

## Entering the Behavioral Health Field: A Handbook for New Clinicians

### Companion Workbook Contents

1) Personal Preparation	3
a) Checklist for Self-Care Activities	3
b) Self-Disclosure Worksheet	6
2) Professional Preparation	8
a) Agency Procedures and Supervisor Information	8
b) Record of Contact With Client Before First Face-to-Face Meeting	10
c) Case Load Information and Documentation Chart	12
3) First Session	13
a) Necessary Information for First Session	13
b) Review of First Session	15
4) Cultural Considerations	20
a) Identifying Cultural and Cross-Cultural Variables	20
b) Cultural Variables Affecting Treatment	22
5) Diagnosis	24
a) Checklist for DSM Diagnosis	24
b) Psychodiagnostic Chart (PDC) for PDM Diagnosis	27
6) Assessment	33
a) Methods Used for Assessment	33
b) Assessment Worksheet	36
7) Assessment: Special Situations	40
a) Resources for Assessment of Special Situations	40

8) Case Formulation	41
a) Worksheet for Case Formulation	41
9) Treatment Planning	44
a) Worksheet for Treatment Planning	44
10) Clinical Documentation	47
a) Checklist for Progress Notes	47
b) Checklist for Treatment Documentation	48
11) Unfolding of the Therapeutic Relationship	50
a) Review of Treatment Alliance	50
b) Review of Assessment and Treatment Plan	53
c) Presence of Obstacles in Treatment Relationship	55
12) Case Management and Coordination of Care	58
a) Worksheet for Sharing Information and Coordinating Services	58
13) Termination—Planned and Unplanned	62
a) Worksheet for Reviewing Treatment Termination	62
14) Development of Professional Identity	66
a) Review of Professional Growth	66

## **Chapter 1: Personal Preparation**

### **Checklist for Self-Care Activities**

Being a clinician in the behavioral health field often involves working with individuals who have experienced traumatic events and whose lives are filled with stressful situations. We can feel powerless and overwhelmed in the face of such obstacles. This work requires us to look at our personal vulnerabilities and provides opportunities for personal as well as professional growth.

The following is a checklist of different activities that clinicians find helpful in caring for themselves while learning to care effectively for others. There is overlap between several of the items, so it is fine to check the same activity more than once if it fits in different places. You can put an “X” next to the things that are currently part of your daily or weekly routine and a “+” next to one or more activities you want to add in order to give yourself more support in areas that need more attention.

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

#### **General Self-Care:**

\_\_\_\_ Vacation and holiday time free of professional responsibilities (including checking voice mail and email)

Current routine and desired changes, if any: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_ Involvement in recreation, hobbies and other enjoyable nonprofessional activities,  
as possible based on other commitments

Current routine and desired changes, if any: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_ Daily schedule including some breaks and balance of difficult and easier tasks

Current routine and desired changes, if any: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_ Spending time in nature

Current routine and desired changes, if any: \_\_\_\_\_

\_\_\_\_\_

**Physical Self-Care:**

\_\_\_\_ Exercise (aerobic, strength training, stretching)

Current routine and desired changes, if any: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_ Nutrition (regular meal schedule, balanced diet)

Desired changes, if any: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_ Health (regular physical and dental check-ups, follow-up care as needed)

Desired changes, if any: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_ Sleep (maintaining healthy sleep habits, getting adequate rest)

Desired changes, if any: \_\_\_\_\_

\_\_\_\_\_

**Mental Self-Care:**

\_\_\_\_\_ Mindfulness practices (meditation, contemplative practices or other stress management techniques)

Current routine and desired changes, if any: \_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_ Increasing professional knowledge through classes, trainings and workshops

Current routine and desired changes, if any: \_\_\_\_\_  
\_\_\_\_\_

**Emotional Self-Care:**

\_\_\_\_\_ Personal psychotherapy

Desired changes, if any: \_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_ Supportive relationships with peers and colleagues in the behavioral health field

Desired changes, if any: \_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_ Supportive relationships with friends and family members

Desired changes, if any: \_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_ Involvement with a supportive community (spiritual, 12-step) if desired

Desired changes, if any: \_\_\_\_\_  
\_\_\_\_\_

### Self-Disclosure Worksheet

You may find this worksheet useful in developing responses to questions from clients about your personal life and professional experience. You may also want to think about how to inform clients about your professional training and experience, based on agency policies and legal requirements in your state. It is generally preferable to make general statements without excessive detail and to be prepared to answer additional questions the client may raise. Follow your supervisor's recommendations regarding the level of personal self-disclosure that is appropriate for your work setting.

Professional Training and Experience (consider questions regarding your progress in school, name of school, amount of clinical experience): \_\_\_\_\_

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Theoretical Orientation or Approach to Treatment: \_\_\_\_\_

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Information Relevant to Clinical Population (your status as a parent, in recovery, survivor of trauma): \_\_\_\_\_

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Response to Questions for Information you choose not to share: \_\_\_\_\_

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Self-Assessment of Personal Style (identify your starting point; goal is to move toward balance):

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Emotionally Reserved

Emotionally Expressive

---

Self-Protective

Self-Revealing

---

Prefer Tight Boundaries

Prefer Loose Boundaries

## Chapter 2: Professional Preparation

### Agency Procedures and Supervisor Information

The following checklist serves the purpose of helping you compile necessary information as you prepare to see clients at a new organization. Some of this may be given to you as part of an agency orientation and some may be provided by your supervisor. If there is anything you are unclear about before you make contact with your first client, it is wise to ask a colleague, your supervisor, or an administrative manager.

Agency Name: \_\_\_\_\_

Main Office Location: \_\_\_\_\_

Location/s for Client Services (if different): \_\_\_\_\_

\_\_\_\_\_

Main Office Telephone Number: \_\_\_\_\_

Other Office Telephone Number (if different): \_\_\_\_\_

Primary Supervisor: \_\_\_\_\_

Contact Information: \_\_\_\_\_

On-Site Schedule: \_\_\_\_\_

Off-Site Contact Information: \_\_\_\_\_

Secondary Supervisor (if applicable): \_\_\_\_\_

Contact Information: \_\_\_\_\_

On-Site Schedule: \_\_\_\_\_

Off-Site Contact Information: \_\_\_\_\_

Emergency Back-up Coverage: \_\_\_\_\_

Contact Information: \_\_\_\_\_



Clinical Frame for Sessions (how clients are assigned, preferred way to contact, length

and frequency of sessions): \_\_\_\_\_

\_\_\_\_\_

Location, Parking and Transit Information for Clients: \_\_\_\_\_

\_\_\_\_\_

Documents and Forms Needed for First Session: \_\_\_\_\_

\_\_\_\_\_

Agency Procedures for Clinical Emergencies (attach if in writing): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Supervision Times and Location (primary and secondary if applicable):

\_\_\_\_\_

\_\_\_\_\_

Format and Material Required for Supervision (transcript, recording, case notes):

\_\_\_\_\_

\_\_\_\_\_

### **Contact With Client Before First Face-To-Face Meeting**

This form is suggested for recording the information you need to convey in your first contact with the client. It also provides a place to record your attempts to contact the client so you can talk with your supervisor about how and when to discontinue. It is also helpful to take note of your responses to the client and use that as information about yourself and your relationship with the new client.

Be aware that this sheet will be considered protected health information if you include the client's or family members' names on this worksheet. For that reason, it is advisable to use initials only, if you want to have this information available outside your work setting and separate from the client's health record.

#### Information for Initial Contact with Client:

\_\_\_\_ Your name, title or role, agency or organization name

\_\_\_\_ Your understanding of the client's reason for seeking treatment \_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_ Your times available to meet \_\_\_\_\_

\_\_\_\_ Information about payment arrangements and documentation needed at the first  
session \_\_\_\_\_

\_\_\_\_ Location of appointment (address, cross street, public transportation stop or station)  
where you will meet client \_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_ Client is couple, family or child

Family members to speak to before first session: \_\_\_\_\_

\_\_\_\_\_

Family members requested to attend first session: \_\_\_\_\_

\_\_\_\_\_

Record of Contacts:

Date	Contact (message/ conversation)	Result
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Notes regarding feelings and personal response to client (whether first session scheduled or not): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



### Chapter 3: First Session

#### Necessary Information for First Session

This checklist can be used to prepare for your first session, especially when you begin at a new agency site.

**Forms:**

\_\_\_ Informed Consent

\_\_\_ HIPAA Notice of Privacy Practices

\_\_\_ Status as clinician in training

\_\_\_ Financial and billing forms

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\_\_\_ Authorization for exchange of information (or release of information)

\_\_\_ Other agency forms

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*Check before the end of the session to make sure the client has included all requested information.*

**Information to Convey to Client:**

- \_\_\_ Confidentiality and exceptions
- \_\_\_ Cancellation policy
- \_\_\_ Frequency and length of appointments
- \_\_\_ If couple or family, agreement and expectations about who will attend sessions
- \_\_\_ Payment options, if any
- \_\_\_ Any questions the client has about treatment procedures or arrangements
- \_\_\_ Your status as a clinician in training
- \_\_\_ Your policy and practice of checking voice mail and returning calls
- \_\_\_ Your policy and practice regarding electronic communication including social media and email, if applicable
- \_\_\_ Encourage client to ask questions and give you feedback about how well you are understanding her/him/them and how treatment is going

### Review of First Session

This form may be helpful in organizing your thoughts, questions, feelings, and reactions to your client after the first session.

**Client Initials:** \_\_\_\_\_

**Date of First Session:** \_\_\_\_\_

**Who Attended:** \_\_\_\_\_

**Unit of Treatment:** \_\_\_\_\_ Individual adult

\_\_\_\_\_ Individual child

\_\_\_\_\_ Couple

\_\_\_\_\_ Family

#### Therapeutic Alliance:

General Feeling Tone:

\_\_\_\_\_

Distant/ Detached	Collaborative	Adversarial
-------------------	---------------	-------------

Degree of Empathy or Judgment Felt by You:

\_\_\_\_\_

Judgmental/ Critical	Empathic	Identified with Client
----------------------	----------	------------------------

Balance of Warmth and Professional Boundaries:

\_\_\_\_\_

More aware of boundaries	Balanced	More aware of warmth
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Presence of Obstacles to Therapeutic Alliance:

\_\_\_\_\_

Significant interference from Obstacles OR Safety Concern	Obstacles Manageable	Few Obstacles
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Notes about therapeutic alliance (note if any suicidal or homicidal ideation or presence of domestic violence): \_\_\_\_\_

\_\_\_\_\_

If client is a couple or family, notes about differences in therapeutic alliance for different family members (some members more or less engaged): \_\_\_\_\_

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**Client's Primary Concerns:**

List in order of importance to client:

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\_\_\_\_\_ Issues of safety in client's life

Nature of safety issues: \_\_\_\_\_

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Safety plan: \_\_\_\_\_

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**Questions and Issues to Incorporate in Assessment:**

\_\_\_\_\_ Symptoms and diagnosis

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\_\_\_\_ Present life circumstances

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\_\_\_\_ Past history

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\_\_\_\_ Differences between client's subjective description and clinician observation

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**Agreement Regarding Future Contact:**

\_\_\_\_ Next appointment scheduled

Date and Time: \_\_\_\_\_

\_\_\_\_ Agreement for regular schedule

Frequency: \_\_\_\_\_

\_\_\_\_ Follow up with client to schedule next appointment

When to contact client again \_\_\_\_\_

\_\_\_\_\_ Client declined further services

\_\_\_\_\_ Will contact clinician if/when services desired

\_\_\_\_\_ Will contact agency if/when services desired

\_\_\_\_\_ Referrals provided: \_\_\_\_\_

\_\_\_\_\_

**Questions and Concerns to Review in Supervision:**

\_\_\_\_\_ Diagnosis

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ Safety or crisis concerns

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ Follow up issues for assessment

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ Concerns about therapeutic alliance (note if differences in engagement between members of a couple or family)

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\_\_\_\_\_ Countertransference reactions

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\_\_\_\_\_ Treatment modality, unit of treatment, additional services needed

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## Chapter 4: Cultural Considerations

### Identifying Cultural and Cross-Cultural Variables

The worksheet below uses the ADDRESSING framework developed by Pamela Hays (2016) with adaptations and additions for use in behavioral health treatment settings. If your client is a couple or family, you can divide the client column to describe different family members or change the column headings and use one table for the family and a second table for the clinician and supervisor. The dominant group in the United States for each variable is listed in parentheses.

<b>Variable (Dominant Group)</b>	<b>Client</b>	<b>Clinician</b>	<b>Supervisor</b>
Age & generational (30's to 50's)			
Developmental or other Disabilities (non-disabled)			
Religion & spiritual orientation (Christian and secular)			
Ethnic & racial identity (European American)			
Socioeconomic status (upper & middle class)			
Sexual orientation (heterosexual)			
Indigenous heritage (European American)			
National origin (U.S. born American)			
Gender (male, non-transgender)			
Homelessness (no history of being homeless)			
12-step recovery (no history of addiction)			

Which cultural influences are most salient or powerful in the identity of

Client \_\_\_\_\_

Clinician \_\_\_\_\_

Supervisor \_\_\_\_\_

What cross-cultural factors are present for

Client and clinician \_\_\_\_\_

\_\_\_\_\_

Clinician and supervisor \_\_\_\_\_

\_\_\_\_\_

What issues of power and privilege are present for

Client and clinician \_\_\_\_\_

\_\_\_\_\_

Clinician and supervisor \_\_\_\_\_

\_\_\_\_\_

Reference

Hays, P. A., *Addressing cultural complexities in practice: Assessment, diagnosis, and therapy*, 3rd ed., American Psychological Association, Washington, DC, 2016, adapted with permission.

### **Cultural Variables Affecting Treatment**

Below are some of the cultural variables that may be present in your client's history, world view, and relational experience.

#### **Experiences of Discrimination:**

Historical prejudice and oppression experienced by members of client's cultural group:

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Client's personal history of discrimination and disrespect by members of the dominant cultural group: \_\_\_\_\_

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Implications for diagnosis and treatment planning: \_\_\_\_\_

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Coping strategies related to discrimination: \_\_\_\_\_

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#### **Views of Symptoms and Treatment:**

Client's understanding and explanation of symptoms, culturally based: \_\_\_\_\_

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Culture-bound syndromes matching client's symptoms: \_\_\_\_\_

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Client's understanding of effective treatment, culturally based: \_\_\_\_\_

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Current and past use of alternative medicine and healing practices, culturally based:

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### **Cross-Cultural Family Dynamics**

What cross-cultural factors are present in the client's family relationships?

Family of origin (parent/child, between parents): \_\_\_\_\_

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Past intimate relationships: \_\_\_\_\_

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Current intimate relationship: \_\_\_\_\_

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Current parenting relationships: \_\_\_\_\_

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## Chapter 5: Diagnosis

### Checklist for DSM-5 Diagnosis

This worksheet is designed to assist you in developing a comprehensive DSM-5 diagnosis for your client, whether you are working with an individual or with a family unit where one family member is the focus of treatment.

Be aware that this sheet will be considered protected health information if you include the client's or family members' names on this worksheet. For that reason, it is advisable to use initials only, if you want to have this information available outside your work setting and separate from the client's health record.

**Client Initials:** \_\_\_\_\_

**Date of First Session:** \_\_\_\_\_

**Date of Completion:** \_\_\_\_\_

**Symptoms (in order of relevance to treatment):**

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**Categories of DSM-5 diagnoses:**

**Present    Relevant to treatment**

Yes	No	Yes	No	Neurodevelopmental disorders
Yes	No	Yes	No	Schizophrenia spectrum & other psychotic disorders
Yes	No	Yes	No	Bipolar & related disorders
Yes	No	Yes	No	Depressive disorders
Yes	No	Yes	No	Anxiety disorders
Yes	No	Yes	No	Obsessive-compulsive & related disorders
Yes	No	Yes	No	Trauma- and stressor-related disorders
Yes	No	Yes	No	Dissociative disorders
Yes	No	Yes	No	Somatic symptom & related disorders
Yes	No	Yes	No	Feeding & eating disorders
Yes	No	Yes	No	Elimination disorders
Yes	No	Yes	No	Sleep-wake disorders
Yes	No	Yes	No	Sexual dysfunctions
Yes	No	Yes	No	Gender dysphoria
Yes	No	Yes	No	Disruptive, impulse-control & conduct disorders
Yes	No	Yes	No	Substance-related & addictive disorders
Yes	No	Yes	No	Neurocognitive disorders
Yes	No	Yes	No	Personality disorders
Yes	No	Yes	No	Paraphilic disorders
Yes	No	Yes	No	Other mental disorders (symptoms that don't meet criteria for any diagnosis but cause significant distress or impairment)
Yes	No	Yes	No	Medication-induced movement disorders & other adverse effects of medication
Yes	No	Yes	No	Other conditions that may be a focus of clinical attention

**DSM-5 Diagnoses, In Order of Relevance to Treatment:**

<b>Code</b>	<b>Narrative Description</b>	<b>Specifiers</b>

**Medical Conditions:**


### Psychodiagnostic Chart (PDC) for PDM Diagnosis

This worksheet is adapted from The Psychodiagnostic Chart (PDC), The Operationalized PDM-Adult version 2013.2 by Robert M. Gordon and Robert F. Bornstein, retrieved from <https://sites.google.com/site/psychodiagnosticchart/>.

Be aware that this sheet will be considered protected health information if you include the client's or family members' names on this worksheet. For that reason, it is advisable to use initials only, if you want to have this information available outside your work setting and separate from the client's health record.

**Client Initials:** \_\_\_\_\_

**Date of First Session:** \_\_\_\_\_

**Date of Completion:** \_\_\_\_\_

#### **1. Level of Personality Organization**

Rate each of the 7 capacities from 1 (Severe) to 10 (Healthy).

Severe		Moderate						Healthy	
1	2	3	4	5	6	7	8	9	10
1. Identity: ability to view self in complex, stable, and accurate ways								Degree ____	
2. Object Relations: ability to maintain intimate, stable, and satisfying relationships								Degree ____	
3. Affect Tolerance: ability to experience the full range of age-expected affects								Degree ____	
4. Affect Regulation: ability to regulate impulses and affects with flexibility in using defenses or coping strategies								Degree ____	

5. Superego Integration: ability to use a consistent and mature moral sensibility Degree \_\_\_\_
6. Reality Testing: ability to appreciate conventional notions of what is realistic Degree \_\_\_\_
7. Ego Resilience: ability to respond to stress resourcefully and to recover from painful events without undue difficulty Degree \_\_\_\_

**Healthy Personality**- characterized by 9-10 scores, life problems never get out of hand and enough flexibility to accommodate to challenging realities.

**Neurotic Level**- characterized by mainly 6-8 scores, rigidity and limited range of defenses and coping mechanisms, basically a good sense of identity, healthy intimacies, good reality testing, fair resiliency, fair affect tolerance and regulation, favors repression.

**Borderline Level**- characterized by mainly 3-5 scores, recurrent relational problems, difficulty with affect tolerance and regulation, poor impulse control, poor sense of identity, poor resiliency, favors primitive defenses such as denial, splitting and projective identification.

**Psychotic Level**- characterized by mainly 1-2 scores, delusional thinking, sometimes hallucinations, poor reality testing and mood regulation, extreme difficulty functioning in work and relationships.

### Overall Personality Organization

Considering the 7 ratings above, rate the person's overall personality structure from 1(Psychotic) to 10 (Healthy)

Psychotic			Borderline			Neurotic		Healthy	
1	2	3	4	5	6	7	8	9	10

## **2. Personality Patterns or Disorders**

These are relatively stable patterns of thinking, feeling, behaving and relating to others.

Normal level temperaments and traits (e.g., extroversion) do not involve impairment, while personality disorders involve impairment at the neurotic, borderline, or severe (psychotic) level. If the person does not have a personality disorder, but a maladaptive trait or personality style, then rate the trait or style as “mild” (e.g., obsessional traits-8).

**Check off as many as apply from the list below.**

### **PDM Categories:**

- Schizoid
- Paranoid
- Psychopathic (antisocial)
  - Subtype: passive-parasitic
  - Subtype: aggressive
- Narcissistic
  - Subtype: arrogant-entitled
  - Subtype: depressed-depleted
- Sadistic
  - Intermediate manifestation: sadomasochistic
- Masochistic (self-defeating)
  - Subtype: moral masochistic
  - Subtype: relational masochistic
- Depressive
  - Subtype: introjective
  - Subtype: anaclitic
  - Converse manifestation: hypomanic
- Somatizing

- Dependent
  - Subtype: passive-aggressive versions of dependent
  - Converse manifestation: counterdependent
- Phobic (avoidant)
  - Converse manifestation: counterphobic
- Anxious
- Obsessive-compulsive
  - Subtype: obsessive
  - Subtype: compulsive
- Hysterical (histrionic)
  - Subtype: inhibited
  - Subtype: demonstrative
- Dissociative
- Mixed/other

Write in the Dominant Personality Disorder or Maladaptive Trait, (ex. 'Anxious'):

---

Rate the person's degree of impairment from the above

Severe		Moderate				Mild			
1	2	3	4	5	6	7	8	9	10

### **3. Mental Functioning**

Rate these more detailed descriptions of a person's mental life.

Severe Defects			Moderate Level					Optimal	
1	2	3	4	5	6	7	8	9	10
1. Capacity for Attention, Memory, Learning, and Intelligence								Degree ____	
2. Capacity for Relationships and Intimacy (including depth, range, and consistency)								Degree ____	
3. Level of Confidence and Self-Regard								Degree ____	
4. Affective Comprehension, Expression, and Communication								Degree ____	
5. Level of Defensive or Coping Patterns (put in a single number)								Degree ____	
1-2: Psychotic level (e.g., delusional projection, psychotic denial, psychotic distortion)									
3-5: Borderline level (e.g., splitting, projective identification, idealization/devaluation, denial, acting out)									
6-8: Neurotic level (e.g., repression, reaction formation, rationalization, displacement, undoing)									
9-10: Healthy level (e.g., anticipation, sublimation, altruism, and humor)									
6. Sense of self and others are realistic and appropriate								Degree ____	
7. Self, others, time, internal experiences and external reality are all well distinguished								Degree ____	
8. Self-Observing capacity (psychological mindedness)								Degree ____	
9. Realistic sense of morality								Degree ____	

**4. Manifest Symptoms and Concerns (list as many as apply from the ICD or DSM)**

(Ex. psychosis, mood disorder, anxiety disorder, adjustment disorder, somatizations, substance abuse, etc.)

Write down the symptom and rate the degree of severity.

Severe		Moderate				Mild			
1	2	3	4	5	6	7	8	9	10
_____									Degree ____
_____									Degree ____
_____									Degree ____
_____									Degree ____

**5. Cultural, Contextual and Other Relevant Considerations**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Reference

Gordon, R.M. and Stoffey, R.W. (2014). Operationalizing the Psychodynamic Diagnostic Manual: a Preliminary Study of the Psychodiagnostic Chart (PDC), *Bulletin of the Menninger Clinic*, 78, 1-15.



## Chapter 6: Assessment

### Methods Used for Assessment

This checklist may be used to insure that you include all sources of information that are relevant to your assessment of the client. Be aware that this sheet will be considered protected health information if you include the client's or family members' names on this worksheet. For that reason, it is advisable to use initials only, if you want to have this information available outside your work setting and separate from the client's health record.

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

Type of Case (individual adult or child, couple, family): \_\_\_\_\_

Due Date for Assessment: \_\_\_\_\_

\_\_\_\_ Clinical interview

With individual client

Dates: \_\_\_\_\_

With family members of individual client

Name/initials and date: \_\_\_\_\_

Name/initials and date: \_\_\_\_\_

Name/initials and date: \_\_\_\_\_

With couple or family, joint interview

Dates: \_\_\_\_\_

With couple or family, individual interviews

Name/initials and date: \_\_\_\_\_

Name/initials and date: \_\_\_\_\_

Name/initials and date: \_\_\_\_\_

Name/initials and date: \_\_\_\_\_

\_\_\_\_ Behavioral observations

Office visit

Individual client, dates: \_\_\_\_\_

Family members of individual client, names/initials and dates \_\_\_\_\_

\_\_\_\_\_

Couple or family, dates: \_\_\_\_\_

Home visit

Location and dates: \_\_\_\_\_

Persons present: \_\_\_\_\_

Observation at school, treatment setting or workplace

Location and dates: \_\_\_\_\_

\_\_\_\_ Questionnaires or tests (note if using data from tests administered by others)

Diagnostic and symptom questionnaires

Name and date administered: \_\_\_\_\_

Name and date administered: \_\_\_\_\_

Name and date administered: \_\_\_\_\_

Psychological tests

Name and date administered: \_\_\_\_\_

Name and date administered: \_\_\_\_\_

Name and date administered: \_\_\_\_\_

Other

Name and date administered: \_\_\_\_\_

Name and date administered: \_\_\_\_\_

\_\_\_\_ Information from other professionals

Name, relationship to client, date and type of contact: \_\_\_\_\_

\_\_\_\_\_

Name, relationship to client, date and type of contact: \_\_\_\_\_

\_\_\_\_\_

Name, relationship to client, date and type of contact: \_\_\_\_\_

\_\_\_\_\_

Name, relationship to client, date and type of contact: \_\_\_\_\_

\_\_\_\_\_

### Assessment Worksheet

This worksheet can be used as the basis for an assessment report, if you work in a setting that has no standard format, and as a worksheet to compile information as you collect it in preparation for writing your report.

Be aware that this sheet will be considered protected health information if you include the client's or family members' names on this worksheet. For that reason, it is advisable to use initials only, if you want to have this information available outside your work setting and separate from the client's health record.

Agency Name: \_\_\_\_\_

Date of Report: (if using this worksheet as the assessment report format): \_\_\_\_\_

Client Name/Initials: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

If couple or family case, other client names/initials and dates of birth:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Date Case Opened: \_\_\_\_\_

Clinician Name: \_\_\_\_\_

Funding/Payment: \_\_\_\_\_

Presenting Problems:

\_\_\_\_\_

\_\_\_\_\_

Diagnosis:

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Symptoms:

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Mental Status Exam (if conducted):

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Risk Factors:

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Substance Use:

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Cultural Influences:

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Coping Strategies, Strengths and Resources:

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Treatment Expectations:

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Current Life Circumstances:

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History of Mental Health and Substance Use Treatment:

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Physical Health:

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Family and Developmental History:

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## **Chapter 7: Assessment: Special Situations**

### **Resources for Assessment of Special Situations**

The following websites contain tools for assessment of special situations:

American Psychiatric Association ([www.psychiatry.org/dsm5](http://www.psychiatry.org/dsm5))

Substance Abuse and Mental Health Services Administration ([www.samhsa.gov](http://www.samhsa.gov))

Suicide Prevention Resource Center ([www.sprc.org](http://www.sprc.org))



## Chapter 8: Case Formulation

### Worksheet for Case Formulation

This worksheet can be used to develop your clinical case formulation. It is often helpful to list your thoughts about each area before creating a narrative formulation. Cultural influences can be integrated into each section or discussed separately.

Be aware that this sheet will be considered protected health information if you include the client's or family members' names on this worksheet. For that reason, it is advisable to use initials only, if you want to have this information available outside your work setting and separate from the client's health record.

Client Name/Initials: \_\_\_\_\_

Type of Case (individual adult or child, couple, family): \_\_\_\_\_

Theoretical Orientation Used for Formulation: \_\_\_\_\_

Symptoms or problematic behaviors:

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Developmental history and recent events that are relevant to the symptoms:

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Factors that contribute to the symptoms, internal and external (conceptual explanation, your inferences about why/how the client developed her/his symptoms and behaviors):

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Cultural influences:

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Strengths and resources that are available for alleviating or lessening the symptoms:

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Narrative clinical case formulation (including symptoms, developmental history and recent events, conceptual explanation, cultural influences, strengths and resources):

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## **Chapter 9: Treatment Planning**

### **Worksheet for Treatment Planning**

This worksheet can be used to compile information for your treatment plan as you gather information from the client and develop ideas about the nature of your treatment.

Be aware that this sheet will be considered protected health information if you include the client's or family members' names on this worksheet. For that reason, it is advisable to use initials only, if you want to have this information available outside your work setting and separate from the client's health record.

Client Name/Initials: \_\_\_\_\_

Date of Treatment Plan: \_\_\_\_\_

Date Discussed with Client: \_\_\_\_\_

\_\_\_\_\_ Check if client's agreement was documented, if required by agency.

Date of Treatment Plan Review: \_\_\_\_\_

#### **Treatment Frame and Structure:**

Unit of treatment (individual, individual with collateral family sessions, couple/family):

\_\_\_\_\_

Frequency and duration of sessions: \_\_\_\_\_

Expected length of treatment, if limited by funding or agency policy (number of sessions or length of time): \_\_\_\_\_

Other services related to treatment, requiring coordination of care:

\_\_\_\_\_

\_\_\_\_\_

**Treatment Goals and Intervention Methods:**

*Notes for clinician:*

- If any issues of safety or risk are present, these should be addressed in a treatment goal.
- It is wise to have no more than 3 goals. At least 1 goal should have a target date extending to the end of treatment or review of treatment plan, whichever occurs first.
- In writing behaviorally specific goals for aspects of functioning that are abstract or internal, ask “how will we know that the treatment is helping?”.
- Behavioral goals can be written in the following format: “client will (general description of behavior change) as evidenced by (the observable result of the behavior change)” in order to define how the behavior will be measured.

Overall goal of treatment, as defined by client:

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Overall goal of treatment, as defined by clinician, if different:

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Treatment goals and interventions:

Goal #1:

Client will \_\_\_\_\_

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Target date: \_\_\_\_\_

Interventions:

Clinician will \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Goal #2:

Client will \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Target date: \_\_\_\_\_

Interventions:

Clinician will \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Goal #3:

Client will \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Target date: \_\_\_\_\_

Interventions:

Clinician will \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## Chapter 10: Clinical Documentation

### Checklist for Progress Notes

This checklist summarizes the general professional expectations for progress notes of behavioral health treatment. It may be helpful to review this when you begin writing progress notes and whenever you are writing notes for a case involving complex legal or clinical issues and/or a high level of risk to the safety of the client or other persons.

Check if the following elements are included in the progress note:

- Date, time and length of session
- Who attended, if someone other than client or in addition to client
- Location of session
- Clinician signature and date including degree, licensure status, and title if required
- Supervisor signature and date if required, including degree, licensure status, and title
- Client's report of symptoms and current functioning
- Clinician's observations of symptoms and current functioning
- Description of clinician interventions and client response
- Client's general progress toward treatment goals
- Plan for continued treatment or changes in the treatment plan
- Assessment of areas of crisis or danger if present, safety plan if client is at risk
- No material that is more appropriate for a separate psychotherapy note

(See Checklist for Treatment Documentation for guidelines.)

### **Checklist for Treatment Documentation**

This checklist summarizes the general professional expectations for behavioral health treatment documentation. It may be helpful to review this when you begin working in a behavioral health setting, whenever you begin working with a case involving complex legal or clinical issues and/or a high level of risk to the safety of the client or other persons, or periodically as part of a general documentation review.

Check if the following elements are present in the client chart:

- Required forms for informed consent, notice of privacy practices, and authorization for exchange of information.
- Assessment and treatment plan created at the beginning of treatment.
- Progress note for each session or contact with the client, describing client progress and clinician interventions to achieve treatment goals.
- Documentation of contacts with family and other professionals as authorized or permitted, providing minimum information necessary for coordination of care.
- Legible, understandable documentation without jargon and abbreviations.
- Psychotherapy notes and other subjective material not included.
- Objective descriptions of client's symptoms and behavior with conclusions supported by observations and historical data.
- Clear descriptions of client's current life and history without unnecessary detail.
- Source of information identified if gathered from client report or report of others, rather than direct observation by clinician.
- Consistency between diagnosis, assessment, and treatment plan.
- Medical necessity of treatment documented, if necessary for funding.



- \_\_\_ Documentation of treatment decisions and interventions, including consideration of alternatives and reasons for decisions made.
- \_\_\_ Appropriate precautions and protection for cases involving safety risks to client or others, substance abuse treatment, mandated treatment, or legal involvement.
- \_\_\_ Documentation of treatment focus on individual client symptom reduction if individual client funding is used for couple or family therapy.

## Chapter 11: Unfolding of the Therapeutic Relationship

### Review of Treatment Alliance

This worksheet can be used after you have worked with a client for 6 to 8 sessions over 2 to 4 months. It is especially helpful when treatment is not progressing or when you are aware of an obstacle in your treatment alliance with the client. Some of these items are contained in the Review of First Session form in Chapter 2, and it may be helpful to compare your initial ratings with your ratings in this review.

Client Initials: \_\_\_\_\_

Date of First Session: \_\_\_\_\_

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

Unit of Treatment:    \_\_\_\_\_ Individual adult

                                  \_\_\_\_\_ Individual child

                                  \_\_\_\_\_ Couple

                                  \_\_\_\_\_ Family

#### Therapeutic Alliance:

Variability in Alliance Between Sessions:

\_\_\_\_\_

High Variability

Minor Differences

No Variability

*Note:* The following dimensions can be rated twice if there is high variability between sessions. One rating can be done for the most positive or productive session and a second rating for the most negative or difficult session.

Ease in Establishing Alliance:

\_\_\_\_\_

Difficult/ Uncomfortable

Easy/ Comfortable

Degree of Match in Interpersonal Style:

\_\_\_\_\_

Client Style Different from Clinician

Client Style Similar to Clinician

Degree of Conflict between Interpersonal Styles:

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Client Style in Conflict with Clinician's      Client Style Complementary to Clinician's

General Feeling Tone:

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Distant/ Detached                      Collaborative                      Adversarial

Degree of Empathy or Judgment Felt by You:

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Judgmental/ Critical                      Empathic                      Identified with Client

Balance of Warmth and Professional Boundaries:

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More aware of boundaries              Balanced                      More aware of warmth

Presence of Obstacles to Therapeutic Alliance:

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Significant interference from              Obstacles Manageable              Few Obstacles  
Obstacles OR Safety Concern

**Obstacles to Therapeutic Alliance:**

- \_\_\_ Clinician's difficulty feeling empathic toward client
- \_\_\_ Client's interpersonal style of hostility or passivity
- \_\_\_ Rigidity of client's interpersonal style with clinician and in other relationships
- \_\_\_ Client's reactivity and sensitivity to interpersonal interactions, with clinician and in other relationships

Conceptual understanding of treatment obstacles:

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Interventions that will increase strength of therapeutic alliance:

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### **Review of Assessment and Treatment Plan**

This worksheet can be used after you have worked with a client for 3 to 6 months. It is especially helpful when treatment is not progressing, when the focus of treatment changes, or when the client presents new information. In these circumstances, it is appropriate to consider revising your treatment plan, and the following steps can help you decide whether to do so.

\_\_\_\_ Client symptoms are unchanged or have increased in severity.

Consider consultation with an expert clinician and have a discussion with client about current symptoms and treatment progress.

Issues to consider include:

- Accuracy of the initial primary diagnosis
- Personality disorder diagnosis in addition to primary diagnosis
- Unreported substance use
- Inappropriate or inconsistent use of psychotropic medication
- Cultural variables that affect the client's response to treatment interventions
- Family dynamics interfering with change
- Secondary gain from continued illness or disability
- Unacknowledged ambivalence about treatment participation

\_\_\_\_ Client has a change in life circumstances or brings in a new issue or event.

Evaluate whether the existing treatment goals are relevant or require revision.

Issues to consider include:

- Applicability of existing treatment goals to new situation or issue

- Change in focus due to client's difficulty prioritizing needs and goals

\_\_\_\_ Client discloses new information about past history and/or current life.

Reflect on reasons for client sharing information at this point in treatment, and evaluate the need to update documentation to incorporate new information.

Issues to consider include:

- Client's increased confidence and safety in treatment leading to increased awareness and disclosures of emotionally charged or sensitive information and experiences.
- Changes in clinical case formulation based on new information and implications of client disclosure.
- Changes in treatment goals to incorporate new information.

### **Presence of Obstacles in Treatment Relationship**

This worksheet can be used when you notice obstacles in your treatment relationship with the client. It will help you identify the obstacles and strategies you can use to assist the client in working toward the treatment goals. In general, it is important to recognize that these obstacles present an opportunity to understand and impact the client's difficulties directly. Supervision is especially valuable when you feel discouraged or frustrated about a lack of progress in treatment.

\_\_\_\_ Emergence of symptoms in session.

Steps to consider include:

- Recommend the use of additional resources (e.g., medication, case management).
- Modify the structure by changing the location or including a trusted family member or other provider.
- Value the client's symptoms as a direct communication to clinician.

\_\_\_\_ Client's familiar but dysfunctional interpersonal style.

Steps to consider include:

- Diagnosis of personality disorder and treatment strategies appropriate for personality disorder.
- Use your emotional reactions to increase your understanding of client's relationships outside treatment.
- Identify a way of relating to the client that will provide a different interpersonal experience.

\_\_\_ Client's issues regarding control and autonomy.

Steps to consider include:

- Use self-reflection and supervision to return to empathy.
- Express your understanding of client's conflict directly.

\_\_\_ Client's family responds to change in a negative or critical way.

Steps to consider include:

- Discuss the function of the presenting problem and the responses of family members to change.
- Schedule sessions with parents and other family members, if appropriate.
- Consider referral for couple or family therapy, if your client is an individual.

\_\_\_ Shift in your attitude toward client, with increasing negativity.

Steps to consider include:

- Notice your thoughts and feelings without acting on them.
- Use supervision, consultation, and personal support to maintain professionalism.

\_\_\_ Becoming caretaking or critical rather than maintaining professional boundaries.

Steps to consider include:

- Recognize and reflect on your pull to take on a familiar role in light of your interpersonal style and the client's history. Return to a professional stance of facilitating client self-efficacy and communicating empathy.
- Examine parallel process if feeling a conflict with agency policies or procedures.



- Discuss with supervisor when you have a thought of crossing professional boundaries (e.g., gift giving, meeting outside professional context of treatment, physical affection).

## **Chapter 12: Case Management and Coordination of Care**

### **Worksheet for Sharing Information and Coordinating Services**

This worksheet can be used as a guide and reminder when you share information about your client and treatment with other service providers or family members. It will help you maintain clarity in your communication, especially when these interactions are emotionally complex.

Remember the following general principles:

- Ask for the client's written authorization before sharing information.
- Request authorization even when you are permitted to disclose without authorization, unless doing so would compromise the safety of the client or another person.
- Disclose the minimum information necessary for coordinating care or accessing services.
- Follow the minimum necessary rule: release information only to the individuals authorized to receive it and limit the information you release to others in your organization or agency, except in supervision.
- Protect the privacy of information you disclose by leaving messages only on a private voice mail, sending a fax only to a location that is private and secure, addressing mail to a specific individual, and encrypting emails containing protected health information or removing information from the email that identifies the client.

**Individuals and Organizations Involved in Coordination of Care:**

Psychiatric and Medical Care:

Organization and Individual Names: \_\_\_\_\_

Contact Information: \_\_\_\_\_

Date of Client Authorization/ Release: \_\_\_\_\_

Other Mental Health and Addiction Treatment

Organization and Individual Names: \_\_\_\_\_

Contact Information: \_\_\_\_\_

Date of Client Authorization/ Release: \_\_\_\_\_

Organization and Individual Names: \_\_\_\_\_

Contact Information: \_\_\_\_\_

Date of Client Authorization/ Release: \_\_\_\_\_

Education and Social Services

Organization and Individual Names: \_\_\_\_\_

Contact Information: \_\_\_\_\_

Date of Client Authorization/ Release: \_\_\_\_\_

Organization and Individual Names: \_\_\_\_\_

Contact Information: \_\_\_\_\_

Date of Client Authorization/ Release: \_\_\_\_\_

Family Members

Name and Relationship: \_\_\_\_\_

Contact Information: \_\_\_\_\_

Date of Client Authorization/ Release: \_\_\_\_\_

Name and Relationship: \_\_\_\_\_

Contact Information: \_\_\_\_\_

Date of Client Authorization/ Release: \_\_\_\_\_

**Log of Contacts with Service Providers and Family Members:**

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

(To be completed before making contact.)

Contact with: \_\_\_\_\_

Purpose and goals: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Beginning statement or question (worded in a neutral tone without judgment):

\_\_\_\_\_

\_\_\_\_\_

Questions and information to be shared:

\_\_\_\_\_

\_\_\_\_\_

(To be completed after making contact.)

Result of contact (information learned, decisions made, follow-up needed):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Date of entry of progress note: \_\_\_\_\_

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

(To be completed before making contact.)

Contact with: \_\_\_\_\_

Purpose and goals: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Beginning statement or question (worded in a neutral tone without judgment):

\_\_\_\_\_

\_\_\_\_\_

Questions and information to be shared:

\_\_\_\_\_

\_\_\_\_\_

(To be completed after making contact.)

Result of contact (information learned, decisions made, follow-up needed):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Date of entry of progress note: \_\_\_\_\_

## Chapter 13: Termination

### Worksheet for Reviewing Treatment Termination

This worksheet can be used when you are planning the end of treatment or after the client has stopped coming if the ending is unplanned. It is designed to help you identify the reasons for the ending, associated feelings and how to make the ending as therapeutic as possible.

Client Initials: \_\_\_\_\_

Date of First Session: \_\_\_\_\_

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

Unit of Treatment:    \_\_\_\_\_ Individual adult

                                  \_\_\_\_\_ Individual child

                                  \_\_\_\_\_ Couple

                                  \_\_\_\_\_ Family

Date of Last Session: \_\_\_\_\_

Type of Ending:       Planned \_\_\_\_\_ Unplanned \_\_\_\_\_

                                  Initiated by Clinician \_\_\_\_\_ Client \_\_\_\_\_

#### Clinician's Countertransference Feelings about Termination:

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**Client's Feelings about Termination (Known and Inferred):**

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**Goal of Termination:**

The goal of termination is to create an ending that is less traumatic than the client's prior experiences of separation and loss and that honors the client's way of managing loss.

What are the client's prior experiences of separation and loss?

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How has the client managed/ coped with/ defended against/ avoided feelings of loss?

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**Tasks of Termination:**

**Review of treatment:**

What has changed and what has not, what issues have been addressed, what insights have been achieved, how can changes be sustained, what will support continued progress?

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**Discussion of the future and indications of a need for further treatment:**

What life circumstances and developmental events present a risk of increased symptoms, what were the precursors of presenting symptoms, what would be the benefits of seeking treatment earlier in the future?

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**Feelings about saying goodbye:**

What do you want to tell the client in saying goodbye, how do you want to invite the client to share her/his/their feelings?

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**Method of Termination:**

Check all that apply:

- Discussion over multiple sessions with final date set in advance
- One final session
- Telephone conversation
- Letter sent to client after final session

If client is a child, adolescent, or family, how will the final session(s) or final communication be structured?

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**Clinician Recommendations:**

Check all that apply:

\_\_\_ End treatment with recommendation to resume in the future.

\_\_\_ Continue other treatment or support, listed below:

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\_\_\_ Transfer treatment to a different clinician within the agency.

\_\_\_ Transfer treatment to a different clinician at another agency.

\_\_\_ Transfer treatment to the same clinician at another agency or setting.

\_\_\_ End treatment with recommendation to resume in the future.

**Required Documentation:**

Document

Date Completed

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## **Chapter 14: Development of Professional Identity**

### **Review of Professional Growth**

This worksheet can be used at times of transition in your professional development. It is designed to help you to identify areas of progress and needs for growth in three areas of clinical practice. I suggest that you put a + next to the items in which you feel you have made progress recently and a – next to the items in which you want to grow. There is also space to write an example of a clinical situation that required this particular skill.

#### **Using Yourself as an Instrument of Hope, Change, and Healing**

\_\_\_\_\_ Holding different perspectives on a single situation

Example: \_\_\_\_\_

\_\_\_\_\_ Managing intense emotions

Example: \_\_\_\_\_

\_\_\_\_\_ Exploring your countertransference responses

Example: \_\_\_\_\_

\_\_\_\_\_ Developing healthy strategies for self-care and coping

Example: \_\_\_\_\_

#### **Becoming Confident in Your Authority and Professionalism**

\_\_\_\_\_ Being open to balanced evaluative feedback

Example: \_\_\_\_\_

\_\_\_\_\_ Differentiating personal and professional roles

Example: \_\_\_\_\_

\_\_\_\_\_ Holding a developmental perspective

Example: \_\_\_\_\_

**Developing Interpersonal Skills That Strengthen the Therapeutic Relationship**

\_\_\_\_\_ Learning to address difficult and uncomfortable situations

Example: \_\_\_\_\_

\_\_\_\_\_ Cultivating a calm, non-reactive presence in clinical work

Example: \_\_\_\_\_

\_\_\_\_\_ Increasing the variety and flexibility of interpersonal relating

Example: \_\_\_\_\_