

## **Illness Management and Recovery Treatment Integrity Scale (IT-IS)**

The Illness Management and Recovery Treatment Integrity Scale (IT-IS) is designed to provide feedback on the degree of adherence to the principles of Illness Management and Recovery (IMR). Ratings should be made by raters trained and experienced in IMR based on audio or audio-visual recordings of IMR sessions. Raters should score whole sessions whenever possible; however, when this is not possible, several alternatives exist. Raters can identify didactic sections of tapes and, after establishing the level of use of educational strategies (item #13), skip this section of tape. Alternatively, especially when using the scale for supervisory purposes, the clinician being rated can identify sections of the tape where they believe are most exemplary of particular skills. For example, “minutes 3 through 5 are when I use motivation –based strategies the most.” Again, these strategies will likely bias ratings and should be used only when absolutely necessary.

For each domain, we provide indicators to be observed in order to make ratings. Each of the items is rated on a scale from 1 to 5, using the scale below. Note that behavioral indicators are meant to be a guide to inform ratings, not a checklist to count presence or absence.

For groups that have more than one group leader, ratings should be based on viewing the group leaders as a team. Accordingly, each item will only receive one rating and will be based on how the group leaders function together.

General guidelines for scale:

1. **Unsatisfactory**: Clinician fails to use methods.
2. **Needs Improvement**: Clinician applies either insufficient or inappropriate methods, and/or with limited skill and flexibility.
3. **Satisfactory**: Clinician applies sufficient range of methods with skill and flexibility. Some difficulties evident.
4. **Very good**: Clinician systematically applies an appropriate range of methods in a creative, resourceful and effective manner.
5. **Excellent**: Clinician uses an excellent range of application **or** successful application in the face of difficulties.

<b>1. Therapeutic Relationship *</b>				
Unsatisfactory	Needs Improvement	Satisfactory	Very Good	Excellent
1	2	3	4	5
Clinician fails to use methods	Clinician applies either insufficient or inappropriate methods, and/or with limited skill and flexibility	Clinician applies sufficient range of methods with skill and flexibility. Some difficulties evident	Clinician systematically applies an appropriate range of methods in a creative, resourceful and effective manner	Clinician uses an excellent range of application <b>or</b> successful application in the face of difficulties

**\*Critical to quality of the intervention, but not specific to IMR.**

**Therapeutic Relationship** refers to practitioner(s)’ ability to develop rapport with client(s) and display warmth and empathy.

Indicators of Excellence:

- Expressing warmth and empathy in response to client(s)
  - Demonstrating that one remembers information that was previously discussed
  - Demonstrating active listening by showing that one is listening (e.g., by nodding one’s head and saying “uh-huh”) and/or reflecting understanding by repeating back the main points of the speaker or making a comment about what the speaker said
  - Reflective listening
- Expressing understanding and compassion about unpleasant experiences
  - Conveying hope that things will improve in the future
    - Expressing pleasure in positive experiences
  - Responding non-judgmentally
  - Asking open-ended questions
  - Adjusting one’s pace to the pace of the client or group
- Positive reinforcement (such as praising or giving positive feedback) following a skill or behavior in order to increase the clients’ *efforts* to use the skill or behavior, to encourage/increase on-task behavior such as attending a session, doing a role play, giving feedback to others, paying attention during the session, completing a homework assignment or completing an IMR worksheet



<b>2. Recovery Orientation*</b>				
Unsatisfactory	Needs Improvement	Satisfactory	Very Good	Excellent
1	2	3	4	5
Clinician fails to use methods	Clinician applies either insufficient or inappropriate methods, and/or with limited skill and flexibility	Clinician applies sufficient range of methods with skill and flexibility. Some difficulties evident	Clinician systematically applies an appropriate range of methods in a creative, resourceful and effective manner	Clinician uses an excellent range of application <b>or</b> successful application in the face of difficulties

**\*Critical to quality of the intervention, but not specific to IMR.**

**Recovery Orientation** refers to practitioner(s) displaying an attitude consistent with “a process of change through which individuals improve their health and wellness, live a self-directed life, and strive to reach their full potential.” (SAMHSA, 2012)

Indicators of Excellence:

- Conveys hope and optimism that client(s) can change and make progress towards goals
- Supports or enhances client’s self-efficacy for managing illness(es) or achieving goals
- Helps client(s) take an active role in shared decision-making in treatment of illness(es)
- Provides practical help and support in facilitating client’s progress towards goals or dealing with obstacles to goals, including improved management of illnesses
- Collaborative attitude
- Non-stigmatizing atmosphere
  - Group members are treated like “normal people”
  - Symptoms of mental illness are viewed as on the range of human experience, rather than categorically different than other people
  - Non-patronizing tone

3. Involving All Members of the Group*					
Unsatisfactory	Needs Improvement	Satisfactory	Very Good	Excellent	
1	2	3	4	5	N/A
Clinician fails to use methods	Clinician applies either insufficient or inappropriate methods, and/or with limited skill and flexibility	Clinician applies sufficient range of methods with skill and flexibility. Some difficulties evident	Clinician systematically applies an appropriate range of methods in a creative, resourceful and effective manner	Clinician uses an excellent range of application <b>or</b> successful application in the face of difficulties	Group format not used.

**\*Critical to quality of the intervention, but not specific to IMR.**

**Involving All Members of the Group** refers to practitioner(s) engaging all group members in the group's activities.

**Note:** This element is only relevant when IMR is administered in a group format.

Indicators of Excellence:

- Engaging everyone in the group by:
  - Asking group members questions to help them relate the content of the session to their own situation
  - Members may be involved by reading aloud, providing personal experiences, answering questions, role playing, asking questions, and giving feedback to others
  - Providing positive reinforcement for group members’ answering questions, sharing experiences, staying on topic, making efforts to learn skills, completing home assignments and taking steps towards goals
- Making sure that the group is not dominated by one or two members

4. Enlisting Support Between Group Members*					
Unsatisfactory	Needs Improvement	Satisfactory	Very Good	Excellent	
1	2	3	4	5	N/A
Clinician fails to use methods	Clinician applies either insufficient or inappropriate methods, and/or with limited skill and flexibility	Clinician applies sufficient range of methods with skill and flexibility. Some difficulties evident	Clinician systematically applies an appropriate range of methods in a creative, resourceful and effective manner	Clinician uses an excellent range of application <b>or</b> successful application in the face of difficulties	Group format not used.

**\*Critical to quality of the intervention, but not specific to IMR.**

**Enlisting Support Between Group Members** refers to practitioner(s) encouraging positive interactions among groups members that conveys emotional or instrumental support.

**Note:** This element is only relevant when IMR is administered in a group format.

Indicators of Excellence:

- Eliciting sharing of experiences and encouraging group members to ask each other questions (e.g., instead of addressing all comments or questions to the group leader)
- Encouraging group members to give feedback to each other, including positive feedback to each other for performing skills, taking steps towards goals, achieving goals
- Noting similarities among group members (e.g., noting that two group members have similar goals or that they have experienced a similar situation, or that they have hobbies and interests in common)
- Looking for opportunities for group members to assist each other outside of the group session (e.g., helping each other with home assignments, taking steps towards goals, exploring resources, sharing information, engaging in an activity or hobby they both previously enjoyed)
- Group members assist each other during the session (e.g., telling someone what page they are on)
- Group members respond to what other group members say during the session

5. Involvement of Significant Other				
Unsatisfactory	Needs Improvement	Satisfactory	Very Good	Excellent
1	2	3	4	5*
No involvement of significant others in any way	Significant others are mentioned, but it is unclear whether they are directly involved	Clinician elicits significant other involvement <b>or</b> reinforces it when it arises	Clinician elicits significant other involvement <b>and</b> reinforces it when it arises	Clinician elicits significant other involvement <b>and</b> reinforces it when it arises <b>and</b> there is a plan for further involvement

**Involvement of significant other** refers to practitioner(s) eliciting participation of significant other(s) in the IMR process. Significant others are people the client views as an important person in her or his life (excluding direct-care staff members). Involvement is defined by either **a**) attending the IMR session or **b**) the consumer reporting that the person intentionally helped them work toward an IMR goal or reviewed the IMR materials.

Note: The same anchors are used if the significant other is physically present during the session.

*When Rating Group:* Combine efforts made in regards to all group members. In other words, if the practitioner *elicits* involvement from one group member and *reinforces* involvement regarding a second group member, give a rating of 4.

Indicators of Excellence:

- SO is present for IMR session
- Practitioner asks client who can help them achieve a particular step toward his or her goal
- Practitioner asks client who will be involved in her or his relapse-prevention plan and encourages client to obtain that SO's written agreement to participate
- Practitioner assists client in developing a plan (including specifying time and place) to involve SO in reviewing IMR material or in completing home assignments

\* If the significant other is physically present during the session and agrees to some follow-up activity, a score of 5 is appropriate. If the significant other is not physically present, there needs to be an explicit plan for their involvement in order to get a score of 5.

6. Agenda/Efficient Use of Time				
Unsatisfactory	Needs Improvement	Satisfactory	Very Good	Excellent
1	2	3	4	5
Session is not structured	<ul style="list-style-type: none"> <li>• <i>Some</i> of the recommended items are included</li> <li>• Time is <i>not</i> used efficiently</li> </ul>	<ul style="list-style-type: none"> <li>• <i>Some</i> of the recommended items are included</li> <li>• Time is <i>mostly</i> used efficiently</li> </ul>	<ul style="list-style-type: none"> <li>• <i>Most</i> of the recommended items are included</li> <li>• Time <i>is</i> used efficiently</li> <li>• All critical items included</li> </ul>	<ul style="list-style-type: none"> <li>• <i>All/Almost All</i> of the recommended items are included</li> <li>• Time <i>is</i> used efficiently</li> <li>• All critical items included</li> </ul>

**Agenda/efficient use of time** refers to practitioner(s) following a standard structure for each IMR session, the ability to adequately cover all components of IMR sessions, and stay with the agenda planned for the session.

Note: If the session is substantially off-topic, a score of no greater than 2 is appropriate.

Indicators of Excellence:

- **Recommended Agenda Items**
  - Brief socialization and identification of any major problems (1-3 min)
  - Review previous session (1-3 minutes)
  - Review home assignments (5-10 minutes)
  - **Follow up on goals of 2-3 clients on rotating basis, preferably using IMR Goal-Tracking Sheet (5-10 minutes)<sup>C</sup>**
  - Set agenda for current session (1-2 minutes)
  - **Teach new material from handout (usually a few pages; 25-40 minutes)<sup>C</sup>**
  - **Develop a home assignment in collaboration with client(s) (5-10 minutes)<sup>C</sup>**
  - Summarize session and progress made (3-5 minutes)

<sup>C</sup>Critical Agenda Items are consider so central to IMR that their inclusion is necessary for a rating >3

- **Effective Use of Time:**
  - Clearly state the agenda for the session
  - Avoiding and/or redirecting off-topic or tangential conversations
  - Using positive reinforcement for on-topic comments (e.g., paying more attention to and praising on-topic comments)
  - Keeping session pace slow enough to facilitate comprehension of material and more in-depth probing when appropriate
  - *Examples:*
    - Efficient: Group leader sets agenda and reinforces on-topic conversation. When a group member starts on a tangent, leader responds with “That’s interesting Joe, but if it’s ok, I’d like to talk more about using medication to deal with symptoms.”
    - Mostly Efficient: Group leader fails to have adequate time for a portion of the session (e.g., goal check-in) because a group member went on at length about their own experience.
    - Not Efficient: There is no new material covered because group leader engages in a conversation about a tangent about the upcoming St. Patrick’s Day party.

7. Use of Structured IMR Curriculum				
Unsatisfactory	Needs Improvement	Satisfactory	Very Good	Excellent
1	2	3	4	5
No material and session is not relevant to IMR	Limited material that is not related to IMR  <b>Or</b> No material and session is tangentially related to IMR	Structured curriculum material which is unrelated to IMR <b>Or</b> Limited material used to guide discussion tangentially IMR-related <b>Or</b> No material, but discussion is IMR-related	Structured curriculum material, which is tangentially related to IMR  <b>Or</b> Limited material used to guide IMR-relevant discussion	Structured, IMR-related material is the focus of session

**Use of structured curriculum** refers to practitioner(s) basing the session on a structured curriculum that is related to one of the 10 IMR topics. Raters should independently consider two factors:

A) **Focus on an IMR-Related Topic:** Degree to which session is *focused on* one of these topics:

1. Recovery strategies
2. Practical facts about mental illness
3. The stress-vulnerability model
4. Building social support
5. Using medication effectively
6. Drug and alcohol use
7. Reducing relapses
8. Coping with stress
9. Coping with persistent symptoms
10. Getting needs met in the mental health system

\* Rater should categorize session as covering an IMR-relevant topic **not at all, tangentially** (in the context of another topic), or **as the focus of the session**.

*Example:* A session that starts with Educational Handout #1, but veers off into a general discussion of the consumer's current problems would be rated as *tangentially* related.

B) **Structured Material:** Degree to which session is guided by structured material. Structured material includes written or audio-visual materials intended for educational/discussion purposes.

\* Raters should categorize the session regarding its use of structured, educational materials: **none** (e.g., no structured material used), **some/ limited** (e.g., brochure, movie clip or thorough material used to a limited extent), **complete/thorough** (e.g., thorough structured material guides the session).

<b>8. Goals</b>				
Unsatisfactory	Needs Improvement	Satisfactory	Very Good	Excellent
1	2	3	4	5
Clinician fails to use methods	Clinician applies either insufficient or inappropriate methods, and/or with limited skill and flexibility	Clinician applies sufficient range of methods with skill and flexibility. Some difficulties evident	Clinician systematically applies an appropriate range of methods in a creative, resourceful and effective manner	Clinician uses an excellent range of application <b>or</b> successful application in the face of difficulties

**Scoring should be primarily based on indicators of excellence for the goals and goal follow-up; goal setting or evaluation might provide justification for a “Very Good” or “Excellent” rating (i.e. goal setting and goal evaluation are not required for a score of 4 or 5).**

**Goals** includes goal setting and follow-up, which refers to the process by which clients conceptualize a desired future state and regularly assess progress toward that end state. This process includes initially establishing the goal, checking progress toward the goal, and evaluating the current relevance and importance of the goal.

Goal setting is when the goal is first established. During this process, the clinician should collaborate with the client to form a goal that is personally meaningful to the client. Techniques include evocative questions (e.g., “what would you like to be different in your life a year from now?”), examples from other people in recovery, and the worksheets provided in Handout #1. Goal follow-up involves checking on the status of the client’s progress toward reach his goal. This can be done using action planning review (see item #10), but raters should give credit on this item for more general check-ins. Finally, if deemed warranted by circumstances (e.g., client consistently undermines their efforts toward a goal, the client faces a significant barrier to a goal, etc.), the clinician may engage in goal evaluation. This involves engaging the client in a discussion about their commitment to this goal, how the goal fits with their values and other goals, and if modifying the goal and/or strategy seems appropriate.

Raters should rate discussions of the overarching goal on this item, whereas more specific discussions of accomplishing week-to-week activities (e.g., homework, action steps) in service of the goal should be rated in items 9 and 10.

Groups: to score a 3, 4, or 5 the indicators of excellence should be noted for at least 2 clients (i.e. it should be clear that at least 2 clients in the group have goals that are personally meaningful, individualized, and stated in their own words). A practitioner may score a 3 if they did an excellent job with only one client (i.e. the indicators of excellence for goals, goal follow-up, and possibly goal setting or evaluation are met).

Indicators of excellence:

#### **Goals**

- Personally meaningful
- Individualized
- Stated in client’s own words

#### Goal Setting

- Evocative Questions
- Positive Examples
- Worksheets/Exercises

#### Goal Follow-up

- Checking on the status of the goal

#### Goal Evaluation

- Discuss Commitment
- Fit with Values/Other Goals
- Discuss Modification of Goal or Strategy

<b>9. Weekly Action Planning</b>				
Unsatisfactory	Needs Improvement	Satisfactory	Very Good	Excellent
1	2	3	4	5*
Homework and/or action steps meets 0-1 indicators below	Homework and/or action steps are being developed, but only fit 2-3 indicators below	Homework and/or action steps are being developed, but only fit 4-6 indicators below	Homework and/or action steps are being developed, but fits 7 indicators below	Homework and/or action steps are being developed, and exhibit all indicators of excellence below

\* To earn a score of 5, the rater must have a clear sense for what the plan is (i.e. you have enough information that you could do the assignment yourself).

**Weekly action planning** refers to practitioner(s) regular collaboration with consumer(s) to develop explicit and intentional assignments. Assignments could include **action steps**: weekly activities aimed at progressing toward measurable benchmarks of goal progress. Weekly assignments could also include **homework assignments**: weekly activities aimed at learning and applying the information and skills presented during the session. In certain circumstances, action steps and homework may overlap.

Note: If multiple assignments are given then rate the best one, but consider it in the context of others. For instance, if too many assignments are given, an otherwise “achievable” action step may not be given credit for this indicator because the client will not be able to accomplish everything assigned.

**Groups**: Note the number of indicators for all group members, calculate the average number of indicators met across clients who had action planning done, and use the average number for scoring. (At this time, also keep track of the range of scores). Practitioner should develop a weekly action plan for at least 2 clients to receive a score > 3.

### Indicators of Excellence

#### *Homework and Action Steps:*

- Specific- Goal is stated in a detailed and precise manner
- Measurable- Progress toward action step can be quantified
- Achievable between sessions- Achievement of action step is likely within the consumer’s capabilities, should s/he choose to work toward the action step
- Relevant to IMR- Pertains to the processes of illness management or recovery
- Matched to client’s preferences- consistent with the client’s likes regarding target and activities involved
- Matched to client – consider their current skill level, previous experience, and stage of change (i.e. should include acquisition of necessary skills/experience and be matched to their current stage of change)
- Active agreement- Client expresses active agreement with homework assignment (i.e., the client does more than just state “ok”)

#### *Specific to Homework:*

- Personalizes information/skills- applies the materials presented in the IMR curriculum to the client’s own situation

#### *Specific to Action Steps:*

- Relevant to Goal- Tied to client’s objective and relevant to client’s IMR goal

<b>10. Action Plan Review</b>				
Unsatisfactory	Needs Improvement	Satisfactory	Very Good	Excellent
1	2	3	4	5*
Clinician fails to use methods	Clinician applies either insufficient or inappropriate methods, and/or with limited skill and flexibility	Clinician applies sufficient range of methods with skill and flexibility. Some difficulties evident	Clinician systematically applies an appropriate range of methods in a creative, resourceful and effective manner	Clinician uses an excellent range of application <b>or</b> successful application in the face of difficulties

\* If an action step is reviewed, in order to score a 5 there must be a clear link between the action step and a goal.

**Action plan review** refers to practitioner(s) regularly reviewing the last session's assignment (could be an action step towards a goal or homework based on the curriculum).

Indicators of Excellence:

- Asks about action plan completion
- Reinforces efforts to complete action plan, including reviewing work completed
- Identifies and problem solves obstacles to completing action plan
- Obvious positive effect on recovery
  - *Example:* Consumer talks about completing assignment of reviewing Educational Handout #2 with her father. She reports she was able to talk with him about her illness without feeling guilty, like she has before.

*Specific to Homework:*

- Integrates material into the consumer's recovery and goals

*Specific to Action Steps:*

- Action step is clearly linked to the client's goal

Note that the client must have completed the action plan for there to be evidence for the last two indicators: the action plan integrated material into their recovery and goals, and had an obvious positive effect on recovery.

Group: Practitioner should review action plan for at least 2 clients to receive a score >3. An action plan review for 1 client meeting all indicators of excellence would receive a 3.

<b>11. Motivational Enhancement Strategies (MES)</b>				
Unsatisfactory	Needs Improvement	Satisfactory	Very Good	Excellent
1	2	3	4	5
Clinician fails to use methods	Clinician applies either insufficient or inappropriate methods, and/or with limited skill and flexibility	Clinician applies sufficient range of methods with skill and flexibility. Some difficulties evident	Clinician systematically applies an appropriate range of methods in a creative, resourceful and effective manner	Clinician uses an excellent range of application or successful application in the face of difficulties

**Note: If clinician substantially violates MES principles (see below) rate as  $\leq 2$ . However, there does not need to be a substantial violation of principles for a score of  $\leq 2$ .**

**Motivational enhancement strategies** refers to practitioner(s) regularly using clinical strategies designed to enhance client motivation for change.

Indicators of Excellence:

<b>Principle</b>	<b>Example</b>	<b>Violation</b>
<b>Evocation</b> - clinician elicits and expands the client's internal motivation for change.	"You said you wanted to take your medications more often. Tell me more about that."	"Haven't you considered that if you don't take your medications you'll never reach your goals?"
<b>Develop Discrepancy</b> - clinician leads client to explore difference between his or her goals and values and current behavior.	"I know you've said your kids are 'everything' to you, but I notice you seem to lose track of them when you are high."	"Don't feel bad, I know you don't mean to."
<b>Collaboration</b> - clinician conveys that clinician and clients are equals, all of whom have useful knowledge regarding the topic.	"How about if we go through this material. I'd like to hear your thoughts about the mental health system."	"Look, this is how things work [proceeds to lecture on 'the way things work']".
<b>Autonomy/Support</b> - clinician supports and actively fosters client perception of choice as opposed to attempting to control the client's behavior or choices.	"It sounds like there are a lot of people who want you to try to find a job, but really that is <i>your</i> choice to make."	"Your parents and wife are right, getting a job is really important for you."
<b>Roll with Resistance</b> - avoid arguments and direct confrontation.	"It sounds like it really bothers you when it seems like people are telling you what to do."	"You can have an attitude if you want, but you have to admit you have a problem."
<b>Direction</b> - clinicians maintain appropriate focus on a specific target behavior or concerns directly tied to it.	"It sounds like you have a bunch of things you'd like to do. What about we choose just one or two to start with and see what happens."	"Alright, that's great! I think you can do it!"
<b>Empathy</b> - the clinician understands or makes effort to grasp the client's perspective (including his or her ambivalence toward change) and feelings.	"Hmm. It sounds like getting close to people is scary, and on the other hand you feel better afterwards."	"it's going to be better for you in the long run to talk to people."

<b>12. Educational Strategies</b>				
Unsatisfactory	Needs Improvement	Satisfactory	Very Good	Excellent
1	2	3	4	5*
Clinician fails to use methods	Clinician applies either insufficient or inappropriate methods, and/or with limited skill and flexibility	Clinician applies sufficient range of methods with skill and flexibility. Some difficulties evident	Clinician systematically applies an appropriate range of methods in a creative, resourceful and effective manner	Clinician uses an excellent range of application <b>or</b> successful application in the face of difficulties

\* In order to score a 5 on this item the rater should be certain that the client understands the material and will retain it.

**Educational strategies** refers to practitioner(s) regularly applying teaching techniques that are effective for adult learning.

*Note: This item does not require that new material is covered in the session; in other words, the techniques below can be used to review material from previous session.*

Indicators of Excellence:

- Interactive teaching: Frequently pausing when presenting information to get the client(s) reaction and perspective, talking about what the information means, clarifying any questions that may arise, and taking turns reading handouts (could include small group work)
- Adapting teaching methods to the language, vocabulary level and cognitive abilities of the client(s) (e.g., writing main points on flip charts, explaining new terms, giving examples, engaging clients in activities or demonstrations that illustrate points, providing highlighters for clients to mark main points on their handouts, providing note cards for clients to write down points to remember)
- Making the material come alive for the client(s) (e.g., helping clients to apply the material to their own situations, coming up with examples that clients can relate to, facilitating discussions about topics, varying the format of presentation)
- Reviewing information and checking for understanding: Asking client(s) to summarize information in their own language rather than asking yes or no questions, such as, "Did you understand?"
- Breaking down information: Providing information in small chunks

<b>13. Cognitive-Behavioral Techniques</b>				
Unsatisfactory	Needs Improvement	Satisfactory	Very Good	Excellent
1	2	3	4	5
Clinician fails to use methods	Clinician applies either insufficient or inappropriate methods, and/or with limited skill and flexibility	Clinician applies sufficient range of methods with skill and flexibility. Some difficulties evident	Clinician systematically applies an appropriate range of methods in a creative, resourceful and effective manner	Clinician uses an excellent range of application <b>or</b> successful application in the face of difficulties

**Cognitive-behavioral techniques** refers to practitioner(s) using therapeutic techniques aimed at helping the client change their thinking and/or behavior in order to reduce symptoms and/or the impact of symptoms.

Some modules lend themselves to more application of CBT: Building Social Support, Coping with Stress, and Coping with Problems and Persistent Symptoms. Raters should **penalize for missed opportunities** to apply CBT.

Indicators of Excellence:

- **Educating**: practitioner highlights the connection between thoughts and feelings without going further
- **Shaping**: the reinforcement of *successive approximations* to a skill or a goal
- **Modeling**: the demonstration of skills
- **Role playing**: a simulated interaction in which a person practices a behavior/skill
- **Cognitive restructuring**: helping the client describe the situation leading to the negative feeling, make a link between the negative emotions and the thoughts associated with those feelings, evaluate the accuracy of those thoughts, and, if they are found to be inaccurate, identify an alternative way of looking at the situation that is more accurate
- **Relaxation Training**: explaining, demonstrating, and practicing techniques to reduce tension (e.g., progressive muscle relaxation, breathing exercises, guided imagery, etc.)
- **Behavioral Experiment**: devising an exercise to “test out” irrational beliefs (e.g., having a client who believes a certain nurse is trying to kill everyone talk to some of the nurse’s other patients)

## RATE ITEMS 14 – 16 ONLY WHEN USED

<b>14. Relapse Prevention Training</b>				
Unsatisfactory	Needs Improvement	Satisfactory	Very Good	Excellent
1	2	3	4	5
Clinician fails to use methods	Clinician applies either insufficient or inappropriate methods, and/or with limited skill and flexibility	Clinician applies sufficient range of methods with skill and flexibility. Some difficulties evident	Clinician systematically applies an appropriate range of methods in a creative, resourceful and effective manner	Clinician uses an excellent range of application <b>or</b> successful application in the face of difficulties

**Relapse Prevention Training** refers to:

- Identification of environmental triggers
- Identification of early warning signs
- Developing a plan to manage early warning signs
- Developing a plan for managing stress
- Involving significant others in the plan

Indicators of Excellence:

- Helping the client troubleshoot his or her relapse prevention plan by trying out components of the plan to make sure they work
- Making sure that client and everyone involved in the plan (e.g., staff members, family members, peers) has a copy and is aware of his or her part in the plan
- Making sure that clients develop individual relapse prevention plans rather than adopting a “generic” plan

<b>15. Behavioral Tailoring for Medication Management</b>				
Unsatisfactory	Needs Improvement	Satisfactory	Very Good	Excellent
1	2	3	4	5
Clinician fails to use methods	Clinician applies either insufficient or inappropriate methods, and/or with limited skill and flexibility	Clinician applies sufficient range of methods with skill and flexibility. Some difficulties evident	Clinician systematically applies an appropriate range of methods in a creative, resourceful and effective manner	Clinician uses an excellent range of application <b>or</b> successful application in the face of difficulties

**Behavioral tailoring for medication management** refers to practitioner(s) teaching client(s) how to modify their environment to help clients incorporate taking medication into their daily lives.

Indicators of Excellence:

- Evaluating the need for behavioral tailoring or other strategies by thoroughly discussing with the client how he or she takes medication currently
  - Sometimes the use of pill boxes, alarms, post-it-notes, or calendars as reminders can help with the difficulties
- When clients have further difficulties fitting the taking of medication into their daily routine, practitioners use the following steps:
  - Explore the client's daily routine including activities such as meals, daily hygiene, morning routine, bedtime routine
  - Identify with the client an activity that can be adapted to include taking medication
  - Help the client create a cue for taking medication at the time of the identified activity, such as attaching his toothbrush to the medication bottle with a rubber band or placing medications near the coffee pot
  - Model the routine for the client
  - Engage the client in a role play of the same routine
  - Establish a home assignment to implement the plan
- If the above strategies do not seem to be helpful, the practitioner can help clients practice talking to their doctor about minimizing side effects, simplifying medication regimen, etc.

<b>16. Coping Skills Training</b>				
Unsatisfactory	Needs Improvement	Satisfactory	Very Good	Excellent
1	2	3	4	5
Clinician fails to use methods	Clinician applies either insufficient or inappropriate methods, and/or with limited skill and flexibility	Clinician applies sufficient range of methods with skill and flexibility. Some difficulties evident	Clinician systematically applies an appropriate range of methods in a creative, resourceful and effective manner	Clinician uses an excellent range of application <b>or</b> successful application in the face of difficulties

**Coping skills training** refers to practitioner(s) helping client(s) identify and develop ways to reduce the frequency, intensity, and/or functional impact of their symptoms.

Indicators of Excellence:

- Convey a sense of confidence that people can reduce stress, problems, and/or symptoms and improve their ability to cope with stress, problems, and/or symptoms effectively.
- Help people identify the life events and daily hassles that can cause them to feel under stress, encounter problems, and/or symptoms.
- Help people identify and practice strategies for preventing some sources of stress, problems, and/or symptoms.
- Help people identify and practice coping strategies for reducing the effects of stress, problems, and/or symptoms.
- Encourage people to involve family members and other supportive people in their plans for coping with stress, problems, and/or symptoms.