

**Documentation Guidelines
for
Service Coordinators**

March 2, 2009

**ALLEGHENY COUNTY DEPARTMENT OF HUMAN SERVICES
OFFICE OF BEHAVIORAL HEALTH**

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Assessment of Life Areas

**Questions that can be used to elicit strengths and needs as part of the
Assessment, Assessment Updates and Re-Assessments at Readmission**

Living Arrangements

Residence:

What is this person's current address?

What type of housing is this (room, apartment, house, etc.)?

How long has he or she lived at this address?

If less than 6 months, where did he or she live prior to this?

Who resides with them?

Does the structure of the residence appear safe?

(is roof leaking, ceiling tile falling, plumbing leaking, windows/doors intact & able to lock, holes in floor)

Is the person content with this living arrangement? Are there too many people living in the arrangement?

Are they lonely?

What do they like about the living arrangement and how does it support their recovery?

Home Maintenance:

Does it appear that this person is addressing cleaning/home maintenance tasks?

How often or what is their schedule for home maintenance and cleaning tasks?

Does this person have the necessary cleaning supplies to complete home maintenance tasks?

Are there safety concerns related to home maintenance issues?

If home maintenance is a concern, does client have the ability to address these concerns?

Diet/Nutrition:

How many meals per day does this person prepare/eat?

Does his or her financial situation allow for 2 to 4 meals per day each day of the month?

If not, are alternatives in place to augment nutrition short-falls?

Does he or she plan meals?

Is this person's diet balanced or does client follow the food pyramid guide?

Does this person have any dietary restrictions or guidelines for obesity, metabolic syndrome, diabetes, heart disease, high blood pressure or other condition?

Is he or she satisfied with his/her diet? Is nutrition adequate?

Does this person consume 64 to 80 ounces of non-caffeinated beverages a day to offset dehydrating co-effects of any psychotropic medication they may be taking?

Have they had an annual, full blood work up done to monitor deficiencies of protein, vitamins & minerals?

Food Preparation:

Does this person have access to and/or an adequate amount of cooking supplies/equipment?

Is he or she able to cook and prepare meals independently?

Is the person satisfied with his/her ability to cook and prepare meals?

Obtaining Food Items:

Does the person have an adequate amount of food items in their home?

Does he or she have transportation to obtain needed food items?

Where does he or she choose to purchase food items?

How often does the person purchase food items?

Does he or she create a shopping list before going to the store?

Does the person budget for food items?

Does the person access community resources for food items/meals (food banks, Angel Ministries)?

Is this person eligible for food stamps and if so, do they need help with applying?

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Exercise:

Does the person have a regular exercise routine? If not, have they had one in the past?
What type of exercise does the person participate in?
Is he or she satisfied with his/her level of physical activity?
Does he/she have obesity, diabetic or heart disease issues which need to be taken into consideration to stay well with exercise?

Transportation:

Does the person have reliable transportation?
What form of transportation does the person access?
Does person have a driver's license?
Does person own a vehicle? Is it insured?
Does the person utilize public transportation or the Medical Assistance Transportation Program (MATP)?
Is this person eligible for other transportation programs?
Is he or she satisfied with the transportation that he/she has access to, if any?
Are there issues of anxiety or paranoia that this person expressed when asked about leaving their home or specifically about using public transportation.

Personal Hygiene:

Does the person appear to address hygiene needs?
Do friends or family ever make comments to the person about his/her hygiene?
How often does he or she bath, brush teeth?
Does he or she have adequate hygiene supplies?
Is the person satisfied with his/her level of attention to hygiene needs?
Does he or she appear to have an adequate amount of clothing?
Does he or she have clothing for every season?
Does the person's clothing appear to be washed and free from tears/holes?
Does he or she have access to washer and dryer?
Does the person have supplies (laundry soap, money for coin operated machines, etc.) to do laundry?
How often does the person do laundry?
Is the person satisfied with his/her ability to do laundry?
Are their financial issues around paying for and/or budgeting for coin-operated machines & detergents?

Vocation/Education

Education: Child/Adolescent

What is the highest grade client completed or current grade?
Does the child have a current IEP? If so, what types of supports are in place?
Does this child attend school regularly?
Are there any current truancy charges against this child?
Has the child been suspended from school? How often, if more than once?
Has the child been given detention? How often, if more than once?
What grades does client receive on average?
Does this child complete homework? With or without prompting?
Does the child need assistance to complete homework?
Does this child need assistance to complete in classroom work?
Does/did this child like school?
Does/did this child have friends in school?
Does/did this child participate in school activities/clubs?
Is this child interested in continuing his/her education?
Did this child obtain his/her diploma/GED?
Has the child begun looking for post secondary education (college/trade school)?
Are there financial resources that would support additional education?

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Education – Young Adult or Adult

Did person obtain his/her high school diploma/GED?
Has this person completed any secondary education credits or degrees?
Does this person understand the availability of financial aid for higher education if desired?
If desired, has she or he been connected to a financial aid professional?
Has he or she begun looking for post secondary education (college/trade school)?
Is their family or other key people supporting them pursuing future educational opportunities?
Are there financial resources that would support additional education?
Are there any concerns about going to school, leaving family, going out of town for school?
Are there concerns about obtaining mental health and natural supports for an out-of-town school?

Vocation:

Is this person currently employed? Part Time or Full Time?
Is he or she seeking employment?
What are this person's employment interests?
Has this person completed a "Need for Change" (NFC) survey?
Has he or she had or is he or she interested in receiving any skills training?
Is there a supported employment professional that is a part of this person's service planning team?
If not, have they been referred to one?
Are their accessibility or accommodation issues that he or she can identify?

Mental Health

Services

Who is this person's psychiatrist or who is prescribing this person's mental health medication?
What medication is he or she currently prescribed?
Has the person been clearly informed & given consent to cost & benefits of medications?
Does he or she know what his/her medication is?
 What the dosages are?
 What side effects may need to be reported to his or her PCP and/or psychiatrist?
Can the person clearly articulate what the medication is for?
What are the person's symptoms? Frequency of these symptoms?
What outpatient or in-home treatment has this person received?
Is this person currently in treatment/recovery? What kind of services? How often?
Has he or she received inpatient treatment?
 Was it voluntary or involuntary?
 What was the reason for admission(s)?
Has client had any Crisis Diversion/Stabilization or Respite Services admissions?
Has this person willingly engaged in a recovery process in the past?
Is she or he willing to participate in a recovery process &/or services being offered currently?

Service Coordination Services

What is the reason for this person's referral to service coordination services?
Is the person receptive to service coordination services?
What is his or her current mental health status?
 Does he or she report being able to think clearly?
 Does he or she report feeling emotionally balanced
 Does he or she report feeling their behavior, thoughts and emotions are unpredictable?
 (Add to self-report clinical assessment of rationality and emotional control.)
What progress has he or she made with treatment and their recovery process? *(Answer at review)*
Include the person's assessment of their progress in recovery.

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Medical Issues

- Who is person's Primary Care Physician (PCP)?
What is the PCP's contact info?
What is the date of last visit?
How often does he or she see their PCP?
- If they don't have a PCP, when was the last time they saw any medical doctor.
Ask the same questions as above.
- Does the person see any specialists? For what? How often?
What medical diagnoses does the person have?
What medication, if any, does he or she take for his/her medical condition(s)?
Does the person know the name(s)
Does the person know the dosage(s), and
Does the person know the reason(s) for taking this medication?
- Does this person know the side-effects for physical illness to watch out for with psychiatric medication?
Does the person know the about potential drug interactions of the medications they are taking?
Does this person know the mental/emotional or physical side-effects of their psychotropic medications?
Do they know what to report to a PCP and what side-effects to report to their psychiatrist?
Does he or she utilize any assistive devices (hearing aids, cane, walker, wheel chair)?
Does the person's medical issue(s) impact his/her mental health?
Does the medical issue(s) impact their ambulation, and/or
Does the medical issue(s) impact their social interactions?
- Does this person have any chronic medical conditions (obesity, diabetes, joint & muscle pain...)
If so how is the person adapting to the chronic nature of illness and is coping incorporated into recovery services.
- Does this person participate in any sports or practice any exercise routine?

Spirituality

- Has client's mental health symptoms or medical issues impacted their religious practices & activities?
Does client attend a church/religious group? How often?
This could include mosque, synagogue, sangha (Buddhist community) or Hindu temple, any of the more earth-centered religions such as North American Natives or any other of an almost limitless selection of spirituality practices both corporate and personal.
- Do this person's symptoms include religious preoccupation or delusions of grandeur?
Has this person had trouble being included into a spiritual community due to symptoms/behavior or stigma due to mental illness?
- Does this person report feelings associated with a lack of spiritual healing from a loving deity?
Does this person report feeling they are being punished by a deity?
Does this person report anger or rage with a deity?
Does he/she report significant feelings of guilt or shame that go with issues including sexuality issues?
Does he/she report that medications interfere with their sense of spiritual connectedness and if so how is this addressed in the recovery plan?
- Is the person the member of any small group within a spiritual community?
(choir, study, class, grounds keeping)?
- Does the person have personal contact with the leader of their religious community?
(pastor, rabbi, priest, imam, or elder)?
- Has this person's mental health symptoms and/or medical issues impacted his/her culture/religious beliefs or participation in these types of activities?

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Financial/Insurance

Financial

What is person's current income? Source?
Does he or she have a representative payee or guardian? Who?
If so, are plans in place to regain control of income if this is a possibility?
Does the person have a checking or savings account?
Is he or she satisfied with his/her current financial situation?
If not, how are plans to increase income or become financially independent incorporated into planning?
If this person is living at or below the poverty level, are issues related to this part of a recovery plan?

Budgeting

What is this person's rent/mortgage amount per month?
What does he or she pay for utilities (gas, electric, water, sewage, etc.) each per month?
What does this person pay for phone service per month?
How much does he or she spend on groceries per month?
How much does he or she spend on personal items (clothing, hygiene items, cigarettes, etc.) per month?
How much does he or she spend on leisure, recreational, or entertainment activities per month?
Has this person ever had to borrow money from someone to pay bills, buy food, and/or buy personal items? How often does this occur if it does? Who does he or she borrow money from?
Does this person lend money to others? Who? How often?
Are his or her bills paid by their due dates?
Does this person report that he/she is able to pay his/her bills with his/her current income?
Is he/she financially able to set aside any reasonably significant amount of money for savings per month?
Does this person have a burial account?

Insurance

Does this person currently have medical insurance? Who is the insurance provider?
Does this person have home owners or renter's insurance?

Cultural

What are the person's nationality and/or ethnic origin?
Does this person consider their childhood or current cultural practices and beliefs contribute or detract from wellness?
Can this person identify any strengths for healing from their cultural heritage?

Leisure/Recreational

What does this person do in his/her spare time (i.e., TV, music, sports, etc.)?
How often does he or she participate in these activities?
Does he or she have any special interests or hobbies?
What activities does this person enjoy doing alone?
What activities does he or she enjoy doing with others?
What places does this person enjoy going to in the community? When? How often?
What did he or she do last month for recreation/fun/entertainment?
Is he or she interested in participating in new activities?
Has he/she lost interest in any activities or hobbies due to mental health symptoms or medical issues?
Does he or she belong to any community organizations?

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Social Supports

Social Development

Does this person have any siblings? How many? What is his or her birth order (i.e. 2nd of four)?
Does he or she have any friends currently? How many? How often does this person see friend(s)?
Can he or she name two friends?
Does he or she feel he/she has difficulty making and/or keeping friends?
Does this person date or has he or she ever dated?
What is the longest relationship he or she has ever had?
Was/is this person's dating experience(s) positive or negative?
Is he or she currently married, single, divorced, or widowed?
Has the person's mental health or medical issues impacted his/her friendships and/or relationships?

Social skills

Does this person feel safe in his/her current relationship(s)?
Is there someone he or she feels he/she can talk to if feeling unsafe?
Does this person have any difficulty:
Being assertive,
Expressing his/her opinion,
Communicating wants/needs, or telling others no?
When is this difficult and when is it comfortable?
Where is this difficult and where is this comfortable?
Does he or she ever lose his/her temper?
How often?
Where?
In what kinds of situations and with whom?
Has anger been an appropriate response?
Are there any specific situations that are especially difficult for this person?
Does he or she consider them self an extrovert or an introvert?
Does he or she get enough time to be with others?
Does he or she feel they get enough time to be alone?
Does he or she ever get frustrated with his/her behavior?
How often?
Where?
With whom?
What are some things that he or she feels he/she is good at?
What does this person consider to be their strengths in relationships?
What are some things that he or she wants to improve about him/her self?

Drugs/Alcohol

How much does the person drink alcohol? How much? In what situations? How many times/week?
Does this person take any prescription medications that are not prescribed to them?
Does this person take any over the counter medications that are used other than directed?
Does the person take any illegal drugs? How much, How often?
Does the person sniff or inhale fumes (gas, glue, etc)? How much, How often?
Is this person currently receiving and drug or alcohol treatment (yes or no)?
Does this person have a history of drug or alcohol use or abuse?
If he/she have both mental health & alcohol/drug diagnoses, indicate this is a dual diagnosis (MISA).

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Legal Issues

- Is this person an immigrant? Legal status of immigration?
- Does this person have legal issue revolving around immigration status that need attorney services or time-limited paperwork filed?
- Does this person have advance directives? Where does client keep a copy of this paperwork?
 - Medical
 - Psychiatric - Is it still valid? These expire every two years
- Does client have a power of attorney?
 - Who?
 - Where does client keep a copy of this paperwork?
- Has client ever been arrested?
 - When?
 - Where?
 - For how long?
- Has client ever had any contact with the police that did not lead to an arrest?
 - When?
 - Where?
- Does client currently have any fines to pay?
- Has client been involved with children's bureau/CYF, juvenile or adult probation?
 - When?
 - Where?
 - How long?
- Does client have any outstanding warrants?
- Does client have a living will?
- Does client have someone to be Power of Attorney, if appropriate?
- Does this person have a will?

What life areas from the above does client feel he/she needs to address?

**Is client willing to address these areas identified?
If so, these areas will need goals identified in Individual Service Plan.**

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Individual Service Plan

Recovery Oriented Service Planning Principles

- 1) **The person in recovery drives the recovery planning process.** The plan belongs to the individual served and the family or guardians for children and youth. The person(s)' choices and self-direction are the most important elements in the plan.
- 2) **Service planning and the service system must be constructed in a way that encourages independence, develops natural community supports and provides for choice of services.** Service planning must promote hope for recovery, present meaningful opportunities for individual growth and create an environment of respect, allowing for informed decision-making.
- 3) **Individuality should be recognized, respected and used in constructing unique plans.** Since each person is unique, each (every) plan should reflect the (person's) individual's personal situation, culture, desires and hope for recovery.
- 4) **A wide variety of methods should be explored for developing an effective plan for change and growth.** The person served should have a choice among options and those options should be explained well enough to allow the person and/or their significant others to make informed decisions.
- 5) **Successful working relationships are based on trust which is gained by communicating honestly and respectfully.** The partnership between the person served and the person helping is based on the belief that both have viewpoints that count and must be respectfully considered.
- 6) **A person's strengths must be identified before setting goals.** Although basic needs must be met, it is a person's strengths that provide the basis for hope, change and recovery.

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- 7) **Plans should be in easy to understand language that helps everyone involved work together.** Both the language and the format of the plan should be clear and easy to understand for the person and/or their significant others. The person's own words should be used in the plan whenever possible.

- 8) **The individual's chosen support network should be involved whenever the individual decides it may be helpful.** Service users will identify, on an on-going basis, those whom they would like involved with them in the planning process. They should not ever be forced to include anyone.

- 9) **Ideas for progress toward goals must be tested within reasonable timeframes and reviewed at regularly defined times.** The time it takes to accomplish a person's goals should be reasonable. A person's progress toward those goals should be reviewed at regular intervals. A regular review of the plan helps the person served and the service provider to see progress that has been made.

- 10) **Service plans should belong to the person(s) in recovery and be in a form that can be built upon and carried from one service provider to another.** The person (s) in recovery owns the service plan. A single form that is used by everyone will help persons in recovery to use that plan with different providers.

- 11) **The service plans should promote wellness for the whole individual. Plans should reflect ways to make healthy and personally meaningful choices for body, mind and spirit.** The plans should address the person as a whole and not only their diagnosis. Plans should address all aspects of a person's life.

Developed by the
**Allegheny County Coalition for Recovery,
Quality Improvement Committee**

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**Individual Service Plan
Writing Guidelines**

Individual Service Plan across All Services

The Service Coordinator will assist the person in developing an Individual Service Plan that takes into account the person's strengths and needs and is an integrated across all behavioral health services.

Areas of Living (Domains):

1. These Areas of Living are broad areas of potential focus
2. Service Coordinators are encouraged to review all the Areas of Living with the individual so as to ensure that the plan can include all of their identified needs not just the more narrow focus of mental health.
3. Areas of Living can include the following:
 - a. Living Arrangements/Independent Living Skills
 - b. Vocational/Education
 - c. Mental Health (mind-emotions & cognition)
 - d. Medical Issues (body)
 - e. Spirituality (spirit)
 - f. Financial/Insurance
 - g. Leisure/Recreation
 - h. Social Supports/Community Resources
 - i. Legal Issues

Strengths:

For Areas of Living (domains) with a Focus of Change (goals or past goals):

1. Progress towards these Focus of Change (goals)
2. Individual's actions, abilities and capacities that support that focus.
3. Supports for client in achieving that focus of change from significant others.

For Areas of Living (domains) that do not have a Focus of Change (goal):

1. Which Areas of Living that are not a focus of change, constitute a strength?
2. What are the family/significant others doing that constitutes a strength?
3. Does the person have family willing to be involved or living or are their significant others that are identified?

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Needs:

1. Which needs were identified in your interview or in an assessment tool?
2. Needs were identified as part of the Focus of Change?
3. For children, what does the family hope to accomplish for the whole family?
4. Or if there is no Focus of Change indicated, then state "No need reported."

Focus of Change (Problem and Goals):

1. Goals can be figured out first.
 - a. In most instances the planning process will proceed better if strengths and needs are addressed first
 - b. Discussion of goals following is based on information derived from identification of the individual's strengths and needs.
2. Must be measurable: Did it happen or not? What was the result of the person's actions? How do you know? No percentages
3. Strength Based – Stating in positives including past achievements.
4. Goals should be achievable and within reasonable time-frames.

Action Steps:

1. Who is going to do what and in what order?
2. What action will the person take in what time-frame?
Will significant others have a task to complete?
3. Break down the steps into basic concrete steps.
4. How will the Focus of Change (goals) be re-evaluated by person in recovery and the service coordinator?

For children:

- a. Talk with teachers once a month.
- b. Meet with family and discuss progress on goal.

For Adults:

Review goals and the results of actions at agreed upon times:
for example once a quarter or every six months or daily, whichever
is reasonable for the specific goal.

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5. Stay away from direct service, treatment and taking responsibility for completion of goals.
 - a. Outpatient programs provide treatment.
 - b. Rehabilitation programs provide rehabilitation.
 - c. Residential and Supportive Housing provide direct care.
 - d. Peer Support and Peer Specialists provide support.
 - e. For children: the family has responsibility for tracking and reporting goal progress.
 - f. For adults: the individual has the responsibility in partnership with service provider to track and report goals.

Available Supports:

Supports that are available to assist the individual in realizing their service or recovery plan.

1. Self
2. Family
3. Friends and Peers
4. Service Coordinators and/or other providers of services
5. Community resources
6. Spiritual connection

Comments:

-Used as a narrative to explain changes in situations or transitions, i.e. goal hasn't changed but situation has.

-Issues that are deemed to be important by the individual or the family in recovery

-individual likes or dislikes that are deemed to be important by the individual or the family in recovery

Safety/Crisis Plan:

1. Consider referring them for Wellness Action Plan as a precursor of a crisis plan
2. Developed for all individuals served by service coordinators.
3. Document what the family will do or does for children.
4. Document what the individual will do to resolve crisis.
5. Document steps they will take in order to avoid the crisis situation in the future.
6. Include his/her (for children – family's) and staff's responsibility in crisis plans
7. Include responsibility of other providers (e.g., WPIC Resolve Crisis Services).

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Cultural Competencies:

1. What do we need to know to form a good working relationship with the individual, family or significant others? Include things like:
 - Community issues
 - Punctuality values
 - Belief system
 - Scheduling
 - How decisions are made within the family system
 - Whether the adult person is used to having authority figures make their decisions for them
 - Who should be involved in meeting
 - Economic status and any recent changes to economic well being
 - Religious or spiritual belief system
 - Traditional gender roles within the individual's (family's) culture
 - Presence of issues of oppression or elitism
 - Educational level of self and family of origin/adoption

Service Planning Examples:

Cornelle is a fourteen year old African American male who is hard of hearing, and benefits from eye contact. A visual learner, Cornelle uses signed exact English in the educational setting and benefits from sign language at home as well. Cornelle rarely signs in the community. His family enjoys music and video games. All providers must be punctual and communicate with the family via phone on a very regular basis.

Mandy and her family live in a lower middle class suburb of Pittsburgh. Mandy's home is often chaotic due to the mental health needs of the family. Mandy, her brother and her mother have all participated in a variety of mental health services over the past years. Laura is a single mother who works hard to provide for her family. She can become over-whelmed at times. Mandy is strong willed but easy to get along with. She will avoid discussing any issues related to family dynamics and her mental health. The family is willing to participate in services but report being burned-out by too many services.

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Objectives that could be the Focus of Services from other Programs

LIVING ENVIRONMENT

Goal Area	Other Programs
Pay Rent	Supportive Housing
Perform household chores	Supportive Housing
Shop for & prepare nutritious and healthful meals	Supportive Housing
Get along well with others, minimize conflict and maximize healthy relationships.	Social Rehabilitation
Teaching how to use public transportation	Supportive Housing
WRAP plan development <ul style="list-style-type: none"> • Managing mental illness/other illness • Triggers (symptoms worsening) • Develop wellness toolbox (resources to triggers) • Crisis management (stay out of hospital/hospital discharge planning) 	Drop-In Centers Psych Rehabilitation Social Rehabilitation Peer Specialist Peer Support
Managing mental illness <ul style="list-style-type: none"> • Understanding the benefits of treatment • Negotiating your treatment schedule/appointments • Taking medications as prescribed 	Psych Rehabilitation Therapy Peer Specialist
Managing wellness and physical fitness	Primary Care Doctor Peers/friends, team mates Psych Rehabilitation Health Club/YMCA

SOCIAL ENVIRONMENT

Goal Area	Other Programs
Pay Membership Dues	Rep Payee
Increasing social interactions, capacity for intimacy and joyful interaction with others	Social Rehabilitation
Plan activities	Social Rehab Drop-In Ctrs
Dress appropriately for social, work situations and weather	Supportive Employ.

WORKING ENVIRONMENT

Goal Area	Other Programs
Apply for job	Supportive Employ. Psych. Rehabilitation
Perform job tasks according to job description	Supportive Employ.
Perform work behaviors according to job description	Supportive Employ.
Develop social skills w/difficult people & positive relationships	Supportive Employ.
Develop skills to work w/supervisors & follow directions	Supportive Employ.
Develop skills to learn from instructors & follow directions	Supportive Employ.

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Progress Notes
Service Coordination Billing Rules

It is appropriate to bill for:

Face to Face

- Face to Face contact with the Client including travel time to and from the office

Phone Calls

- Telephone contacts with clients

Collateral

- Telephone & face to face contacts w/other professionals relating to serving the client
- Telephone & face to face contacts w/family, friends, or other community supports relating to client care
- Collaboration with staff from other programs or other agencies to identify resources or coordinate care for specific clients. To be billable, such discussions must be focused and purposeful.
- Face to Face and Telephone Calls with potential providers when attempting to locate a service for a particular client (i.e. you can call several providers of wraparound, find out about waiting lists, and bill for that entire time).

Attempts

- Attempts to see client face to face are billable if...
 - scheduled in advance or
 - phone contact has been unsuccessful or
 - attempting to re-engage client with whom we have lost contact

Travel Time

- Start billing when you sign out of the office
- Stop billing when you sign into the office or when you leave one appointment to go to the next appointment.
- When going directly home after an appointment, bill for the difference between travel time from the office to home and travel time from client to home

Example 1: 60 minutes travel time from client to home
20 minutes travel time from office to home
40 minutes billable travel time

Example 2: Home to office is 30 minutes.
Home to court is 20 minutes. You cannot bill for travel time.

- When going from home to an appointment, the same applies.

Example 1: Office to home is 30 minutes. Appointment to home is 45 minutes. You can bill for 1 unit of travel time.

Example 2: Office to home is 30 minutes. Appointment to home is

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15 minutes. You cannot bill for travel time.

It is NOT appropriate to bill for:

- Routine paperwork (e.g. time sheets, discharge summaries, travel reimbursement forms)
- Lunch breaks or other personal activities while in the field
- Random and/or uninvited service provided to another staff's client
- Transporting consumers when NO OTHER billable case management service provided.

Frequently Asked Questions

Q: May I bill for services rendered to a client who has signed a closure form?

A: You may bill for services up to 30 Days after a closure is signed until the Disposition is completed

Q: Can two service coordinators bill for serving the same client at the same time?

A: Only if it has been pre approved by a supervisor for safety reasons. Otherwise, only one case manager can bill for TCM services for a specific client within a specific time frame.

Q: Is providing transportation a legitimate billable Service Coordination service?

A: No. However, it is reasonable to travel together if the TCM is supporting clients' access to services, monitoring, or participating in service planning. This time should be made useful by discussing interests, goals, resources, etc. with client during the travel time.

Q: May I bill for completing referrals, recovery management plans, and applications?

A: ONLY IF you are face to face or on the phone with your client or parent and completing the forms together.

Q: If I am with a client and take a call on my cell phone from another client, can I add the billing for the phone call onto the end of the day?

A: No. You must bill for the actual time that service was provided. In this scenario, you should stop billing for the face to face client, bill for the phone call, and then restart billing for the face to face client.

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Units: 15 consecutive minutes of a billable service

- The first Billable Unit is between 7 ½ and 15 minutes
- Additional Units are added on in 15 minute increments
- Examples
 - An 8 minute phone call = 1 unit
 - A 23 minute phone call = 2 units
 - Travel 10 minutes to client's home for a scheduled visit, knock on the door and there is no answer (2 min), attempt to call from your cell phone (1 min), travel back to the office for 10 minutes. Total 23 minutes = 2 units
 - Travel 40 minutes to meet client at a meeting, attend the meeting for 30 minutes, and go home, which takes 15 minutes longer than going to the office. Total 85 minutes = 6 units
 - Travel 40 minutes to meet client at a meeting, attend the meeting for 30 minutes, then travel 20 minutes to another clients home, where you meet with him for 10 minutes and return to the office, which takes 30 minutes. Client #1 Total 70 minutes = 5 units; Client #2 Total 60 minutes = 4 units
 - You drive from home to court, which takes 30 minutes longer than going from home to the office. This travel time is billable.

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**Progress Notes
Documentation Format**

Problem:

What the individual would like to change.

In electronic health records, the problem statement may populate from the Individual Service Plan (ISP) or Treatment Plan

Focus of Change or Goal:

What the individual wants to accomplish. What is the long-term goal? In a progress note this information is already there from the Individual Service Plan.

Steps or Objectives:

What the individual will do/ did to reach their goal. What are the short-term steps to the larger, long-term goal? In a progress note this information is already there from the ISP.

Intervention:

What you will do/or did to help the individual to reach their goal-this is about you and what you do- you listened, monitored, supported, communicated, facilitated, assisted, advocated, asked, etc.

Start the Intervention section with one of the four Case Management billable activities:

Assessment Planning Referral Re-Evaluation/Coordination of Care

If there are more than one type of billable service provided, start a new paragraph with the second billable service, etc.

See Page 21 – 21 on this document for examples of these types of billable activities.

See Action Verbs on page 23 for additional ideas for words to describe your intervention.

Progress towards measurable desired outcome goals:

Describe what the individual did to reach or work on his/her steps and/or goals? What was the individual's response to your interventions? Information related to the contact and goal listed under. Include the person's perception of their progress in recovery.

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**Progress Notes
Service Coordination Billable Services**

Assessment

Assessment and periodic re-assessment of an individual to determine services needed, including activities that focus on needs identification, to determine the need for any medical, educational, social or other services. This includes conversations with family and the child, direct observation, conversations with providers and attendance at appointments and activities which are directly related to goals and actions in the personal plan.

This can include:

- Intake and assessment paperwork
- Observations
- Crisis Assessment
- Pager calls

Documentation must include the word.....Assessment

Planning

Coordinated efforts with the individual or family/child or providers to implement or change services or add or remove resources. This includes who will do what to make the change or service occur.

This can include:

- Conversations with individuals regarding available services or activities related to plan goals.
- Conversations with families regarding available services or activities related to plan goals.
- Writing of Personal Plan
- Completing Quarterly Case Reviews
- Individualized Educational Plan meetings (IEP)
- Physiological Evaluations
- Interdisciplinary Team Meetings (ITM)
- Individual Service Planning sessions
- Medication checks
- Finding funding
- Problem resolution with current services or activities
- Transition planning
- Writing a Crisis Plan

Documentation must include the word.....Planning

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Referral

Any activities related to obtaining and initially sustaining a service or activity as identified as a goal or action step on the personal plan.

This can include:

- Conversations with individuals regarding making referrals
- Conversations with families regarding making referrals
- Conversations with providers related to referrals
- Gathering resources related to Personal Plan goals
- Coordinating transitioning of services
- Referral to a peer support staff who assists in writing (WRAP)
Wellness Action Recovery Plan
- Referral to a person qualified to assist the clients in writing APD
Advanced Psychiatric Directive
- Initially ensuring effective communication between providers/individuals or
between providers & families
- Carrying out Service Coordination functions related to transition planning or
other plan implementation
- Attending initial phase of services or activities (not including transportation)
SSI, DPW, Food Bank appointments if support is initially needed to attend
(not including transportation)

Documentation must include the word.....Referral

Re-Evaluation and Coordination

Activities and contacts that are necessary to ensure the “care plan” are effectively implemented and adequately address the needs of the individual. May be with the individual, family members, providers or other entities or individuals

This can include:

- Scheduled home visits
- Physiological evaluation
- Medication checks
- Convening staffings, including inviting, coordinating, preparing for staffing
- Facilitating staffings
- Follow-up with other providers
- Preparation with the person about the staffing or service planning meeting
- School visits to collect information about service plan follow through by
other professionals

Documentation must include the word.....Re-evaluation or Coordination

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Action Words that Can Be Used in Writing Progress Notes

Assessed for	Evaluated
Assisted in identifying	Examined
Assisted in exploring	Facilitated
Empathized with	Formulated
Empowered	Generalized
Engaged in	Implemented
Gathered history and treatment history information	Integrated
Gathered information	Interpreted
Gently confronted (assisted in confronting)	Mirrored
Made recommendations about	Modeled
Made referral to	Monitored
Provided education on	Observed
Provided medication assessment	Organized
Provided positive feedback	Performed
Provided sample medications consisting of	Planned
Provided supportive listening	Practiced
Role played	Prepared
Adapted	Prescribed
Advised	Provided
Analyzed	Recommended
Applied	Redirected
Assessed	Referred
Assisted	Reflected
Clarified	Reframed
Classified	Reinforced
Collaborated	Reorganized
Compared	Reviewed
Computed	Specified
Confronted	Summarized
Constructed	Utilized
Consulted	Validated
Contrasted	
Created	
Defined	
Described	
Designed	
Developed	
Discussed	
Distinguished	
Encouraged	
Empathized	

Individual Service Planning
Sample Goals & Objectives

The following section gives examples of goals and objectives that could be utilized. The purpose of this compendium is to give the service coordinator and individual receiving services ideas if they are unable to come up with any goals or objectives.

With the person driving the process, the best goals and objectives are those that come from the person, in their own words and would preferably focus on the healing of the whole individual rather than a more narrow focus and to honor real and informed choice.

People actually can and do recover their quality of life when they come from their experiences of strength and despair or fear. Goals should serve that purpose plus healing and foster empowerment.

The format of these samples include:

Focus of Change (Goal)
Steps/Interventions
Method

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Service Plan Sample Goals and Objective Index

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**Individualized Service Plan
Sample Goals and Objectives**

These guidelines are to be used to assist clinicians/Staff in creating measurable/objective goals and interventions while working with an individual and their family if the family is involved. Remember to individualize the goals to make them applicable to the people you serve. The following information is taken from several sources including; Child, Adolescent, and Adult Treatment Planners.

ACADEMIC/EDUCATIONAL *(for adults, see Vocational section)*

Focus of Change (goal)

Individual's name will attain his/her optimum academic level of learning.

Individual's name will perform to the best of his/her academic ability in his/her current School program.

Individual's name will attain and maintain a level of academic performance that is commensurate with intellectual ability.

Individual's name will complete school and homework assignments on a regular and consistent basis.

Individual's name will achieve and maintain a healthy balance between accomplishing academic goals and meeting his/her social, emotional, and self-esteem needs.

Individual's name will stabilize mood and build self-esteem sufficiently to cope effectively with the frustration associated with academic pursuits.

Individual's name will eliminate pattern of engaging in acting-out, disruptive, or negative attention-seeking behaviors when confronted with frustration in learning.

For children & youth, Parent(s) will establish realistic expectations of the individual's learning abilities.

Adults will establish vocational/educational goals based on abilities and capacities as perceived by the person.

Parent(s) will implement effective intervention strategies at home to help the individual achieve academic goals.

Staff will encourage adults to set vocational goals and appropriate academic or training programs/curriculum necessary.

Adult will plan strategies to develop habits to facilitate goal achievement.

Consumer name and parent(s) will remove emotional impediments or resolve family conflicts and environmental stressors to allow for improved academic performance.

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Adult/child-parent or significant other will demonstrate consistent interest, initiative, and motivation in academics, and bring performance up to the expected level of intellectual or academic functioning.

Individual's name will significantly reduce the level of anxiety related to taking tests by identifying and engaging in stress reduction techniques such as relaxation response, enhancing adequate study skills.

Steps/Interventions

Child/youth will participate fully by attending at least 4 out of 5 days in the educational program at _____.

Child/youth will have at least 75% compliance with the specialized services as designated in his/her recent IEP.

Individual's name will maintain regular School attendance at least 90% of the time.

Child/youth will complete a psycho-educational evaluation.

Child/youth will complete psychological testing.

Individual's name will cooperate with a hearing, vision, or medical evaluation.

Child/youth and parent(s) or responsible significant others will comply with the recommendations made by the multi-disciplinary evaluation team at school regarding educational interventions.

Parent(s) and teachers will implement educational strategies that maximize child/youth's learning strengths and compensate for learning challenges.

Individual's name will participate in outside tutoring, vocational training, GED, literacy, or a return to college to increase knowledge and skills in the area of academic challenge.

Individual's name will implement effective study skills to increase the frequency of completion of School assignments and improve academic performance and decrease stress.

Individual's name will implement effective test-taking strategies to decrease anxiety and improve test performance.

Parent(s) of children/youth will maintain regular (i.e., daily to weekly) communication with the teachers.

Individual's name will utilize self-monitoring checklists, planners, or calendars to remain organized and help complete School assignments.

Individual's name and parent(s) will establish a regular routine that allows time to engage in leisure or recreational activities, spend quality time with the family and significant others, and complete homework assignments.

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Parent(s) and teachers will increase praise and positive reinforcement toward the individual for improved school performance.

Consumer name and parent(s) will identify and resolve all emotional blocks or learning inhibitions that are within consumer name and/or the family system.

Consumer name and parent(s) will identify and remove or resolve all emotional or family conflicts that may be a hindrance to learning.

Parent(s) will increase the time spent being involved with child/youth's homework.

Parent(s) will decrease the frequency and intensity of arguments with child/youth over issues related to School performance and homework.

Parent(s) will verbally recognize if and when their pattern of over-protectiveness may interfere with child/youth's academic growth and assumption of responsibility.

Person, child/youth will increase the frequency of on-task behaviors at School, completing School assignments without expressing the desire to give up.

Consumer name will increase the frequency of positive statements about School experiences when present and confidence in the ability to succeed academically.

Consumer name will decrease the frequency and severity of acting-out behaviors when encountering frustrations with School assignments.

Consumer name will identify and verbalize how specific, responsible actions lead to improvements in academic performance.

Consumer name will complete self assessment about their desire to work.

Consumer name will begin supportive employment and/or psychiatric rehabilitation.

Method

STAFF will evaluate progress and address concerns as they arise with the consumer.

STAFF will explore community resources of interest and assist consumer in making contacts with them.

STAFF will monitor and support goal progress by accompanying consumer name to scheduled appointments as needed.

STAFF will maintain ongoing support and encouragement to assist consumer name as issues arise.

STAFF will assist child/youth in receiving needed specialized School placement and to assure IEP recommendations are followed.

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STAFF will assist child/youth and parent(s) or other responsible adults in identifying a list of individuals within the School to whom the child/youth can turn for support, assistance, or instruction when he/she encounters difficulty or frustration with learning.

STAFF will facilitate adults in identifying a support network to turn to when frustrations and other difficulties arise.

STAFF will assist consumer name in exploring periods of time when he/she completed Schoolwork regularly and/or achieved academic success.

STAFF will then identify and encourage consumer name to use similar strategies to improve his/her current academic performance.

STAFF will teach consumer name and/or encourage his/her use of positive coping and self-control strategies (i.e., positive self-talk; “stop, look, listen, and think”) to inhibit the impulse to act out or engage in negative attention-seeking behaviors when encountering frustrations with Schoolwork.

STAFF will assist and encourage consumer name to make one positive statement daily to himself/herself about School and his/her ability.

STAFF will help in tracking achievements in a visible format to counter negative self-image responses.

STAFF will consult with the teachers to assign child/youth a task at School (e.g., giving announcements over the intercom; tutoring another student in his/her area of interest or strength) to demonstrate confidence in his /her ability to act responsibly.

STAFF will reinforce consumer name's successful School experiences and positive statements about School.

STAFF will consult with School officials about ways to improve child/youth's on-task behaviors (e.g., keep him/her close to the teacher; keep him/her close to positive peer role models; call on him/her often; provide frequent feedback to him/her; structure the material into a series of small steps).

STAFF will assist parent(s) in developing realistic expectations of consumer name's learning potential and age-appropriate capacities and capabilities

STAFF will encourage parent(s) not to protect child/youth from the natural consequences of poor academic performance (e.g., loss of credits, detention, delayed graduation) and allow him/her to learn from mistakes or failures.

STAFF will assess the parent-child relationship to help determine whether the parent's over-protectiveness and/or over-indulgence of consumer name contributes to his/her academic underachievement.

STAFF will encourage the parent(s) to set firm, consistent limits and use natural, logical consequences for consumer name's refusal to do homework or follow directions to a successful completion of the project.

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STAFF will encourage adult to understand and accept the nature of the natural consequences both positive and negative for completing assignment according to directions.

STAFF will encourage the parent(s) to avoid unhealthy power struggles or lengthy arguments over homework each night.

STAFF will encourage parent(s) to reinforce responsible behaviors to encourage consumer name to continue to engage in those behaviors in the future.

STAFF will encourage and celebrate outcomes for adult service recipients when responsible actions produce positive results.

STAFF will assist parent(s) in designing and implementing a reward system and/or contingency contract to help the parent(s) reinforce consumer name's responsible behaviors, completion of School assignments, and academic success.

STAFF will design and implement a visible tracking system to reinforcement responsibly completing work or School assignment (e.g. bar graph or pie chart of percentages)

STAFF will assist the parent(s) and teachers in the development of systematic rewards for progress and accomplishment (e.g., charts with stars for goal attainment, praise for each success, and some material reward for achievement).

STAFF will encourage the parent(s) to demonstrate and/or maintain regular interest and involvement in child/youth's homework.

STAFF will teach consumer name and/or encourage his/her use of positive coping mechanisms (e.g., relaxation techniques, positive self-talk) to use when encountering anxiety, frustration, or difficulty with Schoolwork.

STAFF will assist consumer name in identifying what rewards would increase his/her motivation to improve academic performance and then make these reinforcements contingent on academic progress.

STAFF will encourage the parent(s) and teachers to give frequent praise and positive reinforcement for child/youth's effort and accomplishment on academic tasks.

STAFF will assist child/youth and his/her parent(s) in developing a routine daily schedule at home that allows him/her to achieve a healthy balance of completing School/homework assignments, engaging in leisure activities and spending quality time with family and peers.

STAFF will assist client in developing a healthful daily routine at home that promotes balance of work/School, leisure, recreation, exercise and quality time with close relationships.

STAFF will monitor child and family's progress in the completion of School and homework assignments on a regular, consistent basis by ongoing home visits and contacts.

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STAFF will encourage child/youth to use self-monitoring checklists to increase completion of School assignments and improve academic performance.

STAFF will encourage consumer name to use planners or calendars to record School or homework (or work) assignments and plan ahead for long-term projects.

STAFF will encourage parent(s) to maintain regular (i.e., daily or weekly) communication with the child/youth's teachers to help the client remain organized and keep up with School assignments.

STAFF will teach consumer name and/or encourage his/her use of relaxation techniques or guided imagery to reduce his/her anxiety before or during the taking of tests.

STAFF will teach consumer name and/or encourage his/her use of more effective test-taking strategies (e.g., study over an extended period of time, review material regularly, read directions twice, and recheck work).

STAFF will consult with teachers and parent(s) about using a study buddy, study group or peer tutor to assist child/youth's in the area of academic concern and improve study skills.

STAFF will plan with the client to join or form a study group or obtain a peer tutor to assist in the area of academic concerns, improve study skills, and efficiency.

STAFF will teach consumer name and/or encourage his/her use of more effective study skills (e.g., remove distractions, study in quiet places, develop outlines, and highlight important details, schedule breaks).

STAFF will assist consumer name to identify specific academic goals and steps needed to accomplish goals.

STAFF will refer consumer name to a private learning center for extra tutoring in the areas of academic concern and assistance in improving study and test-taking skills.

STAFF will consult with consumer name, parent(s), and School officials about designing effective learning programs for intervention strategies that build on his/her strengths and compensate for weaknesses.

Based on IEP goals and recommendations, STAFF will assist in locating and moving child/youth/person to a positive classroom setting to maximize his/her learning.

STAFF will attend IEP meetings with the parent(s), teacher, and School officials to determine child/youth's eligibility for special education services; design education interventions, and establish educational goals.

STAFF will assist consumer name and parent(s) in locating and scheduling appointments for a hearing, vision, or medical examination to rule out possible hearing, visual, or health problems that are interfering with School performance.

STAFF will assist consumer name in locating and scheduling appointments for a hearing,

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vision, or medical examination to rule out possible hearing, visual, or health problems that are interfering with School or work performance.

STAFF will assist child/youth and parent(s) in locating and scheduling psycho-educational testing to evaluate the presence of a learning disability and to determine whether he/she is eligible to receive special education services.

STAFF will assist child/youth and parent(s) in locating and scheduling psychological testing to assess whether possible mental health or emotional factors are interfering with his/her academic performance.

ANGER MANAGEMENT

Focus of Change (Goal)

Consumer name will manage his/her emotions in a manner appropriate to the context.

Consumer name will develop coping skills to manage current life stressors.

Consumer name will exhibit behaviors while interacting with others.

Consumer name will demonstrate positive communication patters with the significant others in his/her life.

Consumer name will engage in relationships that are satisfying and positive.

Consumer name will interact with his/her family members in a positive manner.

Consumer name will develop social skills to manage relationships with his/her peer group.

Consumer name will decrease overall intensity and frequency of angry feelings, and increase ability to recognize and express angry feelings as they occur in a positive manner.

Consumer name will develop an awareness of current angry behaviors, clarifying origins of and alternatives to aggressive anger.

Consumer name will come to an awareness and acceptance of angry feelings while developing better control and more serenity.

Consumer name will become capable of handling angry feelings in constructive ways that enhance daily functioning.

Consumer name will express anger through positive verbalizations and healthy physical outlets on a consistent basis.

Consumer name will significantly reduce the frequency and intensity of temper outbursts.

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Consumer name will terminate all destruction of property, physical aggression, and acts of violence or cruelty toward people or animals.

Consumer name will interact consistently with adults and peers in a mutually respectful manner.

Consumer name will markedly reduce frequency of passive-aggressive behaviors by expressing anger and frustration through controlled, respectful, and direct verbalizations.

Parent(s) will establish and maintain positive parent-child boundaries, setting firm, consistent limits when child/youth reacts in a verbally or physically aggressive or passive-aggressive manner.

Consumer name will significantly reduce the intensity and frequency of angry verbal outbursts.

Consumer name will demonstrate marked improvement in the ability to listen and respond empathetically to the thoughts, feelings, and needs of others.

Steps/Interventions

Consumer name will be able to control his/her behaviors or emotions by counting to 10 or (name another strategy) 75 to 100 % of the time.

Consumer name will express his/her needs without tantrums or rage 9 out of 10 times.

Consumer name will utilize anger management techniques to resolve conflicts 80 to 100% of the time.

Consumer name will refrain from being verbally or physically aggressive with others 100% of the time.

Consumer name will correctly identify emotions 3 out of 4 times.

Consumer name will exhibit a pattern of taking responsibility for their tasks and refraining from actions that disturb others in the household 90 to 100% of the time.

Consumer name will identify 3 feelings in regard to the relationship consumer name has with _____.

Child/youth will play in a positive manner with a peer for _____ (time) with supervision.

Consumer name will identify targets of and causes for anger.

Consumer name will verbalize increased awareness of anger expression patterns.

Consumer name will verbalize feelings of anger in a controlled, assertive way.

Consumer name will decrease the number and duration of angry outbursts.

Consumer name will decrease verbal and physical expressions of anger, aggression, or violence while increasing awareness and acceptance of feelings.

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Parent(s) will establish positive boundaries and follow through consistently with consequences for anger control problems.

Parents of children and youth will consistently express their own anger in appropriate and healthy ways.

Consumer name will increase following rules at home and School without angry outbursts.

Consumer name will reduce the frequency and intensity of angry outbursts and aggressive behaviors.

Consumer name will decrease the frequency and intensity of angry verbal outbursts when frustrated or stressed.

Parent(s) will increase the frequency or praise and positive reinforcement to child/youth for showing controlled expression of anger.

Parent(s) will agree to and follow through with the implementation of a reward system or contingency contract to reinforce controlled expression of anger and deter aggressive behaviors.

Consumer name will express anger through controlled, respectful verbalizations and healthy physical outlets.

Consumer name will increase the number of statements that reflect acceptance of responsibility for angry outbursts and aggressive behaviors.

Child/youth will increase participation in extracurricular activities or positive peer group activities.

Consumer name will increase verbalizations of positive self-statements to help improve anger control.

Consumer name will cooperate with the recommendations or requirements mandated by the criminal justice system.

Parent(s) will increase time spent with child/youth in recreational, School, or work activities.

Consumer name will attend all scheduled anger management classes until classes are successfully completed.

Consumer name will attend and participate in anger control group therapy sessions.

Consumer name will establish and maintain steady employment to deter aggressive or destructive behaviors.

Method

STAFF will review progress report of the client and address concerns of the person as they arise.

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STAFF will assist consumer name in communicating emotions by teaching and/or encouraging his/her use of behavioral prompts or reminders.

STAFF will review feelings identification chart to assist consumer name with labeling of emotions.

STAFF will provide supportive services to consumer name and his/her family as they implement a behavior plan.

STAFF will assist consumer name in identifying a list of targets of and causes for anger.

STAFF will provide consumer name with a list of anger management classes or groups and assist him/her with accessing these community resources if needed.

STAFF will provide consumer name with information on relaxation techniques (e.g., deep breathing, positive imagery, etc.) to help him/her to respond in a positive manner to angry feelings when they occur.

STAFF will assist consumer name in identifying ways anger has negatively impacted his/her daily life.

STAFF will consult with criminal justice officials about the consequences for consumer name's destructive and aggressive behaviors (e.g., probation, community service, pay restitution).

STAFF will encourage parents or significant others not to protect consumer name from the natural or legal consequences of his /her destructive or aggressive behaviors.

STAFF will assist the parent(s) in establishing clearly defined rules, boundaries, and consequences for consumer name's angry outbursts and acts of aggression or destruction.

STAFF will assist the parent(s) in identifying effective disciplinary techniques (e.g., time-outs, removal of privileges, response cost) to help manage child/youth's anger control problems and increase compliant behaviors.

STAFF will discuss with consumer name mediational self-control strategies (e.g., relaxation; "stop, look, listen, and think") to help consumer name express his/her anger through positive verbalizations and healthy physical outlets.

STAFF will encourage the parents to provide frequent praise and positive reinforcement for child's positive social behaviors and healthy anger management.

STAFF will assist the parent(s) in creating and implementing a reward system and/or contingency contract to reinforce anger management and deter aggressive or destructive behaviors.

STAFF will assist child/youth in identifying successful strategies that have been used on days when he/she controls his/her temper and does not hit sibling(s), peers, or others.

STAFF will encourage consumer name to participate in extracurricular or positive peer group activities to provide him/her with a healthy outlet for anger and increase his/her self-esteem.

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STAFF will assist consumer name in identifying positive characteristics to improve self-esteem and frustration tolerance.

STAFF will discuss with consumer name the positive self-statements that he/she identified about himself/herself to improve his/her self-esteem and frustration tolerance.

STAFF will assist consumer name as needed in scheduling and attending a medication evaluation to help stabilize moods and improve his/her anger control.

STAFF will communicate regularly with prescribing physician to monitor co-effects of medication of increased aggression, hostility and other impulse control co-effects.

STAFF will assist consumer name in identifying more age-appropriate ways of interacting with others than through intimidating or bullying others.

STAFF will encourage and assist consumer name as needed in seeking and securing employment in order to have funds available to make restitution for aggressive or destructive acts, to assume responsibility, and to gain income to meet his/her needs in an adaptive manner.

STAFF will encourage parent(s) to increase time spent with consumer name in leisure, School, or work activities.

STAFF will encourage and support consumer name in expressing feelings associated with neglect, abuse, separations, or abandonment.

STAFF will assist consumer name in making a connection between underlying painful emotions (e.g., depression, anxiety, helplessness) and angry outbursts or aggressive behaviors.

ANTISOCIAL BEHAVIOR

Focus of Change (Goal)

Consumer name will accept responsibility for own behavior and keep behavior within the acceptable limits of the rules of society.

Consumer name will develop and demonstrate a healthy sense of respect for social norms, the rights of others, and the need for honesty.

Consumer name will improve method of relating to the world, especially authority figures; be more realistic, less defiant, and more socially sensitive.

Consumer name will come to an understanding and acceptance of the need for conforming to prevailing social limits and boundaries on behavior.

Parents who are service recipients will maintain consistent employment and demonstrate financial and emotional responsibility for children.

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STAFF will refer client to supported employment professional.

Step/Interventions

Consumer name will admit to illegal and/or unethical behavior has violated the law and/or the rights and feelings of others.

Consumer name will verbalize an understanding of the benefits for self and others of living within the laws and rules of society.

Consumer name will make a commitment to live within the rules and laws of society.

Consumer name will list relationships that have been broken because of disrespect, disloyalty, aggression, or dishonesty.

Consumer name will acknowledge a pattern of self-centeredness in their relationships.

Consumer name will make a commitment to be honest and reliable.

Consumer name will verbalize an understanding of the benefits to self and others of being empathetic and sensitive to the needs of others.

Consumer name will list three actions that will be performed that will be acts of kindness and thoughtfulness toward others.

Consumer name will indicate the steps that will be taken to make amends or restitution for hurt caused to others.

Consumer name will verbally demonstrate an understanding of the rules and duties related to employment.

Consumer name will attend work reliably and treat supervisors and coworkers with respect.

Consumer name will verbalize the obligations of parenthood that have been ignored.

Consumer name will state a plan to meet responsibilities of parenthood.

Consumer name will increase statements of accepting responsibility for own behavior.

Method

STAFF will gently confront consumer name's attempts at minimization, denial, or projection of blame in regards to his/her pattern of illegal and/or unethical behavior.

STAFF will review the consequences for consumer name and others of his/her antisocial behavior.

STAFF will assist consumer name in identifying that the basis for all satisfying relationships is mutual trust.

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STAFF will encourage consumer name to make a commitment to conform to a pro-social, law-abiding lifestyle.

STAFF will emphasize the reality of negative consequences for consumer name if he/she continues to practice lawlessness.

STAFF will assist consumer name in identifying relationships that have been lost due to his/her antisocial attitudes and practices (e.g., disloyalty, dishonesty, aggression).

STAFF will gently confront consumer name's lack of sensitivity to the needs and feelings of others.

STAFF will assist consumer name in identifying the self-focused, me-first, look-out-for-number-one attitude that is reflected in his/her antisocial behavior.

STAFF will assist client in developing ways to increase being other-centered instead of self-centered. STAFF will consistently model this behavior and attitude.

STAFF will assist consumer name in identifying the value for self of honesty and reliability in all relationships, since he/she benefits from social approval as well as increased trust and respect.

STAFF will assist consumer name in identifying the positive effect that honesty and reliability have for others, since they are not disappointed or hurt by lies and broken promises.

STAFF will encourage consumer name to make a commitment to be honest and reliable.

STAFF will attempt to sensitize consumer name to his/her lack of empathy for others, by revisiting the consequences of his/her behavior on others.

STAFF will gently confront consumer name when he/she is rude or not being respectful of others and their boundaries.

STAFF will assist consumer name in listing three actions that he/she will perform as acts of service or kindness for others.

STAFF will assist consumer name in identifying those who have been hurt by his/her antisocial behavior.

STAFF will assist consumer name in identifying the value of apologizing for hurt caused as a means of accepting responsibility for behavior and of developing sensitivity to the feelings of others.

STAFF will encourage consumer name's commitment to specific steps that will be taken to apologize and make restitution to those who have suffered from his/her hurtful behaviors.

STAFF will review the rules and expectations that must govern consumer name's behavior in the work environment.

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STAFF will monitor consumer name's attendance at work and reinforce reliability as well as behaving respectfully toward those in authority.

STAFF will encourage consumer name to make a list of behaviors and attitudes that must be modified in order to decrease his/her conflict with authorities.

STAFF will gently confront consumer name's avoidance of responsibilities toward his/her children.

STAFF will assist consumer name in listing the behaviors that are required to be a responsible, nurturing, consistently reliable parent.

STAFF will assist consumer name in developing a plan with him/her that will begin to implement the behaviors of a responsible parent.

STAFF will gently confront consumer name when he/she makes blaming statements or fails to take responsibility for own actions, thoughts, or feelings.

STAFF will give verbal positive feedback to consumer name when he/she takes responsibility for his/her own behavior.

ANXIETY

Focus of Change (Goal)

Consumer name will gain confidence to cope with life's situations.

Consumer name will increase comfort level in the community.

Consumer name will decrease isolative behaviors and increase comfort level.

Consumer name will reduce overall level, frequency, and intensity of the anxiety so that daily functioning is not impaired.

Consumer name will stabilize anxiety level while increasing ability to function on a daily basis.

Consumer name will enhance his/her ability to handle effectively the full variety of life's anxieties.

Consumer name will interact with the world without excessive fear, worry, or anxiety.

Service recipient will increase their level of courage and the capacity to work through fears.

Steps/Interventions

Consumer name will practice the relaxation response twice a day beginning with 10 minutes and increasing to 30 minutes per day.

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Consumer name will visualize a desired outcome to a commonly anxiety producing situation.

Consumer name will practice progressive muscle relaxation techniques to decrease muscle tension, spasms, and decrease heart rate.

Consumer name will decrease consumption caffeinated beverages and chocolate gradually to extinction.

Consumer name will monitor food dyes and other additives to determine if increased tension results and decrease appropriately.

Consumer name will explore ways to fit 20 to 60 minutes of cardiovascular exercise into daily routine (this is a good place to put some social/peer support!)

Consumer name will explore ways to incorporate spiritual practices into daily and/or weekly routine (this will increase social support if in a congregated setting)

Consumer name will take at least 2 opportunities to socialize in the community each _____ (week/month).

Consumer name will spend at least _____ (time) per week interacting with an identified peer.

Consumer name will talk with a friend by phone or in person 2 times per week.

Consumer name will participate in an identified activity at least 3 times per month.

Consumer name will identify 3 hobbies of interest and discuss ways in which he/she can participate in these activities.

Consumer name will engage in _____ (hobby/activity) and spend 30 minutes daily with this activity.

Consumer name will practice the relaxation response.

Consumer name will increase daily social and vocational involvement.

Consumer name will increase daily social and academic activities.

Consumer name will acknowledge the irrational nature of his/her phobias.

Consumer name will acknowledge nature of their fears, a process to confront them and conquer the fear.

Consumer name will decrease daily level of anxiety by utilizing positive self-talk.

Consumer name will implement positive self-talk to reduce or eliminate anxiety.

Consumer name will implement a thought stopping technique to interrupt anxiety-producing thoughts.

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Consumer name will implement positive relaxation activities to decrease the level of anxiety.

Consumer name will list the advantages and disadvantages of the anxiety.

Consumer name will verbalize alternative positive views of reality that are incompatible with anxiety producing views.

Consumer name will identify an anxiety coping mechanism that has been successful in the past and increase its use.

Consumer name will identify and use specific coping strategies for anxiety reduction.

Consumer name will identify areas of conflict that precipitate anxiety.

Consumer name will increase participation in daily social and academic activities.

Consumer name will state a connection between anxiety and underlying, previously unexpressed wishes or thoughts.

Consumer name will increase physical exercise as a means of reducing anxious feelings.

Parent(s) will verbalize an understanding of consumer name's anxieties and fears.

Parent(s) will verbalize constructive ways to respond to consumer name's anxiety.

Parent(s) will reduce their attempts to control consumer name.

Consumer name will express confidence and hope that anxiety can be overcome.

Method

STAFF will assist the consumer in reviewing the progress and address concerns as they arise.

STAFF will provide ongoing encouragement and opportunity to increase comfort level in the community setting by accompanying consumer name on outings as needed.

STAFF will provide encouragement, suggestions, and opportunity to assist in achieving goal during face-to-face contacts.

STAFF will explore community resources of interest and assist consumer in making contacts with these resources.

STAFF will assist consumer name in identifying reality-based, positive self-talk that will increase his/her self-confidence in coping with both rational and irrational fears.

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STAFF will teach consumer name behavioral anxiety coping strategies that create distraction from the anxiety preoccupation (e.g., increased social involvement, participation in School-related activities).

STAFF will assist parent(s) in identifying which fears and anxieties are developmentally common for various stages of adolescent child development.

STAFF will refer parent(s) to a parenting class or support group.

STAFF will assist parent(s) in developing skills to effectively respond to consumer name's fears and anxieties with calm confidence (e.g., parent(s) remind consumer name of a time he/she effectively handled a fearful situation, or parent(s) express confidence in consumer name's ability to face his/her fear) rather than fearful reactivity.

STAFF will assist consumer name in creating and implementing a schedule of physical activity that reduces anxiety.

ADD/ADHD & Adult ADD

Focus of Change (Goal)

Consumer name will sustain attention and concentration for consistently longer periods of time.

Consumer name will increase the frequency of on-task behaviors.

Consumer name will demonstrate marked improvement in impulse control.

Consumer name will regularly take medication as prescribed to decrease impulsivity, hyperactivity, and distractibility.

Parent(s) and/or teachers will successfully use a reward system, contingency contract, or token economy to reinforce positive behaviors and deter negative behaviors.

Parent(s) will set firm, consistent limits and maintain positive parent-child boundaries.

Consumer name will increase self-esteem.

Consumer name will develop positive social skills to help maintain lasting peer friendships.

Consumer name will reduce impulsive actions while increasing concentration and focus on low-interest activities.

Consumer name will minimize ADD behavioral interference in daily life.

Consumer name will accept ADD as a chronic issue.

Consumer name will learn coping mechanisms to meet life's challenges while having attention difficulties.

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Steps/Interventions

Consumer name will actively adhere to behavior program in the home 90 to 100% of the time.

Consumer name will complete psychological testing to confirm the diagnosis of ADHD and/or rule out emotional factors.

Consumer name will take prescribed medication as directed by the physician.

Person will monitor negative side effects and report to prescribing physician.

Parent(s) and consumer name will increase knowledge about ADHD symptoms.

Parent(s) will develop and use an organized system to keep track of consumer name's School assignments, chores, and household responsibilities.

Parent(s) will maintain regular communication with the School to monitor consumer name's academic, behavioral, emotional, and social progress.

Consumer name will use effective study skills on a regular basis to improve academic performance.

Consumer name will increase the frequency of completion of School assignments, chores, and household responsibilities.

Consumer name will implement effective test-taking strategies on a consistent basis to improve academic performance.

Parent(s) will reduce extraneous stimuli as much as possible when giving directions to consumer name.

Consumer name will delay instant gratification in favor of achieving meaningful long-term goals.

Consumer name and parent(s) will comply with the implementation of a reward system, contingency contract, or token economy to reduce the frequency of impulsive, disruptive, and negative attention-seeking behaviors.

Parent(s) will set firm limits and use natural, logical consequences to deter consumer name's impulsive behaviors.

Consumer name will express feelings through controlled, respectful verbalizations and healthy physical outlets.

Consumer name will identify and implement effective problem-solving strategies.

Child/youth will increase verbalizations of acceptance of responsibility for misbehaviors.

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Adults will acknowledge and understanding of the need to take responsibility for all behavior despite challenges.

Consumer name will increase frequency of positive interactions with family members

Consumer name will increase frequency of enjoyable time spent with siblings and peers.

Consumer name will identify and list constructive ways to use energy.

Consumer name will take medication as prescribed, on a regular, consistent basis.

Consumer name will identify specific benefits of taking prescribed medication on a long-term basis.

Person and family in recovery will identify specific costs and co-effects (side-effects) of taking prescribed medication on a long-term basis.

Consumer name will identify the specific their behaviors that cause the most difficulty.

Consumer name will apply problem-solving skills to specific problematic behaviors that are interfering with quality of life and everyday activities

Person in recovery will join support group of other children/youth or adults with others with challenges to learn coping skills.

Method

STAFF will monitor progress and address concerns as they arise.

STAFF will assist consumer name in communicating emotions by teaching and/or encouraging his/her use of behavioral prompts.

STAFF will review feelings identification chart to assist consumer with labeling of emotions.

STAFF will provide supportive services to consumer name and his/her family as they implement a behavior plan.

STAFF will encourage and/or teach consumer name and parent how to engage in a play activity together.

STAFF will assist consumer name in identifying strengths or interests and will encourage him/her to use these strengths or interests to establish friendships.

STAFF will assist consumer name in identifying positive social behaviors to assist him/her in establishing and maintaining friendships.

STAFF will reinforce consumer name in utilizing positive social behaviors that will assist him/her in establishing and maintaining friendships.

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STAFF will encourage parent(s) to participate in an ADHD support group.

STAFF will encourage participation of and link to person in recovery to a support group.

STAFF will encourage parent(s) to spend 15 to 20 minutes daily of one-on-one time with consumer name to create a closer parent-child bond.

STAFF will encourage parent(s) to identify 3 to 5 positive behaviors by child/youth and to praise the child for exhibiting these positive behaviors.

STAFF will assist consumer name in identifying statements he/she makes in which he/she blames others for his/her annoying or impulsive behaviors and fails to accept responsibility for his/her actions.

STAFF will teach consumer name and/or encourage his/her use of effective communication and assertiveness skills to express feelings with self-control and meet his/her needs through more constructive actions.

STAFF will teach consumer name and/or encourage his/her use of effective problem-solving skills (e.g., identifying the problem, brainstorming alternative solutions, selecting an option, implementing a course of action, and evaluating).

STAFF will encourage parent(s) to use natural, logical consequences for child/youth's disruptive and negative attention-seeking behaviors.

STAFF will assist parent(s) in establishing clear rules for child/youth at home and School.

STAFF will assist child/youth and teachers in designing and implementing a token economy to improve child's academic performance, social skills, and impulse control.

STAFF will assist child/youth and parent(s) in designing and implementing a reward system and/or contingency contract to reinforce child's desired positive behaviors and deter impulsive behaviors and family's coping skills.

STAFF will assist child/youth and parent(s) in identifying a variety of positive reinforcers or rewards to maintain whole family's interest or motivation in achieving desired goals or changes in behaviors.

STAFF will assist parent(s) in increasing structure to help consumer name learn to delay gratification for longer-term goals (e.g., completing homework or chores before playing basketball).

STAFF will work with parents to plan and implement a strategy to increase consistency of follow through.

STAFF will teach consumer name and/or encourage his/her use of self-control strategies (e.g., "stop, look, listen, and think") to delay the need for instant gratification and inhibit impulses to achieve more meaningful, longer-term goals.

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STAFF will encourage parent(s) on how to give clear directions (e.g., gain child/youth's attention; make one request at a time; clear away distractions; repeat instructions; obtain frequent feedback from the client).

STAFF will teach consumer name and/or encourage his/her use of more effective test-taking strategies (e.g., reviewing material regularly, reading directions twice, and re-checking work).

STAFF will consult with child/youth's teachers to implement strategies to improve School performance (e.g., sitting in the front row during class, using a prearranged signal to redirect child/youth back to task, scheduling breaks form tasks, providing frequent feedback, calling on child/youth often, arranging for a listening buddy).

STAFF will assist parent(s) in developing a routine schedule to increase child/youth's willing participation with School, chores, or household responsibilities.

STAFF will teach consumer name and/or encourage his/her use of more effective study skills (e.g., clearing away distractions, studying in quiet places, and scheduling breaks in studying).

STAFF will educate parent(s) and siblings about the symptoms of ADHD.

STAFF will assist parent(s) in developing and implementing an organizational system to increase consumer name's on-task behaviors and completion of School assignments, chores, or household responsibilities (e.g., using calendars, charts, notebooks, and class syllabi).

STAFF will assist consumer name in identifying positive and negative effects that have occurred for him/her since starting on medication.

STAFF will assist consumer name in identifying the specific behaviors that cause him/her the most difficulty.

ATTACHMENT DISORDER

Focus of Change (Goal)

Consumer name will establish and maintain a bond with primary caregiver(s).

Consumer name will resolve all barriers to forming healthy connections with others after identifying the barriers over which they have control.

Consumer name will initiate connections with others.

Consumer name will keep a safe distance from strangers.

Consumer name will tolerate reasonable absence from presence of parent or primary caregiver without panic.

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Steps/Interventions

Parents will commit to improving the communication with the significant other's in the child/youth's life.

Parent(s) make a verbal commitment to take an active role in child's treatment and in developing their own skills to work with their child and his/her issues.

Parent(s) will verbalize an understanding of the dynamics of attachment and trauma.

Parent(s) will verbalize reasonable expectations regarding progress.

Parent(s) will acknowledge his/her/their frustrations regarding living with (no label) a child with attachment difficulties and state his/her/their commitment to keep trying.

Consumer name will share fears attached to new situations.

Consumer name will identify specific positive talents, traits, and accomplishments about self.

Parent(s) will spend one-on-one time with child/youth in active play.

Parent(s) will gradually increase the frequency of expressing affection verbally and physically toward consumer name.

Consumer name will recognize and express angry feelings without losing emotional self-control.

Parent(s) will demonstrate firm boundaries on consumer name's expression of anger.

Family will engage in social/recreational activities together whenever possible and valued by the family system.

Consumer name will accept appropriate physical contact with family members without withdrawal.

Parent(s) will use respite care to avoid depleting patience and ability to cope with consumer name's issues.

Parent(s) will respond calmly but firmly to consumer name's detachment behavior.

Parent(s) will give consumer name choices and allow him/her to make own decisions.

Method

STAFF will suggest referral for parents to conflict resolution or intimacy building program to strengthen their relationship.

STAFF will assist the parent(s) in identifying specific ways he/she/they can intervene in child's problem or negative behaviors.

STAFF will assist the parent(s) in obtaining information on the nature of attachment and the overall effect of trauma on children and families.

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STAFF will assist parent(s) in identifying his/her/their unrealistic expectations for consumer name's behavior, adjustment, and emotional attachment progress.

STAFF will encourage the parent(s) to read information to increase his/her/their understanding and reinforce their commitment to work with his/her/their child.

STAFF will provide supportive listening to parent(s)' frustrations regarding living with a child with attachment difficulties while reinforcing his/her/their commitment to keep trying.

STAFF will encourage consumer name to share his/her fears in order to gain self-acceptance.

STAFF will assist consumer name in identifying his/her specific positive talents, traits, and accomplishments to help develop self-knowledge, acceptance, and confidence.

STAFF will encourage the parent(s) to spend specific time in daily one-on-one active play with consumer name.

STAFF will encourage the parent(s) to provide large, genuine, daily doses of positive verbal reinforcement and physical affection.

STAFF will assist consumer name in identifying ways he/she can handle angry feelings in a controlled, effective way.

STAFF will encourage the parent(s) to read material to increase his/her/their understanding of attachment disorders.

STAFF will assist the parent(s) in designing preventive safety measures (i.e., supervision and environmental controls) if consumer name's behavior becomes dangerous or frightening.

STAFF will encourage the parent(s) to give constant feedback, structure, and repeated emphasis of expectations to consumer name in order to reassure him/her that they are firmly in control and that the he/she/they will not allow his/her intense feelings to get out of hand.

STAFF will encourage the parent(s) to engage consumer name and family in many cohesive shared experiences, such as attending religious services and practices, singing together at home, attending sports events, building and work projects, and helping others.

STAFF will encourage consumer name and parent(s) to engage in physical touching a couple times per day (This can take the form of snuggling with the parent while watching television, feel or shoulder massage, being held in a rocking chair, or physical creational games).

STAFF will assist the parent(s) in finding care providers, then encourage and monitor his/her/their use of respite care on a scheduled basis to avoid burnout and to keep his/her/their energy level high, as well as to build trust with consumer name through the natural process of leaving and returning.

STAFF will assist parent(s) in understanding the psychological meaning and purpose for consumer name's detachment, and encourage him/her/them to implement positive interventions to deal day to day with the

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behavior in a therapeutic way (e.g., calmly reflecting on the their child's feelings, ignoring negative behavior as much as is reasonably possible, rewarding any approximation of pro-social behavior, and practicing unconditional positive regard).

STAFF will encourage the parent(s) to give consumer name as many choices as is reasonable and possible to impart a sense of control and empowerment to him/her.

AUTISM/PERVASIVE DEVELOPMENTAL DISORDER

Focus of Change (Goal)

Consumer name will develop basic language skills and the ability to communicate simply with others.

Consumer name will establish and maintain an emotional connection with primary attachment figures.

Consumer name will achieve the educational, behavioral, and social goals identified on the IEP.

Parent(s) and/or family members will develop acceptance of the consumer name's overall capabilities.

Parent(s) and/or family members will place realistic expectations on consumer name's behavior.

Consumer name will engage in reciprocal and cooperative interactions with others on a regular basis.

Consumer name will stabilize mood and tolerate changes in routine or environment.

Consumer name will eliminate all self-abusive behaviors.

Consumer name will attain and maintain the highest realistic level of independent functioning.

Consumer name will develop basic language skills and the ability to communicate simply with others.

Steps/Interventions

Consumer name will complete an intellectual and cognitive evaluation.

Consumer name will complete a speech/language evaluation.

Consumer name will complete a neurological evaluation and/or neuropsychological testing.

Consumer name will willingly engage with the recommendations offered by the assessment(s) and IEP planning committee.

Consumer name will agree to a move to a positive, supportive, and/or specialized classroom setting or an alternative will be explored and found.

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Consumer name will willingly participate in the move to a positive alternative residential placement setting.

Consumer name will attend speech and language therapy sessions.

Consumer name will increase the frequency of positive, spontaneous verbalizations toward the staff, family members, treatment team members, and others.

Consumer name will decrease the frequency and severity of temper outbursts and aggressive and/or self-abusive behaviors.

Parent(s) will verbalize increased knowledge and understanding of autism and pervasive developmental disorders.

Parent(s) will increase their social support network.

Parent(s) will utilize respite care to reduce stress related to being caregiver(s).

Consumer name will demonstrate essential self-care and independent living skills.

Parent(s) and sibling(s) will report feeling a closer bond with consumer name.

Consumer name will increase the frequency of positive interactions with parent(s) and sibling(s).

Consumer name will channel strengths or areas of interest into a positive constructive activity.

Consumer name will increase the frequency of social contacts with peers.

Consumer name will identify and express basic emotions.

Consumer name will attend vocational training sessions.

Consumer name will attend programming to build skills for independent activities of daily living.

Parent(s) will verbalize fears regarding consumer name living independent of them.

Parent(s) will develop and implement a step program for moving consumer name toward establishing independent status.

Method

STAFF will monitor progress and address concerns as they arise.

STAFF will assist consumer name in communicating emotions by teaching and/or encouraging his/her use of behavioral prompts.

STAFF will review feelings identification chart to assist consumer with labeling of emotions.

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STAFF will provide supportive services to consumer name and his/her family as they implement a behavior plan.

STAFF will encourage and/or teach child and parent how to engage in a play activity together.

STAFF will arrange for an intellectual and cognitive assessment to gain greater insights into consumer name's strengths and life challenges.

STAFF will complete referral for a speech/language evaluation.

STAFF will arrange for a psychiatric evaluation of consumer name.

STAFF will attend IEP meetings to establish consumer name's eligibility for special education services, to update and revise educational interventions, and to establish new behavioral and educational goals.

STAFF will consult with the parent(s), teachers, and other School officials about designing effective learning programs, classroom assignments, or interventions that build on the child's strengths and compensate for weaknesses.

STAFF will consult with the parent(s), School officials, and mental health professionals about the need to place consumer name in an alternative residential setting (e.g., foster care, group home, or residential program).

STAFF will refer consumer name to a speech/language pathologist for ongoing services to improve his/her speech and language abilities.

STAFF will actively build the level of trust with consumer name through consistent eye contact, frequent attention and interest, unconditional positive regard, and warm acceptance to facilitate increased communication.

STAFF will frequently use praise and positive reinforcement to increase consumer name's initiation of verbalizations as well as acknowledgement of and responsiveness to others' verbalizations.

Parent(s) will frequently use praise and positive reinforcement to increase consumer name's initiation of verbalizations as well as acknowledgement of and responsiveness to others' verbalizations.

STAFF will provide parent(s) with encouragement, support, and reinforcement or modeling methods to foster consumer name's language development.

STAFF will teach parent(s) and/or encourage his/her/their use of behavior management techniques (e.g., time-out, response cost, overcorrection, removal of privileges) to decrease consumer name's idiosyncratic speech, excessive self-stimulation, temper outbursts, and self-abusive behaviors.

STAFF will assist parent(s) and School Staff in designing a token economy for use in the home and/or classroom to improve consumer name's social skills, anger management, impulse control, and speech/language abilities.

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STAFF will assist parent(s) in developing a reward system to improve consumer name's social skills and anger control.

STAFF will provide parent(s) and/or family members with information on the maturation process in individuals with autism or pervasive developmental disorders and the challenges that this process presents.

STAFF will encourage parent(s) to join the Autism Society of America to expand their social network, to gain additional knowledge of the disorder, and to give him/her/them support.

STAFF will refer parent(s) to a support group for parents of autistic children.

STAFF will refer parent(s) to, and encourage him/her/them to use, respite care for the client on a periodic basis.

STAFF will encourage parent(s) to teach consumer name essential self-care skills (e.g., combing hair, bathing, brushing teeth).

STAFF will monitor and provide frequent feedback to consumer name regarding his/her progress toward developing self-care skills.

STAFF will encourage parent(s) and/or family members to regularly include consumer name in structured work or play activities for reasonable and agreed upon time period as often as possible, with the recommendation that 20 minutes each day is suggested.

STAFF will encourage parent(s) to sing songs (e.g., nursery rhymes, lullabies, popular hits, songs related to consumer name's interests) with consumer name to help establish a closer parent-child bond and increase verbalizations in home environment.

STAFF will encourage parent(s) to redirect consumer name's preoccupation with a single object or restricted area of interest to turn it into a productive activity.

STAFF will consult with parent(s) and teachers about increasing the frequency of consumer name's social contacts with his/her peers (working with student aide in class, attending Sunday school, participating in Special Olympics).

STAFF will refer consumer name to a summer camp program to foster social contacts.

STAFF will refer consumer name to a sheltered workshop or vocational training program to develop basic job skills.

STAFF will assist family in arranging an interview for consumer name's possible placement in a School-based vocational training program.

STAFF will refer consumer name to a life or daily skills program that builds competency in budgeting, cooking, shopping, and other skills required to maintain an independent living arrangement.

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STAFF will provide supportive listening and address any concerns the parent(s) and family has about consumer name living independently from them.

STAFF will work with the parent(s) and family to develop a step program that will move consumer name toward working and living independently.

STAFF will coach and monitor the parent(s) and consumer name in implementing a plan for consumer name to live independently.

STAFF will assist the family in finding a group home or supervised living program for consumer name to establish his/her independence from the family.

STAFF will encourage parent(s) to observe, approve, and reward positive and/or adaptive behaviors by consumer name.

BORDERLINE PERSONALITY

Focus of Change (Goal)

Consumer name will develop coping skills to manage current life stressors.

Child/youth will interact with his/her family members in a positive manner.

Consumer name will interact with co-workers, peers and significant others in a mutually rewarding manner.

Consumer name will develop and demonstrate coping skills to deal with mood swings in a positive manner.

Consumer name will develop the ability to control impulsive behavior.

Consumer name will develop and demonstrate anger management skills.

Consumer name will learn and practice positive interpersonal relationship skills.

Consumer name will reduce or eliminate self-damaging behaviors (such as substance abuse, reckless driving, sexual acting out, binge eating, or suicidal behaviors).

Steps/Interventions

Consumer name will identify 5 traits of a positive relationship.

Person will identify negative (5) results or negative consequences of gossip, splitting and other relationship sabotaging behavior.

Person will identify positive results and consequences of empathy and considerate behavior in relationships

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Consumer name will identify and verbalize situations that can easily trigger feelings of fear, depression, and anger and abandonment.

Consumer name will identify the self defeating thoughts that mediate intense negative emotions.

Consumer name will identify and verbalize realistic, positive self-talk to replace distorted negative messages.

Consumer name will identify some negative consequences to self and others of his/her self-defeating, impulsive behaviors.

Consumer name will implement the use of "I messages" to communicate feelings.

Consumer name will initiate enjoyable activities that can be done alone.

Consumer name will cooperate with referral to a physician to evaluate the need for psychotropic medication.

Consumer name will take medication as prescribed and report as to effectiveness and side effects.

Person will identify the way in which medication is supposed to alleviate symptoms in order to report effective response.

Consumer name will verbalize a promise to contact emergency helpline or crisis on-call if a serious urge toward self-harm arises.

Consumer name will identify negative consequences of judging people rigidly and harshly.

Method

STAFF will monitor progress and address concerns as they arise.

STAFF will assist consumer name in identifying situations that trigger feelings of fear, depression, and anger, abandonment for him/her.

STAFF will assist consumer name in identifying the distorted and/or automatic thoughts that mediate his/her anxiety response.

STAFF will assist consumer name in identifying self-defeating thoughts (e.g., regarding hopelessness, helplessness, worthlessness, catastrophizing, negatively predicting the future) that he/she makes about him/herself/others and then assist in replacing those thoughts with positive and self-enhancing and realistic thoughts.

STAFF will reinforce consumer name's positive, realistic cognitive self-talk that promotes calm and mediates a sense of peace.

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STAFF will assist consumer name in identifying destructive consequences of his/her impulsive behavior to self and others.

STAFF will teach consumer name and/or encourage his/her use of self-control strategies (e.g., “stop, look, listen, and think”, relaxation techniques) to delay gratification and inhibit impulses.

STAFF will assist consumer name in identifying assertiveness versus passivity and aggressiveness.

STAFF will teach consumer name how to use and/or encourage his/her use of “I messages” to communicate feelings directly (i.e., I feel... When you... I would prefer it if you...).

STAFF will encourage consumer name to use “I messages” in place of aggressiveness or possessiveness when feeling threatened.

STAFF will assist consumer name in identifying the destructive effect of over-control of others and angry resentment when others pull back from relationships.

STAFF will provide consumer name with an emergency helpline telephone number that is available 24 hours a day.

STAFF will encourage consumer name to express his/her feelings directly using assertive “I messages” rather than indirectly through self-mutilating behavior.

STAFF will assist consumer name in identifying the alienating consequences of judging people harshly and impulsively.

STAFF will assist consumer name in identifying the positive and negative qualities in all people by utilizing role reversal and modeling.

CHEMICAL DEPENDENCY/ADDICTION/SUBSTANCE ABUSE

Focus of Change (Goal)

Consumer name will maintain total abstinence from all mood-altering substances while developing an active recovery program (AA, therapy, etc.).

Consumer name will reestablish sobriety while developing a plan for addressing relapse issues.

Consumer name will confirm and address chemical dependence as a family/relationship issue.

Consumer name will develop methods that help them to reduce impact of family stress on them.

Consumer name will reach out to reestablish connections with relationships and groups that will support and enhance ongoing recovery from chemical dependence.

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Consumer name will develop an understanding of the pattern of relapse and strategies for coping effectively to help sustain long-term recovery.

Consumer name will accept fact of chemical dependence and begin to actively participate in a recovery program.

Consumer name will establish a sustained recovery, free from the use of all mood-altering Substances (prescribed medications maybe be an exception for those with dual disorders).

Consumer name will establish and maintain total abstinence while increasing knowledge of the disease and the process of recovery.

Consumer name will develop the practice of mindfulness and present in the moment living as part of their recovery process.

Consumer name will acquire the necessary skills to maintain long-term sobriety from all mood-altering substances (prescribed medications maybe an exception for those with dual disorders).

Consumer name will withdraw from mood-altering substances, stabilize physically and emotionally, and then establish a supportive recovery plan.

Steps/Interventions

Consumer name will identify 5 traits of a positive relationship.

Consumer name will report any medical concerns within 1 day for necessary treatment.

Consumer name will receive all necessary medical care as required 100% of the time.

Consumer name will complete an evaluation for chemical dependence and willingly participate with all the recommendations of the evaluation.

Consumer name will follow through with any requests for drug screens/tests.

Consumer name will acknowledge honestly and without denial the destructive pattern of chemical usage and the life problems it causes.

Consumer name will acknowledge negative consequences of alcohol and/or drug use as seen by others (linked to family therapy method).

Consumer name will identify the negative consequences of drug and/or alcohol abuse.

Consumer name will verbally acknowledge, accept being chemically dependent and in need of help.

Consumer name will verbalize increased knowledge of the addiction and the recovery process.

Consumer name will write a good-bye letter to the drug of choice.

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Consumer name will establish regular attendance at support group meetings.

Consumer name will obtain a sponsor or other mentor immediately even if person chosen is temporary.

Consumer name will identify at least one support group time and place as a “home” group.

Consumer name will participate as a member of a home group and observe accepted behaviors of responsibility.

Consumer name will explore and identify any signs or symptoms of depression that predate substance abuse.

Consumer name will brainstorm and identify positive traits about self.

Consumer name will journal or create a collage of behaviors and beliefs, strengths in their character and personal assets that have kept them alive up to this point.

Consumer name will address shame and guilt issues related to their addiction.

Consumer name will practice stopping, thinking, listening, and planning before acting.

Consumer name will verbally identify several occasions when impulsive actions led to substance abuse and subsequent negative consequences.

Consumer name will take medication as directed by the physician and report any side effects.

Consumer name will articulate how medication may alleviate negative symptoms so they may report effectiveness of medication and dosage.

Consumer name will complete psychiatric evaluation.

Consumer name will break ties with friends who use mood-altering substances and develop new friendships with those peers who will support and encourage sobriety and recovery.

Consumer name will identify family dynamics and interpersonal stressors that are relapse triggers.

Consumer name will develop a list of personal relapse triggers and strategies for coping effectively with each trigger.

Consumer name will develop a written relapse prevention, WRAP plan or aftercare plan that supports maintaining sobriety.

Family members will verbalize an understanding of their role in addiction, including the definition of enabling behavior, its triggers and consequences.

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Significant others will identify and understand their role in the process of the recovery of themselves and the person with the chemical addiction.

Family members will each develop his/her own relapse plan in writing and share it with the chemically dependent member.

Parent(s) implement child-rearing techniques that are respectful and reasonable and that encourage personal responsibility and growth.

Consumer name will complete medical examination to evaluate the effects of chemical dependence.

Consumer name will decrease the level of denial around using as evidenced by fewer statements about minimizing amount of use and its negative impact on life.

Consumer name will make verbal "I" statements that reflect a knowledge and acceptance of chemical dependence.

Consumer name will verbalize a commitment to abstain from the use of mood-altering drugs.

Consumer name will identify the ways being sober could positively impact life.

Consumer name will verbalize changes that will be made in social relationships to support recovery.

Consumer name will identify projects and social and recreational activities that sobriety will now afford the time, energy and money to do.

Consumer name will verbalize how current living situation contributes to the desire to get high, chemical dependence and acts as a hindrance to recovery and a happy and satisfying life.

Consumer name will make arrangement to terminate current living situation and move to a place more conducive to recovery.

Consumer name will identify the positive impact that sobriety will have on intimate and family relationships.

Consumer name will identify sources of ongoing support in maintaining sobriety (home group and sponsor)

Method

STAFF will evaluate progress and address concerns as they arise.

STAFF will educate this individual on the risks and benefits of psychotropic medications.

STAFF will evaluate progress and address medical needs per home visits and phone conversations with consumer name.

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STAFF will assist in arranging for consumer name having a complete chemical dependence evaluation.

STAFF will refer consumer name laboratories or services that can complete drug screens.

STAFF will assist consumer name in identifying his/her history, frequency, and pattern of substance use.

STAFF will confront consumer name's denial with the facts of use and its negative consequences until he/she comes to an acceptance of his/her chemical dependence.

STAFF will assist consumer name in creating a list of the ways that chemical use has negatively impacted his/her life.

STAFF will encourage consumer name to attend Narcotics Anonymous and/or Alcoholics Anonymous meetings.

STAFF will assist consumer name in obtaining a list of local Narcotics Anonymous and/or Alcoholics Anonymous meetings.

STAFF will help person to arrange for transportation or social fear or other barriers to meeting attendance.

STAFF will encourage consumer name to find a sponsor and meet with or call this sponsor daily or regularly.

STAFF will refer consumer name for treatment of mood disorder if his/her feelings of depression and low self-esteem appear to contribute to chemical abuse.

STAFF will assess person for other signs of mental health issues.

STAFF will refer consumer name to a psychiatrist for evaluation.

STAFF will assist consumer name in creating a list of negative consequences that occurred because of impulsivity and substance abuse.

STAFF will assist consumer name in identifying past impulsive actions that have resulted in substance abuse and negative consequences, helping him/her to see how dangerous it is to act impulsively.

STAFF will monitor consumer name's willing engagement with recovery plan through ongoing contacts.

STAFF will assist consumer name in developing social skills that will help him/her make healthy friendships with drug-free peers.

STAFF will encourage consumer name's involvement in extracurricular social, athletic, or artistic activities with a positive peer group (12-step) that expands interests beyond "hanging out".

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STAFF will assist consumer name in developing strategies to cope effectively with family dynamics that trigger use.

STAFF will assist consumer name in identifying relapse triggers and in developing strategies for handling each effectively.

STAFF will assist consumer name in designing and implementing a daily schedule or routine, making sure key elements of regular meal and bedtimes, medication, work, exercise, and meetings are included.

STAFF will monitor consumer name's adherence to his/her daily schedule or routine through ongoing contacts.

STAFF will provide family members information on local Al-Anon, Nar-Anon, or Ala-Teen, Adult Children of Alcoholic (ACOC) and other 12-step family meetings.

STAFF will assist family members in identifying enabling behaviors that support consumer name's substance abuse.

STAFF will encourage family members to develop their own individual relapse plans for when consumer name relapses and to share those plans with consumer name.

STAFF will assist parent(s) in identifying parenting techniques that bring out revenge and rebellion or reduce self-esteem and instead; intervene in a responsive, respectful, reasonable, yet firm manner.

STAFF will assist significant other(s) in identifying relationship behaviors that are abusive or create hostility, shame, and reduce self-esteem.

STAFF will work with family and significant others to interact in a responsive, respectful, reasonable, yet firm manner.

STAFF will assist consumer name to make a list of how being sober could positively impact his/her life.

STAFF will assist consumer name in identifying the negative influence of him/her continuing his/her Alcohol/drug-related relationships ("drinking/drugging buddies") and in making a plan to develop new sober Relationships based in mutually healthy and beneficial friendships.

STAFF will assist consumer name in developing insight into life changes and new coping skills and maturity needed in order to maintain long-term sobriety.

STAFF will assist consumer name in planning social and recreational activities that are free from association with substance abuse.

STAFF will assist consumer name in identifying and/or planning household or work-related projects that can be accomplished to build his/her self-esteem now that sobriety affords time, money and energy for such constructive activity.

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STAFF will assist consumer name in identifying role of his/her living situation in fostering a pattern of chemical dependence.

STAFF will assist consumer name in creating a list of the negative influences for chemical dependence inherent in his/her living situation.

STAFF will encourage a plan for consumer name to change his/her living situation in order to foster recovery.

STAFF will provide verbal praise for consumer name's positive change in living situation.

STAFF will assist consumer name in identifying positive changes that will be possible now in family/significant relationships in recovery.

STAFF will explore with consumer name the positive support system personally available in sobriety and discuss ways to develop and reinforce a positive support system.

STAFF will educate and assess family members with a personal assessment of co-dependent behaviors and progression of this illness.

CONDUCT DISORDER/DELINQUENCY

Focus of Change (Goal)

Consumer name will develop age-appropriate coping skills to manage current life stressors.

Consumer name will demonstrate positive communication patters with the significant others in his/her life.

Consumer name will interact with his/her family members in a positive manner.

Consumer name will comply with rules and expectations in the home, School and community on a consistent basis.

Consumer name will eliminate all illegal and antisocial behavior.

Consumer name will terminate all acts of violence or cruelty toward people or animals and the destruction of property.

Consumer name will demonstrate marked improvement in impulse control.

Consumer name will express anger in a controlled, respectful manner on a consistent basis.

Parent(s) will establish and maintain positive parent-child boundaries, setting firm, consistent limits when the client acts out in an aggressive or rebellious manner.

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Consumer name will demonstrate empathy, concern, and sensitivity for the thoughts, feelings, and needs of others on a regular basis.

Steps/Interventions

Consumer name will be able to control his/her behaviors or emotions by counting to 10 or (name another strategy) 75 to 100 % of the time.

Consumer name will utilize anger management techniques to resolve conflicts 80 to 100% of the time.

Consumer name will refrain from being verbally or physically aggressive with others 100% of the time.

Consumer name will actively adhere to behavior program in the home 90 to 100% of the time.

Consumer name will cooperate with the requirements mandated by the criminal justice system.

Consumer name will recognize and verbalize how feelings are connected to misbehavior.

Consumer name will increase the number of statements that reflect the acceptance of responsibility for misbehavior.

Consumer name will express anger through positive verbalizations and healthy physical outlets.

Consumer name will reduce the frequency and severity of aggressive, destructive, and antisocial behaviors.

Parent(s) will establish positive boundaries, develop clear rules, and follow through consistently with consequences for unacceptable behavior.

Child/youth and parent(s) will agree to and follow through with the implementation of a reward system, contingency contract, or token economy.

Parent(s) will increase the frequency of praise and positive reinforcement to consumer name.

Consumer name will increase willing participation with rules at home and School.

Consumer name and/or parent(s) will identify family dynamics or stressors that contribute to the emergence of behavioral problems.

Parent(s) will verbalize positive boundaries for discipline to prevent further and/or future occurrences of abuse and to ensure the safety of consumer name and his/her siblings.

Consumer name will actively participate in group and/or individual therapy.

Consumer name will identify and list strategies to help resolve conflict with peers.

Consumer name will decrease frequency of lying and manipulating others.

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Consumer name will increase participation in extracurricular activities or positive peer group activities.

Consumer name will increase verbalizations of and capacity for empathy and consideration for other people.

Consumer name will increase the frequency of responsible and positive social behaviors.

Consumer name will establish and maintain steady employment.

Consumer name will identify and verbalize the risks involved in sexually promiscuous behavior.

Consumer name will identify and list resources or coping strategies to help control anger and deter impulsive behaviors.

Consumer name will comply with a physician evaluation and take medication as prescribed.

Parent(s) will agree to seek treatment to help to make adjustment themselves.

Consumer name will complete a substance abuse evaluation and willingly participate with the recommendations offered by the evaluation findings.

Method

STAFF will monitor progress and address concerns as they arise.

STAFF will provide supportive services to consumer name and his/her family as they implement a behavior/service plan.

STAFF will complete referral for consumer name to have a substance abuse evaluation and/or treatment.

STAFF will consult with criminal justice officials about the consequences for consumer name's antisocial behaviors (e.g., paying restitution, performing community service, serving probation, having a record...).

STAFF will encourage the parent(s)/significant others not to protect consumer name from the legal consequences of his/her antisocial behaviors.

STAFF will consult with parent(s), School officials, and criminal justice officials about the need to place the client in an alternative setting (e.g., foster home, group home, residential program).

STAFF will assist consumer name in making a connection between feelings and reactive behaviors.

STAFF will firmly confront consumer name's antisocial behavior and attitude, pointing out consequences for him/her and others.

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STAFF will confront statements in which consumer name lies and/or blames others for his/her misbehaviors and fails to accept responsibility for his/her actions.

STAFF will teach consumer name and/or encourage his/her use of mediational and self-control strategies (e.g., relaxation; “stop, look, listen, and think”) to help him/her express anger in a self-controlled, respectful manner.

STAFF will encourage consumer name to use effective communication and assertiveness skills to express feelings in a self-controlled fashion and to meet his/her needs through constructive actions.

STAFF will encourage consumer name to use self-monitoring checklists at home or School to develop effective anger and impulse control.

STAFF will assist parent(s) in establishing clearly defined rules, boundaries, and consequences for misbehavior.

STAFF will assist parent(s) in identifying ways he/she/they can increase structure to help consumer name learn to delay gratification for longer-term goals (e.g., completing homework or chores, playing sports, planning for a successful/happy life).

STAFF will assist consumer name and parent(s) in designing a reward system and/or contingency contract for consumer name to reinforce identified positive behaviors at home and School and deter impulsive behaviors.

STAFF will assist consumer name and parent(s) in designing and implementing a token economy to increase consumer name’s positive social behaviors and deter impulsive, acting-out behaviors.

STAFF will encourage the parent(s) to provide frequent praise and positive reinforcement for consumer name’s positive social behaviors and good impulse control.

STAFF will assist consumer name and parent(s) in identifying dynamics that contribute to the emergence of consumer name’s behavioral problems.

STAFF will encourage parent(s) to spend more time with consumer name in leisure, School, or household activities.

STAFF will assist parent(s) in identifying physically abusive or overly punitive methods of discipline that they have or are implementing.

STAFF will educate parents in understanding the role of punishment verses reinforcement in behavior modification and motivation.

STAFF will implement the steps necessary to protect consumer name or siblings from further abuse (e.g., report abuse to the appropriate agencies; discuss with supervisor).

STAFF will make referral(s) and/or facilitate consumer name in participating in group and/or individual therapy.

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STAFF will confront statements in which the person lies and/or blames others for his/her misbehaviors and fails to accept responsibility for his/her actions.

STAFF will assist the person in identifying the value of honesty as a basis for building trust and mutual respect in all relationships.

STAFF will refer child/youth to the Big Brothers/Big Sisters organization to provide a positive role model. (for adults this can be any community organization that is not necessarily based in mental illness.)

STAFF will encourage the person to show empathy, kindness, or sensitivity to the needs of others and build that capacity (e.g., reading a bedtime story to a sibling, washing dishes for the parent when he/she is ill, identifying the positive emotions and consequences from such behavior and attitudes).

STAFF will encourage consumer name to engage in 3 altruistic or benevolent acts (e.g., read to a developmentally disabled student, mow grandmother's lawn) to increase his/her empathy and sensitivity to the needs of others.

STAFF will encourage parent(s) to observe positive social behaviors by consumer name, reinforce positive behaviors, and encourage him/her to continue to demonstrate these behaviors.

STAFF will encourage parent(s) to place consumer name in charge of tasks at home (e.g., preparing and cooking a special dish for a family get-together, building shelves in the garage, changing oil in the car) to demonstrate confidence in his/her ability to act responsibly.

STAFF will make any needed referrals for parent(s) to obtain treatment.

STAFF will make referral for a medication evaluation of consumer name to improve his/her impulse control and stabilize moods.

STAFF will monitor consumer name for willing participation of medication treatment, side effects, and effectiveness through ongoing contacts with consumer name, parent(s), family members, and/or treatment team members.

STAFF will educate person in recovery for assertiveness skills in order for them to notify doctor and/or nurses of any medication concerns or issues.

STAFF/medical Staff will educate person on medication what the benefits to the medication should be and what side or co-effects to monitor.

STAFF will refer consumer name to vocational training/supported employment to develop basic job skills if unskilled and find employment.

STAFF will refer person to career counseling or educational resources such as financial aid.

STAFF will encourage and reinforce consumer name's acceptance of the responsibility of a job, the authority of a supervisor, and the employer's rules.

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STAFF will refer consumer name to a sex education class to learn about the risks involved with sexually promiscuous behaviors.

STAFF will assist consumer name in identifying the risks involved with sexually promiscuous behaviors.

DEPRESSION

Focus of Change (goal)

Consumer name will develop coping skills to manage current life stressors and suffering/grief inherent in living.

Consumer name will decrease isolative behaviors.

Consumer name will engage in social activities with others.

Consumer name will show an interest in academic or career achievement, social involvement, and eating patterns, as well as occasional expression of joy, humor and zest for life.

Consumer name will develop activities that help them increase their joy and zest for life.

Consumer name will and increase social interactions with family and friends.

Consumer name will recognize, accept, and cope with feelings of depression.

Consumer name will develop healthy beliefs about themselves and the world around them that lead to alleviation of depression symptoms.

Steps/Interventions

Consumer name will learn relaxation skills.

Consumer name will learn new positive self affirmations.

Consumer name will learn how to monitor their own nutrition to see what triggers depression or sleep problems

Consumer name will develop routines of daily exercise.

Consumer name will learn new spiritual practices that contribute to new level of mindfulness.

Consumer name will correctly identify emotions 3 out of 4 times.

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Consumer name will identify 5 traits of a positive relationship.

Consumer name will identify 3 feelings in regard to the relationship consumer name has with _____.

Consumer name will take at least 2 opportunities to reach out and socialize in the community each _____ (week/month).

Consumer name will identify 2 opportunities to increase socialization and decrease isolation.

Consumer name will spend at least _____ (time) per week interacting with another person.

Consumer name will talk with a person by phone or in person 2 times per week.

Consumer name will participate in an identified activity at least 3 times per month.

Consumer name will identify 3 hobbies of interest and discuss ways in which he/she can participate in these activities.

Consumer name will engage in _____ (hobby/activity) and spend 30 minutes daily with this activity.

Consumer name will complete psychological testing to evaluate the depth of the depression.

Consumer name will identify and state the connection between rebellion, self-destruction, or withdrawal and the underlying depression.

Person in recovery will identify the connection between the stages of grief and a reactive or clinical depression.

Consumer name will specify what can be added to their life to increase happiness, joy, fun and fulfillment.

Consumer name will specify what in the past or present life contributes to sadness.

Consumer name will express emotional needs to significant others in a positive manner.

Consumer name will identify and replace negative self-talk that precipitates feelings of hopelessness, helplessness, and depression.

Person will identify realistic loci of control and make plans to include recovery.

Consumer name will decrease verbalizations related to the subject of death.

Consumer name will terminate suicidal behaviors and/or verbalizations of the desire to die.

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Person will express a belief in the possibility of recovery, a willingness to live and a hope for the future.

Consumer name will implement positive self-talk to strengthen feelings of self-acceptance, self-confidence, and hope.

Consumer name will initiate and respond actively to social communication with family and others.

Consumer name will cooperate with an evaluation for the necessity for psychotropic medication.

Consumer name will take prescribed psychotropic medication as decided upon in partnership with the prescribing physician.

Consumer name will improve academic performance as evidenced by better grades and positive teacher reports.

Consumer name will eat nutritional meals regularly without strong urging from others.

Consumer name will adjust sleep hours to those typical of the developmental stage.

Consumer name will describe an interest and participation in social and recreational activities.

Consumer name will reduce anger and irritability as evidenced by friendly, pleasant interactions with family and friends.

Consumer name will increase involvement in extracurricular activity within the School setting.

Consumer name will list positive things about self.

Consumer name will decrease sensitivity to criticism.

Consumer name will increase saying no to others' requests.

Consumer name will identify own emotional and social needs and ways to fulfill them.

Consumer name will demonstrate an increased sense of self-responsibility while decreasing sense of relying on others.

Consumer name will verbalize an increased awareness of boundaries and when they are violated.

Consumer name will increase the frequency of verbally clarifying boundaries with others.

Method

STAFF will assess the place of reactive grief in the person's life.

STAFF will monitor progress and address concerns as they arise.

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STAFF will assist consumer name in communicating emotions by teaching behavioral prompts.

STAFF will review feelings identification chart to assist consumer with labeling of emotions.

STAFF will provide ongoing encouragement and opportunity to increase comfort level in the community setting by accompanying consumer name on outings as needed.

STAFF will provide encouragement, suggestions, and opportunity to assist in achieving goal during face-to-face contacts.

STAFF will explore community resources of interest and assist consumer in making contacts with them.

STAFF will complete referral for psychological testing to facilitate a more complete assessment of the depth of consumer name's depression.

STAFF will assist consumer name in identifying self-defeating behaviors and how these behaviors are linked or contribute to the depression.

STAFF will confront consumer name's acting-out behaviors as avoidance of the real conflict involving his/her unmet emotional needs.

STAFF will assist consumer name in identifying the connection between angry, irritable behaviors and feelings of hurt and sadness.

STAFF will encourage consumer name's open expression of underlying feelings of anger, hurt, and disappointment.

STAFF will encourage consumer name's open expression of what he/she feels is missing from his/her life that contributes to the sadness.

STAFF will support and encourage consumer name's respectful expression of emotional needs to family members and significant others.

STAFF will teach and/or encourage parent(s) to support, tolerate, and encourage consumer name's respectful expression of his/her thoughts and feelings.

STAFF will assist consumer name in identifying the cognitive messages that he/she gives to himself/herself that reinforce helplessness and hopelessness.

STAFF will educate person in recovery as to the place of oppression on helplessness and hopelessness, anger and hostility and low motivation.

STAFF will encourage and reinforce positive cognitive messages that facilitate the growth of consumer name's self-confidence, self-acceptance, and hope for the future.

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STAFF will monitor the potential for self-harm and refer consumer name to a protective setting if necessary.

STAFF will create a contract with consumer name for no self-harm.

STAFF will encourage consumer name's participation in social/recreational activities that enrich life.

STAFF will monitor person's willingness to take medication as prescribed as well as reasons stated by person for not wanting to or having difficulties to taking the medications (time of day, upset stomach, side-effects).

STAFF will assure that the person served understands expectations of effectiveness, and side effects.

STAFF will educate person about self-advocacy in speaking to prescribing physicians for all medications to monitor and respond to difficulties with medications.

STAFF will encourage consumer name's academic/vocational effort.

STAFF will monitor and encourage consumer name's food consumption through ongoing contact with consumer name and parent(s).

STAFF will monitor consumer name's sleep patterns and the restfulness of sleep through ongoing contact with consumer name and parent(s).

STAFF will encourage and reinforce the parent(s) to give warm, positive, affirming expression of love to consumer name.

STAFF will assist the parent(s) in establishing a routine of positive, structured activity with the client (e.g., playing table games, playing at the park, watching consumer name's favorite video together).

STAFF will assist consumer name in exploring pleasurable interests and activities that could be pursued and experienced.

STAFF will reinforce and encourage pleasant social interactions between consumer name and his/her friends and/or family members.

STAFF will assist consumer name in identifying School related extracurricular activities (e.g., music groups, clubs, sports) that he/she might pursue to break the pattern of social withdrawal and introspective preoccupation.

STAFF will reinforce and encourage increased social activity.

STAFF will assist consumer name in identifying his/her positive attributes and accomplishments.

STAFF will encourage consumer name to begin each day with 5 to 10 minutes of solitude where the focus is personal affirmation or spiritual growth.

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STAFF will assist consumer name in identifying alternative, positive ways he/she can receive, process, and respond to criticism.

STAFF will reinforce and encourage consumer name for any and all signs of assertiveness and independence.

STAFF will encourage consumer name to say no without excessive explanation.

STAFF will refer consumer name to a group that will facilitate and develop his/her assertiveness skills.

STAFF will assist consumer name in creating a list of his/her emotional and social needs and ways that these could possibly be met.

STAFF will assist consumer name in identifying ways he/she could start taking care of himself/herself and then monitor for follow-through.

STAFF will assist consumer name in identifying and implementing ways of increasing his/her level of independence in day-to-day life.

STAFF will assist consumer name in identifying and/or developing new boundaries for not accepting responsibility for others' actions or feelings.

STAFF will reinforce and encourage consumer name for implementing boundaries and limits for self.

STAFF will confront consumer name's tendency toward decision avoidance and encourage his/her efforts to implement proactive decision making.

STAFF will provide positive verbal reinforcement for each timely thought-out decision that consumer name makes.

EATING DISORDERS

Focus of Change (goal)

Consumer name will establish and maintain optimum level of health.

Consumer name will restore normal eating patterns, body weight, balanced fluids and electrolytes, and realistic perception of body size.

Consumer name will terminate the pattern of binge eating and purging behavior with a return to eating of enough nutritious foods to maintain a healthy weight.

Consumer name will stabilize the medical condition, resume patterns of food intake that will sustain life, and gain weight to a healthy level.

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Consumer name will gain sufficient insight into the cognitive and emotional struggle to allow termination of the eating disorder and responsible maintenance of nutritional food intake.

Consumer name will gain an awareness of the interconnectedness of low self-esteem and societal pressures with dieting binge eating, and purging, in order to eliminate eating disorder behaviors.

Consumer name will develop alternative coping strategies (e.g., feeling identification and assertiveness) to deal with underlying emotional issues, making the eating disorder unnecessary.

Consumer name will change the definition of the self so that it does not focus on weight, size, and shape as the primary criteria for self-acceptance.

Consumer name will restructure the distorted thoughts, beliefs, and values that contribute to eating disorder development.

Steps/Interventions

Consumer name will establish a relationship with a health provider by attending at least 1 appointment in the next 3 months.

Consumer name will promptly report within 1 day to _____ any changes in health to assure needs are addressed.

Consumer name will report any medical concerns within 1 day for necessary treatment.

Consumer name will receive all necessary medical care as required 100% of the time.

Consumer name will identify and verbalize behavior patterns related to eating; avoiding eating; or controlling calories through vomiting, laxative misuse, or excessive exercise.

Consumer name will identify and describe any regular use of dysfunctional weight control behaviors.

Consumer name will cooperate with a full physical and dental exam.

Consumer name will participate in an evaluation for psychotropic medications and partner with a prescribing physician concerning the use of medication in recovery plan.

Person will identify how medication should help with problems as well as an understanding of side effects.

Consumer name will take medications as agreed to and report the effectiveness and side effects.

Consumer name will cooperate with admission to inpatient treatment if a fragile medical condition necessitates such treatment.

Consumer name will attain and maintain balanced fluids and electrolytes.

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Consumer name will eat at regular intervals (3 meals a day), consuming at least the minimum daily calories necessary to progressively gain weight.

Consumer name will keep a journal of food consumption.

Consumer name will terminate unhealthy food hoarding, exercise, vomiting, and laxative use.

Consumer name will identify and replace irrational beliefs about eating behavior.

Consumer name will verbalize the acceptance of full responsibility for choices about eating behavior.

Consumer name will identify and admit to a persistent preoccupation with body image/size.

Consumer name will set reasonable limits on physical exercise.

Consumer name will attend a support group for eating disorder.

Consumer name will verbalize a healthy, realistic appraisal of body image.

Consumer name will verbalize the feelings of low self-esteem, depression, loneliness, anger, loss of control, need for nurturance, or lack of trust that underlie the eating disorder.

Consumer name will develop assertive behaviors that allow for the healthy expression of needs and emotions.

Consumer name will state a basis for positive identity that is not based on weight and appearance but on character, traits, relationships, and intrinsic value.

Parent(s) of children and youth will verbalize a detachment from responsibility for their child's eating disorder.

Significant other will verbalize a detachment from responsibility for consumer name's eating disorder.

Consumer name will clean up and replace food after bingeing and purging episodes.

Consumer name will acknowledge and overcome the role that passive-aggressive control (e.g., the refusal to accept guidance) has in the avoidance of eating.

Consumer name will identify and verbalize the connection between too-restrictive dieting and binge episodes.

Consumer name will attend an eating disorder group.

Method

STAFF will monitor progress and address concerns as they arise.

ALLEGHENY COUNTY DEPARTMENT OF HUMAN SERVICES
OFFICE OF BEHAVIORAL HEALTH

STAFF will monitor progress and address medical needs per home visits and phone conversations with consumer name.

STAFF will communicate with medical provider to assure highest level of coordinated care.

STAFF will provide support, intervention, and advocacy to address medical needs and coordinate communication with medical provider.

STAFF will assist consumer name in scheduling medical appointments when needed.

STAFF will explore community resources of interest and assist consumer in making contacts with them.

STAFF will confront consumer name's minimization and denial of the seriousness of the eating disorder behavior.

STAFF will assist consumer name in locating a physician for a thorough physical exam.

STAFF will assist consumer name in locating a dentist for an exam.

STAFF will assist consumer name in locating a psychiatrist to evaluate him/her for and then prescribe psychotropic medications, if indicated.

STAFF will refer consumer name for hospitalization, as necessary, if his/her weight loss becomes severe and physical health is jeopardized.

STAFF will encourage consumer name to consume a minimum daily caloric intake as determined by the Person in recovery in collaboration/partnership with doctor/service team.

STAFF will reinforce and encourage consumer name's weight gain and acceptance of personal responsibility for adequate and healthy food intake.

STAFF will assist consumer name in meal planning.

STAFF will monitor consumer name's weight and provide realistic feedback regarding body thinness.

STAFF will monitor and confront consumer name's vomiting, food hoarding, excessive exercise, and laxative usage.

After consulting with doctor/treatment team, STAFF will assist consumer name in setting a goal of gradually reducing the frequency of purging.

STAFF will encourage consumer name to keep a journal of food intake, thoughts, and feelings.

STAFF will assist consumer name in identifying negative cognitive messages (e.g., catastrophizing, exaggerating) that mediate his/her dysfunctional eating behavior.

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STAFF will assist and remind consumer name that he/she has responsibility for all decisions regarding eating and unhealthy means of weight control (including setting caloric intake goals and weight).

STAFF will contract consumer name to limit exercise to 20 minutes per day or less, especially if he/she is severely underweight.

STAFF will complete referral to a support group for eating disorder for consumer name.

STAFF will assist consumer name in identifying unrealistic assessments of his/her body image.

STAFF will reinforce consumer name's use of more realistic, positive messages to himself/herself regarding food intake and body size.

STAFF will reinforce consumer name's positive qualities and successes to reduce the fear of failure and build a positive sense of self.

STAFF will reinforce consumer name's assertiveness behaviors.

STAFF will complete referral to an assertiveness training class for consumer name.

STAFF will assist consumer name in identifying a basis for self-worth apart from body image by reviewing his/her talents, successes, positive traits, importance to others, and intrinsic spiritual value.

STAFF will complete a behavioral contract with consumer name to clean up after self and immediately replace food subsequent to bingeing and/or purging.

STAFF will assist the parent(s) in developing a behavioral contract with consumer name in which consumer name pays a consequence (e.g., added household chores or loss of money, privilege, or curfew time) for bingeing on family food, hoarding food, or failing to clean up after purging).

STAFF will encourage consumer name's family members to read material on eating disorders.

STAFF will encourage consumer name to read material on eating disorders and/or binge eating.

STAFF will assist consumer name in locating a dietitian for education in healthy eating and nutritional concerns.

STAFF will monitor consumer name's psychotropic medication prescription, effectiveness, and side effects through on-going contacts and encourage him/her to discuss any medication negative co-effects with doctor/nurse.

STAFF will ask consumer name to commit to a contract of terminating all unhealthful weight control behaviors (e.g., use of laxatives, self-induced vomiting, vigorous exercise, etc.).

ENURESIS/ENCOPRESIS

**ALLEGHENY COUNTY DEPARTMENT OF HUMAN SERVICES
OFFICE OF BEHAVIORAL HEALTH**

Focus of Change (goal)

Consumer name will eliminate all diurnal and/or nocturnal episodes of enuresis.

Consumer name will terminate all episodes of encopresis, whether voluntary or involuntary.

Parent(s) will eliminate rigid or coercive toilet-training practices.

Consumer name will cease all incidents of smearing feces.

Consumer name will increase self-esteem and successfully work through feelings of shame or humiliation associated with past enuresis or encopresis.

Steps/Interventions

Consumer name and parent(s) will comply with a physician's orders for medical tests and evaluations.

Consumer name will take prescribed medication as directed by the physician.

Consumer name will complete psychological testing.

Parent(s) will consistently comply with the use of bell-and-pad conditioning procedures to treat nocturnal enuresis.

Consumer name will reduce the frequency of enuretic behavior.

Consumer name will reduce the frequency of encopretic behavior.

Parent(s) will increase consumer name's role in implementing the toilet training practices and interventions.

Consumer name will identify the negative social consequences that may occur from peers if enuresis or encopresis continues.

Parent(s) will verbally recognize how rigid toilet-training practices or hostile, critical remarks contribute to consumer name's enuresis or encopresis.

Parent(s) will decrease the frequency and severity of hostile, critical remarks regarding consumer name's toilet training.

Consumer name will increase the frequency of positive self-descriptive statements that reflect improved self-esteem.

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Consumer name will verbally and physically express anger in a positive manner rather than channeling anger through enuresis, encopresis, or smearing of feces.

Parent(s) will increase his/her/their empathetic responses to consumer name's thoughts, feelings, and needs.

Method

STAFF will encourage consumer name and parent(s) to follow through with medical examination to rule out organic or physical causes of the enuresis or encopresis.

STAFF will assist parent(s) in making arrangements for a medication evaluation of consumer name.

STAFF will monitor consumer name for medication participation, side effects, and effectiveness.

STAFF will encourage consumer name and/or parent(s) to discuss any medication concerns with physician and will facilitate these discussions if needed.

STAFF will complete referral for consumer name to have psychological testing to rule out the presence of ADHD, impulse control disorder, or serious underlying emotional problems.

STAFF will encourage consumer name and parent(s) to treat enuresis by using bell-and-pad conditioning procedures.

STAFF will encourage parent(s) to use positive reinforcement procedures to increase consumer name's bladder or bowel control.

STAFF will encourage consumer name to assume greater responsibility in managing nocturnal enuresis.

STAFF will encourage consumer name to assume greater responsibility in developing bowel control and recognizing negative consequences that result from encopretic incidents.

STAFF will encourage and challenge consumer name to assume active responsibility for achieving mastery of bladder and/or bowel control (e.g., keeping a record of wet and dry days, setting an alarm clock for voiding times, cleaning soiled underwear or linens).

STAFF will assist parent(s) and/or consumer name in obtaining information to educate him/her/them about bed-wetting.

STAFF will assist consumer name in identifying and discussing negative social consequences that he/she may experience from peers in order to increase his/her motivation to master bladder/bowel control.

STAFF will assist parent(s) in identifying effective, non-abusive toilet training practices.

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STAFF will encourage the parent(s) to decrease the frequency and severity of hostile, critical remarks that contribute to consumer name's low self-esteem, shame, embarrassment, and anger.

STAFF will assist consumer name in identifying and listing his/her positive characteristics to help decrease feelings of shame and embarrassment and reinforce his/her positive self-statements.

STAFF will encourage consumer name to make at least one positive self-statement daily and record that in a journal.

STAFF will assist consumer name in identifying effective communication and assertiveness skills to improve his/her ability to express thoughts and feelings through positive verbalizations.

STAFF will assist consumer name in identifying positive physical outlets that allow the expression of anger in a constructive manner, rather than through inappropriate wetting or soiling.

FAMILY CONFLICT

Focus of Change (goal)

Consumer name will develop self-control with his/her emotions.

Consumer name will develop coping skills to manage current life stressors.

Consumer name will establish a positive outlook to manage life's situations.

Consumer name will demonstrate improved social behaviors while interacting with others.

Consumer name will demonstrate positive communication patterns with the significant others in his/her life.

Consumer name will engage in relationships that are satisfying and positive.

Consumer name will interact with his/her family members in a positive manner.

Family will increase the number and frequency of enjoyable group time.

Family members will identify areas of realistic control of others behavior.

Steps/Interventions

Consumer name will be able to control his/her behaviors or emotions by counting to 10 or (name another strategy of their design) 75 to 100 % of the time.

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OFFICE OF BEHAVIORAL HEALTH

Consumer name will express his/her needs without tantrums or expressions of rage 9 out of 10 times.

Consumer name will utilize anger management techniques to resolve conflicts 80 to 100% of the time as reported by consumer name.

Consumer name will refrain from being verbally 90% of the time or physically aggressive with others 100% of the time.

Consumer name will correctly identify emotions 3 out of 4 times.

Children/youth will willingly participate in a behavior program which they have taken part in designing in the home 90 to 100% of the time.

Consumer name will express 3 positive comments to others daily.

Consumer name will identify 5 traits of a healthy relationship.

Consumer name will identify 3 feelings in regard to the relationship consumer name has with _____.

Consumer name will participate in an identified activity at least 3 times per month.

Child/youth will describe the nature of family conflicts and what they perceive to be the causes of conflicts, frustration and loss of self-control and self-esteem between self and parents.

Person will describe the nature of troubling conflicts and their perception of the causes of conflicts, frustrations, loss of self-control and esteem between them self and those with whom they are having difficulty (work, School, significant other, friends...)

Family will attend and participate in family therapy sessions where the focus is on each individual's self-control and mutually, respectful communication of thoughts and feelings.

Consumer name will identify his/her own as well as others' role in the family conflicts.

Consumer name and other family members will demonstrate increased openness by sharing thoughts and feelings about family dynamics, roles, and expectations.

Consumer name will identify the role that chemical dependence behavior plays in triggering family conflict.

Consumer name will verbally describe an understanding of the role played by family relationship stress in triggering substance abuse or relapse.

Consumer name will increase the number of positive family interactions by planning and participating in enjoyable and work (domestic) activities.

Parent(s) will report how he/she/they are involved in the home and parenting process.

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Parent(s) will report a decrease in the frequency of conflictual interactions with the child and between the children.

Consumer name will report an increase in resolving conflicts with parent(s) by talking calmly and assertively rather than aggressively and defensively.

Person will identify hurt feelings and threats to sense of self that lead to defensiveness.

Parent(s) will increase or decrease structure within the family as appropriate to family unity and contentment.

Youth and parents will identify factors that reinforce over dependence on the family and identify ways to support freedom and choice or letting go as is appropriate to healthy, whole-life development.

Consumer name will increase the level of independent functioning – that is, finding and keeping a job, saving money, socializing with friends, finding own housing, and so on.

Method

STAFF will review side effects of medication for presence of the side effects of hostility, aggression.

STAFF will teach relaxation response as a way to deal with family stress.

STAFF will teach progressive relaxation as a way to deal with family stress.

STAFF will monitor progress and address concerns as they arise.

STAFF will assist consumer name in communicating emotions by teaching and/or encourage his/her use of behavioral prompts.

STAFF will review feelings identification chart to assist consumer with identifying emotions.

STAFF will provide supportive services to consumer name and his/her family as they implement a plan for change.

STAFF will encourage and/or teach child and parent how to engage in a play activity together.

STAFF will explore community resources of interest and assist consumer name in making contacts with them.

STAFF will encourage consumer name to have and express own feelings, thoughts, and perspectives in order to develop a sense of autonomy from family.

STAFF will assist parents in developmental process of middle life in letting child/youth develop independence.

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STAFF will educate all family members that resistance to change in styles of relating to one another is usually high and that change takes concerted effort by all members.

STAFF will assist consumer name in identifying when he/she is not taking responsibility for his/her role in the family conflict.

STAFF will reinforce consumer name for owning responsibility for his/her contribution to the conflict.

STAFF will facilitate each family member in expressing his/her concerns and expectations regarding becoming a happier and more hopeful family.

STAFF will assess for the presence of chemical dependence in all family members; emphasize the need for treatment, if indicated, and make any needed referrals.

STAFF will assist consumer name in identifying the triggers for chemical dependence relapse in the family conflicts.

STAFF will assist consumer name in identifying a list of positive family activities that promote harmony.

STAFF will refer the parent(s) to a parenting group to help expand their understanding of children and to build discipline skills and loci of control realities

STAFF will teach the parent(s) and/or encourage his/her/their use of positive parenting methods and encourage his/her/them to implement the methods learned.

STAFF will assist the parent(s) in identifying the benefits to developing rituals (e.g., dinner times, bedtime readings, weekly family activity times, etc.) that will provide structure and promote bonding.

STAFF will assist the parent(s) in increasing structure within the family by setting times for eating meals together, limiting number of visitors, setting a lights-out time, establishing a phone call cutoff time, curfew time, "family meeting" time, and so on.

STAFF will assist the family in planning and going on an outing or activity.

STAFF will assist consumer name in identifying ways he/she is overly dependent on parent(s) and encourage risk taking with hope for new freedom and self-control.

STAFF will assist consumer name in identifying his/her emotional dependence and avoidance of economic responsibility that promotes continuing pattern of living with parents.

FINANCIAL/FINANCIAL STRESS

Focus of Change (goal)

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OFFICE OF BEHAVIORAL HEALTH

Consumer name will learn skills to maintain their financial stability and assure the continuation of needed benefits.

Consumer name will develop the skills necessary to manage his/her financial issues.

Consumer name will learn to develop an income and expense budget that will meet their needs.

Consumer name will contact creditors to develop a revised repayment plan for outstanding bills or work with a lawyer to begin bankruptcy process.

Consumer name will develop a plan to re-enter the workforce, decreasing their reliance on benefits.

Steps/Interventions

Consumer name will stay within budget limits at least 80% of the time.

Person in recovery will develop budget that reflects all costs necessary for reasonable standard of living and thus determine what amount is needed for maintain desired and healthy life-style.

Person in recovery writes up plan to add employment and/or education to goals in order to meet these expectations.

Person in recovery learns the basics of managing their own finances.

Person in recovery will have control over their own finances and manage them responsibly.

Consumer name will identify and utilize any available community resources to obtain short-term necessary assistance (i.e., food stamps, energy assistance, food bank, etc.).

After careful consideration of all the negative and positive consequences, the person in recovery will complete application for SSDI and submit necessary documents for the application by _____ (date).

Consumer name will take a planning role with _____, reviewing their financial needs and resources.

Consumer name will respond within necessary time frame to any benefit or financial documents received.

Consumer name will utilize at least 2 community resources that could provide financial benefits in the next 3 months.

Consumer name will plan with _____ 1x per week financial/budget concerns or issues and to explore resources and ways to apply for employment or receive training.

Consumer name will describe the details of the current financial situation and the consequences of living at or below the poverty level if that is the case. .

**ALLEGHENY COUNTY DEPARTMENT OF HUMAN SERVICES
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Consumer name will identify the sources and causes of his/her excessive indebtedness.

Consumer name will identify priorities they desire in life so that they can determine/decide how to choose to spend the money to which they do have access.

Consumer name will verbalize any feelings of depression, hopelessness, shame, and/or suicidal thoughts and frustrations/anger that stem from oppression that are related to financial stress, unemployment or underemployment and low or changed socio-economic status.

Consumer name will attend all scheduled appointments associated with applying for Department of Public Welfare benefits as a last resort.

Consumer name will create and follow a budget that balances income with expenses when that is possible.

Consumer name will attend scheduled appointments with a credit counselor to gain assistance in budgeting and contacting creditors for establishment of a reasonable repayment plan.

Consumer name will meet with an attorney to help reach a decision regarding filing for bankruptcy.

Consumer name will identify their personal traits that make self-disciplined spending difficult.

Consumer name will identify a plan for seeking employment to raise level of income.

Consumer name will set financial goals and make budgetary decisions with their partner; allowing for joint involvement in planning and spending.

Consumer name will keep weekly and monthly records of financial income and expenses.

Consumer name will utilize cognitive and behavioral strategies to control the impulse to make unwise purchases.

Consumer name will report instances of successful control over their impulse to spend on unnecessary expenses.

Method

STAFF and client will monitor progress and address concerns as they arise.

STAFF and person in recovery will determine the necessity of a representative payee and revisit this goal annually or more often.

STAFF and person in recovery will develop written plan for person to gain complete control over their own finances.

STAFF will review goal progress per contacts with consumer name and communicate with rep payee.

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STAFF will coordinate and/or accompany consumer name as needed, on a short-term basis, to meetings with the rep payee to discuss budget needs or concerns.

STAFF will coordinate and/or accompanying person as needed to meetings with the rep payee to discuss plan to gain complete control over their own finances.

STAFF will monitor goal progress per ongoing communications with client.

STAFF will encourage communication between the consumer and the rep payee so that information affecting budget can be addressed to include plan for independence.

STAFF will communicate with OVR or/ Supported Employment Specialist to support employment and financial independence goal progress, address needs, and coordinate services.

STAFF will assist with paperwork, accompany to appointments, and communicate with resources to address financial and benefit issues as needed.

STAFF will monitor benefits and financial needs per ongoing home visits, communicating with providers, and addressing issues as they arise.

STAFF will assist in exploring and/or accessing community resources, which consumer name may be entitled to (food bank, energy assistance, housing assistance, etc.).

STAFF will monitor, advocate, support and assist in exploring resources - ongoing home visits.

STAFF will communicate with necessary providers to achieve established goal.

STAFF will explore community resources of interest and assist consumer in making contacts with them.

STAFF will explore consumer name's current financial situation with him/her.

STAFF will assist consumer name in compiling a complete list of financial obligations and goals.

STAFF will assist consumer name in identifying the contributing factors for their financial crisis through a review of his/her history of spending.

STAFF will assess consumer name's potential risk for suicidal behavior and, if necessary, take steps to ensure his/her safety.

STAFF will encourage consumer name to list the priorities that he/she believes should give direction to how his/her money is spent and earned and then process those priorities with consumer name in setting goals.

STAFF will review consumer name's spending history to discover what priorities and values have misdirected spending if that is the case.

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STAFF will assist consumer name in identifying how his/her family's patterns of earning, saving, and spending money have influenced his/her current financial decisions.

STAFF will explore with consumer name his/her need for filing for bankruptcy, applying for welfare benefits, and/or obtaining credit counseling.

STAFF will educate consumer name on available community resources and supports that could benefit him/her and alleviate some financial stress.

STAFF will assist consumer name with assistance applications and/or processes when needed to obtain benefits as well as employment.

STAFF will assist consumer name in building a budget that support a healthful diet and recreation.

STAFF will refer consumer name to a non-profit, no-cost credit counseling service for the development of a budgetary plan of dept repayment.

STAFF will encourage consumer name to attend all credit counseling sessions.

STAFF will encourage consumer name's discipline of self to control spending within budgetary guidelines.

STAFF will explore the possibility of alcohol or drug use by consumer name or his/her family members or significant others as a contributing factor to financial stress.

STAFF will review with consumer name his/her income from employment and brainstorm ways to increase this (e.g., additional part-time employment, better paying job, job training, supported employment).

STAFF will assist consumer name in formulating a plan for a job search and connect with supported employment provider on team.

STAFF will encourage financial planning by consumer name that is done in conjunction with his/her partner.

STAFF will encourage consumer name to keep a weekly and monthly record of income and out-flow.

STAFF will review with him/her monthly to reinforce his/her responsible financial decision making.

STAFF will provide ongoing encouragement to consumer name for his/her progress toward debt resolution.

STAFF will role-play situations in which consumer name must resist the inner temptation and/or external pressure to spend beyond what he/she can afford.

STAFF will teach consumer name and/or encourage the use of the cognitive strategy of asking self before each purchase: Is this purchase necessary? Can I/we afford this? Do I/we have the cash to pay for this without incurring any further debt?

**ALLEGHENY COUNTY DEPARTMENT OF HUMAN SERVICES
OFFICE OF BEHAVIORAL HEALTH**

STAFF will urge consumer name to avoid all impulse buying by delaying every purchase until after 24 hours of thought and by buying only from a pre-written list of items to buy.

STAFF will reinforce with praise and encouragement all of consumer name's reports of resisting the urge to overspend.

HOUSING/PLACEMENT

Focus of Change (goal)

Consumer name will attain and retain safe and affordable housing.

Consumer name will locate safe and affordable housing.

Consumer name will develop the skills necessary for independent living.

Steps/Interventions

Consumer name will explore affordable, safe housing options in the location of his/her choice by looking at newspaper ads at least 1x per week.

Consumer name will follow lease terms 100% of the time.

Consumer name will comply with the rules and expectations of the housing or placement setting at least 90% of the time.

Consumer name will participate 80% of the time in the identified independent living program at his/her School.

Consumer name will identify and verbalize 5 advantages of current living situation.

Consumer name will identify and verbalize 5 advantages to changing and/or moving to a new living situation.

Method

STAFF will monitor progress and address concerns as they arise.

STAFF will monitor and support client in goal of finding safe and affordable housing.

Staff will assist the client in coming up with a list of things to discuss with their representative payee.

**ALLEGHENY COUNTY DEPARTMENT OF HUMAN SERVICES
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STAFF will encourage consumer name in taking with rep payee to assure budget can work with chosen apartment.

STAFF will monitor consumer's status regarding housing issues per ongoing home visits and phone contacts with consumer name.

STAFF will address any issues or concerns that arise around housing and provide advocacy as needed.

STAFF will communicate with landlord at consumer name's request to resolve any issues and to support ongoing lease renewals.

Staff can assist consumer's name with a list of issues to bring up with the apartment manager and role play for increased emotional control.

STAFF will monitor housing/living situation and provide support, advocacy, and problem resolution as needs arise.

STAFF will assist in goal progression when client indicates or is financially capable of independent living.

STAFF will assist consumer name in applying for Section Eight housing in the county of his/her choice.

STAFF will provide positive supportive services to assist consumer name manage feelings and problems that arise around current living situation as needed (issues of poverty, oppression, education history, desire for the "American Dream".)

STAFF will assist the consumer choices in regard to current housing situation as needed.

STAFF will explore community resources of interest and assist consumer in making contacts with them.

STAFF will assist consumer name in identifying 5 advantages of his/her current living situation.

STAFF will assist consumer name in identifying 5 advantages of changing and/or moving from his/her current living situations.

STAFF will complete housing/placement referral(s) for consumer name.

LEGAL

Focus of Change (goal)

Consumer name will adhere to all stipulations of court ruling.

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Consumer name will repay the designated money according to court degree.

Consumer name will perform the needed community services as dictated by court hearing.

Consumer name will accept and responsibly respond of the mandates of the court.

Consumer name will accept responsibility for decisions and actions that have led to arrest(s).

Consumer name will seek resolution of immigration status with authorities.

Consumer name will contact legal aid for resolution of being victim of illegal activity.

Consumer name will seek resolution or other goal accomplishment involving CYF.

Steps/Interventions

Consumer name will serve ____ hours of community service.

Consumer name will pay \$_____ on a weekly basis to satisfy court decree.

Consumer name will attend 100% of required meetings to address court decree.

Consumer name will participate in at least 4 out of 5 days in the required courses to obtain _____.

Consumer name will maintain 100% school attendance to avoid further magistrate involvement.

Consumer name will identify and verbalize behavior that led to current involvement with the court system.

Consumer name will obtain counsel and meet to make plans for resolving legal conflicts.

Consumer name will make regular contact with court officers to fulfill sentencing requirements.

Consumer name will verbalize and accept responsibility for the series of decisions and actions that eventually led to illegal activity.

Person will identify values that led to acting within the outlaw community and address issues of self-esteem, empowerment and hope.

Consumer name will identify and verbalize how the emotional state of anger, frustration, helplessness, hopelessness or isolation has contributed to illegal behavior and circle of friends and associates.

Consumer name will identify and replace cognitive distortions that foster antisocial behavior.

Consumer name will attend an anger control group.

**ALLEGHENY COUNTY DEPARTMENT OF HUMAN SERVICES
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Consumer name will identify ways to meet life and emotional/self-esteem needs (i.e., social and financial) without resorting to illegal activities.

Consumer name will attend class to learn how to successfully seek employment.

Consumer name will develop and implement a plan for restitution for consequences from illegal activity.

Method

STAFF will monitor progress and address concerns as they arise.

STAFF will maintain ongoing support and encouragement to assist consumer as issues arise.

STAFF will assist consumer in receiving needed specialized services and to assure court recommendations are followed.

STAFF will assist consumer name with identifying his/her behavior and feelings that led to current involvement with the court system.

STAFF will encourage and facilitate, when needed, consumer name in meeting with an attorney to discuss plans for resolving legal issues.

STAFF will monitor and encourage consumer name to keep appointments with court officers.

STAFF will confront consumer name's denial and projection of responsibility onto others for his/her own illegal actions.

STAFF will assist consumer name in identifying values and/or beliefs that allow him/her to act illegally.

STAFF will assist consumer name in transforming his/her beliefs toward hope and self-efficacy and taking responsibility for his/her past illegal acts.

STAFF will assist consumer name in identifying the possible consequences for legal boundaries.

STAFF will assist consumer name in locating a therapist to deal with emotional conflicts and antisocial impulses.

STAFF will assist consumer name in identifying negative emotions that consciously or unconsciously fostered his/her criminal behavior.

STAFF will assist consumer name in clarifying distorted cognitive belief structures that foster illegal behavior.

STAFF will complete referral for impulse and/or anger management group for consumer name.

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STAFF will assist consumer name with exploring ways he/she can meet social and financial needs without involvement with illegal activity (e.g., employment, further education or skill training, spiritual enrichment group, etc.).

Staff will administer Need for Change survey and refer to Supported Employment Specialist.

STAFF will complete referral(s) to employment assistance program(s)/supported employment for consumer name.

STAFF will assist consumer name with developing a plan to provide restitution for the results of his/her behavior.

STAFF will review consumer name's implementation of his/her restitution plan and reinforce success.

LOW SELF-ESTEEM

Focus of Change (goal)

Consumer name will establish a positive cognitive outlook to manage life's situations.

Consumer name will enhance socialization skills.

Consumer name will increase social behaviors and increase comfort level with others.

Consumer name will develop social skills in relationships with friends.

Consumer name will increase his/her ability to develop friendships at his/her School and/or neighborhood.

Consumer name will increase contacts with people in the community.

Consumer name will engage in social activities with other people.

Consumer name will increase social interaction, assertiveness, confidence in self and reasonable risk taking.

Consumer name will build a consistently positive self-image.

Consumer name will demonstrate improved self-esteem by accepting compliments, by identifying positive characteristics about self, by being able to say no to others, and by eliminating self-disparaging remarks.

Consumer name will see self as lovable and capable.

Consumer name will increase social skill level.

Consumer name will elevate self-esteem.

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Consumer name will develop a consistent, positive self-image.

Consumer name will demonstrate improved self-esteem through more pride in appearance, more assertiveness, greater eye contact, and identification of positive traits in self-talk messages.

Consumer name will establish an inward sense of self-worth, confidence, and competence.

Steps/Interventions

Consumer name will identify 5 traits of a positive relationship.

Consumer name will increase comfort level in the community.

Consumer name will identify 2 opportunities to increase socialization and decrease isolation.

Consumer name will take at least 2 opportunities to socialize in the community each week/month.

Consumer name will spend at least _____ time per week interacting with another person.

Consumer name will talk with someone by phone or in person 2 times per week.

Consumer name will participate in an identified activity at least 3 times per month.

Consumer name will identify 3 hobbies of interest and discuss ways in which he/she can participate in these activities.

Consumer name will engage in _____ (hobby/activity) and spend 30 minutes daily with this activity.

Consumer name will verbalize an increased awareness of self-disparaging statements.

Consumer name will decrease frequency of negative self-statements.

Consumer name will decrease verbalized fear of rejection while increasing statements of self-acceptance.

Consumer name will discuss or journal ways to develop courage in the face of real life rejection.

Consumer name will demonstrate self-acceptance and nurturing.

Consumer name will identify positive traits and talents about self.

Consumer name will identify and verbalize feelings.

Consumer name will increase eye contact with others.

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Consumer name will identify actions that can be taken to improve self-image.

Consumer name will identify and verbalize needs.

Consumer name will increase the frequency of speaking up with confidence in social situations.

Consumer name will identify negative automatic thoughts and replace them with positive self-talk messages to build self-esteem.

Consumer name will take responsibility for daily self-care and household tasks.

Consumer name will identify and discuss the feelings that are associated with successful task accomplishment.

Consumer name will positively acknowledge and verbally accept praise or compliments from others.

Parent(s) will identify and verbalize realistic expectations and discipline methods for their child.

Parent(s) will identify specific activities for child/youth that will facilitate development of positive self-esteem.

Parent(s) will increase positive messages to their child.

Consumer name will increase the frequency of speaking up with confidence in social situations.

Parent(s) will verbally reinforce their child's active attempts to build positive self-esteem.

Consumer name will increase insight into the historical and current sources of low self-esteem.

Consumer name will identify negative self-talk messages used to reinforce low self-esteem.

Consumer name will identify negative messages in the media that reinforce stigma and contribute to their self esteem.

Consumer name will identify any secondary gain that is received by speaking negatively about self and refusing to take any risks.

Consumer name will identify past accomplishments and/or future accomplishments that would improve self-image and verbalize a plan to achieve those goals.

Consumer name will take responsibility for daily grooming and personal hygiene.

Consumer name will demonstrate an increased ability to identify and express personal feelings.

Consumer name will articulate a plan to be proactive in trying to get identified needs met.

Consumer name will increase the frequency of assertive behaviors.

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Consumer name will form realistic, positive, and attainable goals for self in all areas of life.

Consumer name will take verbal responsibility for accomplishments without discounting.

Consumer name will increase the frequency of speaking up with confidence in social situations.

Method

STAFF will monitor progress and address concerns as they arise.

STAFF will assist consumer name in communicating emotions by teaching behavioral prompts.

STAFF will teach how and/or encourage child and parent to engage in a play activity together.

STAFF will provide ongoing encouragement and opportunity to increase comfort level in the community setting by accompanying person on outings as needed.

STAFF will provide encouragement, suggestions, and opportunity to assist in achieving goal during face-to-face contacts.

STAFF will explore community resources of interest and assist person in making contacts with them.

STAFF will explore with individual his/her person strengths by relating when they have been successful at something he or she was determined to accomplish.

STAFF will assist consumer name in identifying how personal strengths can be applied to goals in recovery.

STAFF will assist consumer name in remembering skills that can apply to goals.

STAFF will assist person in identifying the self-disparaging comments he/she makes and assist in reframing these comments.

STAFF will assist person in becoming aware of how he/she expresses or acts out (e.g., lack of eye contact, social withdrawal, expectation of failure or rejection, expectations of others that they will fail) negative feelings about self.

STAFF will assist person in developing self-talk as a way of boosting his/her confidence and positive self-image.

STAFF will complete referral to group therapy that is focused on ways to build self-esteem for consumer name.

STAFF will assist parent(s) in identifying patterns of discipline that are negative or critical.

STAFF will assist person in identifying his/her distorted, negative beliefs about self and the world.

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STAFF will assist person in identifying the meaning and power of secondary gain in maintaining negative behavior patterns.

STAFF will assist person in identifying how self-disparagement and avoidance of risk taking could bring secondary gain (e.g., praise from others, others taking over responsibilities, etc.).

STAFF will encourage person to make one positive statement about himself/herself daily, and record it on a chart or in a journal.

STAFF will assist person in developing positive self-talk as a way of boosting his/her confidence and positive self-image.

STAFF will encourage person to make eye contact with whomever he/she is speaking to.

STAFF will monitor and give feedback to person on his/her grooming and hygiene.

STAFF will assist consumer name in developing a list of positive affirmations about himself/herself and encourage him/her to read this list 3 times per day.

STAFF will verbally reinforce person's use of positive statements of confidence or identification of positive attributes about himself/herself and the culture to which they belong.

STAFF will encourage consumer name to identify his/her positive physical characteristics in a mirror to help him/her become more accepting of himself/herself.

STAFF will assist person in identifying specific feelings by using a feelings chart.

STAFF will assist person in identifying and labeling emotions.

STAFF will encourage and reinforce consumer's name increased eye contact and assist them in identifying natural reinforcements that come in the community with more eye contact.

STAFF will assist person in identifying actions to improve self-image and/or activities to improve self-esteem.

STAFF will reinforce person positive self-descriptive statements.

STAFF will encourage person to try new activities and to see failure as a learning experience.

STAFF will assist person in identifying and verbalizing his/her emotional needs.

STAFF will assist person in identifying and verbalizing his/her needs, met and unmet.

STAFF will assist person in developing a specific action plan to get each need met within realistic framework.

STAFF will assist person in identifying ways to increase the chances of his/her needs being met.

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STAFF will assist person in identifying his/her distorted negative beliefs about himself/herself and the world.

STAFF will assist person in identifying and reinforce the use of more realistic, positive messages about himself/herself and an acceptance of life events with an understanding that suffering is a normal part of everyone's life just about every day.

STAFF will assist person in identifying daily self-care and household or academic responsibilities.

STAFF will assist parent(s) in identifying realistic and age-appropriate expectations for their child.

STAFF will encourage parent(s) to involve their child in esteem-building activities (e.g., scouting, experiential camps, music, sports, youth groups, enrichment programs).

STAFF will encourage the parent(s) to seek out opportunities to praise, reinforce, and recognize their child's minor or major accomplishments.

STAFF will use role-playing and behavioral rehearsal to improve person's assertiveness and social skills.

STAFF will assist person in identifying ways he/she can enhance his/her assertiveness and social skills.

STAFF will activity build the level of trust with person through eye contact, active listening, unconditional positive regard, and warm acceptance to help increase his/her ability to identify and express feelings.

STAFF will assist person with identifying how his/her fear of rejection and its connection with past rejection or abandonment experiences.

STAFF will help person analyze his/her goals to make sure they are realistic and attainable.

STAFF will encourage person to make a list of goals for various areas of life and a plan for steps toward goal attainment.

STAFF will reinforce person's use of realistic, positive messages to himself/herself in interpreting life events.

STAFF will use role-playing and behavioral rehearsal to improve person's social skills in greeting people and carrying a conversation.

LYING/MANIPULATIVE

Focus of Change (goal)

Consumer name will significantly reduce the frequency of lying.

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Consumer name will eliminate manipulative and deceptive behavior.

Consumer name will consistently tell the truth, even when facing possible consequences for wrongful actions or irresponsible behavior.

Consumer name will verbalize an acceptance of responsibility for actions or behavior on a regular basis.

Consumer name will verbally identify needs to others, and consistently take steps to meet needs in a healthy, adaptive manner.

Consumer name will elevate self-esteem, and maintain positive self-image, thus decreasing the need to lie to impress and deceive others.

Consumer name will establish and maintain trusting relationships that provide a sense of security and belonging.

Steps/Interventions

Consumer name will verbally identify current situations and/or people that trigger lying and manipulative behavior.

Consumer name will recognize and list irrational or distorted thoughts that maintain lying and manipulative behavior.

Consumer name will identify negative consequences that deceitful/manipulative behavior has for self and others.

Consumer name will verbally identify the benefits of honesty.

Consumer name will verbalize an increased sensitivity and/or empathy toward individuals being deceived or manipulated.

Person will build the capacity to be empathic toward others.

Consumer name will increase the frequency of honest and truthful verbalizations.

Parent(s) will develop clear rules and follow through with consequences for lying and manipulative behavior for their children.

Consumer name will verbalize an acceptance of responsibility for lying and manipulation by acknowledging and apologizing for deceitful actions.

Parent(s) will refrain from responding in ways that reinforce their child's lying and manipulative behavior.

Parent(s) and family members identify factors or stressors that promote or reinforce their child's/children's' deceptive and manipulative behavior.

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Consumer name will verbalize an understanding of the connection between unmet needs or rejection and a history of lying or manipulation.

Consumer name will increase the frequency of positive social behaviors that help rebuild trust in relationships which could include selflessness, friendliness, generosity, kindness, patience...

Method

STAFF will help this child and his/her parent(s) to identify current life situations or relationships that trigger lying and manipulative behavior (e.g., threat of being punished, failure experiences, or facing criticism).

STAFF will help consumer name identify examples of his/her deceitful and manipulative behavior.

STAFF will assist consumer name in increasing his/her awareness of deceitful and manipulative behavior.

STAFF will assist consumer name in replacing viewpoints and attitudes that are not working to improve the quality of their lives.

STAFF will assist consumer name in identifying irrational or distorted thoughts that contribute to the emergence of lying or manipulative behavior (e.g., "I deserve this tool, so it doesn't matter if I take advantage of anyone"; "Nobody will ever catch me lying"; "This person is weak and deserves to be taken advantage of").

STAFF will gently but firmly confront consumer name about the impact of his/her lying or manipulative behavior, pointing out consequences for himself/herself and others.

STAFF will assist consumer name in creating a list of the negative effects that lying and manipulative behavior has on himself/herself and others (e.g., creates mistrust, provokes anger and hurt in others, leads to social isolation).

STAFF will assist consumer name in identifying the value of honesty as a basis for building trust and mutual respect in all relationships.

STAFF will utilize role-reversal or role-playing techniques to help consumer name become aware of how deceitful or manipulative behavior negatively impacts others.

STAFF will assist consumer name in identifying how he/she would likely feel if he/she were deceived or manipulated by others.

STAFF will encourage the parent(s) to praise and reinforce their child for accepting "no" or any other unfavorable responses to his/her requests without attempting to lie or manipulate.

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STAFF will assist the parent(s) in establishing clearly defined rules and consequences for lying and manipulative behavior; and with clear explanations, inform the child and have him/her repeat the consequences to demonstrate an understanding of the rules and expectations.

STAFF will assist parent(s) in establishing a contingency contract with child that clearly outlines the consequences if he/she is caught lying or manipulating others; have him/her sign the contract, and ask the parent(s) to post it in a visible but non-shaming place in the home.

STAFF will encourage the parent(s) to remain firm and not give into their child's lies or attempts to manipulate; instead, the parent(s) will assign additional consequences (e.g., time out, removal of privileges or desired objects) if he/she is caught attempting to lie or manipulate to get out of trouble for other misbehaviors.

STAFF will assist the parent(s) in identifying how his/her/their failure to follow through consistently with limits or consequences reinforces their child's deceptive and manipulative behavior because it communicates a message to him/her that he/she can possibly control the situation or get away with his/her misbehavior.

STAFF will encourage parent(s) to require their child to make amends for their lies and manipulation by publicly acknowledging his/her wrongdoings to the individual(s) to whom he/she has lied or manipulated.

STAFF will encourage consumer name to apologize, either verbally or in writing, to individuals to whom he/she has lied or manipulated.

STAFF will gently confront the parent(s) to cease modeling negative behavior to their child through his/her/their own acts of deception or manipulation.

STAFF will assist consumer name in identifying more adaptive ways to meet his/her needs for love, affection, or closeness other than through lying or manipulating others.

STAFF will assist consumer name in identifying a list of resource people to whom he/she can turn for support and help in meeting unmet needs and encourage him/her to reach out to these individuals for support or help, rather than using deception or manipulation to meet these needs.

STAFF will assist consumer name in identifying 5 to 10 positive social behaviors that can help him/her rebuild trust and encourage him/her to engage in these behaviors.

STAFF will brainstorm with child socially positive ways to be sneaky or manipulative (e.g., learn a magic trick; ask others to solve riddles; design a trick play for basketball team).

MANIA OR HYPOMANIA

Focus of Change (goal)

Consumer name will increase control over impulses.

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Consumer name will develop and employ methods to maintain balance of energy levels.

Consumer name will develop and employ methods and practices of daily living that enhance balance in moods.

Consumer name will identify the roots of irritability and employ strategies to decrease irritable reactions (impulsive) with self, others and situations.

Consumer name will design and employ a plan to make judgments regarding interacting with others more productive and satisfying.

Consumer name employ coping strategies they have designed to cope with fear and loss that leads to a loss of balance that results in a mood swing.

Consumer name will explore the stressors in work or school throughout the year that result in ineffective ways to cope and design a strategic plan to build resiliency to stress

Steps/Interventions

Consumer name will be linked to peer support resources to develop a WRAP plan.

Consumer name will monitor food intake as it relates to mood swings and design a food plan or diet to eliminate or reduce those foods that effect imbalance (sugars, simple carbohydrates, caffeine, etc)

Consumer name will monitor their sleep patters and cycles and correlate to mood swings.

Consumer name will identify stressors that precipitate mood swings.

Consumer name will take psychotropic medications as directed

Parent(s) and family members will verbalize greater understanding about the nature of bipolar disorder.

Consumer name will grieve what he/she has lost rejections he/she has sustained, and abandonment issues present and experience healing.

Consumer name will recognize their tendency to make exaggerated statements and decrease making exaggerated statements and express self more realistically.

Consumer name will achieve greater balance in mood, becoming slower to react with anger, less expansive, and more socially appropriate and sensitive as identified by the consumer and staff.

Consumer name will identify instances of impulsive behavior that have led to negative consequences.

Parent(s) will reinforce child's positive behaviors while setting firm limits on hostility.

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Consumer name will explore the reasons behind hostility including the examination of stigma, discrimination and other artifacts of oppression.

Consumer name will explore what can actually and realistically be controlled and what can be “let go of” in its time.

Consumer name will speak more slowly and calmly while maintaining subject focus.

Consumer name will identify character traits, past accomplishments, and current behaviors that build genuine self-esteem and a sense of empowerment

Consumer name will build more accomplishments into their lives through achieving self-identified goals which reduces negative self-talk that produces fear and low self-esteem.

Method

STAFF will discuss the cost and benefits to the psychotropic medication used to treat mania and assist the client in making an informed decision.

STAFF will assist consumer name in identifying strengths and assets to build self-esteem and confidence.

STAFF will review with consumer name his/her progress and address concerns with the consumer and team members as they arise.

STAFF will assist consumer name in identifying stressors that precipitate his/her manic behavior (e.g., School failure, social rejection, family trauma, work related stress, lack of sleep, poor diet, not getting enough exercise).

STAFF will also assist person in identifying coping behaviors and attitudes that contribute to a sense of well being and calm, (success, a sense of belonging, harmony).

STAFF will track the consumer name's follow through with the medication plan including any reactions to the psychotropic medication and notify treatment team members of any concerns.

STAFF will fully inform client of all possible side-effects of psychotropic medication and act as a consultant in determining the cost/benefit ratio for taking medications.

STAFF will discuss with consumer's name and arrive at a consensus regarding a referral to a psychiatrist examination for evaluation of the necessity for a mood-stabilizing medication.

STAFF will complete a referral for consumer name to have a psychiatric examination to evaluate the necessity for mood-stabilizing medication.

STAFF will assist consumer name in his/her admission to inpatient hospitalization or other predetermined destinations as stipulated in an advance directive) if his/her mood swings reach a point where he/she is dangerous to self and others.

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STAFF will assist parent(s) and family members in obtaining information on the nature, treatment and recovery from bipolar disorder.

STAFF will assist consumer name with grieving from losses.

Staff will assist the individual in recognizing and tracking progress toward self-control.

STAFF will encourage consumer name's self-control and to be more sensitive to the social impact of his/her behavior.

STAFF will assist consumer name in identifying ways/skills that he/she can utilize to gain control of his/her self-control and to be more sensitive to the social impact of his/her behavior.

STAFF will assist consumer name in identifying and listing instances of self control, as well as instances of a loss of self-control.

Staff will assist individual in identifying and tracking negative consequences of losing self-control.

STAFF will encourage the parent(s) to set firm limits on consumer name's loss of self-control as it is revealed in angry behavior while positively reinforcing his/her self-control.

STAFF will encourage and assist the parent(s) in listing rules and contingencies for their child in their home.

STAFF will encourage the parent(s) in setting limits on their child's manipulation or acting out behavior by making rules and establishing clear consequences for breaking them.

STAFF will reinforce the parent(s) in setting reasonable limits on child's behavior and in expressing his/her/their commitment to love him/her unconditionally.

STAFF will verbally reinforce slower speech and more conscious thought processes.

STAFF will assist the individual in devising a plan to implement present moment living techniques such as deep breathing when getting excited or focusing on an environmental sound.

STAFF will assist consumer name in expressing the ways he/she is overly dependent on others and encourage ways to become more independent and develop relationships that are mutually interdependent.

STAFF will encourage consumer name to share feelings at a deeper level to facilitate openness, intimacy, and trust in relationships and to counteract denial, fear, and social distance.

STAFF will assist consumer's name to identify relationships where they experience trust and explore the desire to avoid intimacy.

STAFF will assist consumer name in identifying negative cognitive messages that feed a fear of rejection and failure.

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STAFF will assist the consumer's name in confronting and coping with fears of rejection and failure.

STAFF will assist consumer name in identifying positive, realistic thoughts that can replace the negative self-talk that nurtures low self-esteem and fear of failure or rejection.

STAFF will assist consumer's name in setting goals for accomplishment, tracking those accomplishment and celebrating the successes to build confidence.

STAFF will assist individual is determining when hypomanic feelings can be put to good use. (Exercise, cleaning that might have fallen behind during a depressive episode, finding high energy hobbies, sports,--people who are hypomanic rule the world.

MEDICAL/PHYSICAL

Focus of Change (goal)

Consumer name will establish and maintain optimum level of health.

Consumer name will increase their knowledge about the diagnosis they have been diagnosed with and learn the types of methods they can use to reduce symptom and recover lost roles.

Consumer name will confront and cope with their fear, anxiety, and worry associated with the medical condition.

Consumer name will grieve the loss related to the chronic medical condition, accept the illness and adapt life to necessary changes.

Consumer name will medically stabilize physical condition.

Consumer name will work through the grieving process and face with peace the reality of their own death.

Consumer name will learn to accept emotional support from others who care.

Consumer name will explore ways to live their life to the fullest extent possible, even though remaining time may be limited.

Consumer name will accept the role of psychological or behavioral factors in development of medical condition and focus on resolution of these factors.

Steps/Interventions

Consumer name will identify sources of emotional distress that could have a negative impact on physical health.

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Consumer name will identify and grieve the losses or limitations that have been experienced due to the medical condition.

Consumer name will establish a relationship with a health provider by attending at least 1 appointment in the next 3 months.

Consumer name will learn ways to share changes in health status to assure that medical needs are addressed completely and accurately.

Consumer name will make and keep regular dental, vision, and medical appointments 100% of the time in the next 6 months while making changes as necessary to assure a good fit in these healthcare partnerships.

Consumer name will receive all necessary medical care as required 100% of the time while making changes as necessary to assure a good fit in these healthcare partnerships.

Consumer name will attend 90 to 100% of all scheduled medical appointments, while making changes as necessary to assure a good fit in these healthcare partnerships.

Consumer name will adhere to medication regime as prescribed 90 to 100% of the time while making changes as necessary to assure a good fit in these healthcare partnerships.

Consumer name will verbalize an increased understanding of the steps to grieving the losses brought on by the medical condition.

Consumer name will implement faith-based activities as a source of comfort and hope and as an outlet for anger and fears.

Consumer name will verbalize acceptance of the reality of the medical condition and its consequences while decreasing denial.

Consumer name will verbally (or in writing or on a tape) express fears about deterioration of physical condition and death.

Consumer name will attend a support group of others diagnosed with a similar illness.

Parent(s) and family members will attend a support group to assist them in coping with and understanding consumer name's medical condition and tend to their own emotional needs.

Consumer name will follow the medication regimen and necessary medical procedures, reporting any side effects or problems to physicians or therapists.

Consumer name will engage in social, productive, and recreational activities that are possible despite or because of the medical condition.

Consumer name will identify and replace negative self-talk and catastrophizing that is associated with the medical condition.

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Consumer name will verbalize an increased factual understanding of the medical condition and specific methods for coping with negative aspects of condition.

Consumer name will identify the sources of hope and emotional support that have been beneficial and additional sources that could be tapped.

Partner and family members will learn to verbalize their fears regarding consumer name's severely disabled life or possible death and begin coping systematically with them

Consumer name will acknowledge any high-risk behaviors associated with STD's.

Consumer name will accept the presence of an STD or HIV and follow through with medical treatment.

Method

STAFF will monitor progress and address concerns as they arise.

STAFF will discuss with person if current medical professionals are desired or if changes need to be made. A list of qualifying questions for health professionals can be arrived at so that the person can 'interview' professionals to find a good fit.

STAFF will monitor progress and address medical needs per home visits and phone conversations.

STAFF will monitor progress and address concerns by coordinating and/or accompanying consumer name to medical appointments when needed.

STAFF will communicate with medical provider to assure highest level of coordinated care.

STAFF will provide support, intervention, and advocacy to address medical needs and coordinate communication with medical provider.

STAFF will model and teach assertiveness skills so as consumer's name can self advocate with their medical provider.

STAFF will assist consumer name in locating and choosing a PCP. A list of qualifying questions for health professionals can be arrived at so that the person can 'interview' professionals to find a good fit.

STAFF will assist consumer name in scheduling medical appointments when needed and to help them develop the skills necessary to take care of scheduling on their own.

STAFF will accompany, coordinate, monitor, and communicate with providers as needed to support client in meeting this goal only for as long as necessary within a time frame avoiding fostering dependency

STAFF will respond to concerns by encouraging consumer name to seek medical care and will assist in coordination of appointments as needed.

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STAFF will assist consumer name in identifying and verbalizing the various feelings generated by his/her medical condition.

STAFF will assist consumer name in creating a list of the changes, losses, or limitations that have resulted from the medical condition.

STAFF will assist consumer name in obtaining information on the stages of the grieving process.

STAFF will encourage consumer name to increase knowledge and understanding on the stages of the grieving process.

STAFF will assist in a grief process while reinforcing and encouraging consumer name to focus his/her thoughts on the positive aspects of life, rather than on the losses associated with his/her medical condition.

STAFF will gently confront consumer name's denial of the seriousness of his/her condition and of the importance of medical treatment procedures.

STAFF will reinforce consumer name's acceptance of his/her medical condition and help them change their behavior or environment to that it is more recovery oriented.

STAFF will complete referral to a support group of others living with a similar medical condition for consumer name.

STAFF will refer family members to a community-based support group associated with consumer name's medical condition and to support groups for care-givers and all the myriad issues that they need to deal with in order to be a positive element of the person's life and healing or acceptance.

STAFF will encourage and reinforce consumer name's seeing the importance of his/her medical treatment regimen.

STAFF will assist consumer name in identifying the cognitive distortions and negative automatic thoughts that contribute to his/her negative attitude and hopeless feelings associated with the medical condition.

STAFF will assist consumer name in creating a list of positive, realistic self-talk that can replace negative self messages, cognitive distortions and catastrophizing regarding his/her medical condition and its treatment.

STAFF will assist consumer name in locating accurate information regarding symptoms, causes, treatment, prognosis and self directed recovery tools for his/her medical condition.

STAFF will assist consumer name in obtaining accurate information regarding the symptoms, causes, treatment, prognosis and self directed recovery tools for his/her medical condition.

STAFF will encourage partners/parent(s) to reach out for support from church leaders, extended family, hospital social services, community support groups, and so on.

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STAFF will encourage consumer name to rely upon his/her spiritual faith activities (e.g., prayer, meditation, worship, music) and fellowship as sources of support.

STAFF will assist consumer name with identifying activities that he/she can be enjoyed alone and with others.

STAFF will encourage consumer name in making a commitment to increase his/her activity level by engaging in enjoyable and challenging activities.

STAFF will assist consumer name in identifying his/her high-risk behaviors related to STD and HIV.

MENTAL HEALTH

Focus of Change (goal)

Consumer name will over time see the value of mental health treatment to support his/her mental health stability at home/in School/in community.

Consumer name will establish and maintain a method to utilize prescribed mental health treatment.

Consumer name will increase knowledge about their condition and possible treatment options and self directed recovery tools available.

Steps/interventions

Consumer name as a partner in care will follow psychiatrist treatment recommendations and refrain from self-adjusting or discontinuing medications without prior discussion with the physician/nurse so as to assure that medications prescribed are the best option with the least side effects.

Consumer name will develop and utilize a crisis plan and/or a Wellness Action Recovery Plan to guide them in times of crisis or relapse.

Consumer name will develop an advanced psychiatric directive at a time when they are well to guide decisions when they may enter a crisis period and might need alternative crisis or inpatient psychiatric services.

Consumer name is able all medications as prescribed and adjust only with recommendations from psychiatrist/nurse.

Consumer name is able to report within 24 hours any concerns about his/her mental health condition or signs of de-compensation promptly to _____.

Methods

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STAFF will provide _____ with a list of emergency contacts such as Helpline, 911, office number, police number, and so on and include in the Crisis Plan.

STAFF will work with consumer name to develop a WRAP plan.

STAFF will monitor progress and address needs per home visits and phone conversations with consumer name.

STAFF will assist consumer name by setting up reminders and accompany them to appointments early in the recovery process and communicate with treatment team members to assure the service plan goals being reach, coordination, and continuity of care as needed.

STAFF will provide support, intervention, and advocacy while building self-advocacy skills) to address needs as they arise.

STAFF will collect information about medication usage per ongoing home visits, communication with providers, accompanying and/or coordinating prescription needs with local pharmacy, providing verbal reminders, and encouraging use of a daily pill organizer (early recovery).

STAFFU will assist consumer name in being able to develop methods to follow their prescribed medication and to track all side effects.

STAFF will monitor mental health status at each session and phone conversation with consumer name.

STAFF will advocate, communicate with providers, and assist with problem resolution support goal progress and celebrate goal achievements.

STAFF will monitor progress and address needs during each contact with consumer and/or family member(s).

STAFF will communicate with treatment team members to assure coordination and continuity of care.

STAFF will encourage consumer name to utilize Helpline, respite, or hospital if symptoms become unmanageable and use their WRAP plan to record these resources.

STAFF will monitor progress and address concerns as they arise with the client.

MENTAL RETARDATION

Focus of Change (goal)

Consumer name will achieve all academic goals identified on his/her IEP.

Consumer name will develop an awareness and acceptance of intellectual and cognitive limitations but consistently verbalize feelings of self-worth.

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Parent(s) and/or caregiver(s) develop an awareness and acceptance of consumer name's intellectual and cognitive capabilities so that they place realistic expectations on his/her functioning.

Consumer name will consistently comply and follow through with simple directions in a daily routine at home, in School, or in a residential setting.

Consumer name will significantly reduce the frequency and severity of socially negative or acting-out behaviors.

Consumer name will function at a level of independence in home, residential, educational, or community settings that is proportionate to his/her age and ability.

Steps/Interventions

Consumer name will complete a comprehensive intellectual and cognitive assessment.

Consumer name will complete psychological testing.

Consumer name will complete neuropsychological testing.

Consumer name will complete an evaluation by physical and occupational therapists.

Consumer name will complete a speech/language evaluation.

Consumer name and parent(s) will comply with recommendations made by a multidisciplinary evaluation team at School regarding educational interventions.

Consumer name and parent(s) will attend IEP meetings to determine his/her eligibility for special education services, design educational interventions, and establish goals.

Consumer name will move to a positive residential setting.

Parent(s) will maintain regular communication with consumer name's teachers and other School officials.

Parent(s), teacher(s), and caregiver(s) will implement a token economy in the classroom, home, or placement setting.

Parent(s) will increase praise and other positive reinforcement toward consumer name in regard to his/her academic performance or social behaviors.

Parent(s) and family will cease verbalizations of denial about consumer name's intellectual and cognitive deficits.

Parent(s) will recognize and verbally acknowledge that their pattern of over-protectiveness interferes with consumer name's intellectual, emotional, and social development.

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Consumer name will increase participation in family activities or outings.

Consumer name will perform chores at home, School, or residential program on a daily or regular basis.

Parent(s) will implement an allowance program that helps consumer name learn to manage money more effectively.

Consumer name will take a bath or shower, dress self independently, comb hair, wash hands before meals, and brush teeth on a daily basis.

Parent(s) will consistently implement behavior management techniques to reduce the frequency and severity of consumer name's temper outbursts or disruptive and aggressive behaviors.

Consumer name will decrease frequency or impulsive, disruptive, or aggressive behaviors.

Consumer name will recognize and verbally identify positive and negative social behaviors.

Consumer name will increase frequency of identifying and expressing feelings.

Consumer name will attend a program focused on teaching basic job skills.

Parent(s) will recognize and verbally acknowledge his/her/their unrealistic expectations of or excessive pressure on consumer name.

Consumer name will increase the frequency of responsible behaviors at School or residential program.

Consumer name will increase the ability to identify and express feelings.

Consumer name will increase the frequency of positive self-statements.

Consumer name will identify when it is socially acceptable to seek help with a task and when it is not.

Consumer name will recognize and verbally identify positive and negative sexual behaviors.

Method

STAFF will monitor progress and address concerns as they arise.

STAFF will review feelings identification chart to assist consumer with labeling of emotions.

STAFF will provide supportive services to consumer name and his/her family as they implement a behavior plan.

STAFF will encourage and teach child and parent how to engage in a play activity together.

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STAFF will complete a referral for consumer name to have a comprehensive intellectual and cognitive assessment to determine the presence of mental retardation and gain greater insight into his/her learning strengths and weaknesses.

STAFF will complete a referral for consumer name to have psychological testing to assess whether emotional factors of ADHD are interfering with his/her intellectual and academic functioning.

STAFF will complete a referral for consumer name to have a neurological examination or neuropsychological testing to rule out possible organic factors that may be contributing to his/her intellectual or cognitive deficits.

STAFF will complete referral for consumer name to have physical and occupational therapists assess perceptual or sensory-motor deficits and determine the need for ongoing physical and/or occupational therapy.

STAFF will complete a referral for consumer name to have a pathologist assess deficits and determine the need for therapy.

STAFF will attend IEP committee meeting with consumer name's parent(s), teachers, and other professionals to determine consumer name's eligibility for special education services, design educational interventions, and establish goals.

STAFF will consult with consumer name, his/her parent(s), teachers, and other School officials about designing effective learning programs or interventions that build on consumer name's strengths and compensate for weaknesses.

STAFF will consult with consumer name's parent(s), School officials, or mental health professionals about consumer name's need for placement in a foster home, group home, or residential program.

STAFF will encourage the parent(s) to maintain regular communication with consumer name's teacher or School officials to monitor his/her academic, behavioral, emotional, and social progress.

STAFF will assist parent(s), teacher(s), and caregiver(s) in designing a token economy for the classroom, home, or residential program to reinforce on-task behaviors, completion of School assignments, good impulse control, and positive social skills.

STAFF will encourage the parent(s) to provide frequent praise and other reinforcement for consumer name's positive social behaviors and academic performance.

STAFF will assist parent(s) in accessing information about the symptoms and characteristics of mental retardation.

STAFF will gently confront and challenge the parent(s)' denial surrounding consumer name's intellectual deficits so he/she/they cooperate with recommendations regarding placement and educational interventions.

STAFF will assist the parent(s) or caregiver(s) in developing realistic expectations of consumer name's intellectual capabilities and level of adaptive functioning.

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STAFF will encourage the parent(s) and family members to regularly include consumer name in outings or activities (e.g., attend sporting events, go ice skating, visit a child's museum).

STAFF will encourage the parent(s) to reinforce consumer name's positive behaviors and to encourage him/her to continue to exhibit these behaviors.

STAFF will encourage the parent(s) to place consumer name in charge of a routine or basic task at home to increase his/her self-esteem and feelings of self-worth in the family.

STAFF will assist parent(s) in identifying and assigning consumer name a task in the family (e.g., pick up toys, make bed, help put away clothes) that is within his/her level of functioning and provides him/her with a sense of responsibility or belonging.

STAFF will assist parent(s) in setting up an allowance plan that seeks to increase consumer name's responsibilities and help him/her learn simple money management skills.

STAFF will assist parent(s) or caregiver(s) in designing and implementing a reward system to reinforce desired self-care behaviors such as combing hair, washing dishes, or cleaning the bedroom.

STAFF will teach and/or encourage the parent(s) to utilize effective behavior management techniques (e.g., time-outs, removal of privileges) to decrease the frequency and severity of consumer name's temper outbursts, acting out, and aggressive behaviors.

STAFF will encourage the parent(s) to utilize natural, logical consequences for consumer name's negative social or maladaptive behaviors.

STAFF will assist consumer name in identifying and labeling different emotions.

STAFF will teach and/or encourage consumer name to utilize effective communication skills (i.e., proper listening, good eye contact, "I" statements) to improve his/her ability to express thoughts, feelings, and needs more clearly.

STAFF will complete referral for consumer name to a sheltered workshop or educational rehabilitation center to develop basic job skills.

STAFF will encourage consumer name to attend sheltered workshop or educational rehabilitation center as scheduled.

STAFF will assist the parent(s) in identifying when he/she/they are placing excessive pressure on consumer name to function at a level that he/she is not capable of achieving.

STAFF will consult with School officials or residential Staff about consumer name performing a job (e.g., raising the flag, helping to run video equipment) to build self-esteem and provide him/her with a sense of responsibility.

STAFF will assist consumer name in identifying and labeling different emotions.

STAFF will encourage consumer name to draw faces of basic emotions and share times when he/she experienced the different emotions.

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STAFF will model and encourage consumer name to utilize effective communication skills (i.e., proper listening, good eye contact, “I” statements) to improve his/her ability to express thoughts, feelings, and needs more clearly.

STAFF will encourage consumer name to participate in the Special Olympics to build self-esteem.

STAFF will explore times when consumer name achieved success or accomplished a goal and reinforce positive steps that he/she took to successfully accomplish goals.

STAFF will assist consumer name in identifying positive and negative times to ask for help.

STAFF will assist consumer name in identifying a list of acceptable resource people to whom he/she can turn for support, help, and supervision when necessary.

STAFF will complete referral for consumer name to attend out-patient treatment that will assist him/her in identifying and verbally recognizing positive and negative sexual urges and behaviors.

STAFF will assist consumer name in identifying and verbally recognizing positive and negative sexual urges and behaviors.

OBSESSIVE-COMPULSIVE DISORDER

Focus of Change (goal)

Consumer name will reduce time involved with or interference from obsessions and compulsions.

Consumer name will function daily at a consistent level with minimal interference from obsessions and compulsions.

Consumer name will resolve key life conflicts and the emotional stress that fuels obsession-compulsive behavior patterns.

Consumer name will let go of key thoughts, beliefs, and past life events in order to maximize time free from obsessions and compulsions.

Steps/Interventions

Consumer name will comply with psychological testing evaluation to assess the nature and severity of the obsessive-compulsive problem.

Person will take medication as prescribed and report any improvement or side effects to MH doctor/nurse.

Consumer name will implement thought-stopping technique to interrupt obsessions.

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Consumer name will implement relaxation methods to reduce tension.

Consumer name will experience a decreased level of emotional intensity around conflicts.

Consumer name will identify key life conflicts that raise anxiety.

Consumer name will verbalize and clarify feelings connected to key life conflicts.

Consumer name will identify and replace thinking and belief errors and reduce the impact each has on daily functioning.

Consumer name will decrease ruminations about death and other perplexing life issues.

Method

STAFF will complete referral for consumer name to have psychological testing to further evaluate the nature and severity of his/her obsessive-compulsive problem.

STAFF will complete referral for consumer name to have a physician evaluation for the need of psychotropic medication to aid in the control of his/her OCD.

STAFF will collect information about consumer name's psychotropic medication usage and report any concerns and side effects to his/her MH doctor/nurse.

STAFF will assist consumer name in self management of their medication and reporting impact and side effects to their prescribing professionals.

STAFF will encourage consumer name to utilize thought-stopping technique that cognitively interferes with obsessions and remind his/her of various techniques.

STAFF will encourage consumer name to utilize relaxation methods (e.g., deep breathing, muscle tension, positive imagery, etc.) to counteract high anxiety.

STAFF will monitor consumer name's implementation of thought-stopping and relaxation techniques in counteracting his/her activity.

STAFF will explore consumer name's life circumstances to assist him/her in identifying key unresolved conflicts and then encourage him/her to discuss these issues with therapist/MH doctor.

STAFF will encourage, support, and assist consumer name in identifying and expressing feelings related to key unresolved life issues.

STAFF will assist consumer name in identifying self-defeating, thoughts and beliefs.

STAFF will assist consumer name in developing reality-based self-talk as a strategy to help abate his/her obsessive thoughts.

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STAFF will assist consumer name in identifying his/her self-defeating beliefs and encourage him/her to utilize a cognitive/behavioral intervention task that will help disrupt the obsessive patterns.

OPPOSITIONAL DEFIANT

Focus of Change (goal)

Consumer name will demonstrate positive assertive communication patters with the significant others in his/her life.

Consumer name will interact with his/her family members in a thoughtful and empathic manner.

Child will display a marked reduction in the intensity and frequency of hostile and defiant behaviors toward adults.

Child will exhibit self-control with anger and relate to others with respect

Consumer name will begin to consistently interact with adults in a mutually respectful manner.

Consumer name will bring hostile, defiant behaviors within socially acceptable standards.

Consumer name will replace hostile, defiant behaviors toward adults with those of respect and cooperation.

Consumer name will reach a level of reduced tension, increased satisfaction, and improved communication with family and/or other authority figures.

Consumer name will resolve the conflict that underlies the anger, hostility, and defiance.

Steps/Interventions

Consumer name will be able to control his/her behaviors or emotions by counting to 10 or (name another strategy) 75 to 100 % of the time.

Consumer name will express his/her needs without rage 9 out of 10 times.

Consumer name will utilize anger management techniques to resolve conflicts 80 to 100% of the time.

Consumer name will refrain from being verbally or physically aggressive with others.

Consumer name will actively adhere to behavior program in the home 90 to 100% of the time.

Consumer name will identify 5 traits of a positive relationship.

Consumer name will describe his/her perception of his/her own behavior and feelings toward rules and authority figures.

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Consumer name will decrease the frequency and intensity of hostile and defiant interactions with parent(s)/adults.

Consumer name will identify preferred treatment by parent(s)/adults.
Parent(s) will demonstrate the ability to give effective requests to consumer name.

Consumer name will recognize and verbalize hurt or angry feelings in constructive ways.

Consumer name will verbalize the connection between feelings and behavior.

Consumer name will identify and verbalize what is needed from parent(s) and other adults.

Consumer name will increase the frequency of civil, respectful interactions with parent(s)/adults.

Consumer name will identify targets and causes for angry feelings.

Parent(s) will identify new child behavior management techniques they will try.

Child will demonstrate the ability to play by the rules in a cooperative fashion.

For children Parent(s) will clearly state what is acceptable and unacceptable behavior in the family and identify positive and negative consequences of consumer name's behavior.

For children Parent(s) will revise previous responses to their child's behavior and implement significantly different reactions.

Parent(s) will verbalize clear rules, boundaries, and behavioral expectations and implement time-out and other behavior modification consequences.

Parent(s) will use behavior modification principals to intervene on consumer name's behavior.

Parent(s) will ignore negative behaviors and reduce unproductive over verbalizing to consumer name.
Parent(s) will acknowledge his/her/their own conflicts that influence consumer name's misbehavior.

Method

STAFF will monitor progress and address concerns as they arise.

STAFF will assist consumer name in communicating emotions by teaching behavioral prompts.

STAFF will provide supportive services to consumer name and his/her family as they implement a behavior plan.

STAFF will provide consumer name with the freedom to explore and verbalize his/her own perception of his/her oppositional pattern toward rules and authority figures.

STAFF will assist consumer name to develop insight regarding accepting responsibility for his/her behavior.

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STAFF will assist consumer name in identifying negative, hostile, and defiant behaviors.

STAFF will assist consumer name in identifying the basics for treating others respectfully.

STAFF will assist consumer name in identifying the challenges of being in control as his/her parent(s) or other authority figures must be.

STAFF will assist the parent(s) in identifying and implementing new methods of intervening in consumer name's behaviors that focus on their taking control.

STAFF will assist consumer name in recognizing needs and feelings and expressing them in constructive, respectful ways.

STAFF will assist consumer name in making the connections between his/her feelings and behaviors.

STAFF will assist consumer name in making a list of all individuals with whom he/she feels angry and the reasons for the anger.

STAFF will assist the parent(s) in identifying and implementing new behavior modification principles and techniques.

STAFF will encourage parent(s) to consistently follow through on selected behavior modification principles and techniques.

STAFF will assist the parent(s) and teachers in identifying a system of positive consequences that promote and encourage pro-social and cooperative behaviors (e.g., writing a card to a relative, mowing a neighbor's lawn, doing a good deed for an elderly neighbor as a consequence for bad behavior).

STAFF will assist the parent(s) in clarifying and communicating to consumer name what constitutes acceptable and unacceptable behavior in the family.

STAFF will encourage parent(s) to reduce his/her/their own unproductive over verbalizations to consumer name and to ignore non-destructive abusive/negative behaviors.

STAFF will assist the parent(s) in identifying ways he/she/they can break from his/her/their predictable response with consumer name to reestablish control in positive, fun, and novel ways (e.g., parents dance a strange dance or start to hug and kiss when consumer name begins a temper tantrum).

STAFF will assist the parent(s) in defining acceptable and unacceptable behaviors and in developing time-outs (either a set amount of time or until the behavior is under control) to reinforce these limits.

STAFF will assist the parent(s) in developing and implementing a behavior modification contract in which positive behaviors would be rewarded with money or special privileges (attending an event, going on a family outing), while negative behaviors would result in fines (losing money and privileges).

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STAFF will monitor the parent's/parents' follow-through in administering the behavior-modification contract and/or time-outs.

STAFF will assist the parent(s) in exploring options for placement of consumer name outside the home (e.g., with a relative, in foster care, or respite care, or emancipation).

STAFF will encourage the parent(s) to seek legal counsel on the process of emancipation.

PARANOID IDEATION

Focus of Change (goal)

Consumer name will show more trust in others by speaking positively of them and reporting comfort in socializing.

Consumer name will interact with others without defensiveness or anger.

Consumer name will verbalize trust of significant other and eliminate accusations of disloyalty.

Consumer name will report reduced vigilance and suspicion around others as well as more relaxed, trusting, and open interaction.

Consumer name will concentrate on important matters, learning to ignore thought interference from suspicious obsessions.

Consumer name will function in a constructive manner at work, in social activities, and in the community with only minimal interference from distrustful obsessions.

Steps/Interventions

Consumer name will demonstrate a level of trust with STAFF by disclosing feelings and beliefs.

Consumer name will identify those people or agencies that are distrusted and why.

Consumer name will identify and replace core belief that others are untrustworthy and malicious.

Consumer name will make a decision to undergo a psychiatric evaluation.

Consumer name will make a fully informed decision to take psychotropic medication as agreed upon with MD.

Consumer name will make a decision regarding a neuropsychological evaluation to rule out the possibility of organic etiology.

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Consumer name will explore whether the belief about others being threatening is based more on subjective interpretation than on objective data.

Consumer name will verbalize trust in significant other and feel relaxed when not in his/her presence.

Consumer name will increase social interaction while not be disabled by fear or suspicion.

Method

STAFF will monitor progress and address concerns as they arise.

STAFF will actively build level of trust with consumer name through consistent eye contact, active listening, unconditional positive regard, and warm acceptance to help increase his/her ability to identify and express feelings.

STAFF will explore consumer name's basis for fears; assess his/her degree of rationality and irrationality and ability to acknowledge that he/she is thinking irrationally.

STAFF will review consumer name's social interactions and explore his/her beliefs during interactions.

STAFF will assist consumer name in replacing those core beliefs that are distorted and that trigger paranoid feelings.

STAFF will complete a referral for consumer name to have a psychological evaluation by a psychiatrist.

STAFF will collect information about the consumer name's psychotropic medication utilization and report any concerns to his/her psychiatrist/MH nurse.

STAFF will complete a referral for consumer name to have a neuropsychological evaluation to determine the presence or absence of organic factors.

STAFF will assist consumer name in seeing the pattern of distrusting others as being related to his/her own fears of inadequacy.

STAFF will reinforce consumer name's verbalizations of trust toward significant other.

STAFF will provide alternative explanations for significant other's behavior that counters consumer name's pattern of assumption of other's malicious intent.

STAFF will encourage consumer name to check out his/her beliefs regarding others by assertively verifying conclusions with others.

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STAFF will assist consumer name in increasing his/her empathy for others and his/her understanding of the impact that his/her distrustful, defensive behavior has on others by utilizing role-playing, behavioral rehearsal, and role reversal.

PARENTING

Focus of Change (goal)

Parent(s) will increase optimism and hope to cope with life's situations.

Parent(s) will achieve a level of competent, effective parenting.

Parent(s) will reach a realistic view of and approach to parenting and child(ren)'s developmental level.

Parent(s) will terminate ineffective and/or abusive parenting and implement effective techniques.

Parents will strengthen the parental team by resolving marital conflicts.

Family will achieve a level of greater family connectedness.

Parents will establish and maintain a healthy functioning parental team.

Parent(s) will adopt positive and age-appropriate expectations for his/her/their adolescent as well as himself/herself/themselves as the parent(s).

Family will reduce the level of stress on parent(s), child(ren), and the family system so parenting can be more effective.

Steps/Interventions

Parents will identify specific marital conflicts and work toward their resolution.

Parent(s) will express feelings of frustration, helplessness, and inadequacy that he/she/each experiences in the parenting role.

Parent(s) will identify unresolved childhood issues that affect parenting and work toward their resolution.

Parent(s) will decrease parental reactivity to the child's behaviors.

Parent(s) will verbalize increased understanding of the unique trials of parenting adolescents.

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Parents will increase the skill, effectiveness, and confidence of the parental team.

Parents express verbal support of each other in the parenting process.

Parent(s) will decrease outside pressures, demands, and distractions that drain energy and time from the family.

Parent(s) will develop and implement realistic and age-appropriate expectations for his/her/their children and themselves. .

Parent(s) will resolve issues of perfectionism for themselves and their child.

Parent(s) and child will report an increase in connectedness between them.

Parent(s) will verbalize an awareness and understanding of a teen's peer group and/or "second family".

Parent(s) will develop skills to talk openly and effectively with his/her/their children.

Parent(s) will increase the gradual letting go of his/her/their adolescent in constructive, affirmative ways.

Parent(s) will decrease ineffective and punishing parenting discipline techniques while replacing them with empathic, compassionate, respectful techniques.

Method

STAFF will monitor progress and address concerns as they arise.

STAFF will encourage and/or teach child and parent how to engage in a play activity together.

STAFF will explore community resources of interest and assist consumer in making contacts with them.

STAFF will complete referral for parents to marital/relationship therapy to resolve the conflicts that are preventing them from being effective parents.

STAFF will assist parent(s) in identifying the full scope of parenting by using humor or normalization.

STAFF will assist parent(s) in reducing his/her/their unrealistic expectations of himself/herself/themselves and of his/her/their child.

STAFF will assist the parent(s) in identifying how past unresolved adolescent issues are affecting his/her/their ability to mature themselves and thus parent effectively.

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STAFF will assist parent(s) in identifying ways to respond to child's behaviors in a more modulated, thoughtful, planned manner.

STAFF will assist parent(s) in becoming more aware of the "hot buttons" he/she/they have that the child can push to get a quick negative response and how this over-reactive response reduces his/her/their effectiveness as a parent.

STAFF will assist parent(s) in identifying which type of difficulty behavior pattern his/her/their child exhibits.

STAFF will assist parent(s) in building his/her/their confidence in dealing with his/her/their child through role-playing and/or discussing different approaches and interventions to challenging behaviors.

STAFF will assist parent(s) in obtaining information on intervention options and/or parenting difficult children.

STAFF will complete referral for parents to attend a structured training in effective parenting methods.

STAFF will monitor, encourage, and support the parent(s) in his/her/their efforts to employ new techniques and approaches to parenting.

STAFF will assist parent(s) in identifying the numerous key differences between boys and girls, such as rate of development, perspectives, impulse control, anger, and how to handle these differences in the parenting process.

STAFF will assist the parents in identifying and implementing and specific ways they can support each other in the process of parenting.

STAFF will assist the parents in identifying ways children can split parents from cooperating in order to get their way.

STAFF will review the family's weekly schedule and assist the parent(s) in looking for what activities are valuable and what can possibly be eliminated to create a more focused and relaxed time to parent.

STAFF will assist parent(s) in identifying the benefits of not involving his/her/their child and himself/herself/themselves in too numerous activities, organizations, or sports.

STAFF will assist parent(s) in obtaining and encourage the reading of material to expand his/her/their awareness and understanding of each stage of childhood and adult development.

STAFF will assist parent(s) in developing positive and realistic behavioral expectations based on his/her/their child's age and level of maturity and encourage him/her/them to implement these expectations in nurturing, instructive manner.

STAFF will assist parent(s) in identifying any unreasonable and perfectionist expectations of his/her/their child he/she/they hold and help him/her/them to modify these expectations.

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- STAFF will assist parent(s) in identifying the negative consequences/outcomes that perfectionist expectations have on a child and on the relationship between the parent(s) and the child.
- STAFF will assist parent(s) in identifying activities that promote connectedness (e.g., floor play, one-on-one specific activity) and encourage parent(s) to consistently introduce fun into his/her/their family routine.
- STAFF will encourage the parent(s) to listen more than talk and to use open-ended questions that encourage and invite ongoing dialogue.
- STAFF will assist parent(s) in identifying any barriers that prevent or limit connectedness between family members.
- STAFF will assist parent(s) in identifying that just “hanging out at home” or being around/available is what quality time is about.
- STAFF will assist parent(s) in identifying effective ways to talk with children that promote openness and sharing.
- STAFF will model and/or role-play effective ways to talk with children that promote openness and sharing for parent(s).
- STAFF will assist parent(s) in implementing new communication styles in daily dialogue with his/her/their children.
- STAFF will reinforce the parent(s) implementing new communication styles with children and highlight the positive responses children have to them.
- STAFF will assist parent(s) in identifying any negative parenting methods he/she/they employ (e.g., overly harsh consequences, demeaning name-calling, physical abuse, etc.) and to recognize how this negatively impacts the children.
- STAFF will assist parent(s) in implementing new positive parenting methods.
- STAFF will encourage, reinforce, and redirect the parent(s) in his/her/their efforts to implement and maintain positive methods of parenting.
- STAFF will encourage the parent(s) to balance the role of limit setting with affirmations of praise, compliments, and appreciation to the teen whenever it is possible.
- STAFF will assist the parent(s) in identifying a balanced view of peers and their influence on adolescents.
- STAFF will assist the parent(s) in coping with issues of negative peer groups and negative peer influences.
- STAFF will assist the parent(s) in reducing his/her/their fear of losing his/her/their influence to the adolescents peer group.

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STAFF will help, encourage, and support the parent(s) in expressing his/her/their concerns and fears about “letting go” of his/her/their adolescent.

STAFF will assist the parent(s) in identifying and implementing constructive, affirmative ways he/she/they can allow and support the healthy separation of his/her/their adolescent.

PEER/SIBLING CONFLICT

Focus of Change (goal)

Person will develop emotional self-control.

Consumer name will develop coping skills to manage current life stressors.

Consumer name will demonstrate age-appropriate behaviors while interacting with others.

Consumer name will demonstrate effective and assertive communication patters with the significant others in his/her life.

Consumer name will engage in relationships that are satisfying and based in empathy and compassion.

Consumer name will interact with his/her family members in an empathic and respectful manner.

Consumer name will enhance socialization skills.

Consumer name will develop empathic social skills to maintain rewarding relationships with others

Consumer name will increase his/her ability to develop friendships at his/her School and/or neighborhood.

Consumer name will increase contacts with friends.

Consumer name will engage in social activities with others

Consumer name will compete, cooperate, and resolve conflict in an empathic and rewarding manner with friends and family.

Consumer name will develop healthy skills for handling anxiety, tension, frustration, and anger.

Consumer name will obtain the skills required to build empathic and rewarding relationships.

Consumer name will terminate aggressive behavior and replace with assertiveness and empathy.

Consumer name will participate in mutually respectful, trusting peer and sibling relationships.

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Consumer name will demonstrate consistent empathic and compassionate behaviors with all peers and siblings where mutually respectful behavior is present or develop assertive skills.

Parent(s) will acquire the necessary parenting skills to model respect, empathy, nurturance, and lack of aggression.

Steps/Interventions

Consumer name will be able to control his/her behaviors or emotions by counting to 10 or (name another strategy) 75 to 100 % of the time.

Consumer name will express his/her needs without rage 9 out of 10 times.

Consumer name will utilize anger management techniques to resolve conflicts 80 to 100% of the time.

Consumer name will refrain from being verbally or physically aggressive with others 100% of the time.

Consumer name will correctly identify emotions 3 out of 4 times.

Consumer name will actively adhere to behavior program in the home 90 to 100% of the time.

Consumer name will express 3 positive comments to others daily.

Consumer name will identify 5 traits of a positive relationship.

Consumer name will identify 3 feelings in regard to the relationship consumer name has with _____.

Child will play in a positive manner with a friend for _____ (time) with supervision.

Consumer name will participate in an identified activity at least 3 times per month.

Consumer name will decrease the frequency and intensity of aggressive actions toward peers or siblings.

Consumer name will identify verbally and in writing how he/she would like to be treated by others.

Consumer name will recognize and verbalize the feelings of others as well as his/her own feelings.

Consumer name will increase socially positive behavior with peers and siblings.

Consumer name will participate in peer group activities in a cooperative manner.

Parent(s) will facilitate consumer name's social network building.

Parent(s) will increase verbal and physical demonstrations of affection and praise to consumer name.

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Family members will decrease the frequency of quarreling and messages of rejection.

Parent(s) will attend a positive parenting group.

Parent(s) will implement a behavior modification plan designed to increase the frequency of cooperative social behaviors.

Family members will engage in conflict resolution in a respectful manner.

Consumer name will complete the recommended psychiatric or psychological testing/evaluation.

Consumer name will be able to follow the recommendations of the mental health evaluation(s).

Consumer name will identify feelings associated with the perception that parent(s) have special feelings of favoritism toward a sibling.

Parent(s) will decrease alliances with children that foster sibling conflict.

Family members will verbalize increased cooperation and respect and compassion for one another.

Consumer name and sibling(s) will verbalize an acceptance of differences between each other rather than being critical of each person's uniqueness.

Method

STAFF will monitor progress and address concerns as they arise.

STAFF will assist consumer name in communicating emotions by teaching behavioral prompts.

STAFF will review feelings identification chart to assist consumer with labeling of emotions.

STAFF will provide supportive services to consumer name and his/her family as they implement a behavior plan.

STAFF will encourage parent(s) and teacher(s) to utilize social learning techniques of ignoring consumer name's aggressive acts, except when there is danger of physical injury, while making a concerted effort to attend to and praise all non-aggressive, cooperative, and peaceful behavior.

STAFF will assist consumer name in identifying feelings, focusing on how others feel when they are the focus of aggressive actions and then asking how he/she would like to be treated by others by building capacity for compassion and empathy

STAFF will assist consumer name in creating a list of problems that he/she has with siblings and suggest respectful and intimacy building solutions.

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STAFF will complete referral for consumer name to attend a peer therapy group whose objectives are to increase social sensitivity and behavioral flexibility through the use of group exercises.

STAFF will assist consumer name in identifying new, constructive ways to manage aggressive feelings.

STAFF will assist consumer name in developing behavior skills to decrease interpersonal antisocialism with others.

STAFF will encourage the parent(s) to involve consumer name in cooperative activities (sports, scouts, etc.).

STAFF will complete referral for consumer name to an alternative summer camp that focuses on self-esteem and cooperation with peers.

STAFF will assist the parent(s) in identifying and implementing ways he/she/they can facilitate consumer name in building his/her skills in connecting with others.

STAFF will encourage consumer name in becoming open and responsive to praise and encouragement.

STAFF will assist the parent(s) in developing their ability to verbalize affection and positive praise to consumer name.

STAFF will work with parent(s) to reduce parental aggression, messages of rejection, and quarreling within the family.

STAFF will assist parent(s) in identifying key changes in family structure or personal interactions that will need to occur to decrease the level of rivalry.

STAFF will complete referral for the parent(s) to attend a positive parenting group.

STAFF will assist the parent(s) in developing and implementing a behavior modification plan in which consumer name's positive interactions with peers and siblings is reinforced immediately with tokens that can be exchanged for pre-established rewards.

STAFF will assist the parent(s) and consumer name in examining the effectiveness of the behavior modification contract and revising it if needed.

STAFF will utilize modeling, role-playing, and behavior rehearsal to assist family members in learning cooperation, respect, and peaceful resolution of conflict.

STAFF will complete referral for consumer name to complete a psychiatric or psychological evaluation.

STAFF will assist and monitor consumer name and the parent(s) in implementing the recommendations of the mental health assessment.

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STAFF will assist the parent(s) in identifying specific things he/she/they could do within his/her/their home (e.g., creating separate rooms, eating at the dinner table) or alter the family procedures (e.g., not putting one child in charge of the other) to reduce sibling conflict.

STAFF will assist consumer name and his/her sibling(s) to list each other's unique traits or abilities.

PHOBIA-PANIC/AGORAPHOBIA

Focus of Change (goal)

Consumer name will experience reduced fear, leading to the ability to independently and freely leave home and comfortably be in public environment.

Consumer name will travel away from home in some form of enclosed transportation.

Consumer name will reduce fear of the specific stimulus object or situation that previously provoked immediate anxiety.

Consumer name will eliminate interference in normal routines and lower distress from feared object or situation.

Consumer name will reduce panic symptoms and the fear they will recur without an ability to cope with and control them.

Steps/Interventions

Consumer name will identify and replace the cognitive beliefs and messages that mediate the anxiety response.

Consumer name will encounter the phobic stimulus object or situation feeling in control, calm, and comfortable.

Consumer name will verbalize the separate realities of the irrationally feared object or situation and the emotionally painful experience from the past that has been evoked by the phobic stimulus.

Consumer name will take psychotropic medications as prescribed.

Consumer name will identify any secondary gain that accrues due to modification of life related to panic.

Consumer name will verbalize an understanding that panic attacks do not necessarily mean they have a serious mental illness, they lost of self-control or that they are having a heart attack.

Consumer name will utilize deep muscle relaxation and deep breathing techniques to counteract feelings associated with panic and return to a feeling of peace.

Consumer name will practice positive self-talk that reassures them that they have the ability to endure fear for a time.

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Consumer name will commit to not allowing panic to control of life and lead to a consistent avoidance of and escape from their chosen responsibilities and activities.

Method

STAFF will monitor client's monitoring of their progress and aid in addressing concerns as they arise. STAFF will assist person in exploring and identifying distorted schemas and related negative automatic thoughts that his/her anxiety response.

STAFF will assist consumer name in replacing distorted irrational internal messages with realistic, positive thoughts

STAFF will encourage and reward consumer name's progress toward overcoming anxiety by reviewing person's journal or chart of daily responses. .

STAFF will assist consumer name in clarifying and differentiating between his/her current irrational fear and past emotional pain.

STAFF will encourage consumer name's sharing of feelings associated with past traumas through active listening, positive regard, and questioning.

STAFF will reinforce consumer name's insights into past emotional pain and present anxiety.

STAFF will monitor that person understands costs and benefits to medications and follow through with teaching their client to speak to the prescribing doctor about unwanted co-effects

STAFF will assist consumer name in identifying the presence of secondary gain that reinforces his/her panic feelings through escape or avoidance choices.

STAFF will consistently reassure consumer name of no connection between panic symptoms and heart attack, loss of control over behavior, or serious mental illness ("going crazy").

STAFF will encourage and monitor consumer name's use of deep muscle relaxation and deep breathing skills to manage feelings of panic.

STAFF will utilize modeling and behavioral rehearsal to train consumer name in positive self-talk that reassures them of their ability to work through and endure fear, even intense fear without serious consequences.

STAFF will encourage consumer name to keep focus on external stimuli and behavioral responsibilities rather than being preoccupied with internal focus on physiological changes.

STAFF will support consumer name in follow-through with work, family, and social activities rather than escaping or avoiding them to focus on panic.

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POST-TRAUMATIC STRESS DISORDER (PTSD)

Focus of Change (goal)

Consumer name will interact with friends and family without fears or intrusive thoughts that control his/her behavior.

Consumer name will return to pre-trauma level of functioning without unnecessarily avoiding people, places, thoughts, or feelings associated with the traumatic event.

Consumer name will display a full range of emotions without experiencing loss of control.

Consumer name will develop and implement effective coping skills that allow for carrying out their chosen responsibilities and participating in relationships and social activities.

Consumer name will reduce the negative impact that the traumatic event has had on many aspects of life and return to the pre-trauma level of functioning.

Consumer name will recall the traumatic event without becoming overwhelmed with negative emotions.

Consumer name will reduce the destructive behaviors that serve to maintain escape and denial while implementing new behaviors that promote healing, acceptance of past events, and responsible living.

Steps/Interventions

Consumer name will implement anger control techniques.

Consumer name will identify and replace negative self-talk and catastrophizing that is associated with past trauma and current stimulus triggers for anxiety.

Consumer name will sleep without being disturbed by dreams of the trauma.

Consumer name will participate in group therapy session focused on PTSD.

Consumer name will take medication as prescribed and report on effectiveness and side effects. Parent(s) will verbalize an understanding of how PTSD develops and how it impacts survivors.

Consumer name will report increased comfort and the ability to talk and/or think about the traumatic incident without emotional turmoil.

Consumer name will verbalize an awareness of how PTSD develops and its impact on self and others.

Consumer name will verbalize an understanding of PTSD and the steps to recovery.

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Consumer name will verbalize a recognition that mood-altering chemicals were used as the primary coping mechanism to escape from stress or pain, and that their use resulted in negative consequences.

Consumer name will acknowledge the need to have emotional self-control

Consumer name will develop and practice and relaxation techniques as a coping skill for reducing tension, panic, stress, anger, and anxiety.

Consumer name will implement a regular exercise regimen to reduce stress.

Consumer name will verbalize an understanding of the negative impact PTSD has had on vocational functioning and utilize new skills to cope with conflicts or barriers on the job or in School.

Consumer name will verbalize the symptoms of depression, including any suicidal ideation.

Consumer name will verbalize hopeful and positive statements regarding the future.

Method

STAFF will monitor progress and address concerns as they arise and teach the client's name the skills of self monitoring.

STAFF will review feelings identification chart to assist consumer with labeling of emotions.

STAFF will assist consumer name in identifying and encourage the use of anger management techniques (e.g., taking time out, engaging in physical exercise and relaxation, and expressing feelings assertively).

STAFF will assist consumer name in identifying instances of ineffective anger management that have led to threats or actual violence that caused damage to property and/or injury to people.

STAFF will assist consumer name with replacing pessimistic self-defeating thoughts with positive, reality-based self-talk.

STAFF will monitor consumer name's sleep patterns and encourage him/her to discuss sleep issues or concerns with therapist/doctor.

STAFF will encourage consumer name to utilize relaxation techniques.

STAFF will complete referral for consumer name to group therapy sessions that focus on sharing the traumatic event and its effects with other PTSD survivors.

STAFF will monitor consumer name's use of medication and its effectiveness on his/her level of functioning.

STAFF will encourage consumer name to report any medication concerns to doctor/nurse.

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STAFF will assist consumer name and/or parent(s) in obtaining information about trauma and its impact on survivors and their subsequent adjustment.

STAFF will complete referral for consumer name for treatment for chemical dependence.

STAFF will assist consumer name in developing a routine of physical exercise and encourage him/her to maintain this routine.

STAFF will assist consumer name in exploring his/her vocational history, concerns, and options.

STAFF will assess consumer name's depth of depression and suicide potential and take the necessary safety precautions as indicated.

STAFF will assist consumer name in developing an awareness of cognitive messages that reinforce hopelessness and helplessness.

STAFF will reinforce consumer name's positive, reality-based thoughts and attitudes that enhance self-confidence and increase adaptive action.

SEXUAL ABUSE PERPETRATOR

Focus of Change (goal)

Consumer name will eliminate all negative sexual behaviors.

Consumer name will establish and honor boundaries that reflect a sense of mutual respect in all interpersonal relationships.

Consumer name will form relationships that are not sexualized.

Consumer name will reach the point of genuine self-forgiveness, and make apologies to the violated individual(s), along with an offer of restitution.

Consumer name will acknowledge and take responsibility for all negative sexual behavior.

Consumer name will resolve issues of his/her own sexual abuse.

Steps/Interventions

Consumer name will sign a no-sexual-contact agreement.

Consumer name will verbally acknowledge the abuse and take full responsibility for perpetrating it.

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Consumer name will recognize and honor the personal boundaries of others as shown by the termination of negative sexual contact.

Consumer name will decrease the frequency of sexual references in daily speech and sexual actions in daily behavior.

Consumer name will state a connection between being a sexual abuse victim and a sexual abuse perpetrator.

Consumer name will demonstrate the ability to identify and express feelings.

Consumer name will attend a sexual abuse perpetrators' group treatment.

Consumer name will identify thinking errors, feelings, and beliefs that give justification for sexual abuse and ways to handle each effectively.

Consumer name will complete psychological testing and comply with the recommendations.

Consumer name will complete a psychiatric evaluation for medications.

Consumer name will take medication as prescribed and report any concerns to MH doctor/nurse.

Consumer name will develop and utilize anger management techniques.

Consumer name will increase the formation of positive peer relationships.

Consumer name will verbalize reasonable guidelines to follow to avoid unhealthy, abusive relationships.

Parent(s) will verbalize awareness of the patterns, beliefs, and behaviors that support consumer name's sexual behavior.

Parent(s) will verbalize changes he/she/they are trying to make to improve his/her/their parenting patterns.

Parent(s) will develop and implement new family rituals.

Consumer name will identify relapse triggers for perpetrating sexual abuse and list strategies to cope with them.

Consumer name will develop and implement an aftercare plan that includes the support of the family.

Consumer name will cooperate with a risk assessment for repeating sexual offenses.

Consumer name will comply with any investigations by child protective services or criminal justice officials.

Method

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STAFF will actively build the level of trust with consumer name through consistent eye contact, active listening, unconditional positive regard, and warm acceptance to help increase his/her ability identify and express feelings.

STAFF will assist consumer name and his/her family in developing and implementing a behaviorally specific no-sexual-contact agreement.

STAFF will monitor consumer name's no-sexual-contact agreement along with the parent(s), making any adjustments and giving constructive praise and redirection as warranted.

STAFF will complete referral for consumer name for a more restrictive setting if he/she is unable to keep the no-sexual-contact agreement.

STAFF will complete referral for consumer name to obtain outpatient therapy to process all the incidents of sexual misconduct and/or abuse.

STAFF will assist consumer name in becoming aware of personal space and boundaries and how to honor and respect them by role-playing situations with him/her to reinforce and model positive actions that show respect for personal space.

STAFF will point out to consumer name sexual references and content in his/her speech and behavior.

STAFF will encourage consumer name to gather feedback from teachers, parents, and so on regarding sexual references in his/her speech and behavior.

STAFF will assist consumer name in identifying the connections between his/her own sexual abuse victimization and the development of his/her attitudes and patterns of sexual abuse perpetration.

STAFF will assist consumer name in becoming capable of identifying, labeling, and expressing his/her feelings.

STAFF will give feedback to consumer name when he/she does not show awareness of his/her own feelings or those of others, and positive verbal reinforcement when he/she shows awareness without direction.

STAFF will complete referral for consumer name to attend group treatment for sexual abuse perpetrators.

STAFF will assist consumer name in identifying thoughts and beliefs that he/she used as justification for the abuse.

STAFF will assist consumer name in identifying socially acceptable thoughts that are respectful, not exploitive, of others.

STAFF will complete referral for consumer name to attend psychological testing.

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STAFF will complete referral for consumer name to have a psychiatric evaluation as to the need for psychotropic medication.

STAFF will review with consumer name's utilization of medication and report any concerns to MH doctor/nurse.

STAFF will assist the consumer in monitoring their own use of medication and track efficacy and side effects.

STAFF will complete referral for consumer name to a group focused on teaching anger management techniques.

STAFF will assist consumer name in identifying anger management techniques and encourage him/her to utilize these techniques.

STAFF will assist consumer name in identifying specific ways he/she can become more involved with peers (e.g., join sports, music, art, hobby, or church groups; invite peers over to watch a DVD).

STAFF will role-play situations to build consumer name's skill and confidence level in initiating specific ways he/she can become more involved with peers.

STAFF will encourage consumer name to attempt one new social or recreational activity each week and/or to engage a peer in conversation daily.

STAFF will teach consumer name the SAFE formula for relationships: Avoid a relationship if there is any thing Secret about it, if it is Abusive to oneself or others, if it is used to avoid Feelings, or if it is Empty of caring and commitment.

STAFF will encourage family to discuss with outpatient therapist which sexual patterns, beliefs, or behaviors that needs to be changed and how they begin to change them. Explore cultural misogyny and person rage gender exploited.

STAFF will assist family in developing and implementing structural interventions (e.g., closing doors for privacy within their home, remove children from roles as supervisors of siblings, terminate sexual references within family conversation).

STAFF will encourage parent(s) to read material to expand his/her/their understanding of adolescents and to build parenting skills.

STAFF will assist the parent(s) and family members in developing rituals of transition, healing, membership, identity, and new beginnings that give structure, meaning, and connection to their family.

STAFF will help consumer name to identify his/her potential relapse triggers (e.g., environmental situations, fantasies, sexually explicit material) and assist him/her in developing behavioral and cognitive coping strategies to implement for each trigger (e.g., avoidance or removing himself/herself from high-risk situations, thought-stopping of negative fantasies, avoiding being alone with young children).

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STAFF will assist consumer name and his/her family to develop a written aftercare plan (e.g., relapse prevention strategies, periodic checkups with therapist, support group participation, legal obligations).

STAFF will complete referral for consumer name to have a sex-offender-specific risk assessment as part of the process of completing treatment.

STAFF will report any sexual abuse that comes to light to the authorities.

SEXUAL ABUSE VICTIM

Focus of Change (goal)

Consumer name will obtain protection from all further sexual victimization.

Consumer name will work successfully through the issue of sexual abuse with consequent understanding and control of feelings and behavior.

Consumer name will resolve the issues surrounding the sexual abuse, resulting in an ability to establish and maintain close interpersonal (intimate and romantic) relationships.

Child or adolescent will establish appropriate boundaries and generational lines in the family to greatly minimize the risk of sexual abuse ever occurring in the future.

Consumer name will eliminate denial in self and the family, placing responsibility for the abuse on the perpetrator and allowing the survivor to feel supported.

Consumer name will eliminate all sexual behaviors that infringe on other people wishes.

Consumer name will build self-esteem and a sense of empowerment as manifested by an increased number of positive self-descriptive statements and greater participation in extracurricular activities.

Consumer name will resolve the issue of being sexually abused with an increased capacity for intimacy in relationships.

Consumer name will work successfully through the issues related to being sexually abused with consequent understanding and control of feelings.

Consumer name will recognize and accept the sexual abuse without negative sexualization of relationships.

Steps/Interventions

Consumer name will identify 5 traits of a positive relationship.

Consumer name will identify the nature, frequency, and duration of the abuse.

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Parent(s)/Caregiver(s) will implement steps to protect consumer name from further sexual abuse.

Consumer name will decrease expressed feelings of shame and guilt and affirm self as not being responsible for the abuse.

Consumer name will verbalize the ways sexual abuse has impacted life and feelings about self.

Consumer name will identify the perpetrator as being responsible for the sexual abuse.

Consumer name will verbally identify self as a survivor of sexual abuse.

Consumer name will increase outside family contacts and social networks.

Consumer name will decrease frequency of sexualized or seductive behaviors in interactions with others.

Consumer name will decrease anxiety associated with testifying in court.

Consumer name will be fully informed of cost and benefits of take medications as prescribed by the physician and follow through with decisions to take medications.

Consumer name will decrease secrecy in the family by informing key members about the abuse.

Parent(s) will establish and adhere to positive intimacy boundaries within the family.

Consumer name will identify a support system of key individuals who will be encouraging and helpful in aiding the process of resolving the issue.

Consumer name will verbalize an increased knowledge of sexual abuse and its effects.

Consumer name will identify and express the feelings connected to the abuse.

Consumer name will decrease feelings and beliefs related to feeling shameful, being responsible for the abuse, or being a victim, while increasing feelings and beliefs that are empowering.

Consumer name will identify the positive benefits for them self of being able to forgive all those involved with the abuse.

Consumer name will increase level of trust of others as shown by more socialization and greater intimacy in relationships.

Consumer name will report increased ability to accept and initiate positive physical contact with others.

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STAFF will monitor progress and address concerns as they arise in cooperation with the self-monitoring through journal or charts of behavioral with their client.

STAFF will consult with the physician, psychiatrist, therapist, criminal justice officials, and/or child protective case managers to develop positive treatment interventions for consumer name.

STAFF will report child's sexual abuse to the appropriate child protection agency, criminal justice officials, or medical professionals.

STAFF will assess the need to complete a child-line report.

STAFF will assist the parent(s)/caregiver(s) in identifying and implementing the necessary steps to protect consumer name and other children in the home from future sexual abuse.

STAFF will empower consumer name by reinforcing steps necessary to protect himself/herself.

STAFF will assist consumer name in identifying ways he/she can express how sexual abuse impacted his/her life and feelings about himself/herself and encourage him/her to share this with therapist/doctor.

STAFF will assist the parent(s) and family members in obtaining information to increase their knowledge of sexually addictive behavior and how he/she/they can help consumer name recover from sexual abuse.

STAFF will complete referral for consumer name to attend a survivor group with others to assist him/her in realizing that he/she is not alone in having experienced sexual abuse.

STAFF will assist consumer name in developing a list of resource people outside of the family to whom he/she can turn for support and nurturance.

STAFF will assist consumer name in identifying more adaptive ways to meet his/her needs other than through sexualized or seductive behaviors.

STAFF will assist consumer name in decreasing anxiety about testifying by using role-playing and modeling.

STAFF will monitor consumer name's medication use, effectiveness, and side effects.

STAFF will encourage consumer name and/or parent(s) to inform doctor/nurse of any medication concerns.

STAFF will assist consumer name in identifying those individuals who may be trustworthy, compassionate and encourage him/her to enlist their support.

STAFF will encourage consumer name to attend a support group for survivors of sexual abuse.

STAFF will assist consumer name in obtaining reading material on sexual abuse.

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STAFF will encourage consumer name to be open in talking of the abuse without shame or embarrassment as if he/she was responsible for the abuse.

STAFF will encourage and support consumer name in identifying, expressing, and processing any feelings of guilt related to feelings of physical pleasure, emotional fulfillment, or responsibility connected with the events.

STAFF will assist consumer name in identifying the benefits of forgiving those responsible for the abuse.

STAFF will teach consumer name the share-check method of building trust in relationships (i.e., share only a little of self and then check to be sure that the shared data is treated respectfully, kindly, and confidentially; as proof of trustworthiness is verified, share more freely).

STAFF will utilize role-playing and modeling to teach consumer name how to establish reasonable personal boundaries that is neither too porous nor too restrictive.

STAFF will assist consumer name in defining what positive touches are.

STAFF will encourage consumer name to give and receive positive touches.

STAFF will encourage consumer name to practice one or two times a week initiating positive touching or a touching activity (i.e., giving a back rub to spouse, receiving a professional massage, hugging a friend, etc.).

SEXUAL IDENTITY CONFUSION

Focus of Change (goal)

Consumer name will clarify own sexual identity and engage in whatever range of relationships they deem supportive.

Consumer name will reduce overall frequency and intensity of the anxiety associated with sexual identity so that daily functioning is not impaired.

Consumer name will disclose sexual orientation to parents/significant others.

Consumer name will return to previous level of emotional, psychological, and social functioning.

Parent(s) will accept consumer name's homosexuality

Consumer name will resolve all symptoms of depression (e.g., depressed mood, guilt, shame, worthlessness).

Consumer name will identify area where stigma and discrimination are compounded by sexuality and resolve.

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Steps/Interventions

Consumer name will describe fear, anxiety, and distress related to confusion over sexual identity.

Consumer name will contract not to harm self.

Consumer name will rate sexual attraction to males and females on a scale of 1 to 10.

Consumer name will resolve sexual identity confusion by identifying self as lesbian, gay, bisexual or trans-gendered.

Consumer name will identify and verbalize feelings related to identifying self as gay or lesbian, bisexual or trans-gendered.

Consumer name will verbalize an understanding of how religious beliefs have contributed to hiding or denying sexual orientation.

Consumer name will verbalize an understanding of safe sex practices.

Consumer name will list advantages and disadvantages of disclosing one's sexual orientation to significant people in one's life.

Consumer name will describe social interaction with peers and identify any isolation and/or homophobia experienced because of having a homosexual, bisexual or trans-gendered identity.

Consumer name will attend a support group for gay and lesbian, bisexual or trans-gendered adolescents.

Consumer name will look into social clubs and activities within the gay and lesbian community.

Consumer name will identify any positive experiences they have had relating to a LGBT group. (greater acceptance, less feelings of shame...)

Consumer name will write a plan detailing when, where, and to whom sexual orientation is to be disclosed.

Consumer name will reveal sexual orientation to family members according to the written plan.

Parent(s) will verbalize an increased understanding of homosexuality.

Parent(s) will attend a support group for families of homosexuals.

Consumer name will verbalize an understanding of the range of sexual identities possible.

Consumer name will identify the negative emotions experienced by hiding sexuality.

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Consumer name will attend a support group or other social support for those who want to disclose themselves as lesbian, gay, bisexual, trans-gendered.

Consumer name will identify one friend who is likely to have a positive reaction to homosexuality disclosure.

Method

STAFF will assist consumer name in creating a list of advantages and disadvantages of disclosing his/her sexual orientation to family members and other significant people in his/her life.

STAFF will monitor progress and address concerns as they arise.

STAFF will explore community resources of interest and assist consumer in making contacts with them.

STAFF will actively build trust with consumer name and encourage the expression of fear, anxiety, and distress over his/her sexual identity confusion.

STAFF will actively build trust with person and encourage the expression of negative emotions associated with being a discriminated against minority.

STAFF will conduct a suicide assessment and refer consumer name to any needed supervised level of care if a danger to self exists.

STAFF will encourage consumer name to verbalize and then sign a no-harm contract.

STAFF will encourage consumer name to rate his/her sexual attraction to males and females on a scale of 1 to 10 (with 10 being extremely attracted and 1 being not at all attracted).

STAFF will encourage consumer name to list all the factors that led to a decision regarding his/her sexual identity.

STAFF will allow consumer name to evaluate all the evidence from his/her experience in a non-judgmental atmosphere so as to resolve his/her confusion and identify himself/herself as homosexual or heterosexual or bisexual or trans-gendered person.

STAFF will support consumer name in exploring his/her any feelings regarding seeing himself/herself as Homosexual, bisexual, or trans-gendered individual.

STAFF will support consumer name in exploring his/her negative emotions (e.g., shame, guilt, anxiety, loneliness) related to hiding or denying his/her homosexuality, bisexuality or trans-gendered individual that may be present.

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STAFF will support consumer name in exploring his/her religious convictions and how these may conflict with identifying himself/herself as homosexual and cause feelings of shame or guilt.

STAFF will support person in exploring his or her religious beliefs and convictions that may enhance feelings of acceptance and nurturance by their religious community or traditions.

STAFF will refer consumer name to a member of the clergy who will listen compassionately to his/her religious struggle over his/her homosexual, bisexual or trans-gendered identity.

STAFF will assist consumer name in identifying safe sex practices and/or refer him/her to medical clinic for this information.

STAFF will encourage consumer name to identify other lesbian and gay, bisexual and trans-gendered adolescents to interact with by reviewing people he/she has met in support groups, at School, or on a job, and encourage him/her to initiate social activities.

Consumer name will be encouraged to explore various LGBT groups and social activities in the area.

STAFF will encourage consumer name to a lesbian and gay adolescent support group.

STAFF will encourage adults to become involved in interests in the LGBT community that correspond with their own interests.

STAFF will encourage consumer name to create a plan to disclose his/her sexual orientation, including where, when, and to whom sexual orientation is to be disclosed, and possible questions and reactions the recipient might have.

STAFF will role-play with consumer name his/her disclosure of his/her sexual orientation to significant others.

STAFF will encourage consumer name to disclose his/her sexual orientation to family members according to the previously written plan.

STAFF will assist parent(s) in obtaining information that offer positive, realistic information about lesbian, gay, transsexual or trans-gendered adolescents.

STAFF will refer the parent(s) to a support group for families of homosexuals and encourage his/her/their attendance.

STAFF will assist consumer name in obtaining reading material that will educate him/her about the range of sexual identities possible (i.e., heterosexual, homosexual, bisexual and trans-gendered).

STAFF will assist consumer name in identifying his/her negative emotions (e.g., shame, guilt, anxiety, loneliness) related to hiding/denying his/her sexuality.

STAFF will refer consumer name to a coming-out support group.

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STAFF will encourage consumer name to identify one friend who is likely to be accepting of his/her homosexuality, bisexuality or trans-gendered identity.

STAFF will suggest consumer name have causal talks with a friend about lesbian/gay rights, or some item in the news related to lesbians and gay men to “test the water” before disclosing sexual orientation to that friend.

SOCIAL DISCOMFORT

Focus of Change (goal)

Consumer name will establish hopeful attitude and outlook to cope with life’s situations.

Consumer name will decrease isolative behaviors.

Consumer name will increase comfort level in the community.

Consumer name will enhance socialization skills.

Consumer name will decrease isolative behaviors and increase comfort level.

Consumer name will develop age-appropriate social skills to manage relationships with his/her social group.

Consumer name will increase his/her ability to develop age-appropriate friendships at his/her work, School and/or neighborhood.

Consumer name will increase contacts with others in the community.

Consumer name will engage in social activities with others

Consumer name will decrease anxiety, shyness and timidity in social settings.

Consumer name will establish and maintain long-term friendships outside of the immediate family.

Consumer name will develop skills to initiate or respond to social contact with unfamiliar people or when placed in new social settings.

Consumer name will interact socially with peers on a consistent basis without excessive fear or anxiety.

Consumer name will interact socially without excessive fear or anxiety.

Consumer name will achieve a healthy balance between time spent in solitary activity and social interaction with others.

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Consumer name will develop the essential social skills that will enhance the quality of interpersonal relationships.

Consumer name will elevate self-esteem and feelings of security in interpersonal, peer, and adult relationships.

Consumer name will develop the ability to form relationships that will enhance recovery support system.

Consumer name will stop using alcohol or chemicals to relieve social anxiety and learn coping skills that lead to happiness and satisfaction.

Steps/Interventions

Consumer name will express 3 positive comments to others daily.

Consumer name will identify 2 opportunities to increase socialization and decrease isolation.

Consumer name will take at least 2 opportunities to socialize in the community each _____ (week/month).

Consumer name will provide 3 ideas and 2 locations of interest to achieve this goal.

Consumer name will spend at least _____ time per week interacting with an identified peer.

Consumer name will talk with another person by phone or in person 2 times per week.

Consumer name will participate in an identified activity at least 3 times per month.

Consumer name will identify 3 hobbies of interest and discuss ways in which he/she can participate in these activities.

Consumer name will complete psychological testing.

Consumer name will gradually increase the frequency and duration of social contacts.

Consumer name will increase initiation of conversations and social contacts.

Consumer name will agree to initiate one social contact per day.

Consumer name will increase participation in interpersonal or peer group activities.

Consumer name will identify strengths and interests that can be used to initiate social contacts and develop friendships.

Consumer name will increase participation in School or other activities.

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Consumer name will decrease the frequency of self-disparaging remarks and negative social behaviors in the presence of others

Consumer name increase assertive behaviors to deal more effectively and directly with stress, conflict, or intimidating peers and adults.

Parent(s) who are overly protective will identify how he/she/they reinforce their child's social anxiety and overly dependent behaviors.

Parent(s) will reinforce their child's positive social behaviors and set limits on overly dependent behaviors.

Parent(s) will set realistic and age-appropriate goals for their child.

Consumer name will express feelings and actively participate in group therapy.

Consumer name will take medication as directed by the prescribing physician.

Consumer name will increase positive self-statements in social interactions.

Consumer name will initiate one social contact per day.

Consumer name will verbally identify positive social skills.

Consumer name will identify sources and attitude contributing to low self-esteem.

Consumer name will identify and replace negative self-talk that fosters social anxiety.

Consumer name will verbally report positive outcomes of participation in social and support groups.

Consumer name will identify ways he/she is like other people and therefore acceptable to others.

Consumer name will develop a written plan that divides non-workdays between social and solitary activities.

Method

STAFF will monitor progress and address concerns as they arise with the consumer.

STAFF will assist consumer name in communicating emotions by teaching behavioral prompts.

STAFF will review feelings identification chart to assist consumer with labeling of emotions.
STAFF will provide ongoing encouragement and opportunity to increase comfort level in the community setting by accompanying consumer name on outings as needed.

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STAFF will provide encouragement, suggestions, and opportunity to assist in achieving goal during face-to-face contacts.

STAFF will explore community resources of interest and assist consumer in making contacts with them.

STAFF will encourage consumer name to cooperate with and complete psychological testing.

STAFF will assist the parent(s) in developing a reward system or contingency contract to reinforce consumer name for initiating social contacts and/or engaging in play or recreational activities with peers.

STAFF will utilize behavioral rehearsal, modeling, and/or role-playing to reduce consumer name's anxiety, develop social skills, and learn to initiate conversation.

STAFF will encourage consumer name to utilize positive self-talk as a means of managing his/her social anxiety or fears.

STAFF will encourage consumer name to initiate one social contact per day.

STAFF will assist consumer name in identifying steps to take to reduce social isolation and establish friendships.

STAFF will praise and reinforce any of consumer name's emerging positive social behaviors.

STAFF will encourage consumer name to participate group activities.

STAFF will assist consumer name in creating a list of how he/she is like his/her peers and encourage contact with peers who share interests and abilities.

STAFF will assist consumer name in identifying 5 to 10 of his/her strengths or interests and then encourage him/her to utilize 3 strengths or interests to initiate social contacts or develop peer friendships.

STAFF will assist consumer name in creating a list of both positive and negative social experiences and reinforce any strengths or positive social skills that he/she uses to decrease fear or anxiety.

STAFF will consult with School officials about ways to increase the child's socialization (e.g., raising the flag with group of peers, tutoring a more popular peer, pairing him/her with popular peer on classroom assignments).

STAFF will provide constructive feedback on any negative social behaviors (e.g., self-disparaging remarks, silly or immature behavior, pouting, etc.) that interfere with consumer name's ability to establish and maintain friendships.

STAFF will assist consumer name in identifying and utilizing assertiveness skills to help him/her communicate thoughts, feelings, and needs more openly and directly.

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STAFF will assist parent(s) in identifying how he/she/they reinforce consumer name's social anxiety and overly dependent behaviors.

STAFF will encourage parent(s) to reinforce consumer name's positive social behaviors (e.g., calling a friend, being with others outside the home) and to set limits on overly dependent behaviors (e.g., pleading, clinging to the parent(s) in social settings).

STAFF will assist the parent(s) in identifying reasonable expectations for the developmental level of consumer name.

STAFF will complete referral for consumer name to attend group therapy to improve his/her social skills.

STAFF will monitor consumer name's use of medication and encourage him/her and/or parent(s) to discuss any medication concerns with the doctor/nurse.

STAFF will assist consumer name in developing positive self-talk as a means of managing his/her social anxiety or fears.

STAFF will encourage consumer name to initiate one social contact per day.

STAFF will assist consumer name in identify his/her positive social skills.

STAFF will assist consumer name in developing important social skills.

STAFF will assist consumer name in identifying thoughts associated with anxiety over social interaction.

STAFF will encourage consumer name to attend and participate in available social and recreational activities within treatment program or the community.

STAFF will refer consumer name to a self-help group (i.e., AA, NA, Emotions Anonymous, or Recovery, Inc.).

STAFF will refer consumer name to attend a communication improvement seminar or course.

STAFF will monitor, encourage, redirect, and give positive feedback to consumer name as he/she increases his/her interactions with others.

STAFF will assist consumer name in recognizing how he/she is like or similar to others.

STAFF will assist consumer name in developing a plan for non-working hours that contains both social and solitary activities.

Social Relationships

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Focus of Change (goal)

Consumer name will engage in relationships that are satisfying and positive.

Consumer name will establish positive self-image and feelings of self-worth separate from affiliating with negative peer groups.

Consumer name will achieve a sense of belonging and acceptance within the family and within positive peer groups by consistently engaging in socially positive behaviors.

Consumer name will develop positive social skills necessary to establish and maintain positive, meaningful, and lasting peer friendships.

Consumer name will resist negative peer group influences on a regular, consistent basis.

Consumer name will terminate involvement with negative peer groups or gangs.

Consumer name will eliminate all acting-out behavior and delinquent acts.

Consumer name will resolve the core conflicts that contribute to susceptibility to negative peer group influences.

Steps/Interventions

Consumer name will identify 5 traits of a positive relationship.

Consumer name will identify 3 feelings in regard to the relationship they have with _____.

Consumer name will describe the nature of peer relationships.

Consumer name will identify and verbalize needs that are met through involvement in negative peer groups.

Parent(s) will establish clearly defined rules and provide structure or boundaries to deter consumer name from being highly susceptible to negative peer influences.

Parent(s) and/or teachers will implement a reward system to reinforce desired social behaviors.

Consumer name will identify the negative consequences on self and others of participation with negative peer groups.

Consumer name will increase the number of statements that reflect acceptance of responsibility for negative social behavior.

Consumer name will implement effective coping strategies to help resist negative peer influences.

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Consumer name will increase assertive behavior to deal more effectively with negative peer pressure.

Consumer name will attend and regularly participate in group therapy sessions that focus on developing positive social skills.

Consumer name will identify and implement positive social skills that will help to improve peer relationships and establish friendships.

Consumer name will increase involvement in positive social activities or community organizations.

Consumer name will increase frequency of positive interactions with peers.

Consumer name will identify and implement positive ways to meet needs other than through participation in negative peer group activities or gang involvement.

Consumer name will identify and list resource people to whom he/she can turn for support, comfort, and guidance.

Consumer name will verbalize recognition of how underlying feelings of low self-esteem and insecurity are related to involvement with negative peer groups.

Parent(s) will recognize how his/her/their strict or harsh enforcement of rules and boundaries contributes to consumer name's gravitation toward negative peer groups.

Parent(s) will recognize how his/her/their lack of supervision and failure to follow through with limits contributes to consumer name's affiliation with negative peer groups.

Consumer name will complete a substance abuse evaluation and engage with the recommendations offered by the evaluation findings.

Method

STAFF will monitor progress and address concerns as they arise.

STAFF will provide supportive services to consumer name and his/her family as they implement a recovery plan.

STAFF will assist consumer name in exploring his/her perception of the nature of his/her peer relationships as well as any areas of conflict.

STAFF will encourage and support consumer name in expressing thoughts and feelings about peer relationships.

STAFF will gather information on consumer name's development, family environment, and interpersonal relationships to gain insight into the factors contributing to his/her desire to affiliate with the peer groups with whom they engage.

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STAFF will encourage consumer name in identifying and verbalizing positive and negative factors that contribute to his/her desire to affiliate with negative peer groups.

STAFF will assist consumer name in identifying strengths that he/she can use to build positive peer relationships.

STAFF will assist consumer name in identifying the social-emotional needs that he/she attempts to meet through his/her involvement with negative peer groups (e.g., achieve sense of belonging and acceptance, elevate status, obtain material goods, seek protection).

STAFF will assist the parent(s) in establishing clearly defined rules and boundaries, as well as providing greater structure, to deter consumer name from being highly susceptible to negative peer influences.

STAFF will encourage the parent(s) to maintain regular communication with School officials to monitor consumer name's relationships with peers.

STAFF will encourage the parent(s) and teachers to follow through with firm, consistent limits if consumer name engages in acting-out, disruptive, or aggressive behavior with peers at School.

STAFF will assist the parent(s) in establishing a contingency contract that identifies specific consequences that consumer name will receive if he/she engages in disruptive, acting-out, or antisocial behaviors with peers.

STAFF will assist the parent(s) and/or teachers in designing a reward system to reinforce consumer name for engaging in specific, positive social behaviors and deter the need to affiliate with negative peer groups (e.g., introduce self to other individuals in positive peer group, display kindness, and help another peer with academic or social problems).

STAFF will assist consumer name in creating a list between 5 and 10 negative consequences that his/her participation with negative peer groups has had on himself/herself and others.

STAFF will firmly confront consumer name about the impact of his/her involvement with negative peer groups, pointing out consequences for himself/herself and others.

STAFF will challenge and confront statements by consumer name that minimize the impact that his/her involvement with negative peer groups has on his/her behavior.

STAFF will confront statements in which consumer name blames other peers for his/her acting-out, disruptive, or anti-social behaviors and fails to accept responsibility for his/her actions.

STAFF will encourage the parent(s) to cease blaming consumer name's misbehavior on his/her peers and instead, set limits for his/her negative social behaviors that occur while affiliating with peers.

STAFF will assist the person in understand how their loci of control issues may contribute to their negative behaviors.

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STAFF will encourage consumer name to utilize mediational and self-control techniques (e.g., “Stop, look, listen, and think”; count to 10; walk away, how about meditation) to help him/her successfully resist negative peer influences.

STAFF will model and assist consumer name in identifying more effective ways to resist negative peer influences, meet his/her social needs, or establish lasting, meaningful friendships (e.g., walk away, change subject, say “no”, initiate conversations with positive peers, demonstrate empathy).

STAFF will assist consumer name in identifying times when he/she was able to successfully resist negative peer influences and not engage in acting-out, disruptive, or antisocial behaviors and encourage him/her to use similar coping strategies to resist negative peer influences at present or in future.

STAFF will assist consumer name in identifying effective communication and assertiveness skills (e.g., “I have to leave now.”; “I can’t afford to get into any more trouble.”) to help him/her successfully resist negative peer pressure.

STAFF will complete referral for consumer name to attend group therapy to improve social skills and learn ways to successfully resist negative peer pressure.

STAFF will model and assist consumer name in identifying positive social skills (e.g., introducing self to others, active listening, verbalizing empathy and concern for others, ignoring teasing) to improve peer relationships and increase developing meaningful friendships.

STAFF will encourage consumer name to become involved in positive peer groups or community activities where he/she can gain acceptance and status (e.g., church or synagogue groups, bowling groups, YWCA or YMCA functions, school clubs, Boys Clubs or Girls Clubs).

STAFF will consult with School officials about ways to increase consumer name’s socialization with positive peer groups at School (e.g., join School choir or newspaper Staff, participate in student government, become involved in School fundraiser).

STAFF will encourage consumer name to initiate one social contact per day with other peers who are identified as being responsible, dependable, friendly, or well liked.

STAFF will encourage consumer name to initiate three phone contacts per week to different individuals outside of the identified negative peer group.

STAFF will encourage consumer name to invite a peer or friend (outside of negative peer group) for an overnight visit and/or set up an overnight visit at the other peer’s or friend’s home.

STAFF will encourage consumer name to engage in three altruistic or benevolent acts with peers within two weeks.

STAFF will assist consumer name in identifying more adaptive ways for him/her to meet needs for recognition/status, acceptance, material goods, and excitement other than through his/her involvement with negative peer groups or gangs (e.g., attend or participate in sporting events, secure employment, visit amusement park with, or youth group).

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STAFF will assist consumer name in identifying a list of resource people, both peers and adults, at School or in the community to whom he/she can turn for support, comfort, or guidance when he/she is experiencing negative peer pressure and/or feels rejected by peers.

STAFF will assist consumer name in making a connection between underlying feelings of low self-esteem and insecurity and his/her gravitation toward negative peer groups to achieve a sense of belonging and acceptance.

STAFF will assist consumer name in identifying more constructive ways to build self-esteem and win approval other than affiliating with negative peer groups that influence him/her to act out and engage in antisocial behavior (e.g., try out for School play, attend a School dance, participate in sporting or recreational activities).

STAFF will assist consumer name in identifying 5 to 10 strengths or interests and encourage him/her to utilize his/her strengths to build self-esteem and increase positive peer interactions.

STAFF will help consumer name in identifying healthy risks that he/she can take in the near future to improve his/her self-esteem (e.g., try out for sports team, attend new social functions or gathering, initiate conversations with unfamiliar people outside of negative peer group).

STAFF will encourage and challenge the overly rigid parent(s) to loosen rules and boundaries to allow consumer name increased opportunities to engage in socially positive activities or positive peer group activities.

STAFF will assist the parent(s) in exploring whether his/her/their lack of supervision and inability to establish positive parent-child boundaries contribute to consumer name's gravitation toward negative peer group influences.

STAFF will complete referral for consumer name to have a substance abuse evaluation and/or treatment.

SUICIDAL IDEATION

Focus for Change (goal)

Consumer name will alleviate the suicidal impulses or ideation and return to the highest previous level of daily functioning.

Consumer name will stabilize the suicidal crisis.

Consumer name will accept placement in the needed level of care to address the suicidal crisis.

Consumer name will reestablish a sense of hope for future life.

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Consumer name will dangerous lifestyle and resolve the emotional conflicts that underlie the suicidal pattern.

Steps/Interventions

Consumer name will state the strength of the suicidal feelings, the frequency of the thoughts, and the detail of the plans.

Parent(s), family members, and significant others agree to provide supervision and monitor suicide potential.

Consumer name will cooperate with psychological testing to assess for the severity of depression and hopelessness.

Consumer name will cooperate with an evaluation by a physician for antidepressant medication.

Consumer name will cooperate with hospitalization if the suicidal urge becomes uncontrollable.

Consumer name will verbalize a promise (as part of a suicide prevention contract) to contact his/her therapist, STAFF, or some other emergency helpline if a serious urge toward self-harm arises.

Parent(s)/significant other/consumer name will increase the safety of the home by removing firearms or other lethal weapons from consumer name's easy access.

Consumer name will identify feelings of sadness, anger, and hopelessness related to a conflicted relationship with significant others or parent(s).

Consumer name will verbalize an understanding of the motives for self-destructive behavior patterns.

Consumer name will verbally report and demonstrate an increased sense of hope for self.

Consumer name will implement more positive cognitive processing patterns that maintain a realistic and hopeful perspective.

Consumer name will strengthen the social support network with friends by initiating social contact and participating in social activities with peers.

Consumer name will re-establish a consistent eating and sleeping pattern.

Consumer name will increase communication with significant others, resulting in a feeling of understanding, empathy, and being attended to.

Parent(s)/significant others verbalize an understanding of consumer name's feelings of alienation and hopelessness.

Consumer name will identify the positive aspects, relationships, and achievements in his/her life.

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Method

STAFF will monitor progress and address concerns as they arise with client.

STAFF will assist consumer name's suicidal ideation, taking into account the extent of the ideation, the presence of primary and backup plans, past attempts, and family history.

STAFF will assess and monitor consumer name's suicidal potential on an ongoing basis.

STAFF will notify consumer name's family and significant others of any severe suicidal ideation and ask them to form a 24-hour suicide watch until the crisis subsides.

STAFF will complete referral for consumer name to have a psychological assessment.

STAFF will monitor consumer name for medication use and report any and all side effects concerns to MH doctor/nurse to include increased suicidal ideation, aggression and hostility,.

STAFF will assist in the arrangements for hospitalization when consumer name is judged to be harmful to himself/herself.

STAFF will elicit a promise from consumer name that he/she will initiate contact with the therapist, STAFF, or helpline if the suicidal urge becomes strong and before any self-injurious behavior.

STAFF will provide consumer name with an emergency helpline telephone number that is available 24 hours a day.

STAFF will make a written contract with consumer name, identifying what he/she will and will not do when experiencing suicidal thoughts or impulses.

STAFF will encourage the parent(s) to remove firearms or other lethal weapons from consumer name's easy access.

STAFF will assist consumer name in communicating his/her feelings of sadness, hurt, and anger to parent(s) or other significant others.

STAFF will encourage consumer name to express his/her feelings related to the suicidal behavior in order to clarify them and increase insight into the causes and motives for the behavior.

STAFF will assist consumer name in exploring sources of emotional pain underlying his/her suicidal ideation and the depth of his/her hopelessness.

STAFF will explore cultural and socio-economic issues related to oppression and hopelessness and helplessness.

STAFF will assist consumer name in identifying the benefit of sharing emotional pain instead of internalizing it and dwelling on it.

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STAFF will assist consumer name in finding positive, hopeful things in his/her life at the present time.

STAFF will work with client to increase the number of rewarding elements in his or her life to increase the over all quality of the person's so that they build a life worth living.

STAFF will reinforce all of consumer name's statements that reflect hope and resolution of the suicidal urge.

STAFF will assist consumer name in identifying and developing coping strategies for suicidal ideation (e.g., more physical exercise, less internal focus, increased social involvement, more expression of feelings, empathy, giving of themselves to others...).

STAFF will assist consumer name in developing an awareness of the thoughts and behaviors that reinforce hopelessness and helplessness.

STAFF will identify and confront catastrophizing, fortune-telling, and mind-reading tendencies in consumer name's cognitive processing, encouraging more realistic self-talk of hope in the face of pain.

STAFF will encourage consumer name to reach out to friends and participate in enriching social activities by asking him/her to participate in at least one social activity with his/her peers per week.

STAFF will utilize rehearsal, modeling, and role-playing to build consumer name's social skills with his/her peers.

STAFF will encourage consumer name to broaden his/her social network by initiating one new social contact per week versus desperately clinging to one or two friends.

STAFF will encourage normal eating and sleeping patterns and monitor consumer name's compliance.

STAFF will explore clients nutrition intake and instruct on the importance of protein, vitamins, fiber, low-fat and low-sugar on moods.

STAFF will assist significant others in obtaining information on depression, suicidal ideation, etc. to increase his/her/their understanding of the causes for consumer name's distress.

VOCATION/VOCATIONAL STRESS

Focus of Change (goal)

Consumer name will attain his/her optimum level of employment.

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Consumer name will improve satisfaction and comfort surrounding coworker relationships.

Consumer name will increase sense of confidence and competence in dealing with work responsibilities.

Consumer name will be cooperative with and accepting of supervision and direction in the work setting.

Consumer name will increase sense of self-esteem and elevation of mood in spite of unemployment.

Consumer name will pursue employment consistency with a reasonably hopeful and positive attitude.

Consumer name will increase job satisfaction and performance due to implementation of assertiveness and stress management strategies.

Steps/Interventions

Consumer name will identify 2 possible locations for employment.

Consumer name will maintain regular work attendance at least 90% of the time.

Consumer name will identify own role in the conflict with coworkers or supervisor.

Consumer name will identify any personal problems that may be causing conflict in the employment setting.

Consumer name will identify patterns of similar conflict with people outside the work environment.

Consumer name will replace projection or responsibility for conflict, feelings, or behavior with acceptance of responsibility for own behavior, feelings, and role in conflict.

Consumer name will identify and implement behavioral changes that could be made in workplace interactions to help resolve conflicts with coworkers or supervisors.

Consumer name will implement assertiveness skills that allow for effective communication of needs and feelings without aggression or defensiveness.

Consumer name will verbalize more healthy, realistic cognitive messages that promote harmony with others, self-acceptance, and self-confidence.

Consumer name will identify and replace distorted cognitive messages associated with feelings of job stress with realistic feelings of accomplishment and maybe gratitude for being employed.

Consumer name will identify the effect that vocational stress has on feelings toward self and relationships with significant others.

Consumer name will develop and verbalize a plan for constructive action to reduce vocational stress.

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Consumer name will verbalize an understanding of circumstances that led up to being terminated from employment.

Consumer name will cease self-disparaging comments that are based on perceived failure at workplace.

Consumer name will outline plan for job search.

Consumer name will report on job search experiences and feelings surrounding these experiences.

Method

STAFF will monitor progress and address concerns as they arise with their client.

STAFF will explore community resources of interest and assist consumer name in making contacts with them.

STAFF will maintain ongoing communication with OVR or other providers to assure progress in their job search is occurring

STAFF will maintain ongoing support and encouragement to assist consumer name as issues arise and help them find other supports.

STAFF will help consumer name identify his/her own role in the conflict, helping them to be less self-centered and more empathic or other-centered.

STAFF will encourage consumer name to explore possible role of substance abuse in his/her vocational conflicts.

STAFF will encourage consumer name to explore his/her transfer of personal problems to the employment situation and how to set boundaries to keep them separate

STAFF will encourage consumer name to explore his/her patterns of interpersonal conflict that occur beyond the work setting but are repeated in the work setting.

STAFF will assist consumer name in identifying patterns of interpersonal conflict that occur beyond the work setting but are repeated in the work setting.

STAFF will gently confront consumer name's projection of responsibility for his/her behavior and feelings onto others.

STAFF will reinforce consumer name's acceptance of responsibility for personal feelings and behavior.

STAFF will encourage consumer name to write a plan for constructive action (e.g., following directions, initiate a smiling greeting, compliment other's work, avoiding critical judgments of self or others) that contain various alternatives to coworker or supervisor conf

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Billing Clarifications Questions
CCBH/OBH Responses
10/30/09

1. **Death of Consumer** – Agencies cannot bill CCBH or Medicaid Fee-for- Service for activities related to making funeral arrangements, disposing of the consumer’s belongings, emptying out the consumer’s apartment, etc. Will the county pay for these services through base funded allocation. Would the same prohibition from Medicaid or Medicare apply to federal block grants, state funding and county match funding?

Allegheny County will reimburse for these activities but for no longer than 30 days after the person’s death. After that providers may use Administrative Case Management and Contingency Funds.

- Good for how long, 30 days?
Yes.
- When does the clock start, day of death or day we are notified?
Day of Death
- What if the consumer moved from another county with no insurance?

County always pays if the person is currently a resident of Allegheny County and they do not have insurance coverage.

- Would it be the day of they move or when we learned they moved to the county/change of address?

If a person is moving into Allegheny County and residency is established, the County will reimburse for services the person received once they are enrolled in eCAP’s.

2. **Two Service Coordinators billing for the same service.** Can CCBH and/or County pay for both Service Coordinators times in these limited situations:

Chapter 5221.42 (f)(2) states that the maximum number of units that may be billed shall equal the number of staff persons involved or the number cases being served, whichever is SMALLER. In simple terms, you cannot bill MA twice for the same service for the same client at the same date/time. However, under HealthChoices BHMCOs have some flexibility to make exceptions to this rule in clinically appropriate, exceptional circumstances.

- a. **Service Planning meetings** – Sometimes it is necessary to have a Service Coordinator convening/facilitating the meeting and to have another service coordinator acting as the advocate/support for the person served.

No - this is not the convening/facilitation model that service coordinators were trained in during early SPA implementation. SC Facilitators were trained to advocate for the

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consumer's voice/choice as part of the facilitating the meeting. If the consumer would like/needs a personal advocate in the meeting, there are other supports available (CPS, MHA, Disability Rights Network, Ombudsman, friends, family, etc.). However, providers could choose to send a SC Supervisor in addition to the assigned SC, but only one staff could bill for the meeting.

b. Transitioning between Service Coordinators (Blended, Acute)

i. Children's system to Adult Service Coordinators

Yes – We will permit for a 30 day overlap to insure a smooth transition from the child to adult SC. This may include up to 3 face-to-face visits with both SC's and the consumer. We will expect that at least one of these contacts/visits includes an interagency team meeting with the consumer and their treatment team/community supports. Additional time may be requested in special clinical circumstances. Requests must go through the Care Manager and/or County monitor.

ii. Transfers between Acute SC to Blended SC

No - Within the same organization, hand offs between Acute Case Manager and ICM/RC/BCM are not both billable. Community Care and Allegheny County will consider requests for exceptions to this rule on a case-by-case basis, based on clinical needs of the member. Providers must request exceptions through a call to Community Care - Care Management or to the County Contract monitor and clearly document the need and approval from the Community Care and the County in the member's chart.

iii. Transfers between departing and new Service Coordinators

No

iv. Transfers between Service Coordinators at consumer choice.

Within the same agency, no.

v. Transfers between SC in one agency to another SC agency

Yes – using the same rules/guidelines as for transfers between child/adult SCs (above) with prior approval from CCBH Care Mgt.

Allowing this will assure that consumers are not dropped between systems.

- c. **High Risk Situations.** Is it billable by CCBH and the County for two Service Coordinators involved when there is a significant risk of violence or very unpredictable behavior (initial visits, high risk communities)

Providers need to use good clinical judgment about the type of supports needed in individual client situations. SCs should use common sense and ask their supervisor for guidance around any concerns with community safety. However, decisions should be driven by what is in the best interest of the client and their needs, not the comfort level of a particular SC in the community. If there are situations where the SC is concerned that a consumer's behavior or symptoms may put them or others at risk, SC agencies should have internal policies and procedures for all staff to follow. SC supervisors may be called upon to assist the SC and/or Mobile Crisis services may also be called upon to assist the SC in crisis situations. We expect that these two additional support options would cover the vast majority of circumstances.

Community Care and Allegheny County will consider requests for both the supervisor and the SC to bill for activities in special clinical circumstances. Again, this requires a call to either the Community Care - Care Manager or the County contract monitor for review and approval. The exceptional clinical need must be clearly articulated and documented in the member's chart. Verbal approval by the Care Manager or Contract Monitor must also be clearly documented in the member's chart. To date, Community Care and the County have received very few requests for these circumstances, so we are surprised to hear that this is a routine practice. We have given this clarification a number of times to providers over the past years. Again, providers MUST request verbal approval from the Care Manager or Contract Monitor for exceptional clinical circumstances that warrant two staff billing in particular circumstances. And the rationale and approval MUST be clearly documented in the member's chart.

3. **Jail.** In the past, we were able to bill for the first and last 30 days in jail. While service coordination can keep the case open, there cannot be billing after 30 days or 30 days before release.

- a. Agencies may be asked to keep the case open for an extended period, but this should be approved by the county in writing.
- b. With a waiver from the county, the provider can bill for services beyond these time frames on an individual case basis under special considerations. Is this correct?

Yes.

- c. What about when minor is in Shuman Center?

When child/adolescent with HealthChoices eligibility is admitted to Shuman Juvenile Detention Center, service coordination services provided on-site should be billed to Medical Assistance Fee for Service (MA FFS). Service coordination services provided off-site during that time (such as follow-up with family without child/adolescent present) should be billed to HealthChoices (Community Care).

On the child/adolescent's 35th day of detention, they will lose HealthChoices eligibility and become eligible under MA FFS. Providers should be checking EVS regularly to monitor for this change in eligibility. Once the child/youth converts to MA FFS after the 35th day of detention, they remain MA FFS eligible until discharge from detention. Once discharged from detention, eligibility changes to HealthChoices.

4. **Nursing Homes.** Service Coordination when consumer is in Nursing Home

- a. When consumers go into a sub-acute or intermediate level of care or skilled nursing for as long as 6 month, 9 month or 12 months, this is billable?

Yes

- b. As soon as the SC learns that the placement is permanent or a long term placement in a nursing home, it is not billable after 30 days. Is this correct?

Yes

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5. **Rolling Notes:** Billing for services for events that are less than 7 ½ minutes, but there are several other short events in the same day.

- a. Is it possible to clump several events for the same consumer but at different times of the day in one note and bill for the combined time.

No - providers need to follow MA billing rules. Chapter 5221.42 (f) specifically states that, for billing purposes, a service shall be ¼ hour or portion thereof. MA Bulletin OMH 93-09 further defines this as the “major” portion thereof. The “major portion thereof” for a 15 minute unit is at least 7.5 minutes. Each service provided must meet record keeping requirements (clock start/end time, date, signature, etc.). So if the individual service event from start to end does not equal at least 7.5 minutes, the service is not billable.

- b. If there are several small events that are contiguous, staff could write one note and bill for the combined time with one begin time and one end time.

Again, existing MA billing rules apply to these situations. If there are concurrent events with no interruptions between events related to the same consumer, these can be billed as one event if it is more than 7.5 minutes combined. Examples would include a series of phone calls with no interruptions for the same consumer.

6. **Engagement of Reluctant Consumers.** Before the consumer agrees to the service and/or after the consumer reject service coordination service, the service coordination can only bill up to six 15 minute units. Consistent with the SPA expectations, we request that this be extended 50 units with the ability to request more for the unusual high risk situation.

Most SC providers request the full six month authorization period for new members after the consumer has agreed to service. In cases where the member eventually refuses services, despite repeated attempts to engage, Care Managers or the contract monitor may approve more than six 15 minute units to cover the time spent with the member while trying to engage in services. This will be addressed on an individual basis. Service notes need to follow MA billing rules and the content of the note should reflect what specific engagement methods/techniques were used during each contact.

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7. **Referrals.** With the changes related to SPA documentation will increasingly be needed to make referrals to other services (referral forms, finding background information). This is part of the referral function but currently staff are not able to bill for this time. With a high risk consumer or a consumer that has been in the system for a very long time, this can be a very time consuming function. Will this be considered a billable service?

Completing referral forms without the member present is not billable. Making referrals has always been part of the work of SCs. It is unclear how changes related to SPA will increase time spent making referrals without the consumer. Rather, the expectation is that most consumers will be more actively involved in the referral process and decision making around services and supports. The hope/expectation is that changes related to SPA implementation will increase consumer connection to more community/natural supports over time with less dependence on more formal/paid services and supports (which often require formal referral forms). So the hope is that SCs will spend more time with consumers making connections to community supports and activities, based on their strengths and individual goals for recovery.

8. **Service Planning.** With an increased demand for Service Coordinators to document service coordination and service planning activities, there is a need to include obtaining service plans/treatment plans from other agencies and consolidating into a Universal Service Plan. This needs to be a billable service.

Again, we do not view documentation of service coordination and service planning activities as anything new for SCs. SC collaboration and coordination of care with other service providers and supports is already billable. Actually obtaining service plans (e.g. sending faxes, mailing ROIs, opening mail, etc.) from other agencies is considered non-direct or administrative in nature, and thus not billable. Consolidation of multiple service plans into one “Universal Service Plan” should be done WITH the consumer’s active involvement. Time spent developing/reviewing/making changes or updates to the “Universal Service Plan” with the consumer present will be considered a direct service to the consumer and therefore billable.