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|---|---------------------|---|
| <b>Person's Name (First MI Last):</b> Jean B. Stone   | <b>Record #:</b>    | <b>Date of Admission:</b> 7/1/10  |
| <b>Organization/Program Name:</b> Creative Life Choices Inc/Oak Street Residence  | <b>DOB:</b> 10/1/84 | <b>Gender:</b> <input type="checkbox"/> Male <input checked="" type="checkbox"/> Female<br><input type="checkbox"/> Transgender |
| <b>Presenting Concerns (In Person's /Family's Own Words)</b>  |                     |   |
| <b>Referral Source:</b> Department of Mental Health (DMH)<br><b>Reason for Referral:</b> Jean was referred in the summer of 2010 upon leaving Worcester State Hospital(WSH). Jean stated, "I need help with getting my life back together after the hospital." She moved into the Oak Street program after leaving the hospital and needed assistance with managing medication, money management, connection to community resources and symptom stabilization.  |                     |   |
| <b>What Occurred to Cause the Person to Seek Services Now</b> (Note Precipitating Event, Symptoms, Behavioral and Functioning Needs): In the past year, Jean has worked diligently toward the goal of becoming her own rep payee. Now that she has achieved her goal and manages her own money, she is looking for assistance to establish her own apartment. "I just want to get out of Oak Street and live on my own like a normal person." Jean explains. "I know I'm going to need some help to get started- especially with medications and getting a job." Jean had entered WSH in 2009 after an attempted suicide by overdose which had been prompted by intense anxiety, feeling overwhelmed and experiencing auditory hallucinations commanding her to kill herself. Prior to her WSH hospitalization, she had a one month hospitalization in 2006 at UMASS 8 East prompted by auditory hallucinations, increased agitation and mood instability. She also spent approximately 4 months in 2000-2001 at the Sunshine program after reporting suicidal thoughts, cutting her wrists and abusing substances                |                     |   |
| <b>Living Situation</b>   |                     |   |
| <b>What is the person's current living situation?</b> (check one)<br><input type="checkbox"/> Rent <input type="checkbox"/> Own <input type="checkbox"/> Friend's Home <input type="checkbox"/> Relative's/Guardian's Home <input type="checkbox"/> Foster Care Home <input type="checkbox"/> Respite Care <input type="checkbox"/> Jail/Prison<br><input type="checkbox"/> Homeless living with friend <input type="checkbox"/> Homeless in shelter/No residence <input type="checkbox"/> Other:<br><input checked="" type="checkbox"/> Residential Care/Treatment Facility: <input type="checkbox"/> Hospital <input type="checkbox"/> Temporary Housing <input checked="" type="checkbox"/> Residential Program <input type="checkbox"/> Nursing/Rest Home<br><input type="checkbox"/> Supportive Housing)   |                     |   |
| At Risk of Losing Current Housing <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No      Satisfied with Current Living Situation <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No  |                     |   |
| <b>Comments</b> (Include environmental surroundings and neighborhood description): Jean reports that the main cause of her current stress is living in a group home setting. Jean reports "I hate that I still live at Oak Street and I want to move ASAP." Jean currently lives in a quiet, middle class residential neighborhood in Worcester. Her house is near several bus routes with a short distance from retail stores and businesses.  |                     |   |
| <b>Family History</b>   |                     |   |
| <b>Family History and Relationship, Parental/ Familial Caretaker Obligations:</b> Jean states that her mother Maria is 52 years old. Jean states she is very close to her mother but explains, "my mom is overly involved in my life. She means well but usually treats me like I'm still a teenager." Jean stated that her father's name is Gerald but Jean has no memory of him. Jean explained that Gerald left the family shortly after the birth of younger brother (Edward) and Jean said, "I couldn't care less if he's alive or dead." Edward is three years younger than Jean and lives in the house with Maria. Jean feels that her brother is supportive and she feels very close to him despite what she describes as "occasional sibling rivalry."<br>Jean reports that she has never been married or had children. She babysits for her 9 year old female cousin Lily approximately once every three months when Lily's mother has to work second shift and cannot find alternate child care arrangements. Jean stated that she enjoys taking care of her cousin and would like to have a child of her own someday. |                     |   |
| <b>Pertinent Family Medical, MH and SU History:</b> Jean reported that her mother is diabetic and that heart disease runs in her mother's side of the family. Jean also stated that her mother described her father as "an alcoholic" and has reported that the paternal side of her family struggled with both alcohol and drug abuse  |                     |   |
| <b>Developmental History and Status:</b> Jean reported that she learned to walk and talk at an early age and did not appear to have any difficulty in school until she was in a car accident at the age of 10. Her head hit the dashboard and she was diagnosed with a concussion. Jean stated that after the accident, she struggled to concentrate and her grades began to drop significantly. Jean was on an IEP during the remainder of her school years and received special accommodations for due dates and alternate assignments in reading comprehension due to her concentration issues. "I just haven't been the same since the accident. Sometimes I get really angry because I used to be so smart," Jean stated.  |                     |   |
| <b>Social Support</b>   |                     |   |



**Friendship/Social/Peer Support Relationships, Pets, Community Supports/Self Help Groups** (AA, NA, SMART, NAMI, Peer Support, etc.): Jean reports that her brother is her closest friend and biggest support. "He's the first person I go to when something is going wrong in life or when I feel my mood start to slip," Jean explained. Jean noted that she used to have a boyfriend who she could turn to but they recently broke up. She also mentioned a close friend named Suzy who moved away last year with whom she has intermittent contact. Within the past 6 months, Jean has become involved with a group of individuals at the RLC and would like to start seeing them socially outside of the RLC. Jean stated that friendships are largely a new experience for her because she has always been "shy and self-conscious" around new people. Jean often fears that people are "saying bad things about her behind her back," which makes it difficult for her to initiate new relationships.

Jean reported that she used to drink alcohol and smoke marijuana often when she was a teenager and used to attend a sobriety support group in Marlboro called "Simply Sober." However, Jean stopped attending the group in her early 20's because she no longer felt that substance use was an issue. During her last hospitalization, she began attending AA groups and currently has an AA sponsor. She also attends the Recovery Learning Center (RLC) and attends a variety of groups to assist her with symptoms of her mental health issues.

**Religion/Spirituality and Cultural/Ethnic Information:** Jean reports that she was raised in Jewish faith but she does not attend temple regularly. At one time, Jean stated that she felt very involved at Temple Emmanuel but has lost interest in participating over the years. She describes her family as "high holiday Jews," explaining that her family gathers for Rosh Hashanah and Passover. She also noted that her family gets together on the first night of Hanukah to light the menorah and open small gifts. Jean stated, "Every year I try to fast for Yom Kippur - sometimes I make it the whole day, other years I don't."

Jean reported that her family is of Jewish and Armenian descent. She feels pride in her Jewish roots, stating "even though I'm not that into the religious side, I do feel proud of my lineage." Jean explained that her father was Armenian and says, "I don't care about my Armenian side - the same way my father didn't care about me." Although Jean doesn't feel that she follows any particular cultural conventions, she stated that Rosh Hashanah is a particularly important holiday for her family. Jean also stated that she loves kishkes, Italian and Thai food and "couldn't imagine life without it."

**Person's Name (First MI Last):** Jean B. Stone

**Record #:**

### Legal Status and Legal Involvement History

Does Person Served have a Legal Guardian, Rep Payee or Conservatorship? ☒ No ☐ Yes; **If yes, complete and attach the Legal Status Addendum**

Is there a need for a Legal Guardian, Rep Payee or Conservatorship? ☒ No ☐ Yes / Explain:

Does the person have a history of, or current involvement with the legal system (i.e., legal charges)? ☒ No ☐ Yes; **If yes, complete and attach the Legal Involvement and History Addendum**

### Education

**Highest Level of Education Achieved:** ☐ GED ☒ HS Grad ☐ College ☐ Vocational Training ☐ Graduate Degree Highest Grade Completed: Jean graduated from Burncoat High School in 2002 and is not interested in pursuing any further education.

Person's Preferred Learning Style(s): ☒ Visual ☐ Auditory ☐ Verbal ☐ Written ☐ Learn by doing

Currently Enrolled in Educational Program?: ☒ No ☐ Yes; **If yes, complete and attach Education Addendum**

Is person interested in further education or assistance in education?: ☒ No ☐ Yes; **If yes, complete and attach Education Addendum**

### Employment and Meaningful Activities

**Employment Status/Interests:** Jean is interested in working for the Audobon Society in order to spend more time in nature. She is also interested in running marathons competitively but feels she would need to train longer to be a contender.

☐ Never Worked ☐ Currently Employed? ☒ No ☐ Yes; If yes, length of employment:

(If not currently employed) – Person served wants to work? ☐ No ☒ Yes ☐ Uncertain / Comments: Jean would like to earn money to pay for her rent and a car on her own.

Does the person want help to find employment? ☐ No ☒ Yes / Comments: Jean stated she isn't sure how to fill out job applications or how to interview for a job. **If yes, complete Employment Addendum**

**Meaningful Activities** (Community Involvement, Volunteer Activities, Leisure/Recreation, Other Interests): Jean reported that she is



very interested in running and works with a running coach weekly to train for various races. She also enjoys going for long walks in the woods and birdwatching at a small pond near the Alsada program. She also volunteers on the Regional Environmental Council: a Worcester group that maintains community gardens in the urban areas of Worcester. Jean expressed her love of nature and stated that she feels "at home" when she is gardening or in the woods.

### Income/Financial Support

How does the person describe her/his current financial situation? ☒ Comfortable/ living within means  
☐ Occasional struggle with finances ☐ Often struggles with finances ☐ Financial struggles are a major source of stress  
Comments:

Do you receive any sources of financial assistance? ☐ SSI ☒ SSDI ☐ Food Stamps ☒ Contributions from family or friends  
☐ Disability ☐ Child Support ☐ Veterans Benefits  
☐ TAFDC ☐ EAEDC ☐ Other:

If yes, Type and Amount: SSDI 626.00/month, Contribution from Family: Mom buys meals and clothes

### Military Service

☒ **None Reported** - If None Reported, skip to the Substance Use / Addictive Behavior History Section

**Military Status:**

☐ Active ☐ Veteran

**Date of Discharge:**

**Type of Discharge:** ☐ 1. Honorable ☐ 2. General (under Honorable Conditions)  
☐ 3. Other than Honorable ☐ 4. Bad Conduct ☐ 5. Dishonorable

Reason:

Is a complete Military Service assessment needed? ☐ No ☐ Yes; If yes, complete and attach **Military Service Addendum**

### Addictive Behavior and Substance Abuse History

Does person report a history of, or current, substance use or other addictive behavior concerns (i.e., alcohol, tobacco, gambling, food)? ☐ No ☒ Yes; If yes, complete and attach **Addictive Behavior History/SA Addendum**.



Person's Name (First MI Last): Jean B. Stone

Record #:

**Mental Health and Addiction Treatment History**

| Type of Service       | Dates of Service            | Reason  | Name of Provider/ Agency:                      | Inpatient/ Outpatient   | Completed  |
|-----------------------|-----------------------------|---|--|---|--|
| Residential Program   | July 2010/Present           | Assistance with community living, med management, symptom management, personal goal development | Creative Life Choices Inc/Oak Street Residence | <input type="checkbox"/> In <input checked="" type="checkbox"/> Out | <input checked="" type="checkbox"/> No<br><input type="checkbox"/> Yes |
| Psych Hospitalization | October 2009/July 2010      | Suicide attempt (overdose), auditory hallucinations commanding self-harm, substance abuse       | Worcester State Hospital                       | <input checked="" type="checkbox"/> In <input type="checkbox"/> Out | <input type="checkbox"/> No<br><input checked="" type="checkbox"/> Yes |
| Psych Hospitalization | January 2006/February 2006  | Auditory hallucinations, increased agitation, mood instability, substance abuse                 | Umass- 8 East                                  | <input checked="" type="checkbox"/> In <input type="checkbox"/> Out | <input type="checkbox"/> No<br><input checked="" type="checkbox"/> Yes |
| Residential Program   | November 2000/February 2001 | Self harm behavior (cutting wrists with a razor), suicidal thoughts, substance abuse            | Sunrise House                                  | <input type="checkbox"/> In <input checked="" type="checkbox"/> Out | <input type="checkbox"/> No<br><input checked="" type="checkbox"/> Yes |
|                       | /                           |   |  | <input type="checkbox"/> In <input type="checkbox"/> Out            | <input type="checkbox"/> No<br><input type="checkbox"/> Yes            |
|                       | /                           |   |  | <input type="checkbox"/> In <input type="checkbox"/> Out            | <input type="checkbox"/> No<br><input type="checkbox"/> Yes            |
|                       | /                           |   |  | <input type="checkbox"/> In <input type="checkbox"/> Out            | <input type="checkbox"/> No<br><input type="checkbox"/> Yes            |

**Efficacy of past and current treatment:** Jean reported that her time in the hospital has helped her to identify when her symptoms are returning and taught her some skills to use when she notices these symptoms.

**Psychiatric History (including past diagnoses):** Jean is currently diagnosed with schizoaffective disorder, as recorded in documentation from her psychiatrist Dr. Marie Hobart. Jean reported that prior to this diagnosis, she had been diagnosed with bipolar disorder. Jean explained "During school I started having some problems with anger and anxiety, when I was like 11."

At age 10, Jean was in a serious car accident and experienced minor traumatic brain injury in the form of what records indicate was a "moderately severe concussion." After this accident, records indicate that Jean began to struggle with concentration and comprehension. To assist her with her education, she was on an IEP from 5th grade through her senior year. This accident and injury appears to have been a precipitating event for the onset of Jean's mental health symptoms and continues to cause her some distress. Jean reports "I just haven't been the same since the accident. Sometimes I get really angry because I used to be so smart."

Jean's mother reports that Jean received treatment for her early symptoms from the school's guidance counselor and her family physician. Jean's history of services with the Department of Mental Health began at the age of 17, when she was admitted to the Sunrise House program after reporting suicidal thoughts, cutting her wrists with a razor and abusing substances. Jean reports that prior to her self-injury and suicidal ideation she had been using marijuana and alcohol stating "The substances probably made me feel worse, but I wasn't thinking clearly at the time." Jean was at Sunrise for four months and reported that the treatment there was "helpful." At this time she also joined "Simply Sober" a sobriety support group in Marlboro.



**Source(s) of Information:** ☐ Person Served ☒ Significant other/Family member(s) ☐ Service Provider(s)  
☒ Case Manager ☐ Written records ☒ Other: DMH Case History

**Physical Health**

| PCP, Medical Specialist and Dentist<br>Name, Credentials, Specialty | Telephone<br>Number | Fax Number   | Address                                   | Date of<br>Last Exam |
|---|---------------------|--------------|---|----------------------|
| Dr. Abigail Adams (PCP)   | 508-334-2731        | 774-442-4672 | 55 Lake Ave North<br>Worcester, MA 01605  | 12/22/2011           |
| Dr. William Green (Dentist)   | 508-852-8485        | 508-852-7141 | 7 Cape Road<br>Worcester, MA 01605        | 6/23/2012            |
| Dr. Carol Kline (Psychiatrist)                                      | 508-260-6120        | 508-260-6121 | 71 Hillside Avenue<br>Worcester, MA 01610 | 5/25/2012            |
| Josephine Smith, LMHC (Therapist)                                   | 508-260-6120        | 508-260-6121 | 71 Hillside Avenue<br>Worcester, MA 01610 | 6/24/12              |
|   |                     |              |   |                      |



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|---|------------------|
| <b>Person's Name (First MI Last):</b> Jean B. Stone | <b>Record #:</b> |
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**Physical Health Summary**  
OR ☐ Refer to Attached Physical Health Assessment

**Bureau of Substance Abuse Services (BSAS) Programs must complete the MSDP Infectious Disease Risk Addendum and the BSAS TB Assessment**

**Allergies:** ☐ No Known Allergies ☒ **Yes, list below:**  
Food: Shellfish-results in anaphylactic Shock Medication (including OTC, herbal):  
Environmental:

**Physical Health Summary:** (Include health history, chronic conditions, significant dental history, and current physical complaints that may interfere with the person's served functioning.) asthma, history of abnormal pap smear

**Sexual History/Concerns:** Jean reported that she has been sexually active since the age of 15 but reported no medical or emotional complications over the years. She is not currently in a romantic relationship but expressed that she would like to "find [her] true love, get married and have a kid." Jean recently broke up with her boyfriend of 6 months.

**Pain Screening:**  
Does the person experience pain currently? ☐ Yes ☒ No Has the person experienced pain in past few months? ☐ Yes ☒ No  
Describe the type, frequency, duration, intensity, identified cause, any limitations to functioning and what helps relieve the pain:

**Nutritional Screening:** (check all that are reported)  
☐ Special diet? (e.g. diabetic, celiac) Follows special diet? ☐ Yes ☒ No ☐ Medications affecting nutritional status  
☐ Weight gain/loss of 10 pounds or more without specific diet ☐ Change in appetite  
☐ Binging ☐ Purging ☐ Use of laxatives ☐ Intense focus on weight, body size, calorie intake, exercise  
Beliefs, perceptions, attitude, behaviors regarding food: Jean states "I like cooking healthy meals for myself and my housemates. I need to eat right to stay in shape for running. Sometimes I like to go out to eat, too."

**Medication Summary**

**Medication information and history of adverse reactions:** (Include what medications work well and have worked well previously, any adverse side effects, why person doesn't take meds as prescribed and/or which one(s) the person would like to avoid taking in the future): Jean has found her medication helpful in controlling her hallucinations and mood swings. Jean reports side effects of acne, dry mouth and constipation from her current medications. In the past Jean has not always taken her medications as prescribed due to the side effects. She has also expressed difficulty with remembering to take her medications.

**Is the person served currently taking any medication** ☐ No ☒ **Yes; If yes, complete and attach the Medication Addendum**

**Advanced Directive**

Does the person have advanced directive established ☒ No ☐ Yes  
If yes, what type? ☐ Living Will ☐ Power of Attorney ☐ Health Care Proxy ☐ Other:  
If no, does the person wish to develop them at this time? ☒ No ☐ Yes / If yes, follow agency's procedure for completion

**Trauma History**

Does person report a history of trauma? ☐ No ☒ Yes  
Does person report history/current family/significant other, household, and/or environmental violence, abuse or neglect or exploitation?  
☒ No ☐ Yes  
**If the answer to either of the above questions is yes, complete and attach the Trauma History Addendum.**



|   |   |  |   |   |  |
|---|---|--|---|---|--|
| <b>Person's Name (First MI Last): Jean B. Stone</b>   |   |  |   | <b>Record #:</b>  |  |
| <b>Mental Status Exam – (WNL = Within Normal Limits) (**) – If Checked, Risk Assessment is Required</b> |   |  |   |   |  |
| <b>Appearance/<br/>Clothing:</b>  | <input checked="" type="checkbox"/> WNL           | <input type="checkbox"/> Neat and appropriate  | <input type="checkbox"/> Physically unkempt     | <input type="checkbox"/> Disheveled                       | <input type="checkbox"/> Out of the Ordinary   |
| <b>Eye Contact:</b>   | <input checked="" type="checkbox"/> WNL           | <input type="checkbox"/> Avoidant  | <input type="checkbox"/> Intense                | <input type="checkbox"/> Intermittent                     |  |
| <b>Build:</b>   | <input checked="" type="checkbox"/> WNL           | <input type="checkbox"/> Thin  | <input type="checkbox"/> Overweight             | <input checked="" type="checkbox"/> Short                 | <input type="checkbox"/> Tall  |
| <b>Posture:</b>   | <input checked="" type="checkbox"/> WNL           | <input type="checkbox"/> Slumped   | <input type="checkbox"/> Rigid, Tense           | <input type="checkbox"/> Atypical                         |  |
| <b>Body Movement:</b>   | <input checked="" type="checkbox"/> WNL           | <input type="checkbox"/> Accelerated   | <input type="checkbox"/> Slowed                 | <input type="checkbox"/> Peculiar                         | <input type="checkbox"/> Restless <input type="checkbox"/> Agitated                  |
| <b>Behavior:</b>  | <input type="checkbox"/> WNL                      | <input checked="" type="checkbox"/> Cooperative                                      | <input type="checkbox"/> Uncooperative          | <input type="checkbox"/> Overly Compliant                 | <input type="checkbox"/> Withdrawn <input type="checkbox"/> Sleepy                   |
|   | <input type="checkbox"/> Silly                    | <input type="checkbox"/> Avoidant/Guarded/Suspicious                                 | <input type="checkbox"/> Nervous/ Anxious       | <input type="checkbox"/> Preoccupied                      | <input type="checkbox"/> Restless <input type="checkbox"/> Demanding                 |
|   | <input type="checkbox"/> Controlling              | <input checked="" type="checkbox"/> Unable to perceive pleasure                      | <input type="checkbox"/> Provocative            | <input type="checkbox"/> Hyperactive                      | <input type="checkbox"/> Impulsive <input type="checkbox"/> Agitated                 |
|   | <input type="checkbox"/> Angry                    | <input type="checkbox"/> Assaultive  | <input type="checkbox"/> Aggressive             | <input type="checkbox"/> Compulsive                       | <input checked="" type="checkbox"/> Relaxed  |
| <b>Speech:</b>  | <input type="checkbox"/> WNL                      | <input type="checkbox"/> Mute  | <input type="checkbox"/> Over-talkative         | <input type="checkbox"/> Slowed                           | <input type="checkbox"/> Slurred <input type="checkbox"/> Stammering                 |
|   | <input type="checkbox"/> Rapid                    | <input type="checkbox"/> Pressured   | <input type="checkbox"/> Loud                   | <input checked="" type="checkbox"/> Soft                  | <input type="checkbox"/> Clear <input type="checkbox"/> Repetitive                   |
| <b>Emotional State-Mood (in person's words):</b>  | <input type="checkbox"/> WNL                      | <input checked="" type="checkbox"/> Not feeling anything                             | <input type="checkbox"/> Irritated              | <input type="checkbox"/> Happy                            | <input type="checkbox"/> Angry <input type="checkbox"/> Hostile                      |
|   | <input type="checkbox"/> Depressed, sad           | <input type="checkbox"/> Anxious   | <input type="checkbox"/> Afraid, Apprehensive   |   |  |
| <b>Emotional State-Affect</b>   | <input checked="" type="checkbox"/> WNL           | <input type="checkbox"/> Constricted   | <input type="checkbox"/> Changeable             | <input type="checkbox"/> Inappropriate                    | <input type="checkbox"/> Flat  |
|   | <input type="checkbox"/> Full                     | <input type="checkbox"/> Blunted, unvarying  |   |   |  |
| <b>Facial Expression</b>  | <input checked="" type="checkbox"/> WNL           | <input type="checkbox"/> Anxiety, fear, apprehension                                 | <input type="checkbox"/> Sadness, depression    | <input type="checkbox"/> Anger, hostility, irritability   |  |
|   | <input type="checkbox"/> Elated                   | <input type="checkbox"/> Expressionless  | <input type="checkbox"/> Inappropriate          | <input type="checkbox"/> Unvarying                        |  |
| <b>Perception:</b>  | <input checked="" type="checkbox"/> WNL           |  |   |   |  |
| <i>Hallucinations-</i>  | <input type="checkbox"/> Tactile                  | <input type="checkbox"/> Auditory  | <input type="checkbox"/> Visual                 | <input type="checkbox"/> Olfactory                        | <input type="checkbox"/> Command **  |
| <b>Thought Content:</b>   | <input checked="" type="checkbox"/> WNL           |  |   |   |  |
| <i>Delusions-</i>   | <input type="checkbox"/> None Reported            | <input type="checkbox"/> Grandiose   | <input type="checkbox"/> Persecutory            | <input type="checkbox"/> Somatic                          | <input type="checkbox"/> Illogical <input type="checkbox"/> Chaotic                  |
|   | <input type="checkbox"/> Religious                |  |   |   |  |
| <i>Other Content-</i>   | <input type="checkbox"/> Preoccupied              | <input type="checkbox"/> Obsessional   | <input checked="" type="checkbox"/> Guarded     | <input type="checkbox"/> Phobic                           | <input type="checkbox"/> Suspicious <input type="checkbox"/> Guilty                  |
|   | <input type="checkbox"/> Thought broadcasting     | <input type="checkbox"/> Thought insertion   | <input type="checkbox"/> Ideas of reference     |   |  |
| <b>Thought Process:</b>   | <input checked="" type="checkbox"/> WNL           | <input type="checkbox"/> Incoherent  | <input type="checkbox"/> Decreased thought flow | <input type="checkbox"/> Blocked                          | <input type="checkbox"/> Flight of ideas   |
|   | <input type="checkbox"/> Loose                    | <input type="checkbox"/> Racing  | <input type="checkbox"/> Chaotic                | <input type="checkbox"/> Concrete                         | <input type="checkbox"/> Tangential  |
| <b>Intellectual Functioning:</b>  | <input checked="" type="checkbox"/> WNL           | <input type="checkbox"/> Lessened fund of common knowledge                           | <input type="checkbox"/> Impaired concentration | <input type="checkbox"/> Impaired calculation ability     |  |
| <i>Intelligence Estimate -</i>  | <input type="checkbox"/> Develop. Disabled        | <input type="checkbox"/> Borderline  | <input checked="" type="checkbox"/> Average     | <input type="checkbox"/> Above average                    | <input checked="" type="checkbox"/> No formal testing                                |
| <b>Orientation:</b>   | <input checked="" type="checkbox"/> WNL           | <b>Disoriented to:</b>   | <input type="checkbox"/> Time                   | <input type="checkbox"/> Place                            | <input type="checkbox"/> Person  |
| <b>Memory:</b>  | <input checked="" type="checkbox"/> WNL           | <b>Impaired:</b>   | <input type="checkbox"/> Immediate recall       | <input type="checkbox"/> Recent memory                    | <input type="checkbox"/> Remote memory <input type="checkbox"/> Short Attention Span |
| <b>Insight:</b>   | <input checked="" type="checkbox"/> WNL           | <input type="checkbox"/> Difficulty acknowledging presence of psychological problems |   | <input type="checkbox"/> Mostly blames other for problems | <input type="checkbox"/> Thinks he/she has no problems                               |
| <b>Judgment:</b>  | <input checked="" type="checkbox"/> WNL           | <b>Impaired Ability to Make Reasonable Decisions:</b>                                |   | <input type="checkbox"/> Mild                             | <input type="checkbox"/> Moderate <input type="checkbox"/> Severe**                  |
| <b>Past Attempts to Harm Self or Others:</b>  | <input type="checkbox"/> None Reported            | <input checked="" type="checkbox"/> Self**   | <input type="checkbox"/> Others**               |   |  |
| <b>Self Abuse Thoughts:</b>   | <input checked="" type="checkbox"/> None reported | <input type="checkbox"/> Cutting**   | <input type="checkbox"/> Burning**              | <input type="checkbox"/> Other:                           |  |
| <b>Suicidal Thoughts:</b>   | <input checked="" type="checkbox"/> None reported | <input type="checkbox"/> Passive SI**  | <input type="checkbox"/> Intent**               | <input type="checkbox"/> Plan**                           | <input type="checkbox"/> Means**   |
| <b>Aggressive Thoughts:</b>   | <input checked="" type="checkbox"/> None reported | <input type="checkbox"/> Intent**  | <input type="checkbox"/> Plan**                 | <input type="checkbox"/> Means**                          |  |



|           |   |
|-----------|---|
| Comments: | Jean was engaged in our conversation, polite and enthusiastic about her progress over the past year. She expressed anger and then shut down when discussing her father. |
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|  |           |
|--|-----------|
| Person's Name (First MI Last): Jean B. Stone | Record #: |
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**Further Evaluations Needed:**

- ☒ None Indicated   ☐ Psychiatric   ☐ Psychological   ☐ Neurological   ☐ Medical   ☐ Educational  
☐ Vocational   ☐ Visual   ☐ Auditory   ☐ Nutritional   ☐ SU Assessment  
☐ Other:

|   |
|---|
| Was Outcomes tool administered? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If Yes, specify: MORS |
|---|

**Person's Served Strengths/Abilities/Resiliency**  
(Skills, talents, interests, aspirations, protective factors)

|   |   |
|---|---|
| <b>Personal Qualities:</b> (Examples: open, friendly, engaging, motivated, loyal, resourceful, caring, thoughtful)                                    | Jean is a polite, energetic and enthusiastic individual. Jean stated she "has a talent for drawing birds and mimicking bird calls." She has also stated that she would like to "find her true love, get married and have a kid."  |
| <b>Living Situation:</b> (Examples: has maintained long-term stable housing, gets along with living companions)                                       | Jean has stable housing at the Oak Street program and has been learning independent living skills over the past year. She is very motivated to move out of the Alsada program and live on her own. She also has supportive family members who assist her with emotional and financial needs.  |
| <b>Financial/Employment/Education:</b> (Examples: graduated HS, attended college, currently working, hx of working, multiple work skills)             | Jean spent the past year learning how to budget her current income and pay her own bills, resulting in Jean becoming her own rep. payee. Jean stated, "School wasn't my strength after the accident but I was determined to get my diploma so I kept pushing myself through school until I got it." Jean is interested in finding work related to nature and is strongly interested in pursuing this work. She also has a strong interest in running and is working with a running coach in the hopes of running marathons competitively. |
| <b>Health:</b> (Examples: consistent good health, exercises regularly, self cares for health issues as directed by physician, eats nutritional foods) | Jean is in great health and generally chooses healthy foods. She stated, "My mom is diabetic so I really have to be careful about what I eat or else I could end up with diabetes too."   |
| <b>Leisure/Recreational/Community Involvement:</b> (Examples: plays a sport, belongs to social group, attends gym, volunteers for Red Cross)          | Jean enjoys running and is training to run in marathons. Jean expressed her love of nature and she frequently goes out on long walks in the woods. She also enjoys bird watching, where she is able to use her skill in bird calls. She loves gardening and volunteers at the Regional Environmental Council in their urban garden during the spring and summer. Jean has recently been attending the RLC in her spare time and has made friends with several of the other group attendees.   |
| <b>Natural Supports:</b> (Examples: Family members, clergy, close friends, neighbors, advisors)   | Jean is "close" with her mother and brother and reports that she enjoys spending time with them. Her family members give her rides when needed. She has a close friend named Suzy who she has intermittent contact with and enjoys spending time with her friends from the RLC.   |
| <b>Spirituality/Culture/Religion:</b> (Examples: enjoys religious services, participates in cultural events, meet regularly with rabbi)               | Jean feels pride in her Jewish heritage. Although she does not consider herself strongly involved in the Jewish religion, she notes that several religious holidays bring the family together. Her family gathers to celebrate Rosh Hashanah, Passover and Hanukah. She also attempts the fast on Yom Kippur every year.  |

**Assessed and Needs Checklist Including Functional Domains**

| Activities of Daily Living          |                                     |                      |                                     |                                     |   |                                     |                          |
|-------------------------------------|-------------------------------------|----------------------|-------------------------------------|-------------------------------------|---|-------------------------------------|--------------------------|
| CN = Current Need Area              |                                     |                      |                                     | PD = Person Desires Change Now      |   |                                     |                          |
| CN                                  | PD                                  |                      | CN                                  | PD                                  |   | CN                                  | PD                       |
| <input type="checkbox"/>            | <input type="checkbox"/>            | Housekeeping/Laundry | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | Money Management                                | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | Housing Stability    | <input type="checkbox"/>            | <input type="checkbox"/>            | Personal Care Skills (includes Grooming/ Dress) | <input type="checkbox"/>            | <input type="checkbox"/> |
|                                     |                                     |                      |                                     |                                     |   |                                     | Problem Solving Skills   |





|                                     |                                     |                                       |                          |                          |                          |                          |                          |                 |
|-------------------------------------|-------------------------------------|---------------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|-----------------|
| <input type="checkbox"/>            | <input type="checkbox"/>            | Grocery Shopping/<br>Food Preparation | <input type="checkbox"/> | <input type="checkbox"/> | Exercise                 | <input type="checkbox"/> | <input type="checkbox"/> | Time Management |
| <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | Medication<br>Management              | <input type="checkbox"/> | <input type="checkbox"/> | Safety/Self Preservation |                          |                          |                 |
| <input type="checkbox"/>            | <input type="checkbox"/>            | Other:                                |                          |                          |                          |                          |                          |                 |

**Current Needs Selected Above as Evidenced By:**

Housing Stability-Jean stated she is interested in moving out of the Oak Street program and living in her own apartment. She has already achieved her goal of becoming her own rep. payee. She has also learned to cook, grocery shop and how to use Worcester's bus system for independent living skills. She identified that she will need to learn to handle her own medications and need to get a job in order to increase her income. Jean has also indicated that she has "no experience" with finding an apartment and "doesn't even know where to start"

Medication Management-Jean would like to learn how to administer her own medications. Program staff currently administer her medications in the morning and evening. Jean would like to work with program staff and her psychiatrist to pack her own medications. Jean is able to remember when to get her medications from the program staff. Jean occasionally has difficulty identifying her medications by sight and in the past has not always taken her medications as prescribed. She reports that "sometimes this was because of the side effects and other times I just forgot." Jean is very motivated to gain more independence with her medications. She has said "When I get an apartment I'm not going to want to have to worry about meeting up with a staff twice a day to take my meds"

Money Management-Jean has achieved her goal of becoming her own rep payee. However, she identifies that she may need assistance in budgeting in preparation for moving into her own apartment. She explained, "I know I can handle the money I have now but if I get a job and more bills, it could be more difficult." Initially Jean will need assistance determining the type of apartment that she can afford.

Transportation- In the past year Jean has become independent of staff in the area of transportation. Jean is able to ride the bus to most places she needs to go. If Jean is not able to take a bus to where she needs to go she is able to call a cab or arrange a ride with a friend. Recently Jean has expressed an interest in getting her own car. Jean has decided that she will need to obtain an apartment and a job before she could get a vehicle and would like to focus on this once she has a job and is able to afford the additional expense of a vehicle and insurance.



|   |                          |  |                          |                          |  |                                     |                                     |
|---|--------------------------|--|--------------------------|--------------------------|--|-------------------------------------|-------------------------------------|
| <b>Person's Name (First MI Last):</b> Jean B. Stone   |                          |  |                          |                          |  | <b>Record #:</b>                    |                                     |
| <b>Family and Social Supports</b><br>CN = Current Need Area<br>PD = Person Desires Change Now   |                          |  |                          |                          |  |                                     |                                     |
| CN  | PD                       |  | CN                       | PD                       |  | CN                                  | PD                                  |
| <input type="checkbox"/>  | <input type="checkbox"/> | Communication Skill                                      | <input type="checkbox"/> | <input type="checkbox"/> | Family Education (Directed at the exclusive well being of the person served) | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| <input type="checkbox"/>  | <input type="checkbox"/> | Community Integration                                    | <input type="checkbox"/> | <input type="checkbox"/> | Family Relationships   | <input type="checkbox"/>            | <input type="checkbox"/>            |
| <input type="checkbox"/>  | <input type="checkbox"/> | Caretaker Obligation Issues                              | <input type="checkbox"/> | <input type="checkbox"/> | Other:   |                                     |                                     |
| <b>Current Needs Selected Above as Evidenced By:</b><br>Peer/Personal Support Network -Jean expressed a desire to start seeing friends from the RLC outside of the RLC setting. She stated that she often has difficulty initiating friendships because she is "shy & self-conscious" and often thinks that people are "talking bad about her behind her back."   |                          |  |                          |                          |  |                                     |                                     |
| <b>Legal</b><br>CN = Current Need Area<br>PD = Person Desires Change Now  |                          |  |                          |                          |  |                                     |                                     |
| CN  | PD                       |  | CN                       | PD                       |  |                                     |                                     |
| <input type="checkbox"/>  | <input type="checkbox"/> | Legal Issues   | <input type="checkbox"/> | <input type="checkbox"/> | Other:   |                                     |                                     |
| <b>Current Needs Selected Above as Evidenced By:</b>  |                          |  |                          |                          |  |                                     |                                     |
| <b>Employment/ Education/ Finances</b><br>CN = Current Need Area<br>PD = Person Desires Change Now  |                          |  |                          |                          |  |                                     |                                     |
| CN  | PD                       |  | CN                       | PD                       |  | CN                                  | PD                                  |
| <input type="checkbox"/>  | <input type="checkbox"/> | Education  | <input type="checkbox"/> | <input type="checkbox"/> | Employment/ Volunteer Activities   | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| <input type="checkbox"/>  | <input type="checkbox"/> | Financial/Benefits (include VA benefits)                 | <input type="checkbox"/> | <input type="checkbox"/> | Other:   |                                     |                                     |
| <b>Current Needs Selected Above as Evidenced By:</b> Jean is interested in finding employment in order to earn money to live in an apartment and get her own car. She is currently interested in working at the Audubon Society because of her love of nature. She identified that she will need assistance in filling out applications and learning job interview techniques. Jean also noted an interest in running marathons competitively and is currently working with a running coach. Jean has expressed that she isn't sure how to find jobs that relate to her interests and skills. |                          |  |                          |                          |  |                                     |                                     |
| <b>Addictive Behavior and Substance Use</b><br>CN = Current Need Area<br>PD = Person Desires Change Now   |                          |  |                          |                          |  |                                     |                                     |
| CN  | PD                       |  | CN                       | PD                       |  |                                     |                                     |
| <input checked="" type="checkbox"/>   | <input type="checkbox"/> | Substance Use/Addiction (Tobacco, illicit & licit drugs) | <input type="checkbox"/> | <input type="checkbox"/> | Other Addictive Behaviors (food, gambling, exercise, sex etc.)               |                                     |                                     |
| <b>Current Needs Selected Above as Evidenced By:</b><br>Substance Use/Addiction-Jean has a history of abusing substances with her last relapse beginning in 2008 and ending with her entry into WSH in 2009. Alcohol is the substance for which she reports having cravings. She currently attends AA twice a week and has an AA sponsor to support her sobriety. Jean reports that this is helpful and would prefer to not work formally on this in this in her IAP.   |                          |  |                          |                          |  |                                     |                                     |



|  |           |
|--|-----------|
| Person's Name (First MI Last): Jean B. Stone | Record #: |
|--|-----------|

| Mental Health/ Illness Management-Behavior Management |                                     |  |                                     |                          |                                    |                                     |                          |                        |
|---|-------------------------------------|--|-------------------------------------|--------------------------|------------------------------------|-------------------------------------|--------------------------|------------------------|
|   |                                     | CN = Current Need Area<br>PD = Person Desires Change Now |                                     |                          |                                    |                                     |                          |                        |
| CN  | PD                                  |  | CN                                  | PD                       |                                    | CN                                  | PD                       |                        |
| <input checked="" type="checkbox"/>                   | <input checked="" type="checkbox"/> | Anxiety  | <input type="checkbox"/>            | <input type="checkbox"/> | Dissociation                       | <input type="checkbox"/>            | <input type="checkbox"/> | Lack of Assertiveness  |
| <input type="checkbox"/>                              | <input type="checkbox"/>            | Anger/ Aggression  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Disturbed Reality (Hallucinations) | <input type="checkbox"/>            | <input type="checkbox"/> | Mood Swings            |
| <input type="checkbox"/>                              | <input type="checkbox"/>            | Antisocial Behaviors                                     | <input type="checkbox"/>            | <input type="checkbox"/> | Disturbed Reality (Delusions)      | <input type="checkbox"/>            | <input type="checkbox"/> | Obsessions             |
| <input checked="" type="checkbox"/>                   | <input checked="" type="checkbox"/> | Coping/ Symptom Management                               | <input type="checkbox"/>            | <input type="checkbox"/> | Gender Identity                    | <input type="checkbox"/>            | <input type="checkbox"/> | Oppositional Behaviors |
| <input type="checkbox"/>                              | <input type="checkbox"/>            | Cognitive Problems                                       | <input type="checkbox"/>            | <input type="checkbox"/> | Grief/Bereavement                  | <input type="checkbox"/>            | <input type="checkbox"/> | Somatic Problems       |
| <input type="checkbox"/>                              | <input type="checkbox"/>            | Compulsive Behavior                                      | <input type="checkbox"/>            | <input type="checkbox"/> | Hyperactivity/Hypomania            | <input type="checkbox"/>            | <input type="checkbox"/> | Stress Management      |
| <input type="checkbox"/>                              | <input type="checkbox"/>            | Depression/Sadness                                       | <input type="checkbox"/>            | <input type="checkbox"/> | Impulsivity                        | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Trauma                 |
| <input type="checkbox"/>                              | <input type="checkbox"/>            | Other:   |                                     |                          |                                    |                                     |                          |                        |

**Current Needs Selected Above as Evidenced By:**

Anxiety- Jean reported that she frequently feels anxious. She was able to identify that she is most often anxious in social situations and "whenever there is too much going on at the same time." In the past, she has experienced auditory hallucinations in times of high anxiety but states that her medication regimen keeps her from hearing voices now.

Coping/Symptom Management-Jean identifies anxiety as a catalyst for alcohol use, suicidal thoughts and in the past, it has prompted auditory hallucinations commanding her to harm herself. She attended coping skills groups while she was in the hospital and also attends support groups at the RLC. She was open to trying Illness Management and Recovery (IMR) groups to learn more skills. Currently Jean is interested in learning new skills to assist her in managing symptoms that may increase with the "major life changes" of getting a job and an apartment.

Disturbed Reality (Hallucinations)-Jean has experienced auditory hallucinations in the past which have commanded her to harm herself. Jean feels that her medication has kept the auditory hallucinations under control and has learned skills to use when she recognizes a return in symptoms.

Trauma-Jean was in a car accident at age 10 in which she hit her head against the dashboard. She feels that she has "never been the same" since the accident and has difficulty calming down when she is in a car and the driver has to slam on the breaks. She also identifies her father leaving the family as a source of trauma in her life and stated that her command hallucinations are in her father's voice

| Physical Health          |                          |  |                          |                          |                      |                          |                          |                |
|--------------------------|--------------------------|--|--------------------------|--------------------------|----------------------|--------------------------|--------------------------|----------------|
|                          |                          | CN = Current Need Area<br>PD = Person Desires Change Now |                          |                          |                      |                          |                          |                |
| CN                       | PD                       |  | CN                       | PD                       |                      | CN                       | PD                       |                |
| <input type="checkbox"/> | <input type="checkbox"/> | Health Practices   | <input type="checkbox"/> | <input type="checkbox"/> | Pain Management      | <input type="checkbox"/> | <input type="checkbox"/> | Sleep Problems |
| <input type="checkbox"/> | <input type="checkbox"/> | Diet/Nutrition   | <input type="checkbox"/> | <input type="checkbox"/> | Sexual Health Issues |                          |                          |                |
| <input type="checkbox"/> | <input type="checkbox"/> | Other:   |                          |                          |                      |                          |                          |                |

**Current Needs Selected Above as Evidenced By:**

| Risk                     |                          |  |                                     |                          |                   |                          |                          |                    |
|--------------------------|--------------------------|--|-------------------------------------|--------------------------|-------------------|--------------------------|--------------------------|--------------------|
|                          |                          | CN = Current Need Area<br>PD = Person Desires Change Now |                                     |                          |                   |                          |                          |                    |
| CN                       | PD                       |  | CN                                  | PD                       |                   | CN                       | PD                       |                    |
| <input type="checkbox"/> | <input type="checkbox"/> | High Risk Behaviors                                      | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Suicidal Ideation | <input type="checkbox"/> | <input type="checkbox"/> | Homicidal Ideation |



|   |                          |        |
|---|--------------------------|--------|
| <input type="checkbox"/>  | <input type="checkbox"/> | Other: |
| <b>Current Needs Selected Above as Evidenced By:</b><br>Suicide Ideation-Jean reports that she periodically experiences suicidal ideation - particularly when she is feeling anxious and overwhelmed by life events. She states that she reports these feelings to her brother and to her therapist if they arise. She feels that she has the problem "under control" at this time. |                          |        |

|   |                          |                  |
|---|--------------------------|------------------|
| <b>Person's Name (First MI Last): Jean B. Stone</b>                                 |                          | <b>Record #:</b> |
| <b>Other Need Areas</b><br>CN = Current Need Area<br>PD = Person Desires Change Now |                          |                  |
| <b>CN</b>   | <b>PD</b>                |                  |
| <input type="checkbox"/>  | <input type="checkbox"/> | Other:           |
| <input type="checkbox"/>  | <input type="checkbox"/> | Other:           |
| <b>Current Needs Selected Above as Evidenced By:</b>                                |                          |                  |

|   |  |   |   |                                    |   |
|---|--|---|---|------------------------------------|---|
| <b>Clinical Formulation – Interpretive Summary</b>  |  |   |   |                                    |   |
| <b>This Clinical Formulation is Based Upon Information Provided By (Check all that apply):</b>  |  |   |   |                                    |   |
| <input checked="" type="checkbox"/> Person Served   | <input type="checkbox"/> Parent(s)                   | <input type="checkbox"/> Guardian(s)      | <input type="checkbox"/> Family/Friend(s) | <input type="checkbox"/> Physician | <input checked="" type="checkbox"/> Records |
| <input type="checkbox"/> Law Enforcement  | <input checked="" type="checkbox"/> Service Provider | <input type="checkbox"/> School Personnel | <input type="checkbox"/> Other:           |                                    |   |
| <b>Interpretive Summary:</b> What in your clinical judgment are the need areas, the factors that led to the needs, and your plan to address them?<br>Jean is a 27 year old female diagnosed with schizoaffective disorder. She has a history of suicidal ideation, cutting herself, alcohol & marijuana use and trauma from a car accident at the age of 10 that left her with an impaired ability to concentrate. She has received services from The Bridge since 2010, when she transitioned from the hospital setting to the Oak Street program. Over the years, her need for services has changed from stabilization to recovery and she has successfully achieved her goal of becoming her own rep payee in the past year. Jean is currently interested in "leaving Oak Street and getting [her] own apartment." In order to achieve this goal, Jean identified that she will need to seek employment, learn to manage her own medication, handle a greater income, and improve her ability to handle anxiety. Jean's strong motivation to achieve her goals is a great strength in this endeavor.<br><br>Employment - Jean would like to focus on finding employment in order to earn enough money to move into her own apartment. She is interested in working at the Audubon Society to pursue her love of nature. Jean stated that she is uncertain of how to fill out job applications or interview for positions and would benefit from assistance from the Employment Specialist to acquire these skills.<br><br>Housing - Jean is dissatisfied with her living situation at the program. and would like to find an apartment of her own. She is most concerned with her mother's reaction to the move but the success she has experienced in achieving her goal of becoming her own rep payee has provided her with the motivation and confidence to work toward independent living. She has identified that employment and medication management would be important factors in living on her own.<br><br>Medication Management - Jean is currently having her medications administered by program staff twice a day. She identified that she would like to have a stronger understanding of her own medications and learn how to pack her medications for a week at a time before moving into an apartment on her own. A coordinated effort between Jean, program staff and her psychiatrist would help Jean achieve her goal of learning about and administering her own medications.<br><br>Money Management - Jean has been able to achieve her goal from last year of becoming her own rep payee. She has demonstrated the ability to pay her bills and budget her money. However, Jean identified that living in her own apartment may entail paying a greater volume of bills. She also noted that finding employment would mean that she would have a greater sum of money to manage. She would benefit from continued support and reinforcement of the money management skills she has already achieved.<br><br>Transportation- Jean is able to take the bus, call cabs and coordinate rides with friends and family to get wherever she needs to go. Jean has expressed additional interest in the transportation area and would like to purchase her own vehicle. Jean has determined that this important to her but would like to wait to work on this after she has obtained her own apartment and a job. |  |   |   |                                    |   |



**Substance Use/Addiction-** Jean has been sober since 2009. She currently attends AA meetings once a week and feels that the support of her sponsor when she reports cravings adequately meets this need. Jean has indicated that she does not want this on her IAP and will seek staff for support if she feels it is necessary. Staff should assist Jean in this area if she seeks support and also with informal check ins about her sobriety.

**Peer/ Personal Support Network -** Jean noted that she is interested in deepening friendships with peers she has met at the RLC. Jean describes herself as "shy" and in the past, has believed that people were "talking bad about her behind her back," which has been a barrier to broadening her peer support network in the past. Staff should assist her by coaching her on social skills and challenging negative thoughts in social situations.

**Trauma History -** Jean identified the car accident experienced at age 10 as a traumatic experience. The accident caused her to lose her ability to concentrate and focus, which lead to significantly lower grades and the need for special accommodations in an individualized education plan. Jean still experiences some difficulty with concentration and sometimes feels angry about the difficulties she has faced since the accident.

**Anxiety -** Jean stated that she gets anxious and overwhelmed "when too much is happening at once." She attributes feelings of overwhelm and anxiety to her last suicide attempt when she was "unemployed, had no friends, and still lived with her mother." She would benefit from learning a variety of techniques that would assist her in coping with anxiety. The techniques should include both restful anxiety management (such as meditation, reading, etc) as well as active techniques (such as yoga, running and exercise.)

**Coping/ Symptom Management -** As stated above, Jean's anxiety has historically triggered an increase in suicidal thoughts, substance abuse and at times auditory hallucinations. She would benefit not only from learning a variety of coping skills, but also regular attendance at IMR group to learn about successful methods of managing anxiety while living in the community.

**Disturbed reality -** Jean's last suicide attempt was prompted not just by anxiety and overwhelm, but also command auditory hallucinations. These hallucinations made insulting personal comments and told her "you may as well kill yourself because you're never going to get any better than you are now." Jean stated that she has not heard the voices since she was in WSH because "they found the right combination of medications." It is recommended that she develop a plan to recognize and manage auditory hallucinations should they return.

**Suicidal Ideation -** Jean admits that she occasionally experiences thoughts of wanting to kill herself, specifically in moments of feeling overwhelmed or anxious. Jean feels that she is able to manage these thoughts without assistance and lets her brother know when she is having thoughts of self-harm. It is recommended that Jean work with her therapist and program staff to create an action plan that clearly defines warning signs of self-harm thoughts and behaviors and identifies who to contact in these situations.

**Diagnosis:** ☐ DSM Codes (or successor) ☐ ICD Codes (or successor)

| Check Primary                       | Axis     | Code            | Narrative Description                    |
|-------------------------------------|----------|-----------------|--|
| <input checked="" type="checkbox"/> | Axis I   | 295.70          | Schizoaffective Disorder                 |
| <input type="checkbox"/>            |          |                 |  |
| <input type="checkbox"/>            |          |                 |  |
| <input checked="" type="checkbox"/> | Axis II  | 799.9           | Diagnosis deferred                       |
| <input type="checkbox"/>            |          |                 |  |
| <input type="checkbox"/>            | Axis III |                 | Asthma, history of abnormal pap smear    |
| <input type="checkbox"/>            | Axis IV  |                 | Problems with primary support group      |
| <input type="checkbox"/>            | Axis V   | Current GAF: 60 | Highest GAF in Past Year (if known): N/A |



|   |                        |   |                                     |                                     |                                     |
|---|------------------------|---|-------------------------------------|-------------------------------------|-------------------------------------|
| <b>Person's Name (First MI Last):</b> Jean B. Stone   |                        | <b>Record #:</b>  |                                     |                                     |                                     |
| <b>Prioritized Assessed Needs:</b><br>AC-Active, DE-Person Declined, DF-Deferred, RE-Referred Out<br>(If declined/deferred/referred out, please provide rationale)  |                        | <b>AC</b>   | <b>DE*</b>                          | <b>DF*</b>                          | <b>RE*</b>                          |
| <b>1. Activities of Daily Living- Employment, Housing, Medication Management, Money Management</b>  |                        | <input checked="" type="checkbox"/>   | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            |
| <b>2. Activities of Daily Living- Transportation<br/>Family/Social Support-Peer/Personal Support Network</b>  |                        | <input type="checkbox"/>  | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| <b>3. Mental Health/Illness Management-Anxiety, Coping/Symptom Management</b>   |                        | <input checked="" type="checkbox"/>   | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            |
| <b>4. Mental Health/Illness Management-Disturbed Reality(hallucinations), Trauma</b>  |                        | <input type="checkbox"/>  | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| <b>5. Risk/Safety-Suicidal Ideation<br/>Addictive Behaviors-Substance abuse</b>   |                        | <input type="checkbox"/>  | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            |
| <b>6.</b>   |                        | <input type="checkbox"/>  | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            |
| <b>Person Does Not Want A Need Area Included In The IAP Or The Area Is Deferred/Referred Out Rationale(s)</b><br>(Explain why Person Declined to work on Need Area; List rationale(s) for why Need Area(s) is/are Deferred/Referred Out below).<br><input type="checkbox"/> <b>None</b>   |                        |   |                                     |                                     |                                     |
| <p>1. Activities of Daily Living-Transportation, Transportation has been deferred as Jean has indicated that she would like to obtain a car after she has obtained employment and an apartment. If Jean chooses this will be included in future IAPs.</p> <p>2. Addictive Behaviors- Substance Abuse- Jean has declined to work on this need area with program staff. She feels as though her needs are being adequately met by attending AA and utilizing the support of her sponsor. Staff will continue to provide support to Jean if she reports urges to drink. Staff will also do informal check ins regarding sobriety on a weekly basis with Jean.</p> <p>3. Mental Health/ Illness Management - Disturbed Reality (hallucinations), Trauma have been referred to be addressed in meetings with her therapist at CHL. Staff will be available to support Jean if she has an increase in hallucinations or trauma symptoms.</p> <p>4. Risk/ Safety - Suicidal Ideation is an area that Jean feels she has control over at this time. Staff will develop a Staff Support Plan to assist Jean in managing suicidal ideation</p> <p>5. 5. Family/ Social Support - Peer/ Personal Support Network has been deferred until Jean is able to transition into her own apartment. She is interested in expanding her social group but feels that it may be too overwhelming to prepare for independent living and push herself to be more social at the same time.</p> |                        |   |                                     |                                     |                                     |
| <b>Person's Service Preferences, Level of Care/Indicated Services Recommendation:</b><br>Jean stated that she has been happy with the support she has received from the Oak Street program this past year. In the coming year, she stated, "I want to live in my own apartment and have people I can call if I start to notice symptoms or problems coming up." She noted that she would need to work on earning and handling more money as well as holding her own medication in order to feel ready to live independently. She also noted that her anxiety is likely to become an issue in this endeavor and would like to find ways to relieve anxiety on her own.<br>Jean would benefit from the assistance of the Oak Street program to provide her with support in the community while promoting her individual recovery process.   |                        |   |                                     |                                     |                                     |
| <b>Person Served/Guardian/Family Response To Recommendations:</b> "I am really excited to work on moving out of Oak Street - I'm just worried about how my mom will react."   |                        |   |                                     |                                     |                                     |
| <b>Person's Signature</b> (Optional, if clinically appropriate)   | <b>Date:</b>           | <b>Parent/Guardian Signature</b> (If appropriate):  |                                     | <b>Date:</b>                        |                                     |
| <b>Clinician/Provider - Print Name/Credential:</b><br>Anna Renner, LMHC   | <b>Date:</b><br>7/1/12 | <b>Supervisor - Print Name/Credential</b> (if needed):  |                                     | <b>Date:</b>                        |                                     |
| <b>Clinician/Provider Signature:</b>  | <b>Date:</b>           | <b>Supervisor Signature</b> (if needed):  |                                     | <b>Date:</b>                        |                                     |
| <b>Psychiatrist/MD/DO</b> (If required):  | <b>Date:</b>           | <b>Next Appointment:</b><br><b>Date:</b> /     /     - <b>Time:</b> <input type="checkbox"/> am <input type="checkbox"/> pm |                                     |                                     |                                     |

