Adult-Focused Family Behavior Therapy
Child Welfare Supplement

Emergency Management

- Families sometimes come across domestic emergencies that require urgent attention
- Emergency Management Training assists in preventing and diffusing emergent situations.

Emergency Management and Safety Checklist

- Use Emergency Management and Safety Checklist to determine if issue at hand is an emergency.
Self-Control Form

- Distribute Self-Control form so that client may rate steps that were most effective in decreasing likelihood of drug use and increasing likelihood of desirable child care.
Materials Required:
- Emergency Management & Safety Checklist

Begin Time: ________ am / pm

Provide Rationale to the Client
a. Families sometimes encounter domestic related emergencies that need immediate attention
b. Provide a few examples of home emergencies (e.g., eviction, physical fights, home hazards)
c. When emergencies occur, or are a threat to occur, it’s difficult to focus on other treatment goals
d. This intervention is aimed at preventing and ameliorating emergencies
e. State intervention has been successful w/ other clients
f. State why intervention is expected to be successful w/ client
g. Solicit & answer questions

Complete and Review the Assurance of Emergency Management and Safety Checklist
- Instruct Client to complete Assurance of Emergency Management and Safety Checklist
- If all items are marked “not present,” skip step “a” and complete “b” below:
- If there are any items marked “present” or “may soon occur,” complete steps “a-b” below for current situation:
  a. At provider discretion, discuss emergencies endorsed “present” or “may soon occur” that client would like to discuss
  1. Attempt to briefly define the emergency.
  - If the issue is not found to be an emergency, skip to next item marked “present” or “may soon occur” OR go to “b” below if no other items are marked “present” or “may soon occur.”
  - If the issue is an emergency, complete the following steps:
    a. Instruct/assist client in identifying 1st antecedent relevant to identifying the emergency.
    Note: Backwards chaining may be used to teach clients to recognize and target initial antecedents that may have occurred earlier in the response chain, thus acting to "prevent" future problems. Or, if immediate intervention is necessary, backward chaining is unnecessary, and the individual should initiate the trial by stating "stop!" without a cue and attempt to eliminate the problem (i.e., I'm sitting here in front of the provider and I yell, Stop!).
    b. Instruct/assist client in saying “Stop!” aloud forcefully.
    c. Instruct/assist client in stating 1 negative consequence of emergency for self.
    d. Instruct/assist client in stating 1 negative consequence for friends/loved ones.
    e. Instruct/assist client in relaxation: 5-10 seconds of deep breathing and/or muscle relaxation.
    f. Instruct/assist client in generating solutions to the emergency situation.
    g. Instruct/assist client in evaluating the pros and cons of each solution.
    h. Instruct/assist client in imaging doing one of the solutions.
    i. Instruct/assist client in imagining telling a loved one about resolving the emergency.
    j. Instruct/assist client in stating several positive consequences that might result from resolving the emergency.
2. Record solution(s) in client’s Primary Goals Worksheet.

b. At provider’s discretion, select several items endorsed as “not present,” query and/or praise how situations were prevented.
   • Query validity of items suspected to be present or soon to occur, but not endorsed, and intervene as necessary, consistent with steps for "a” above.
   • If items marked “not present” are found to be soon to occur or present, complete step ‘a’ above.

Client’s Assessment of Helpfulness of the Intervention
   a. After stating client should not feel obligated to provide high scores, as an honest assessment helps better address client needs, solicit how helpful client thought intervention was using the following 7-point rating scale:
      7 = extremely helpful, 6 = very helpful, 5 = somewhat helpful, 4 = not sure,
      3 = somewhat unhelpful, 2 = very unhelpful, 1 = extremely unhelpful
   • Record Client’s Rating Here:
   
   b. Solicit how rating was derived, and methods of improving intervention in future.

Provider’s Rating of Client’s Compliance With Intervention
   a. Disclose provider’s rating of client’s compliance using 7-point rating scale:
      7 = extremely compliant, 6 = very compliant, 5 = somewhat compliant, 4 = neutral,
      3 = somewhat noncompliant, 2 = very noncompliant, 1 = extremely noncompliant
   • Factors that contribute to compliance ratings are:
      • Attendance
      • Participation and conduct in session
      • Homework completion
   • Record Provider’s Rating of Client’s Compliance Here:
   
   b. Disclose client’s compliance rating.
   c. Explain how rating was derived, and methods of improving performance in future.

End Time: ________ am / pm
EMERGENCY MANAGEMENT
Provider Prompting List
Future Session

Client ID#: Provider: Session #: Session Date: __ / __ / ___

Materials Required:
- Emergency Management & Safety Checklist
- Self-Control Rating Form

Begin Time: _______ am / pm
- Instruct Client to complete Assurance of Emergency Management and Safety Checklist
- If all items are marked “not present,” skip step “a” and complete “b” below:
- If there are any items marked “present” or “may soon occur,” complete steps “a” & “b” below for each emergency situation:
  ___ a. Discuss emergencies endorsed “present” or “may soon occur” that client would like to eliminate.
  ___ b. Attempt to briefly define emergency.
  ___ c. Complete following steps (all steps located in Self Control Rating Form).
    ___ a. Instruct/assist client in identifying 1st antecedent relevant to identifying the emergency.  
      Note: Backwards chaining may be used to teach clients to recognize and target initial antecedents that may have occurred earlier in the response chain, thus acting to “prevent” future emergencies. Or, if immediate intervention is necessary, backward chaining is unnecessary, and the individual should initiate the trial by stating “stop!” without a cue and attempt to eliminate the problem (i.e., I’m sitting here in front of the provider and I yell, Stop!).
    ___ b. Instruct/assist client in saying “Stop!” aloud forcefully.
    ___ c. Instruct/assist client in stating 1 negative consequence of emergency for self.
    ___ d. Instruct/assist client in stating 1 negative consequence for friends/loved ones.
    ___ e. Instruct/assist client in relaxation: 5-10 seconds of deep breathing and/or muscle relaxation.
    ___ f. Instruct/assist client in generating solutions to the emergency situation.
    ___ g. Instruct/assist client in evaluating the pros and cons of each solution.
    ___ h. Instruct/assist client in imaging doing one of the solutions.
    ___ i. Instruct/assist client in imagining telling a loved one about resolving the emergency.
    ___ j. Instruct/assist client in stating several positive consequences that might result from resolving the emergency.
  ___ 2. Record solution(s) in client’s Primary Goals Worksheet.
  ___ b. At provider’s discretion, select several items endorsed as “not present,” query and/or praise how situations were prevented.
    ___ a. Query validity of items suspected to be present or soon to occur, but not endorsed, and intervene as necessary, consistent with steps for “a” above.
    ___ b. If items marked “not present” are found to be soon to occur or present, complete step ‘a’ above.
Client’s Assessment of Helpfulness of the Intervention
___c. After stating client should not feel obligated to provide high scores, as an honest assessment helps better address client needs, solicit how helpful client thought intervention was using the following 7-point rating scale:
   7 = extremely helpful, 6 = very helpful, 5 = somewhat helpful, 4 = not sure,
   3 = somewhat unhelpful, 2 = very unhelpful, 1 = extremely unhelpful
   • Record Client’s Rating Here: ______
___d. Solicit how rating was derived, and methods of improving intervention in future.

Provider’s Rating of Client’s Compliance With Intervention
___a. Disclose provider’s rating of client’s compliance using 7-point rating scale:
   7 = extremely compliant, 6 = very compliant, 5 = somewhat compliant, 4 = neutral,
   3 = somewhat noncompliant, 2 = very noncompliant, 1 = extremely noncompliant
   • Factors that contribute to compliance ratings are:
     • Attendance
     • Participation and conduct in session
     • Homework completion
   • Record Provider’s Rating of Client’s Compliance Here: ______
___b. Disclose client’s compliance rating.
___c. Explain how rating was derived, and methods of improving performance in future.

End Time: ________ am / pm
# Emergency Management and Safety Checklist

For each item below, circle if the emergency is “not present,” “present,” or “may soon occur.” “Not present” means the item is not present in your home since the last session, “present” means the item is currently an emergency requiring immediate attention, and “may soon occur” means the item is expected to occur in the near future.

**Client ID#: __________ Provider: __________ Session #: __________ Session Date: ___/___/___**

<table>
<thead>
<tr>
<th>Item Description</th>
<th>Not present / Present / May Soon Occur</th>
<th>Do you feel the need to work on this today?</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Adult to adult aggression/violence</td>
<td>Not present / Present / May Soon Occur</td>
<td>Yes / No</td>
</tr>
<tr>
<td>2. Adult to child aggression/violence</td>
<td>Not present / Present / May Soon Occur</td>
<td>Yes / No</td>
</tr>
<tr>
<td>3. Child to child aggression/violence</td>
<td>Not present / Present / May Soon Occur</td>
<td>Yes / No</td>
</tr>
<tr>
<td>4. Aggression/violence to yourself</td>
<td>Not present / Present / May Soon Occur</td>
<td>Yes / No</td>
</tr>
<tr>
<td>5. Not having enough food</td>
<td>Not present / Present / May Soon Occur</td>
<td>Yes / No</td>
</tr>
<tr>
<td>6. Illness or need for medical attention</td>
<td>Not present / Present / May Soon Occur</td>
<td>Yes / No</td>
</tr>
<tr>
<td>7. Bills are overdue (e.g., water, power, rent car payments/insurance etc…</td>
<td>Not present / Present / May Soon Occur</td>
<td>Yes / No</td>
</tr>
<tr>
<td>8. Unsanitary/unclean conditions in home</td>
<td>Not present / Present / May Soon Occur</td>
<td>Yes / No</td>
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<tr>
<td>9. Difficulty getting basic needs from caseworker</td>
<td>Not present / Present / May Soon Occur</td>
<td>Yes / No</td>
</tr>
<tr>
<td>10. Difficulty getting basic needs from FBT team</td>
<td>Not present / Present / May Soon Occur</td>
<td>Yes / No</td>
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<tr>
<td>11. Sexual Assault</td>
<td>Not present / Present / May Soon Occur</td>
<td>Yes / No</td>
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<tr>
<td>12. Custody Issues</td>
<td>Not present / Present / May Soon Occur</td>
<td>Yes / No</td>
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<tr>
<td>13. Court Hearing</td>
<td>Not present / Present / May Soon Occur</td>
<td>Yes / No</td>
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<tr>
<td>14. Plans to move</td>
<td>Not present / Present / May Soon Occur</td>
<td>Yes / No</td>
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<tr>
<td>15. Substance use</td>
<td>Not present / Present / May Soon Occur</td>
<td>Yes / No</td>
</tr>
<tr>
<td>16. Exposed to potential HIV risk behavior</td>
<td>Not present / Present / May Soon Occur</td>
<td>Yes / No</td>
</tr>
<tr>
<td>17. Missing Sessions</td>
<td>Not present / Present / May Soon Occur</td>
<td>Yes / No</td>
</tr>
<tr>
<td>18. Transportation</td>
<td>Not present / Present / May Soon Occur</td>
<td>Yes / No</td>
</tr>
<tr>
<td>19. Other</td>
<td>Not present / Present / May Soon Occur</td>
<td>Yes / No</td>
</tr>
</tbody>
</table>
For each drug use or childcare trial, record a word to describe the situation, then grade steps 1-9 using a 0-100% scale of correctness (0%=forgot to do step, 100%=perfect). When using the rating form during homework, it is not necessary to record the pre- and post-likelihood ratings. Record which step helped the most in decreasing the likelihood of drug use, or increasing the likelihood of doing the most effective caretaking behavior.

| Trial # and date | Word to describe situation | 1) Stop! | 2) One bad thing for self | 3) One bad thing for others | 4) Take a deep breath & relax | 5) State 4 solutions | 6) Evaluate 4 solutions w/ pros and cons | 7) Imagine doing 1 or more solution(s) | 8) Imagine telling someone about using the solution brainstormed | 9) State positive things that will happen as a result of using the solution | Pre-Likelihood rating | Post-Likelihood rating | Step that helped the most and why it helped the most |
Catch My Child Being Good

- Catch My Child Being Good is aimed to help clients learn the most effective way to reinforce good behaviors and decrease poor behavior.

Recording Form

- Distribute Recording form so that client may record how and when they caught their child exhibiting good behavior.

Time to Practice Catch My Child Being Good!
CATCH MY CHILD BEING GOOD
Provider Prompting List
Initial Session

Client ID#: __________ Provider: ___________ Session #: ___________ Session Date: __/__/__

Materials Required:
• Catching My Child Being Good Recording Form
• Catching My Child Being Good Worksheet

Begin Time: ________ am / pm

Present Rationale for Catching My Child Being Good (Adults Only)
___a. CMCBG is designed to learn the most effective way to praise good behaviors. & ignore undesired behaviors.
___b. Not appropriate to ignore if property is being damaged, or child is threat to self/others.
___c. Express reason parent will do well with CMCBG.
___d. Solicit how CMCBG will be helpful
___e. Solicit questions.

Teach Client to Reinforce Desired Behaviors (Adults Only)
___a. Review CMCBG techniques with client and sig. other
   ___1. Attends: verbal description of desired behavior to child.
   ___2. Descriptive praise: telling children exactly what they did that was liked.
   ___3. Immediate reinforcement/initial positive attention: earlier reinforcement after desired behavior is better.
   ___5. Showing affection with touch: pat on head or back, feeling a child's arm when making a muscle, tickling (be specific as to what is appropriate), hugging, cuddling, bouncing.
   ___6. Teaching when child shows interest: when the child spontaneously shows interest in something, tell the child something about the object.
   ___7. Ask questions: It helps to ask kids how they feel about things or what they know.
   ___8. Avoid criticism: Tell child what was liked and inform child how to make it better.
___b. Instruct client to list several functional, interactive, and exciting activities for target child to participate in to catch their child being good.
   ___1. Ask client what would be important in catching their child being good.
   ___2. Have client select an activity that meets criteria (provider can suggest activities if client needs assistance).
___c. Model CMCBG techniques w/provider enacting role of parent:
___d. Solicit what was liked about modeled actions & point out CMCBG techniques client didn’t notice.
___e. Provide client with CMCBG Worksheet and attempt to determine each step was modeled or could have been.
   • If step missed ask client to give you an example and model step.
___f. Instruct client to practice preceding techniques w/ provider acting as child.
   ___1. Solicit what was liked about performance.
   ___2. Praise client’s effort & provide corrective feedback.

Teach Client to Ignore Undesired Behavior (Without Children)
___a. State best to ignore undesired behavior unless property is being destroyed or threat to self/others.
___b. Solicit examples of undesired behavior from client that would be appropriate to ignore.
1. Have client select an activity that meets criteria *(provider can suggest activities if client needs assistance)*

c. Model ignoring undesired behavior
   - Immediately look away.
   - Face should be emotionless.
   - Do not talk to or touch child.

d. Instruct client to practice ignoring providers enacting child’s undesired behaviors.
   1. Solicit what was liked about performance
      2. Praise client’s effort & provide corrective feedback

**In Vivo play Activity (Adults & Children)**

a. Instruct client to bring child back to room

b. Instruct client to play favorite play activity w/ child

- c. Utilize CMCBG worksheet to prompt the following when client is practicing w/ child:
   1. Modeling techniques and provide instructions to enhance performance
      2. Descriptive praise for appropriate responding

**Assign Catching My Child Being Good homework (Adults & Children)**

- a. Provide client w/ Catching My Child Being Good recording form.
- b. Show client how to complete recording form.
- c. Instruct client to record in vivo CMCBG that was performed w/ child as example.
- d. Assign client to practice CMCBG two times a day.
   1. Assess and solve potential obstacles that may prevent client from completing task.

**Client’s Assessment of Helpfulness of the Intervention**

- a. After stating client should not feel obligated to provide high scores, as an honest assessment helps better address client needs, solicit how helpful client thought intervention was using the following 7-point rating scale:
   - 7 = extremely helpful, 6 = very helpful, 5 = somewhat helpful, 4 = not sure,
   - 3 = somewhat unhelpful, 2 = very unhelpful, 1 = extremely unhelpful

   • **Record Client’s Rating Here:**

   - b. Solicit how rating was derived, and methods of improving intervention in future.

**Provider’s Rating of Client’s Compliance With Intervention**

- a. Disclose provider’s rating of client’s compliance using 7-point rating scale:
   - 7 = extremely compliant, 6 = very compliant, 5 = somewhat compliant, 4 = neutral,
   - 3 = somewhat noncompliant, 2 = very noncompliant, 1 = extremely noncompliant

   • Factors that contribute to compliance ratings are:
   - Attendance
   - Participation and conduct in session
   - Homework completion

   • **Record Provider’s Rating of Client’s Compliance Here:**

   - b. Disclose client’s compliance rating.

   - c. Explain how rating was derived, and methods of improving performance in future.

End Time: _______ am / pm
CATCH MY CHILD BEING GOOD
Provider Prompting List
Future Session

Client ID#: _________ Provider: ___________ Session #: _________ Session Date: ___/___/____

Materials Required:
• Catching My Child Being Good Recording Form
• Catching My Child Being Good Worksheet

Begin Time: ________ am / pm

Review Homework (With Children)
___a. Ask client to review several times child(ren) caught being good in previous week.
   • Refer to CMCBG recording sheet
     ___1. Praise for homework completion or instruct to complete in retrospect if incomplete.
   ___b. Descriptively praise client for performance of CMCBG techniques.
     ___1. Solicit & assist with any problems that may have occurred in performance.
   ___c. Provide another copy of Catching My Child Being Good recording form & worksheet.
   ___d. Instruct client to list several functional, interactive, and exciting activities for target child to participate in.
     • Select an activity that meets criteria (provider can suggest activities if client needs assistance).
   ___e. Instruct client to practice CMCBG w/ child in session.
   ___f. Provide corrective feedback and instruction to client while performing CMCBG.

Client’s Assessment of Helpfulness of the Intervention
___c. After stating client should not feel obligated to provide high scores, as an honest assessment helps better address
   client needs, solicit how helpful client thought intervention was using the following 7-point rating scale:
   7 = extremely helpful, 6 = very helpful, 5 = somewhat helpful, 4 = not sure,
   3 = somewhat unhelpful, 2 = very unhelpful, 1 = extremely unhelpful
   • Record Client’s Rating Here: _________
   ___d. Solicit how rating was derived, and methods of improving intervention in future.

Provider’s Rating of Client’s Compliance With Intervention
___a. Disclose provider’s rating of client’s compliance using 7-point rating scale:
   7 = extremely compliant, 6 = very compliant, 5 = somewhat compliant, 4 = neutral,
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   • Factors that contribute to compliance ratings are:
     • Attendance
     • Participation and conduct in session
     • Homework completion
   • Record Provider’s Rating of Client’s Compliance Here: _________
   ___b. Disclose client’s compliance rating.
   ___c. Explain how rating was derived, and methods of improving performance in future.

End Time: ________ am / pm
Identify two 5-minute time periods that are convenient to practice catching your child being good, and record these times on the recording form. Write down what your child did that you liked, and how you caught your child being good (i.e. gave a hug, said something nice).

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<tr>
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<th>Monday</th>
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<th>Thursday</th>
<th>Friday</th>
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<th>Sunday</th>
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<td>How did my child respond?</td>
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<td>How did my child respond?</td>
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</table>
### Ways to Catch My Child Being Good

| **Attends:** | Give a verbal description of what the child is doing.  
For example: "Maria, you are coloring the picture of the doll.” |
|---------------|---------------------------------------------------------------------|
| **Descriptive Praise:** | Telling children exactly what they did that was liked.  
*For example:* "I love how you are coloring in the lines." |
| **Immediate Reinforcement/Immediate Positive Attention:** | The earlier the reinforcement is provided after desired behavior has occurred, the better. |
| **Be Pleasant:** | Laughing, smiling, and speaking in a soft, pleasant, conversational tone of voice. |
| **Showing Affection With Touch:** | Patting the child on the head or back, feeling a child's arm when making a muscle, hugging, or cuddling. |
| **Teaching When Child Shows Interest:** | When the child shows interest in something, tell the child something about it.  
*For example:* "Yes, that's a coloring book. You can mix these paint colors to make a new color to use in your book.” |
| **Ask Questions:** | Ask the child how they feel or what they know about things.  
*For example:* "Do you know what colors you can mix to make green paint?” |
| **Avoid Criticism:** | Tell child what was liked and inform child how to make it better. |

### Ways to Ignore Undesired Behavior

- **Immediately** look away.
- Face should be **emotionless**.
- **Do not** talk to or touch child until undesired behavior has stopped.
Positive Practice Skills Training

• Children sometimes behave poorly when they either have not learned to behave otherwise, or when they are too young to understand.
• Positive Practice Skills Training assists in helping to teach children to replace undesired behaviors with desired behaviors.

Recording Sheet

• Distribute Recording Sheet form so that client may record when and how they implemented positive practice protocols.

Take Out Your Positive Practice Protocols and Let’s Practice!
Materials Required:
- Positive Practice Record Sheet

Begin Time: __________ am / pm

Provide Rationale for Positive Practice (PP)
- a. Children perform undesired behaviors due to insufficient learning or being too young.
- b. PP best used when (1) child does undesired behavior for 1st time or (2) does undesired behavior more than 1x but not taught alternative positive behaviors.
- c. Solicit an undesired behavior that is appropriate for PP.
- d. PP involves having child practice desired behavior after undesired behavior is excused.
- e. PP effective with other families.
- f. Solicit questions and provide answers.

Positive Practice Implementation Guidelines (Include Caregiver & Caregiver's Significant Other)
- a. Solicit what can be practiced for the following examples:
  - 1. Child spills milk at dinner table due to reaching without asking to pass it.
  - 2. Slamming door after argument b/c child doesn't know how to control emotions.
- b. Solicit a couple of situations in which PP is applicable, including what behaviors can be practiced.

Teach caregiver to perform PP
- a. Explain children often make excuses for their undesired behaviors.
- b. Explain best to listen to excuse to avoid defensiveness & consequence w/ practice.
- c. Explain if child doesn’t give excuse caregiver can provide one.
- d. Ask why it is important to excuse child for undesired behavior.
- e. Explain PP involves excusing undesired behavior & instructing child to practice desired behaviors.
- f. Model PP with caregiver acting as child.
  - 1. Excuse undesired behavior
  - 2. Instruct child to practice desired behavior.
- g. Review following PP guidelines:
  - 1. Instruct more practice when undesired behavior is Serious or frequent.
  - 2. Practice should be pleasant for the child.
  - 3. Assist child in correct responding whenever necessary.

Caregiver role-play of PP in simulated scenarios with provider acting as the child
- a. Instruct caregiver to role-play PP for several undesired behaviors, after provider modeling.

Caregiver conducts PP in vivo with child
- a. Solicit a recent situation in which PP would be applicable.
- b. Instruct caregiver to perform at least 1 trial of positive practice with child using solicited situation.

Assign Homework
- a. Provide caregiver w/ PP Recording Sheet.
- b. PP should be attempted at home, whenever appropriate.
c. One PP per day may be recorded in the PP Worksheet.
d. Record situation that was role played in session in the PP Recording Sheet.

Client’s Assessment of Helpfulness of the Intervention
___a. After stating client should not feel obligated to provide high scores, as an honest assessment helps better address client needs, solicit how helpful client thought intervention was using the following 7-point rating scale:

    7 = extremely helpful, 6 = very helpful, 5 = somewhat helpful, 4 = not sure,
    3 = somewhat unhelpful, 2 = very unhelpful, 1 = extremely unhelpful

   • Record Client’s Rating Here: ______

___b. Solicit how rating was derived, and methods of improving intervention in future.

Provider’s Rating of Client’s Compliance With Intervention
___a. Disclose provider’s rating of client’s compliance using 7-point rating scale:

    7 = extremely compliant, 6 = very compliant, 5 = somewhat compliant, 4 = neutral,
    3 = somewhat noncompliant, 2 = very noncompliant, 1 = extremely noncompliant

   • Factors that contribute to compliance ratings are:
     • Attendance
     • Participation and conduct in session
     • Homework completion
   • Record Provider’s Rating of Client’s Compliance Here: ______

___b. Disclose client’s compliance rating.
___c. Explain how rating was derived, and methods of improving performance in future.

End Time: ______ am / pm
Review of homework in subsequent sessions

a. Instruct caregiver to review PP situations that were performed since last contact, and provide corrective feedback for each, whenever necessary.

Client’s Assessment of Helpfulness of the Intervention

c. After stating client should not feel obligated to provide high scores, as an honest assessment helps better address client needs, solicit how helpful client thought intervention was using the following 7-point rating scale:

- 7 = extremely helpful,
- 6 = very helpful,
- 5 = somewhat helpful,
- 4 = not sure,
- 3 = somewhat unhelpful,
- 2 = very unhelpful,
- 1 = extremely unhelpful

• Record Client’s Rating Here: ______

d. Solicit how rating was derived, and methods of improving intervention in future.

Provider’s Rating of Client’s Compliance With Intervention

a. Disclose provider’s rating of client’s compliance using 7-point rating scale:

- 7 = extremely compliant,
- 6 = very compliant,
- 5 = somewhat compliant,
- 4 = neutral,
- 3 = somewhat noncompliant,
- 2 = very noncompliant,
- 1 = extremely noncompliant

• Factors that contribute to compliance ratings are:
  - Attendance
  - Participation and conduct in session
  - Homework completion

• Record Provider’s Rating of Client’s Compliance Here: ______

b. Disclose client’s compliance rating.

c. Explain how rating was derived, and methods of improving performance in future.
<table>
<thead>
<tr>
<th>Desired Behavior Practiced</th>
<th>Number of Times Practiced</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mon</td>
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<td>Tues</td>
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<td>Wed</td>
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<td>Sat</td>
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<td>Sun</td>
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</table>
Child Compliance Training

- All children disobey parent commands to some extent.
- Child Compliance Training helps to teach clients how to instruct, warn and enforce consequences for disobedience by helping to get children to follow instructions.

Recording Form

- Distribute Recording Sheet form so that client may record child’s noncompliance and the steps the client took to rectify the behavior.

Time to Practice Child Compliance Training!
Provide Rationale for Child Compliance Training (CCT; Client & Adolescent & Adult Significant Others)
State or ask the following:
  ___ a. Most children have disobeyed parent commands to some extent.
  ___ b. CCT involves learning to make effective instructions, warnings & consequences for noncompliance.
  ___ c. CCT helps get children to do what they’re instructed to do.
  ___ d. Ask client how CCT could be helpful.
  ___ e. Mention how CCT could be helpful.
  ___ f. Solicit questions.

Teach Client How to Make a Command/Directive (Client & Adolescent & Adult Significant Others)
___ a. Brainstorm effective strategies in making effective directions/commands.
___ b. Model how to make an effective command including the following:
      ___ 1. Say please
      ___ 2. Briefly state what action is being requested
      ___ 3. Briefly state when the action is requested.
 ___ c. Ask what was liked about modeled performance.
 ___ d. Assure rationale for each component step in command is understood (i.e. say please to model politeness)
      ___ 1. Point out “could” was not used because it sends a mixed message.
 ___ e. Instruct client to role play commands until done properly.
      ___ 1. Praise and assist, as necessary.

Teach Client When to Make a Command/Directive (Client & Adolescent & Adult Significant Others)
___ a. Brainstorm methods of preparing children to be more likely to do what they are told, including:
   1. Stating child is a great helper.
   2. Kissing child.
   3. Massaging child.
   4. Hugging child.
   5. Making first command/directive easy to accomplish and heavily praising compliance.
   6. Waiting until child is not busy or upset.

Role-playing CCT (Client & Adolescent & Adult Significant Others)
  • Provide client with the CCT WORKSHEET
  • Model following CCT steps for situation in which client refuses to pick up an object and consequence is losing television for the next hour:
    ___ a. (Step 1) = Make a directive
        • Wait 5 seconds for child to comply
    ___ b. (Step 2) = Repeat directive w/ warning to initiate an undesired consequence
• Wait 5 seconds for child to comply
  c. (Step 3) = Initiate undesired consequence if child does not comply (if child complied say thanks)
  d. Solicit what was liked about modeled performance
  e. Assure client understands each of following CCT techniques:
  1. Use level tone throughout
  2. Start directive by saying “please”
  3. Wait 5 seconds before giving warning
  4. Wait 5 seconds before initiating consequence
  5. Firmly implement consequence immediately after noncompliance
  f. Instruct to perform CCT for the same modeled situation w/provider pretending to be noncompliant child until all steps done properly w/out prompting (make prompts throughout role-play).
  1. Discuss what was liked about performance.

Reviewing Consequences (Client & Adolescent & Adult Significant Others)
  a. Using examples, state undesired consequences should:
  1. Be easy to provide
  2. Be easy to monitor
  3. Don’t initiate consequences when upset or angry
  4. Use natural consequences (e.g., can’t drive child to friend’s house if won’t wash car)
  b. Do one of the following:
  • If unknown, solicit client’s feelings about corporal punishment.
  • If client has expressed a desire to use other methods of discipline, praise this decision and skip steps 3-4
  • If client has endorsed corporal punishment, complete steps 3-4 below.
  c. Indicate spankings can be effective, at least initially.
  d. Indicate research and other parents show spankings are associated w/ unwanted side effects, including:
  1. Child may learn to tolerate pain, making it necessary to increase aversiveness of spanking over time.
  2. Often results in child attempting to avoid the punisher, especially later in life.
  3. Increases other undesired behaviors that are not punished with spanking
  4. Leads to lying in order to avoid future spankings
  5. Associated with child being aggressive & acting out with others.
  6. Doesn’t teach how to do the desired behavior.
  7. Child may accidentally get hurt
  8. May get parent in trouble by others who misunderstand parent’s good intentions.
  e. Solicit a list of several behaviors client recently asked child(ren) to perform that were refused.
  1. Assist parent in generating appropriate consequences for these behaviors.

Role-playing CCT with Time Out as Consequence (Client & Adolescent & Adult Significant Others)
  a. Suggest time away from reinforcement is ideal consequence
  • For example, time out for younger children or being grounded from friends for older youth.
  • If client’s children are over the age of 12, skip to step 6
  b. Solicit understanding of time-out.
  • Model the 3 CCT steps using time out as consequence consistent w/ following (client pretends to be noncompliant child):
  1. 1 min. in time out chair per yr. of age for children 3 - 11 years only.
  2. Put time out chair in corner, away from noise (e.g., TV, window) and a few feet from wall.
  3. Demonstrate passive resistance to keep child in time out chair (i.e. hand open above wrists of child, elbows on chest of child)
  4. Instruct client to stay close to child during time out but to not engage or look at them.
  5. Ignore undesired behaviors during time out (e.g., tantrums, yelling, rolling eyes back).
6. If child is yelling or making noise in timeout, client will have to wait for the child to be quiet for at least 5 seconds after timeout period before allowing child out. 

   Note: Client will want to have at least 45 minutes to conduct the initial timeout in case child becomes distraught.

7. When timeout period has ended, inform child that they can come out when they’re ready.

8. After timeout immediately bring child back to original situation and repeat first 3 steps.

c. Explain & model that after consequence is implemented, child should be brought back to situation where noncompliance occurred, & CCT steps should be repeated using another consequence or repeating time-out.

d. Instruct client to model CCT using time-out as consequence (provider pretends to be noncompliant child).

   1. Assist client in performing all steps, fading out assistance until client is able to perform w/out prompts.
   2. Ask what was liked about client’s performance.
   3. Solicit if anything would be done differently.

e. Instruct client to play an interactive game with child, and at some point in the game instruct child to do a task (e.g., get a tissue), & implement CCT w/ child if noncompliance occurs.

   • Provider should provide coaching and support for caregiver throughout interaction.

f. Explain how to complete CCT Recording Form using client’s role-play performance as example.

g. Assign client to practice CCT prior to next session, & summarize the experiences in CCT Recording Form.

---

Client’s Assessment of Helpfulness of the Intervention

   a. After stating client should not feel obligated to provide high scores, as an honest assessment helps better address client needs, solicit how helpful client thought intervention was using the following 7-point rating scale:

   7 = extremely helpful, 6 = very helpful, 5 = somewhat helpful, 4 = not sure, 3 = somewhat unhelpful, 2 = very unhelpful, 1 = extremely unhelpful

   • Record Client’s Rating Here:

   b. Solicit how rating was derived, and methods of improving intervention in future.

Provider’s Rating of Client’s Compliance With Intervention

   a. Disclose provider’s rating of client’s compliance using 7-point rating scale:

   7 = extremely compliant, 6 = very compliant, 5 = somewhat compliant, 4 = neutral, 3 = somewhat noncompliant, 2 = very noncompliant, 1 = extremely noncompliant

   • Factors that contribute to compliance ratings are:
     • Attendance
     • Participation and conduct in session
     • Homework completion

   • Record Provider’s Rating of Client’s Compliance Here:

   b. Disclose client’s compliance rating.

   c. Explain how rating was derived, and methods of improving performance in future.

---

End Time: ________ am / pm
Client ID#: __________ Provider: ___________ Session #: ___________ Session Date: ___/___/____

Materials Required:
- Child Compliance Training Recording Form
- Child Compliance Worksheet

Begin Time: ______ am / pm

___ a. Instruct client to provide completed CCT recording form.
   ___ 1. Praise homework completion or instruct to complete in retrospect if incomplete.
___ b. Descriptively praise client for performance of CCT skills, as indicated in the CCT Recording Form.
   ___ 1. Solicit questions, provide answers, and engage in CCT role-plays, whenever possible.
___ c. Provide assignment to practice CCT, and record responses in the CCT Recording Form.

Client’s Assessment of Helpfulness of the Intervention
___ c. After stating client should not feel obligated to provide high scores, as an honest assessment helps better address client needs, solicit how helpful client thought intervention was using the following 7-point rating scale:
   7 = extremely helpful, 6 = very helpful, 5 = somewhat helpful, 4 = not sure,
   3 = somewhat unhelpful, 2 = very unhelpful, 1 = extremely unhelpful

   • Record Client’s Rating Here: ______

 provider’s Rating of Client’s Compliance With Intervention
___ a. Disclose provider’s rating of client’s compliance using 7-point rating scale:
   7 = extremely compliant, 6 = very compliant, 5 = somewhat compliant, 4 = neutral,
   3 = somewhat noncompliant, 2 = very noncompliant, 1 = extremely noncompliant

   • Factors that contribute to compliance ratings are:
     • Attendance
     • Participation and conduct in session
     • Homework completion

   • Record Provider’s Rating of Client’s Compliance Here: ______

___ b. Disclose client’s compliance rating.
___ c. Explain how rating was derived, and methods of improving performance in future.

End Time: ______ am / pm
**CCT RECORDING FORM**  
(Managing Compliance)

**Directions:** For each day of the week record the behavior that your child refused to do, circle yes or no (Y/N) if you were able to complete each step below and what consequence was used.

<table>
<thead>
<tr>
<th>Assignment</th>
<th>Mon</th>
<th>Tues</th>
<th>Wed</th>
<th>Thurs</th>
<th>Fri</th>
<th>Sat</th>
<th>Sun</th>
</tr>
</thead>
<tbody>
<tr>
<td>What was the behavior my child refused to do?</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Was I able to:</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1) Wait 5 seconds &amp; repeat command w/ warning to consequence.</td>
<td>Y/N</td>
<td>Y/N</td>
<td>Y/N</td>
<td>Y/N</td>
<td>Y/N</td>
<td>Y/N</td>
<td>Y/N</td>
</tr>
<tr>
<td>2) Wait 5 seconds &amp; thank child if compliant or initiate consequence if didn’t do what asked.</td>
<td>Y/N</td>
<td>Y/N</td>
<td>Y/N</td>
<td>Y/N</td>
<td>Y/N</td>
<td>Y/N</td>
<td>Y/N</td>
</tr>
<tr>
<td>3) Bring child back to original situation &amp; repeat 1st 3 steps after consequence is provided</td>
<td>Y/N</td>
<td>Y/N</td>
<td>Y/N</td>
<td>Y/N</td>
<td>Y/N</td>
<td>Y/N</td>
<td>Y/N</td>
</tr>
<tr>
<td>What was my consequence?</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
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</tr>
</tbody>
</table>
### Child Compliance Worksheet

<table>
<thead>
<tr>
<th>Step 1</th>
<th>Make a command</th>
</tr>
</thead>
<tbody>
<tr>
<td>Step 2</td>
<td>Wait 5 seconds for child to comply</td>
</tr>
<tr>
<td>Step 3</td>
<td>Repeat command w/ warning to initiate an undesired consequence</td>
</tr>
<tr>
<td>Step 4</td>
<td>Wait 5 seconds for child to comply</td>
</tr>
<tr>
<td>Step 5</td>
<td>Initiate undesired consequence if child does not comply.</td>
</tr>
</tbody>
</table>

**NOTE:** After consequence is initiated, it is recommended to bring child back to situation in which child did not do what was asked, and repeat the steps.
Home and Safety Beautification

- Accidents due to unattended hazards in the home are a leading cause of injury and even death for young children.
- The Home Safety and Beautification protocols aim to make the home safe and more beautiful.

Review checklists for each room with client, and mutually decide with client and family how to rate the safety of each room.

Time to Practice Home and Safety Beautification!
HOME SAFETY AND BEAUTIFICATION  
Provider Prompting List 
Initial Session

Client ID#: __________ Provider: __________ Session #: __________ Session Date: ____/____/____

Materials Required:
- HSB Checklist for all rooms and exterior of home

Begin Time: ________ am / pm

Present Rationale for Home Safety and Beautification to Client and adult significant other(s)
___a. Households contain many potential hazards that are overlooked.
___b. Hazards are situations in which someone may get hurt.
___c. Home accidents are a leading cause of death and injury for young children.
___d. Home safety and beautification tours are aimed at making the home safe and beautiful.
___e. With the caregiver's permission, the provider and entire family will tour the home.
___f. Room(s) may be excluded from the tour if the caregiver wishes, although it is recommended that all rooms be examined.

Motivate the client and her significant others for this intervention
___a. Ask family why it would be important to perform safety and beautification tours.
___b. Ask caregiver if there are any rooms in the house that should be "off-limits."
___c. Ask caregiver if the safety tour should be implemented immediately or during the next session.

Complete the Home Safety and Beautification Form
___a. Use HSB checklists for exterior of home and all rooms that are present in the home.
   • Do not include rooms that the caregiver wants to have excluded from the tours.

Conduct the tour of the home
___a. Upon entering each room, show checklist for the room, and mutually decide with client & family the following for each Safety and Appearance item:
   1. Obtain a treatment priority rating (0=not present, 4=present/high priority).
      • Record each priority rating in checklist.
      • Provide rationales when clients do not agree with hazards identified by provider.
      • Query clients how items may be hazardous or not contribute to child development.
   2. Assist in brainstorming plans to fix items rated 2.
      • Record agreed upon plans in “Notes” section for each item.
      • Praise suggestions that are consistent with a clean, safe and beautiful home.
      • Provide solutions.
   3. Assist in fixing items rated 3 or above.
      • Praise solutions and efforts in fixing items to be clean, safe, and beautiful.
      • Make suggestions in fixing items to be clean, safe and beautiful.
      • If item not fixed completely brainstorm method of fixing completely.
      • Help family implement solutions.
      • Record method of fixing item completely in “Notes” section of item.
___b. Assign family task of completing the safety and beautification plans outlined in “Notes” section.
Client’s Assessment of Helpfulness of the Intervention

_a._ After stating client should not feel obligated to provide high scores, as an honest assessment helps better address client needs, solicit how helpful client thought intervention was using the following 7-point rating scale:

- 7 = extremely helpful,
- 6 = very helpful,
- 5 = somewhat helpful,
- 4 = not sure,
- 3 = somewhat unhelpful,
- 2 = very unhelpful,
- 1 = extremely unhelpful

• Record Client’s Rating Here:______

_b._ Solicit how rating was derived, and methods of improving intervention in future.

Provider’s Rating of Client’s Compliance With Intervention

_a._ Disclose provider’s rating of client’s compliance using 7-point rating scale:

- 7 = extremely compliant,
- 6 = very compliant,
- 5 = somewhat compliant,
- 4 = neutral,
- 3 = somewhat noncompliant,
- 2 = very noncompliant,
- 1 = extremely noncompliant

• Factors that contribute to compliance ratings are:
  - Attendance
  - Participation and conduct in session
  - Homework completion

• Record Provider’s Rating of Client’s Compliance Here:______

_b._ Disclose client’s compliance rating.

_c._ Explain how rating was derived, and methods of improving performance in future.

End Time: ________ am / pm
HOME SAFETY AND BEAUTIFICATION
Provider Prompting List
Future Session

Client ID#: __________ Provider: __________ Session #: __________ Session Date: __/__/____

Materials Required:
• Completed HSB Checklist from Initial Session

Begin Time: ________ am / pm

Review tour with Client and adult significant other(s)
___a. Review each assignment family had in improving safety and appearance of home.
    • See “Notes” section for each item in each room.
___b. Praise improvements or intentions to improve the home’s safety and appearance.
___c. Assist in generating methods /performing activities that improve home’s safety and appearance.

Client’s Assessment of Helpfulness of the Intervention
___c. After stating client should not feel obligated to provide high scores, as an honest assessment helps better address client needs, solicit how helpful client thought intervention was using the following 7-point rating scale:
    7 = extremely helpful, 6 = very helpful, 5 = somewhat helpful, 4 = not sure,
    3 = somewhat unhelpful, 2 = very unhelpful, 1 = extremely unhelpful
• Record Client’s Rating Here: ______

Provider’s Rating of Client’s Compliance With Intervention
___a. Disclose provider’s rating of client’s compliance using 7-point rating scale:
    7 = extremely compliant, 6 = very compliant, 5 = somewhat compliant, 4 = neutral,
    3 = somewhat noncompliant, 2 = very noncompliant, 1 = extremely noncompliant
    • Factors that contribute to compliance ratings are:
      • Attendance
      • Participation and conduct in session
      • Homework completion
• Record Provider’s Rating of Client’s Compliance Here: ______
___b. Disclose client’s compliance rating.
___c. Explain how rating was derived, and methods of improving performance in future.

End Time: ________ am / pm
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<tr>
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<tbody>
<tr>
<td>KITCHEN</td>
<td>Rated</td>
<td>Not Rated</td>
<td>Self-Report</td>
<td>Not Applicable</td>
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<tr>
<td>Treatment Priority Ratings:</td>
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<tr>
<td>Safety (S): 0 = not present, 1 = present, no priority, 2 = present, minimal priority, 3 = present, moderate priority, 4 = present, high priority</td>
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<tr>
<td>Appearance (A): 0 = not present, 1 = present, no priority, 2 = present, minimal priority, 3 = present, moderate priority, 4 = present, high priority</td>
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<tr>
<td>Toxins</td>
<td>Safety</td>
<td>Notes</td>
<td>Heavy/Tipsy Objects</td>
<td>Safety</td>
</tr>
<tr>
<td>1. Medications</td>
<td>S</td>
<td>Notes</td>
<td>25. Furniture</td>
<td>S</td>
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<tr>
<td>2. Cleaning supplies</td>
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<td>26. Boxes</td>
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<tr>
<td>3. Detergents</td>
<td></td>
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<td>27. Appliances (blender)</td>
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<tr>
<td>4. Paint, solvents</td>
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<td>28. Artwork</td>
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<td>5. Alcohol or Drugs</td>
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<td>29. Other:</td>
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<tr>
<td>6. Pesticides</td>
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<tr>
<td>7. Other:</td>
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<tr>
<td>Electrical Hazards</td>
<td>Safety</td>
<td>Notes</td>
<td>Small Objects</td>
<td>Safety</td>
</tr>
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<td>8. Outlets exposed</td>
<td>S</td>
<td>Notes</td>
<td>30. List:</td>
<td>S</td>
</tr>
<tr>
<td>9. Appliances and tools</td>
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<tr>
<td>10. Empty light sockets</td>
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<tr>
<td>11. Exposed/frayed wires</td>
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<td>12. Other:</td>
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<tr>
<td>Sharp Objects</td>
<td>Safety</td>
<td>Notes</td>
<td>Probs. w/ Air Quality</td>
<td>Safety</td>
</tr>
<tr>
<td>13. Knives/skewers, pins, scissors, needles</td>
<td>S</td>
<td>Notes</td>
<td>31. Poor ventilation</td>
<td>S</td>
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<tr>
<td>14. Corners</td>
<td></td>
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<td>32. Too hot</td>
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<tr>
<td>15. Tools</td>
<td></td>
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<td>33. Too Cold</td>
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<tr>
<td>16. Nails/splinters</td>
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<td>34. Mildew/mold</td>
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<tr>
<td>17. Other:</td>
<td></td>
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<td>35. Doors/windows drafty</td>
<td></td>
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<tr>
<td>Food &amp; Nutrition Needs</td>
<td>Safety</td>
<td>Notes</td>
<td>Other Risks</td>
<td>Safety</td>
</tr>
<tr>
<td>18. 4 food groups absent</td>
<td>S</td>
<td>Notes</td>
<td>37. Floor/wall/ceiling in disrepair/holes</td>
<td>S</td>
</tr>
<tr>
<td>19. Food is spoiled</td>
<td></td>
<td></td>
<td>38. Weapons (gun, p.spray)</td>
<td></td>
</tr>
<tr>
<td>20. Junk food accessible</td>
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<tr>
<td>21. Other:</td>
<td></td>
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</tr>
<tr>
<td>Home Access/Security</td>
<td>Safety</td>
<td>Notes</td>
<td></td>
<td></td>
</tr>
<tr>
<td>22. Windows won’t lock/broken</td>
<td>S</td>
<td>Notes</td>
<td></td>
<td></td>
</tr>
<tr>
<td>23. Doors won’t lock/broken</td>
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<tr>
<td>24. Other:</td>
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<tr>
<td>Overall Room Ratings</td>
<td></td>
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</tr>
<tr>
<td>#57. Safety (S)</td>
<td></td>
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</tr>
<tr>
<td>0 1 2 3 4</td>
<td></td>
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</tr>
<tr>
<td>#58. Appearance (A)</td>
<td></td>
<td></td>
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<td></td>
</tr>
<tr>
<td>0 1 2 3 4</td>
<td></td>
<td></td>
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<td></td>
</tr>
</tbody>
</table>

HOME SAFETY & BEAUTIFICATION
Page 4 of 7
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**BATHROOM: Description**

<table>
<thead>
<tr>
<th>Toxins</th>
<th>S</th>
<th>Notes</th>
<th>Heavy/Tipsy Objects</th>
<th>S</th>
<th>Notes</th>
<th>Needs Clean Up</th>
<th>A</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>3. Detergents</td>
<td></td>
<td></td>
<td>23. Appliances (iron)</td>
<td></td>
<td></td>
<td>40. Counters/Tables</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. Alcohol or Drugs</td>
<td></td>
<td></td>
<td>25. Other:</td>
<td></td>
<td></td>
<td>42. Dog feces</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6. Pesticides</td>
<td></td>
<td></td>
<td>43. Bug infestation</td>
<td></td>
<td></td>
<td>44. Food left out</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7. Other:</td>
<td></td>
<td></td>
<td>45. Clutter</td>
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<td>46. Other:</td>
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**Electrical Hazards**

<table>
<thead>
<tr>
<th>S</th>
<th>Notes</th>
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</thead>
<tbody>
<tr>
<td>8. Outlets</td>
<td></td>
</tr>
<tr>
<td>9. Appliances (blow dryer, curling iron, radio)</td>
<td>26. List:</td>
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<tr>
<td>10. Empty light sockets</td>
<td></td>
</tr>
<tr>
<td>11. Exposed/frayed wires</td>
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</tr>
<tr>
<td>12. Other:</td>
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**Sharp Objects**

<table>
<thead>
<tr>
<th>S</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>13. Razors, hair pins, scissors, needles</td>
<td></td>
</tr>
<tr>
<td>15. Tools</td>
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<tr>
<td>17. Other:</td>
<td>32. Other:</td>
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**Home Access/Security**

<table>
<thead>
<tr>
<th>S</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>18. Windows won’t lock/broken</td>
<td>34. Weapons (gun, p.spray)</td>
</tr>
<tr>
<td>19. Doors won’t lock/broken</td>
<td>35. Porn or sex toys</td>
</tr>
<tr>
<td>20. Other:</td>
<td>36. Plumbing (problem)</td>
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**Overall Room Ratings**

<table>
<thead>
<tr>
<th>#54. Safety (S)</th>
<th>#55. Appearance (A)</th>
</tr>
</thead>
<tbody>
<tr>
<td>0 1 2 3 4</td>
<td>0 1 2 3 4</td>
</tr>
</tbody>
</table>

**Treatment Priority Ratings:**

- **Safety (S):** 0 = not present, 1 = present, no priority, 2 = present, minimal priority, 3 = present, moderate priority, 4 = present, high priority
- **Appearance (A):** 0 = not present, 1 = present, no priority, 2 = present, minimal priority, 3 = present, moderate priority, 4 = present, high priority

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### FAMILY ROOM: Description

<table>
<thead>
<tr>
<th>Treatment Priority Ratings:</th>
<th>Rated</th>
<th>Not Rated</th>
<th>Self-Report</th>
<th>Not Applicable</th>
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<tr>
<td>Appearance (A): 0 = not present, 1 = present, no priority, 2 = present, minimal priority, 3 = present, moderate priority, 4 = present, high priority</td>
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### NAME/ID:

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<th>Notes</th>
<th>Heavy/Tipsy Objects</th>
<th>S</th>
<th>Notes</th>
<th>Needs Clean Up</th>
<th>A</th>
<th>Notes</th>
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<tbody>
<tr>
<td>1. Medications</td>
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<td>25. Furniture</td>
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<td>41. Clothes</td>
<td></td>
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<tr>
<td>2. Cleaning supplies</td>
<td></td>
<td></td>
<td>26. Boxes</td>
<td></td>
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<td>42. Counters/Tables</td>
<td></td>
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<tr>
<td>3. Detergents</td>
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<td></td>
<td>27. Appliances (stereo)</td>
<td></td>
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<td>43. Floor/Wall/Ceiling</td>
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<tr>
<td>4. Paint, solvents</td>
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<td>28. Artwork</td>
<td></td>
<td></td>
<td>44. Dog feces</td>
<td></td>
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<tr>
<td>5. Alcohol or Drugs</td>
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<td></td>
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<td></td>
<td>45. Bug infestation</td>
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<tr>
<td>6. Pesticides</td>
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<td>46. Clutter</td>
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<th>Notes</th>
<th>Small Objects</th>
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<th>Notes</th>
<th>Aesthetic Needs</th>
<th>A</th>
<th>Notes</th>
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<tbody>
<tr>
<td>8. Outlets exposed</td>
<td></td>
<td></td>
<td>30. List:</td>
<td></td>
<td></td>
<td>48. Furniture is worn/torn</td>
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</tr>
<tr>
<td>9. Appliances &amp; tools</td>
<td></td>
<td></td>
<td>31. Poor ventilation</td>
<td></td>
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<td>49. Appliances are malfunctioning</td>
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<tr>
<td>10. Empty light sockets</td>
<td></td>
<td></td>
<td>32. Too hot</td>
<td></td>
<td></td>
<td>50. Carpet, Rug, or floor worn</td>
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<tr>
<td>11. Exposed/frayed wires</td>
<td></td>
<td></td>
<td>33. Too Cold</td>
<td></td>
<td></td>
<td>51. Light bulbs missing or burnt out</td>
<td></td>
<td></td>
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<tr>
<td>12. Other:</td>
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<td></td>
<td>Probs. w/ Air Quality</td>
<td>S</td>
<td>Notes</td>
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<table>
<thead>
<tr>
<th>Sharp Objects</th>
<th>S</th>
<th>Notes</th>
<th>Other Risks</th>
<th>S</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>13. Knives, pins, scissors, needles</td>
<td></td>
<td></td>
<td>37. Floor/wall/ceiling in disrepair/holes</td>
<td></td>
<td></td>
</tr>
<tr>
<td>15. Tools</td>
<td></td>
<td></td>
<td>39. Porn or sex toys</td>
<td></td>
<td></td>
</tr>
<tr>
<td>16. Nails/splinters</td>
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<td></td>
<td>40. Other:</td>
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<td>17. Other:</td>
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<table>
<thead>
<tr>
<th>Food &amp; Nutrition Needs</th>
<th>S</th>
<th>Notes</th>
<th>Other Risks</th>
<th>S</th>
<th>Notes</th>
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</thead>
<tbody>
<tr>
<td>18. 4 food groups absent</td>
<td></td>
<td></td>
<td>37. Floor/wall/ceiling in disrepair/holes</td>
<td></td>
<td></td>
</tr>
<tr>
<td>19. Food is spoiled</td>
<td></td>
<td></td>
<td>38. Weapons (gun, p.spray)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>20. Junk food accessible</td>
<td></td>
<td></td>
<td>39. Porn or sex toys</td>
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<tr>
<td>21. Other:</td>
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<td>40. Other:</td>
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<table>
<thead>
<tr>
<th>Home Access/Security</th>
<th>S</th>
<th>Notes</th>
<th>Other Risks</th>
<th>S</th>
<th>Notes</th>
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</thead>
<tbody>
<tr>
<td>22. Windows won’t lock/broken</td>
<td></td>
<td></td>
<td>37. Floor/wall/ceiling in disrepair/holes</td>
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<tr>
<td>23. Doors won’t lock/broken</td>
<td></td>
<td></td>
<td>38. Weapons (gun, p.spray)</td>
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</tr>
<tr>
<td>24. Other:</td>
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<td></td>
<td>39. Porn or sex toys</td>
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### OVERALL ROOM RATINGS

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<thead>
<tr>
<th>#55. Safety (S)</th>
<th>#56. Appearance (A)</th>
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<tbody>
<tr>
<td>0 1 2 3 4</td>
<td>0 1 2 3 4</td>
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HOME SAFETY & BEAUTIFICATION

Page 6 of 7

Copyright © Copy only with express written consent of Dr. Brad Donohue
<table>
<thead>
<tr>
<th>Toxins</th>
<th>S</th>
<th>Notes</th>
<th>Heavy/Tipsy Objects</th>
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<th>Notes</th>
<th>Needs Clean Up</th>
<th>A</th>
<th>Notes</th>
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<tbody>
<tr>
<td>1. Medications</td>
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<td>2. Cleaning supplies</td>
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<td>26. Boxes</td>
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<td>43. Floor/Wall/Ceiling</td>
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<tr>
<td>4. Paint, solvents</td>
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<td>5. Alcohol or Drugs</td>
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<td>48. Furniture is worn/torn</td>
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<tr>
<td>9. Appliances &amp; tools</td>
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<td>15. Tools</td>
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<td>19. Food is spoiled</td>
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<tr>
<td>22. Windows won’t lock/broken</td>
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HOME SAFETY & BEAUTIFICATION
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Concluding Performance
Intervention & Planning for Success

Solicit & provide strengths of family relevant to maintaining:
• great family relationships
• personal achievements
• treatment goals

Instruct family in exchanging what is appreciated about each other, including provider.

Contact Information
Brad Donohue, Ph.D.
Bradley.Donohue@unlv.edu
702 557 5111
http://toppsatunlv.wixsite.com/frs-at-unlv