | |
| **Basic- Must know 4 of 5 to be able to advance to next level of accomplishment** | |
|  | Knows how to respond to introductions and answer simple questions |
|  | Knows at least one friend |
|  | Knows how to look others in the eye and shakes hands if other person offers |
|  | Knows how to make “small talk” face to face |
|  | Knows the importance of communicating with at least one person weekly |
| **Intermediate- Must know 6 of 7 to move to the next level of accomplishment** | |
|  | Knows how to make introductions, including approaching others to introduce self |
|  | Knows what “boundaries” are |
|  | Knows the implications of sharing personal information through the use of technology (internet, texting, social media, etc.) |
|  | Knows how to treat others properly (good manners, respect, and relative to culture, ethnicity, race, gender and orientation) |
|  | Knows how and when to ask for help |
|  | Knows how to explain and express feelings/opinions |
|  | Knows how to identify relationships that may be hurtful or dangerous |
| **Advanced- Must know 8 of 10 to be rated as Advanced.** | |
|  | Knows how to identify personal strengths and needs (with assistance if necessary) |
|  | Knows how to accept invitations from others to be involved in social activities |
|  | Knows how to make arrangements with peers for social activities |
|  | Knows where to get help if unable to resolve interpersonal conflicts alone |
|  | Knows how to resolve conflicts with others |
|  | Knows how to refrain from using physical violence as a means of solving interpersonal conflict |
|  | Knows how to say “no” to a peer who is trying to pressure him/her |
|  | Knows how to develop a realistic plan to deal with peer pressure along with appropriate steps identified to carry out the plan |
|  | Know what “good” table manners are (can use a knife and fork, napkins appropriately, knows proper etiquette in restaurants, etc.) |
|  | Knows how to avoid hurtful or dangerous relationships |
|  | Knows how their ethnicity can impact their interpersonal relationships (work, school, social, legal, professional, personal, familial and community) |
| Stage of Change | Pre-contemplative Contemplation Preparation Action Maintenance |
| Staff/Client Comments:  (Include reason for deferral, if appropriate) |  |

Staff Name:       Staff Signature:

Date:

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| Legal Skills: (As applicable if involved in the legal system) | |
| **Basic- Must know 2 of 2 to be able to advance to next level of accomplishment** | |
|  | Knows the phone number of someone to call if arrested or victimized |
|  | Understands generally what actions are against the law and what the consequences are |
|  | Knows their citizenship status |
| **Intermediate- Must know 6 of 7 to move to the next level of accomplishment** | |
|  | Knows personal rights if arrested |
|  | Knows what the function of a lawyer is |
|  | Knows the legal age for buying alcohol and tobacco products |
|  | Understands the meaning of “legal age” (what you can and can’t do) |
|  | Knows how to read a contract |
|  | Knows how and where to register to vote |
|  | Knows the responsibilities of a conservator or representative payee (if applicable) |
| **Advanced- Must know 4 of 5 to be rated as Advanced.** | |
|  | Knows the responsibility to register for selective service (if male) |
|  | Understands his/her rights to make choices about his/her medical care through an Advance Directive |
|  | Knows of how and where to access free legal services |
|  | Understands the consequences of signing a contract or lease |
|  | Knows the legal penalty for all of the following:   * + Buying, selling, possessing and smoking marijuana and other drugs   + Buying and drinking alcohol if under age   + Trespassing   + Shoplifting   + Burglary   + Possession of stolen property   + Traffic violations |
| Stage of Change | Pre-contemplative Contemplation Preparation Action Maintenance |
| Staff/Client Comments:  (Include reason for deferral, if appropriate) |  |

Staff Name:       Staff Signature:

Date:

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| Coping Skills: | |
| **Basic- Must know 4 of 5 to advance to the next level of accomplishment** | |
|  | Knows what “stress” is, can explain/define it. |
|  | Knows what a “trigger” is |
|  | Knows what a “crisis plan” is (i.e. WRAP) |
|  | Knows what to do if symptoms become unmanageable |
|  | Know what it means to feel good about oneself (self-esteem) |
| **Intermediate- Must know 9 of 12 to advance to the next level of accomplishment** | |
|  | Knows how to identify stressors (personal to them) |
|  | Knows how their body feels/responds when stressed, anxious, etc. |
|  | Knows how to recognize signs/symptoms of stress |
|  | Knows how to identify and give name to various emotions that they experience (stress, anxiety, anger, sadness happiness) |
|  | Knows how to identify at least 3 coping strategies (may not yet be able to apply them, but can identify them) |
|  | Knows how to identify their own “triggers” that may lead to relapse |
|  | Knows how to identify at least three or more supports (at least one of which must be outside of the mental health system such as a relative, friend, pastor, etc.) |
|  | Knows how to distinguish between a true emergency/crisis and minor problem/issue |
|  | Knows how to develop a “crisis” plan |
|  | Know how to identify ways to reduce or prevent stress/anxiety |
|  | Knows the importance of hobbies and leisure time |
|  | Knows how to describe how they feel when they are feeling well |
| **Advanced- Must know 6 of 8 to be rated as advanced** | |
|  | Knows how to manage emotions properly (does not “fly off the handle” in rage or sob inconsolably in response to minor issues) |
|  | Knows how to assert oneself and advocate for oneself appropriately (without being too aggressive or too passive) |
|  | Knows how to talk about their feelings openly (with significant others, with natural supports, with therapist, etc) |
|  | Knows how to ask for advice or support from someone |
|  | Knows how to cope with difficult situations and emotions |
|  | Knows how to identify barriers that may get in the way of being able to cope |
|  | Knows how to identify appropriate coping skills and strategies |
|  | Knows how to use their “crisis” plan |
| Stage of Change | Pre-contemplative Contemplation Preparation Action Maintenance |
| Staff/Client Comments:  (Include reason for deferral, if appropriate) |  |

Staff Name:       Staff Signature:

Date:

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| Anger Management: (As applicable) | |
| **Basic- Must know 5 of 6 to advance to the next level of accomplishment** | |
|  | Knows how anger escalates |
|  | Knows how to identify physiological symptoms associated with anger |
|  | Knows how to identify triggers of anger |
|  | Knows how to identify thoughts and feelings associated with anger |
|  | Knows how to identify activities/strategies to manage physiological signs/symptoms of anger |
|  | Knows how to identify support network for dealing with difficult situations |
| **Intermediate- Must know 4 of 5 to advance to the next level of accomplishment** | |
|  | Understands the different types of behavior (passive, passive-aggressive, aggressive and assertive) |
|  | Knows how to identify own personal style of conflict resolution |
|  | Understands the impact of body language on conflict resolution |
|  | Understands the effects of anger on different aspects of life |
|  | Understands how substances influence anger |
| **Advanced- Must know 4 of 5 to be rated as advanced** | |
|  | Knows how to identify alternative responses/outcomes to manage triggers (other than anger) |
|  | Knows how to be assertive in conversations by using “I statements” |
|  | Understands what the effect of self-talk (negative vs. positive) has on anger |
|  | Knows how to identify verbal and non-verbal ways to deal with conflict |
|  | Knows appropriate verbal and non-verbal ways to respond to conflict |
| Stage of Change | Pre-contemplative Contemplation Preparation Action Maintenance |
| Staff/Client Comments:  (Include reason for deferral, if appropriate) |  |

Staff Name:       Staff Signature:

Date:

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| Relationships: | |
| **Basic- Must know 3 of 4 to advance to the next level of accomplishment** | |
|  | Knows how to identify supportive people and organizations from which to seek help for relationship issues |
|  | Knows how to identify what qualities to look for in a partner and ones to avoid |
|  | Knows how to identify what physical abuse is |
|  | Knows how to explain what love is |
| **Intermediate- Must know 4 of 5 to advance to the next level of accomplishment** | |
|  | Knows how to identify how relationships have an impact (positive or negative) on their life |
|  | Knows the signs and symptoms of an abusive relationship |
|  | Knows how to identify three forms of abuse (physical, sexual, emotional) |
|  | Knows how to identify healthy roles and behaviors in a relationship |
|  | Knows how to identify appropriate ways to start a relationship |
| **Advanced- Must know 5 of 6 to be rated as advanced** | |
|  | Knows how to establish relationship values |
|  | Understands the effects of domestic violence |
|  | Knows what domestic violence is and it’s causes |
|  | Knows ways to protect oneself if in an abusive relationship |
|  | Understands the pros and cons to having a sexual relationship |
|  | Knows when a relationship has come to an end and can manage appropriately |
| Stage of Change | Pre-contemplative Contemplation Preparation Action Maintenance |
| Staff/Client Comments:  (Include reason for deferral, if appropriate) |  |

Staff Name:       Staff Signature:

Date:

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| S. Parenting & Childcare: (As applicable) | |
| **Basic- Must know 3 of 4 to be able to advance to next level of accomplishment** | |
|  | Knows the signs and symptoms of pregnancy |
|  | Understands the biology of pregnancy and childbirth |
|  | Knows dangers of drugs, alcohol and tobacco during pregnancy |
|  | Knows what adequate pre-natal care is |
| **Intermediate- Must know 8 of 10 to move to the next level of accomplishment** | |
|  | Knows where to obtain pre-natal care |
|  | Knows not to leave child without supervision and can provide appropriate supervision for a child |
|  | Knows how to care for a child when alone |
|  | Knows the proper position to place a newborn baby to sleep |
|  | Knows how to properly use a car seat for transporting small child(ren) |
|  | Knows how to bathe a child and change diapers |
|  | Knows how to engage child in appropriate play (reading, singing, drawing, building, etc.) |
|  | Knows the available options for regular childcare |
|  | Knows how to select appropriate people to periodically baby-sit with child |
|  | Knows where to go for help if child is sick |
| **Advanced- Must know 9 of 12 to be rated as Advanced.** | |
|  | Knows what toys and activities are appropriate for the child’s age and developmental level |
|  | Knows how to access community resources for children (Early Intervention, DCF, Women, Infants and Children, etc.) |
|  | Knows how to discipline child without using extreme measures (hitting, screaming, withholding food or care) |
|  | Knows how to make arrangements for regular childcare that is safe and age appropriate |
|  | Knows the importance of taking their child to childcare on time, picking child up from childcare on time |
|  | Knows how to spend “quality” time with child each day (reading, talking, playing, listening to child, etc.) |
|  | Knows where to go for help with parenting if needed |
|  | Knows how to properly feed a child with age appropriate and nutritious foods |
|  | Knows how to choose a pediatrician and knows the importance of regular well-baby visits |
|  | Knows how to recognize age appropriate developmental milestones |
|  | Knows how to recognize and appropriately respond to their child’s needs |
|  | Knows how and when to administer medications (prescription and over the counter) to child |
| Stage of Change | Pre-contemplative Contemplation Preparation Action Maintenance |
| Staff/Client Comments:  (Include reason for deferral, if appropriate) |  |

Staff Name:       Staff Signature:

Date:

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| T. Medication Management: | |
| **Basic- Must know 6 of 7 to be able to advance to next level of accomplishment** | |
|  | Knows how to open a childproof container |
|  | Knows not to take someone else’s medication |
|  | Knows the names of the medications they are taking (or has a list of them to refer to) |
|  | Knows the difference between prescription and over the counter medications |
|  | Knows the diagnoses/reasons for which they are taking medications/supplements |
|  | Knows if they are allergic or have adverse reactions to medications/supplements and which ones |
|  | Knows what their medications look like (appearance such as size, shape, color) |
| **Intermediate- Must know 8 of 10 to move to the next level of accomplishment** | |
|  | Knows the dosages and how often to take their prescribed medications |
|  | Knows and recognizes the potential side effects of their medications |
|  | Knows what to do in the event of an overdose |
|  | Knows how to fill a weekly pill organizer with supervision |
|  | Recognizes/makes correct use of over the counter drugs for pain, stomach upset, diarrhea, fever, cold, allergy, etc. |
|  | Knows how to read a prescription label correctly and follow the instructions |
|  | Knows how to call in refills and pick up medications at the pharmacy independently (if age 18 or over) |
|  | Knows how to utilize all equipment/supplies related to medications with supervision |
|  | Knows how to obtain over the counter meds and the need to discuss all meds, vitamins and supplements with prescribing physician(s) |
|  | Knows how to dispose of discontinued or expired medication safely |
| **Advanced- Must know 7 of 9 to be rated as Advanced.** | |
|  | Knows how to take medication without supervision |
|  | Knows what to do if experiencing side effects from the medications |
|  | Knows how to prepare/manage medications in a safe manner |
|  | Knows how to independently schedule and maintain appointments with medication prescribers |
|  | Knows how to ask necessary and appropriate questions of doctor or pharmacist regarding medications |
|  | Knows how to adhere to lifestyle modifications as required by prescription medications |
|  | Knows how to utilize and properly maintain all equipment/supplies related to medications independently |
|  | Understands safe medication storage practices |
|  | Understands the therapeutic consequences of medication non-compliance |
| Stage of Change | Pre-contemplative Contemplation Preparation Action Maintenance |
| Staff/Client Comments:  (Include reason for deferral, if appropriate) |  |

Staff Name:       Staff Signature:

Date: