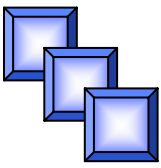


# Individual Support Planning Tools



# Individual Support Plan Guidelines

## Purpose of the Individual Support Plan (ISP)

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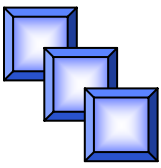
The Individual Support Plan is an individualized plan that outlines and prioritizes the long- and short-term goals that clients wish to address. Case Managers are required to complete these plans at specified intervals, with the participation of their clients when possible. The funders of York Support Services Network require support plans for all clients receiving service. The ISPs are to be “living documents” and the contents serve as a guide in the day-to-day work with clients.

## Process for Completion of Individual Support Plans (ISPs)

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The guidelines regarding how to complete the Individual Support Plan are as follows:

- ISPs are to become part of the case note binder for easy access
- The first and last pages (Pages 1 and 5) remain internal and are not copied to clients
- The first page confirms level of service and provides identifying information, including which program is involved. It lists other supports involved, including contact names and telephone numbers. It provides a box to tick if the plan is reviewed by Team and a date line indicating when this has happened
- The second page is shared and copied to the client to serve as a guide to the work
  - The long-term goal statement lives on this page and is the overall future direction the client strives to move in. A long-term goal statement is required unless there are exceptional circumstances that interfere with its development. It needs to capture where the client would like to see him/herself a few years in the future
  - The area of service is recorded on this page (Note: the descriptions of the agency's areas of service are on Page 3 of the ISP form for easy reference)

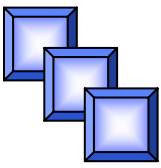


- The goals the worker and client plan to tackle and the related tasks or steps that need to be taken towards the goal are listed next
  - There is a column titled "Consent" that is to serve as a reminder for Case Managers to ensure consents are appropriately signed for other supports that are in place, and also that they are kept up-to-date
  - Indicating who will take responsibility for which tasks is significant in the planning discussion with the client and recorded in the next column
  - Whether the related tasks have been completed becomes an important factor in terms of measuring progress and is included in the outcomes column. The expectation is that workers complete the outcomes column prior to the development of a new ISP
- Pages 3 and 4 provide the glossaries for the areas of service and types of interventions, copied front to back for easy reference by workers
  - The fifth page provides an update regarding the client's current situation with prompts listed of what areas should be included. Helpful information regarding coping strategies/interventions and pertinent cautions are then recorded. Whether a crisis plan is in place and the date it was developed is to be indicated at the bottom of this page. Overall, Page 5 serves as a **coverage summary** and **requires regular updating**. Subsequently, the worker and client names are recorded at the top of the page, as well as the date this page was completed or updated

## Timelines for the Completion of Individual Support Plans (ISPs)

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- ISPs are to be completed with all clients receiving Comprehensive Support or Supported Independence
- The first ISP is completed within the first six months to allow for a period of relationship development
- Clients receiving Comprehensive Support then participate in an annual ISP review process during which appropriate revisions and updates are made
- Clients receiving Supported Independence have ISP reviews completed at two-year intervals



## Tracking and Review of Individual Support Plans (ISPs)

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- A standardized ISP Tracking Form is to be used across the agency by Supervisors and staff to aid in the ISP scheduling process
- Supervisors are responsible for ensuring that ISPs are completed with clients
- A prompt regarding the need for ISP completion is to be included on the database
- Three to five ISP “team reviews” are to be completed by new workers in their first year of employment. There is also an expectation that all workers do ISP reviews as requested by their Supervisors. In these reviews, feedback is sought from colleagues concerning goal development, appropriate steps to take towards the completion of these goals and potential resources
- It is the Supervisor’s role to review all ISPs, bring to the attention of the Manager, as necessary, and sign these documents for the file.





## Area of Service: Glossary

<b>Accommodation</b>	Goals related to housing and/or residential programs
<b>Community Living Skills</b>	Goals related to the development of community awareness, personal safety, personal hygiene and grooming, money management, home management and cooperative living
<b>Crisis Prevention/Resolution</b>	Goals that relate to crisis management skills
<b>Education</b>	Goals related to school and training programs
<b>Family Work</b>	Goals related to the needs of the family unit to enhance individual and family functioning
<b>Financial Resources</b>	Goals related to government funding, income, budget, etc. to meet the needs for daily living or supplement the cost of equipment, services or programs
<b>Health</b>	Goals related to health care services, mental health supports, counselling and assessments
<b>Legal</b>	Goals that involve the legal system (e.g., Court Diversion)
<b>Social-Recreation/Leisure</b>	Goals related to socialization activities and personal fulfillment activities (summer programming)
<b>Respite</b>	Goals related to alternative accommodation and/or alternative caregiver
<b>Emotional Supports (supportive counselling)</b>	Goals related to maintenance and enhancement of quality of life through development of prevention strategies, providing support and monitoring progress
<b>Therapeutic Partnerships</b>	Goals related to specialized needs such as behavioural programming, interpersonal skills training, sexuality counselling, family or individual counselling and psychological assessments
<b>Vocation</b>	Goals related to employment including pre-employment activities, volunteer work, job supports
<b>Other</b>	Goals that are exceptional and cannot be categorized under standardized headings. Please specify.



# Individual Support Plan

## Type of Intervention: What Will Be Done?

<b>Advocacy</b>	To provide support and resources for self-representation or, acting on behalf of those who require representation, in order to address issues concerning individual or group rights and needs
<b>Basic Support</b>	To provide assistance to individuals and/or their families to meet fundamental needs
<b>Case Conference/ Case Review</b>	An exchange of information between client, family member(s) and service provider(s) for the purpose of reviewing, planning and clarifying roles and responsibilities
<b>Coordination</b>	To assist individuals and/or their families to access multiple services, supports and resources and to maintain active ongoing links with other organizations and resources
<b>Community Development</b>	To act as a resource to related community groups as they identify needs and to assist in the development of community resources/partnerships to meet those needs
<b>Crisis Intervention</b>	To intervene on behalf of, or support individuals and/or their families at a critical moment or significant turning point
<b>Enrichment</b>	To enhance existing supports and resources
<b>Individual/Family Education</b>	Provide individual and family education as required
<b>Information Request</b>	To research internal and/or external sources to obtain resource information requested by the consumer or an individual acting on behalf of the consumer
<b>Needs Assessment/ Goal Planning</b>	To assist individuals in identifying desired areas of focus for case management services
<b>Referral</b>	To assist individuals and/or their families to make a referral or access a desired service or resource
<b>Relationship Building</b>	To engage the client in order to build a caring and supportive relationship
<b>Skill Development</b>	To assist individuals and/or their families to develop functional skills through direct skills teaching and/or support in accessing resources that offer skill building opportunities
<b>Supportive Counselling</b>	To provide individuals and/or their families with emotional support and facilitate problem-solving
<b>Telephone Inquiry</b>	To exchange of information, in response to a specific request, with the consumer or with an individual contacting the agency on behalf of the consumer



# Individual Support Plan

Worker Name: \_\_\_\_\_ Date Completed: \_\_\_\_\_

Client Name: \_\_\_\_\_

## Brief Summary of Current Situation:

*(Highlight information such as: Diagnosis, Education, Employment, Funding/Income Sources, Weekly Activities, Living Arrangements, Past Experiences as relevant to current situation, Current Potential Stressors)*

## Coping Strategies/Interventions:

## Cautions/Notes: *(if appropriate)*

Crisis Plan Completed    Yes     No     Date: \_\_\_\_\_



# Individual Support Plan S A M P L E

**Comprehensive Support**  
*(reviewed annually)*

**Supported Independence**  
*(reviewed at least every 2 years or as needed)*

Client Name: John Smith

Worker Name: Mary Johnson

Date of Birth: December 17, 1988

Address: c/o Joan Smith

Developmental Services Program

461 Elm St.

Mental Health Program

Newmarket, ON

Telephone: 905-867-2345

**OTHER SUPPORTS INVOLVED:** *(Physicians, Psychiatrist, Other Agencies, Schools, Family)*

<u>Agency</u>	<u>Contact Person</u>	<u>Telephone</u>
M.C.S.S.	Janice Owen	905-895-2306
Y.R.B.E.	Bill Black	905-853-0625
C.L.N.A.D.	Susan Clark	905-898-3000
Y.B.M.S.	Jim Brown	905-773-4944

Plan Reviewed by Team

Date: May 16, 2004



# Individual Support Plan S A M P L E

Client Name: Smith John  
*Last* *First*

<b>Long-Term Goal:</b>	To access and maintain appropriate supports that will address John's needs in all areas of daily living.
------------------------	--

Area of Service	Goals	Related Tasks	Consent (Y or N)	Responsibility	Outcomes
Education	John will attend special education program on a full-time basis.	-Relationship building with school staff -Facilitate ongoing communication and establish plan for problem solving with service partners - YBMS/YRDSB	Y  Y	YRDSB YBMS YSSN Joan Smith	
Respite	Implement and maintain consistent respite support.	-Monitor/review respite needs -Assist mother with invoices -Access funds	Y	CLNAD YSSN MCSS Joan Smith	
Financial Resources	-To access MCSS funds that will provide respite and social/recreational opportunities	-Provide follow-up re: SsaH/ACSD funding -Assist Joan with MCSS application process	Y	YSSN MCSS Joan Smith	

Worker: Mary Johnson

Client: John Smith

Supervisor: Marilyn Graham

Date: May 20, 2004

Date: May 20, 2004



# Individual Support Plan S A M P L E

Developmental Services Program

Mental Health Program

Worker Name: Mary Johnson

Date Completed: May 10, 2004

Client Name: John Smith

## Brief Summary of Current Situation:

*(Highlight information such as: Diagnosis, Education, Employment, Funding/Income Sources, Weekly Activities, Living Arrangements, Past Experiences as relevant to current situation, Current Potential Stressors)*

- John lives with single mother
- Mother struggles financially
- YRDSB provides 1/2 day program as a result of several suspensions due to behavioural difficulties.
- ACSD funding has been accessed, SsaH application – pending
- Respite worker accessed through CLNAD provides much-needed parent relief

## Coping Strategies/Interventions:

- Coordination of appropriate services to address John's needs
- Supportive counselling provided to Mother through regular contact
- Advocacy role essential to ensure goals related to education, respite, and financial needs are met

## Cautions/Notes: *(if appropriate)*

- Weekly contact with mother to review and follow up on work plan tasks maintains focus on goals

Crisis Plan Completed Yes

No

Date: \_\_\_\_\_



# Individual Support Plan S A M P L E

**Comprehensive Support**  
*(reviewed annually)*

**Supported Independence**  
*(reviewed at least every 2 years or as needed)*

Client Name: Jane Smith  
 Date of Birth: September 4, 1970  
 Address: 2200 Huron Way  
Newmarket, ON  
L3Y 2P2  
 Telephone: 905-895-5555

Worker Name: Clarissa Reginald

Developmental Services Program  
 Mental Health Program

**OTHER SUPPORTS INVOLVED:** *(Physicians, Psychiatrist, Other Agencies, Schools, Family)*

<u>Agency</u>	<u>Contact Person</u>	<u>Telephone</u>
Southlake Regional Health Centre	Agnes (Day Program)	905-895-4521 Ext. 1111
CCAC	Pearl Bell	1-800-914-7070
CAS	Norma Young	1-877-381-7149
Southlake Schizophrenia Clinic	Margaret Heath	905-895-4521 Ext. 2222
Mr. & Mrs. Ed Smith (Jane's parents)		905-853-7149

Plan Reviewed by Team      Date: June 19, 2004



# Individual Support Plan S A M P L E

Client Name: Smith Jane  
Last First

**Long-Term Goal:** To become an independent person, make a happy life with her 2 daughters, and become a psychologist.

Area of Service	Goals	Related Tasks	Consent (Y or N)	Responsibility	Outcomes
Education	To access RTE	-Get schedules -Attend orientation -Arrange Transportation	N	Jane & Worker	Jane attended first RTE class Sept. 4/04
Family Work	To keep daughters in her home	-Work with CAS to ensure CAS expectations are met -Attend parenting classes	Y N	Jane & Worker Jane	Ongoing
Health	To learn about new medications and take them consistently	-See MH nurse from CCAC x 3 -To visit schizophrenia clinic weekly	Y Y	Jane Jane	CCAC visits completed June 29/04 Ongoing

Worker: Clarissa Reginald

Client: Jane Smith

Supervisor: Linda Jenkins

Date: June 12, 2004

Date: June 19, 2004



# Individual Support Plan S A M P L E

Developmental Services Program

Mental Health Program

Worker Name: Clarissa Reginald

Date Completed: June 12, 2004

Client Name: Jane Smith

## Brief Summary of Current Situation:

*(Highlight information such as: Diagnosis, Education, Employment, Funding/Income Sources, Weekly Activities, Living Arrangements, Past Experiences as relevant to current situation, Current Potential Stressors)*

- Jane is a single mother with 2 daughters (ages 4 & 6). Her diagnosis is schizophrenia. She usually manages very well. She was recently hospitalized for 2 weeks after mixing up her meds. This resulted in CAS removing her children. The children have been returned with the condition that Jane attend Schiz clinic & Day program at SRHC & have some support with med management. She lives in subsidized housing & receives ODSP.

## Coping Strategies/Interventions:

- Jane has very supportive parents. She calls them when she needs extra help on weekends. She calls 310-COPE at night if she feels overwhelmed.
- Jane needs to feel free to vent her frustrations & once she has, a solution focussed approach helps her sort out her problems.

## Cautions/Notes: *(if appropriate)*

- Jane can be verbally aggressive. She responds well if worker firmly reminds her that it is not OK to be disrespectful.

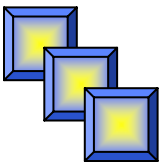
Crisis Plan Completed Yes

No

Date: May 1, 2004



# Goal Planning



# Goal Planning Guidelines

## ■ Assessments

...are the never ending, inexhaustible search for strengths

## ■ Strengths

...are those assets and resources which supported the individual as they function and survived up until now

## ■ In searching for strengths


...needs are revealed

## ■ Problem Solving


...is creating a change to bring actual conditions closest to conditions that are desired

## ■ A problem

...is a discrepancy between current conditions (where we are now) and desired conditions (where we want to be)



**A GOAL is intended to lead to a result that will reduce the discrepancy**



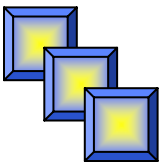
**Need to address — "Why I am here".**

## Steps to Problem Solving

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Steps to problem solving are based on the following premises:

- Becoming more aware of the problem is the most powerful action
- Problems have forces — we must discover what forces are at work
- Valid decisions depend on adequate information
- Working with others can improve the process
- Getting good results from a valid decision requires that all involved understand and are committed to the decision
- Problems constitute a normal part of life and it is possible to cope with most of these situations



## Steps to Goal Planning

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### A. ASSESS THE SITUATION

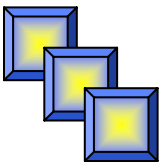
- Assess the problem in terms of whether action is really needed and whether it will make a difference
- Ask your client:
  - What needs to be changed?
  - What will happen if nothing changes?
  - Can we really do anything of significance?
  - Is this situation a priority?
  - Are the persons involved wanting/committed to making a change?

### B. IDENTIFY THE PROBLEM

- A problem that is clearly stated is half solved
- Ask your client:
  - What do you want that is not happening now?
  - What is happening? Who is involved? Where does it happen? When does it happen? How big is the problem (how many/ how much)?

### C. DEFINE THE GOAL

- A goal is a statement of what is to be done about the problem
- It should be expressed in measurable terms
- Ask your client:
  - What are the expected/desired outcomes (what specifically is the result we want/who will be involved/when will the result be achieved/where will the result occur)?
  - What are the limitations in terms of time, money and/or resources?
  - What resources are required?
  - Summarize the goal in one comprehensive, concise statement (be sure the goal statement describes the **outcome** not a strategy — **the end not the means**)

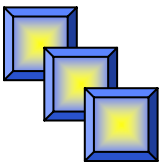


**DEFINITION: GOAL** - an aim, a purpose, a result or an outcome that will reduce the discrepancy — the “where I want to be”.

A **GOAL** includes key phrases like:  
“...will be able to...”,  
“...will know...”, or  
“...will have...”.

## Helpful Hints for Writing Clear Goal Statements

Be sure the goal statement describes an **OUTCOME** and not a strategy (i.e., the end and not the means).



## Elements of a Good Goal Statement

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Good goal statements cover the “four Ps”:

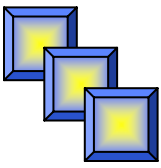
### **Personal, Positive, Precise and Practical**

- **Personal:** Specific to the individual who will have attained the outcome
- **Positive:** The goal describes what extra or more the individual will have rather than what they won't have
- **Precise:** It describes what the individual will look like, be able to do, will have, will know, etc., as a result of the services provided by the Case Management Team. Goals must be expressed in concrete, measurable terms
- **Practical:** The goal must be realistic and attainable during the timeframe indicated, with access to resources and within the client's range of ability

## Key Questions to Ask When Setting ISP Goals

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- What are the expected/desired outcomes?
- What specifically is the result we want?
- What is the area of service?
- Who will be involved?
- When will the result be achieved?
- Does the goal need to be broken down into smaller steps to be realistic (review the timeframe)?
- Where will the result occur?
- What are the related tasks?
- What are the standards that indicate an acceptable level of achievement/success?
- What are the limitations in terms of time, money and/or resources?
- What resources are required?



## Goal Setting Through Motivational Interviewing

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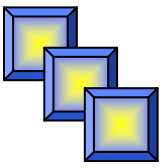
**PRECONTEMPLATION:** Use **reflection** to help client entertain *discrepancy* which is the *contrast* between “where we are now” and “where we want to be”...

1. Clarify the **salient goals/values** that underlie the discrepancy through reflective listening - no questions. (“It sounds as if . . .”, “What I hear you saying is . . .”, “You’re feeling like . . .”)
  - **Repeat a Phrase** — “you’re working harder and harder and enjoying life less”
  - **Re-Phrase** — “important things in your life are getting lost in your work routine”
  - **Paraphrase** — “you can’t get out from under responsibilities at work”
  - **Reflect Feeling** — “despite putting so much of yourself into work, you’re feeling lost or alone”

**CONTEMPLATION:** Help the client identify and elaborate salient features of their decisional balance:

- pros for maintaining the status quo
- cons for maintaining the status quo
- pros for CHANGE
- cons for CHANGE

1. **Summarize** and affirm key themes that outline the decisional balance
2. Use **evocative questioning and reflection** to *build discrepancy* between status quo and change:
  - On the one hand... On the other hand...
  - What are your greatest hopes if you could change “X”? What are your greatest concerns/fears if everything remains the same?
  - What was your life like before “X”?
  - What is the best way that things could turn out for you, if you could change “X”?

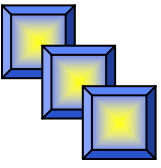


3. As *discrepancy emerges* in the client's narrative, elicit **self-motivational statements**:
  - What are the key problems for you if you continue with "X"?
  - What concerns you most if "X" continues to influence your daily life in the way you described?
4. Confirm the client's **intent to change**:
  - Where do you go from here?
  - What will help you to feel able and confident that you can change "X"?

## Preparation — Develop a Plan

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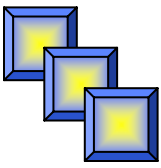
1. Ask key questions to **focus on specific need/change**
  - What's next... What do you want to do now?
2. Establish a **timetable**
  - When will it be best for you to begin?
  - What are your key goals in the first two weeks of your plan? In the next month? etc.
3. Consider **key behavioural strategies** — consider making a commitment to an experiment first
  - **Countering** — plan to resist urge to maintain status quo
  - **Environmental Control** — strategies that will help to promote change
  - **Reward** — easily attainable and meaningful
  - **Helping Relationship** — individuals who will be supportive
4. Predict **outcome**
  - Measure confidence of success on a scale from 1 to 10
  - Modify plan if confidence is low
  - Affirm plan if confidence is high



5. Reflect how change is connected to **new salient priorities and goals**

**REMEMBER:**

- Let the client do the work
- Offer information or advice **ONLY** if asked
- Present a range of options to allow for client choice
- Consider barriers to change



## Motivational Interviewing Dialogue

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### ROLE MODEL EXERCISE — TASK-ORIENTED APPROACH

#### Scenario 1: Client / Case Manager Meeting

**“I want to get a job.”**

*What kind of job?*

**“I dunno, McDonald’s or something.”**

*OK, let’s get your resume copied. Do you want to drop them off? I can run you around to a few places; there’s Burger King, Harvey’s, McDonald’s...*

*If you start working, you’re supposed to claim it on ODSP each month. You’re allowed to earn \$160.00 and then you can keep 25% of whatever you earn on top of that.*

*Have you written a cover letter before? You really should, they make all the difference. Are you thinking morning or afternoon shifts? full-time or part-time?*

**“Ah, I’m not sure.”**

*Well maybe you can see what is best for you and see what the employers are offering.*

**“Yeah, I guess.”**

*Where do you want to start?*

**“I dunno, maybe getting some applications.”**

*Sure, that’s a good idea. Do you want to pick those up or do you need some help?*

**“I’d like some help going to get them.”**

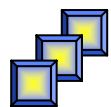
*Alright, I can help you pick them up. How about next Tuesday?*

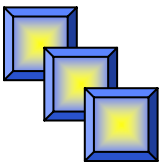
**“Sure.”**

*We’ll go out and pick up applications. What about your resume?*

**“Can you copy some for me, you’ve got a copy at the office, cause I don’t have a photocopier?”**

*Sure, I’ll bring them on Tuesday.*





## USING MOTIVATIONAL INTERVIEWING TECHNIQUES

### Scenario 2: Client / Case Manager Meeting

**"I want to get a job."**

*Uh huh.*

*PAUSE*

**"Yeah, it would keep me busy."**

*Uh huh.*

**"And I need some more money."**

*Sounds like you've given it some real thought. It would give you something to do and provide a little pocket money.*

**"Exactly."**

*What else?*

**"Uh, I dunno, maybe I'd meet somebody."**

*Right, and that would be nice for you.*

**"Yeah."**

*What else?*

**"I dunno."**

*PAUSE*

**"I guess I wouldn't feel like such a loser."**

*Wow! A loser? That's a strong word.*

**"Well, like I never have money for stuff. I always feel like I'm getting handouts."**

*Handouts... Right...*

**"I mean even if I could find some part-time work, that would be good."**

*So part-time or full-time?*

**"No, just part-time, I can't handle full-time."**

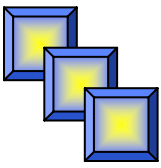
*Is there anything about getting a part-time job that wouldn't be good?*

**"Yeah, getting up in the morning!"**

*Laughing: Yeah that can be tough at the start. What else?*

**"Uh, maybe it would screw up my benefits."**

*And those are pretty important?*



**"Oh for sure!"**

*What else wouldn't be good?*

**"I'd be locked into a schedule, and I might not like my work."**

*Right, those are real practical things aren't they?*

**"Yeah, but I guess that's what you have to do if you want the cash."**

*And not feel like a loser!*

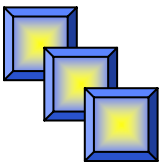
**"Yeah, exactly."**

*Well, you've really thought about this. Let me see if I understand all you've said. You're thinking about looking for a part-time job cause it would be good to have some extra money and you'd like the social connections. You'd also feel better about yourself if you were working like most other people. If you got a job, you don't want to have to get up too early, and for sure, you don't want it to affect your benefits. And finally, the job can't be something you don't really like doing.*

**"Yeah, that's it."**

*What else?*





## USING SOLUTION-FOCUSED TECHNIQUES

### Scenario 3: Client / Case Manager Meeting

**"I want to get a job."**

*Uh huh, how would that be better for you?*

**"I'd have more money."**

*How would that be better for you?*

**"I could do more things."**

*What kinda things?*

**"Like go to the movies, order a pizza, buy new clothes."**

*How would having those things make you feel?*

**"Good about myself."**

*PAUSE*

**"I would feel more normal and be able to just enjoy my life more."**

*Sounds like a powerful change, have you ever worked before?*

**"Yeah, a few years ago I worked at McDonald's."**

*Great, were you able to go to the movies and eat out and buy new clothes then?*

**"Yeah, not all the time though."**

*Not all the time?*

**"Well, I didn't make that much money, I still had to watch what I spent."**

*Did you enjoy life more then?*

**"Yeah, it seems like things were easier then."**

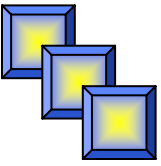
*Alright, I'd like you to rate how good your life was a few years ago when you were working. A "1" would be your life was really messed up and you were really stressed, and a "10" would be you life was really satisfying and you felt really good about things — what would your number have been back then?*

**"Um, Ah, I guess about a seven and a half."**

*OK, that's a pretty good mark. Now how would you scale yourself right now?*

**"Ah, I guess about a four, maybe a four and a half."**

*OK, I thought it might have been lower.*



**"Well, I've been a lot worse."**

*Really?*

**"Like when I was in the hospital. That was a real drag. My parents were on my ass all the time. I felt drugged up all the time."**

*Sounds like a tough time alright. So things are kinda middle of the road right now. You've been a lot worse — maybe a one on the scale, now you're around a four or so, but you'd like to get to a seven or eight.*

**"Yeah, that's it."**

*And you figure that the job made the difference?*

**"Yeah."**

*Anything else about that time a few years ago when you felt like life was a seven and a half?*

**"Ah, I dunno."**

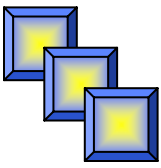
*Take your time, it was a while ago.*

*PAUSE*

**"Actually, I was hanging out with a couple of good friends too."**

*Uh huh, and how was that better for you?*





## Motivational Interviewing Chart

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### What is the Client/Patient Doing?

PROCESSES OF CHANGE	N/A	Not Used	Partial Use	Extensive Use
Raising awareness of salient issues				
Emotional arousal				
Re-evaluation of social support for change				
Reference to change in social setting				
Self-Reevaluation				
Commitment (to change)				
Countering				
Stimulus Control				
Reward				
Helping Relationships				

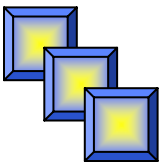
#### DECISIONAL BALANCE:

% of time (0-100%) or Salience Rating (0-100)

Pros for No Change	Pros for Change
Cons for No Change	Pros for No Change

<b>EFFICACY RATING Re. CHANGE</b> (0-100) =	Low		Very High
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0	100
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<b>Observed Stage of Change:</b>	<b>PC</b>	<b>C</b>	<b>P</b>	<b>A</b>	<b>M</b>
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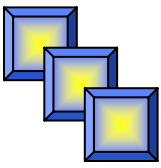
<b>MI Guidelines for Working with Resistance</b>	<b>N/A</b>	<b>Not Used</b>	<b>Partial Use</b>	<b>Extensive Use</b>
Simple reflection				
Amplified reflection				
Double-sided reflection				
Support for pt control and choice				
Shift of focus				
Reframing problematic issue				
Affirming/validating pt experience				
Meta-reflection				

<b>Other Therapist Activities in Response to Resistance</b>	<b>Minimal Use</b>	<b>Moderate Use</b>	<b>Extensive Use</b>
Closed-ended questioning			
Giving information/advice/teaching			
Interpreting/analyzing pt experience			
Confronting/arguing			
Withdrawing			
Conversing (off topic)			

<b>MI Guidelines for Pre-contemplation</b>	<b>Yes</b>	<b>No</b>
Was the Pre-contemplation stage correctly identified?		

<b>Did the therapist...</b>	<b>N/A</b>	<b>Not Used</b>	<b>Partial Use</b>	<b>Satisfactory Use</b>
...survey salient priorities/demands?				
...reflect how priorities/demands are linked to the problem behaviour?				
...summarize & affirm key goals?				

Comments:
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**MET Guidelines for Preparation**

Yes	No

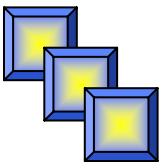
Was the Preparation stage correctly identified?

*Evidence that the therapist...*

	N/A	Not Used	Partial Use	Satisfactory Use
1. Recapitulated change narrative a. pt's perception of the problem b. key features of ambivalence c. assessment results d. self-motivational statements				
2. Validated current motivation & previous change attempts				
3. Used key questions to focus on behaviour change plan				
4. Correctly offered information/advice				

5. Negotiated current change plan				
<i>surveyed behavioural strategies</i>				
<i>developed beh'l goals &amp; timetable</i>				
<i>asked pt to predict outcome</i>				
<i>prepared for potential barriers &amp; relapse</i>				

6. Elicited commitment to change				
<i>established behavioural "experiments" to rehearse change strategies</i>				
<i>reinforced performance-based feedback</i>				
<i>confiding in select other</i>				
<i>reflected how change is connected to new personal priorities</i>				



## Goal Setting Through Solution-Focused Intervention

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### **POSITIVE ASSUMPTIONS:**

1. All environments, even the most bleak, contain resources.
2. Focus does not need to be on a cure. Small change is often all that is required.

*By asking questions in a different way, even the most "difficult" clients are capable of recognizing alternatives to the destructive and negative life story they have been repeating over and over...*

**Problem Solving** places an emphasis on *pathology, dysfunction and weakness*.

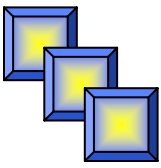
**Solution Building** guides the client into thinking about strategies that have been successful and how success can be repeated. The emphasis is on *strengths, resources and abilities*.

#### 1. **Describe the problem** (briefly)

- Discover what the client would like to achieve from the discussion
- Determine how the problem affects the client (How is your experience at the group home a problem for you? What makes you think your marriage is worth saving?)
- Find out what the client has already tried that has been successful
- Move the discussion away from *feelings* and focus on the **behaviours, thoughts or actions**

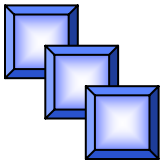
#### 2. **Develop well-formed goals**

- What will be *different* when problems are solved?
- Get the client to "think outside of the box"
- Listen for the *meaning* of the statements that are made
- **Ask the Miracle Question:** Suppose that tonight when you go home to sleep, a miracle happens and your problems are all solved, but the miracle happened while you were asleep and you don't know that anything has changed when you wake up. When you wake up the next morning, how will you discover that this miracle has happened? What would be the first thing you notice? What would be different?



3. **Explore the exceptions** (get to specific detail – keep clarifying)
  - When isn't the problem happening?
  - When was the last time you did not have this problem? What was different?
  - What did you do (or think) differently then?
  - Use scaling and percentage questions (Rate the severity of the problem on a scale of 1 to 10)
  - What percentage of the day is the problem not happening?
4. **Summarize** (refer to written notes)
  - Summarize information gathered about positive actions, beliefs, successes, goals (*"You certainly seem to care deeply about your kids and that is going to make a huge difference when you begin working on your parenting plan."* *"You seem very motivated to think about how you spend your money and that will help when you plan a budget"*)
  - Reframe the negatives
  - Challenge the client to alter their expectations where necessary
5. Next Steps
  - **Ask:** What is better? What has gone well?
  - **If things are going better:** get details, reinforce successes and encourage client to do more
  - **If things are the same:** get details, encourage client to continue doing whatever has allowed things to stay the same rather than get worse
  - **If nothing is better:** concentrate on details and focus on coping skills — what went well in a bad situation (*"How did you manage to stop breaking things when you were so angry?"* *"How did you manage to quit drinking after six beers?"*)
6. Summarize
  - Compliment what is already being done that is useful
  - Offer additional suggestions
7. Evaluate
  - Rate progress on a scale of 1 to 10

# Case Reviews



# Template for Client or ISP Reviews

Following is a suggested template that may assist with effective and task focused client or ISP reviews.

1. Worker will identify the purpose for the review and make requests for:
  - information
  - input
  - resources
  - suggestions on planning
  - etc.

State specific questions about your case. The team will ask questions as needed to clarify the issues being discussed.

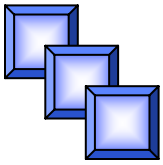
2. Summarize the background information as pertinent to the current case review or the ISP.
3. Ask for impressions and feedback from your team that focus on your original questions.
4. Supervisors should keep the review process focussed by proposing appropriate follow-up steps if discussion becomes protracted or uncertainties arise.

The following will be considered when ISPs are reviewed:

1. Are the goals derived from the needs?
2. Are the goals clear and measurable?
3. Does the plan seem realistic? Are timelines do-able?
4. Is the ISP client directed?
5. Is there equity of responsibility?
6. Is the level of service appropriate to the needs? Is movement required?

The following criteria will be considered when selecting files for case reviews:

1. Complexity of issues
2. Case work is stalled
3. Worker and Supervisor have differing perspectives

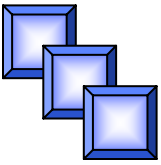


4. Politically contentious situation
5. Urgency of situation or degree of risk
6. Review of current status and movement/transfers within services
7. For psychiatric sessionals or consultations
8. For vacation coverage

## Helpful Hints for Client Reviews

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- Set clear expectations of what will be accomplished by the end of the meeting
- Present brief and clear client summaries:
  - short history
  - current issues and needs
  - presenting problem
  - etc.
- Hold most questions until the presenter has finished
- Provide input when it introduces new information and it assists your team member with what they are specifically asking for
- Contribute to an atmosphere of trust and recognize interventions will differ from your own
- Use your team's diversity as a resource. There are many ways to accomplish the same task
- Agree to disagree when it is appropriate (Refer to Consensus Model of Agreement included in this section)
- Schedule follow-up time to avoid very long discussions
- Facilitate and encourage clients to be active participants in service planning and reflect their input in the review
- See also Section 7 – Team Approach



## Consensus Model of Agreement

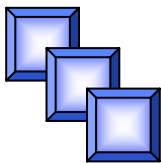
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### DEFINITION

- Derived from Latin word *consentire*
  - to think together
  - general agreement
  - process of taking all members needs/opinions into consideration
  - listening and understanding different views and securing commitment to implement...

### PROCESS

- **Group members must agree minimally**, after open and fair discussion, to accept responsibility for a decision/action that they do not prefer but one that has been settled on
- Consensus decisions rely on the premise that a **continuum of support** for decisions is acceptable



## Six Position Consensus Model

1	2	3	4	5	6
Agree Strongly	Agree	Agree with some reservations	Disagree but willing to go with the majority	Disagree, and won't be involved in implementation	Disagree strongly and will work to block it
"I really like it."	"I like it."	"I can live with it."	"I'm willing to go along, but I want my disagreement acknowledged."	"I'm willing to go along because I don't want to stop others."	"I really don't like it and I will work to block it."
"I'll advocate for it publicly whether or not it is adopted."	"I'll advocate for it publicly."	"I'll support it publicly and privately even with my reservations."	"I will support it publicly and privately when asked."	"I'll not advocate against it publicly or privately."	"I'll actively advocate against it publicly if adopted."
"I'll actively support its implementation."	"I'll support its implementation."	"I'll participate in its implementation."	"I won't work against its implementation."	"I will not be involved in implementing it, but I won't sabotage it."	"If implemented, I'll work to sabotage it."