

# CLINICIAN ASSESSMENT

## Illness Management and Recovery Scale (IMR)

Administration Method:  Face to face  Telehealth  Other: \_\_\_\_\_

Is the clinician able to complete the IMR?  Yes  No

If no, please provide the reason the clinician is unable to complete the IMR.

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**1. Progress towards personal goals:** In the past 3 months, s/he has come up with...

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
No personal goals	A personal goal, but has not done anything to achieve the goal	A personal goal and made it a little way toward achieving it	A personal goal and has gotten pretty far in achieving the goal	A personal goal and has achieved it	Item not assessed

**2. Knowledge:** How much do you feel s/he knows about symptoms, treatment, coping strategies (coping methods), and medication?

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Not very much	A little	Some	Quite a bit	A great deal	Item not assessed

**3. Involvement of family and friends in his/her mental health treatment:** How much are family members, friends, boyfriends or girlfriends, and other people who are important to him/her (outside the mental health agency) involved in his or her health treatment?

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Not at all	Only when there is a serious problem	Sometimes, such as when things are starting to go badly	Much of the time	A lot of the time and they really help with his/her mental health	Item not assessed

**4. Contact with people outside of the family:** In a normal week, how many times does s/he talk to someone outside of his/her family (a friend, co-worker, classmate, roommate, etc.)?

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
0 times a week	1 to 2 times a week	3 to 4 times a week	5 to 7 times a week	8 or more times a week	Item not assessed

**5. Time in structured roles:** How much time does s/he spend working, volunteering, being a student, being a parent, taking care of someone else or someone else's house or apartment? That is, how much time does s/he spend doing activities that are expected of him/her for or with another person? (This would not include self-care or personal home maintenance.)

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2 hours or less a week	3 to 5 hours a week	6 to 15 hours a week	16 to 30 hours a week	More than 30 hours a week	Item not assessed

**6. Symptom distress:** How much do symptoms bother him/her?

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Symptoms <i>really</i> bother him/her <i>a lot</i>	Symptoms bother him/her <i>quite a bit</i>	Symptoms bother him/her <i>somewhat</i>	Symptoms bother him/her <i>very little</i>	Symptoms don't bother him/her <i>at all</i>	Item not assessed

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

Date completed (MM/DD/YYYY): \_\_\_\_\_

**7. Impairment of functioning:** How much do symptoms get in the way of him/her doing things that he or she would like to do or needs to do?

- |  |  |   |  |   |                       |
|--|--|---|--|---|-----------------------|
| <input type="radio"/>                                  | <input type="radio"/>                          | <input type="radio"/>                       | <input type="radio"/>                          | <input type="radio"/>                           | <input type="radio"/> |
| Symptoms <i>really</i> get in his/her way <i>a lot</i> | Symptoms get in his/her way quite <i>a bit</i> | Symptoms get in his/her way <i>somewhat</i> | Symptoms get in his/her way <i>very little</i> | Symptoms don't get in his/her way <i>at all</i> | Item not assessed     |

**8. Relapse Prevention Planning:** Which of the following would best describe what s/he knows and has done in order to not have a relapse?

- |                                      |   |  |   |  |                       |
|--------------------------------------|---|--|---|--|-----------------------|
| <input type="radio"/>                | <input type="radio"/>                                     | <input type="radio"/>  | <input type="radio"/>                                       | <input type="radio"/>                            | <input type="radio"/> |
| Doesn't know how to prevent relapses | Knows a little, but hasn't made a relapse prevention plan | Knows one or two things to do, but doesn't have a written plan | Knows several things to do, but doesn't have a written plan | Has a written plan and has shared it with others | Item not assessed     |

**9. Relapse of symptoms:** When is the last time s/he had a relapse of symptoms (that is, when symptoms have gotten much worse)?

- |                       |                           |                           |                            |                                       |                       |
|-----------------------|---------------------------|---------------------------|----------------------------|---------------------------------------|-----------------------|
| <input type="radio"/> | <input type="radio"/>     | <input type="radio"/>     | <input type="radio"/>      | <input type="radio"/>                 | <input type="radio"/> |
| Within the last month | In the past 2 to 3 months | In the past 4 to 6 months | In the past 7 to 12 months | Hasn't had a relapse in the past year | Item not assessed     |

**10. Psychiatric hospitalizations:** When is the last time s/he has been hospitalized for mental health or substance abuse reasons?

- |                       |                           |                           |                            |                                     |                       |
|-----------------------|---------------------------|---------------------------|----------------------------|-------------------------------------|-----------------------|
| <input type="radio"/> | <input type="radio"/>     | <input type="radio"/>     | <input type="radio"/>      | <input type="radio"/>               | <input type="radio"/> |
| Within the last month | In the past 2 to 3 months | In the past 4 to 6 months | In the past 7 to 12 months | No hospitalization in the past year | Item not assessed     |

**11. Coping:** How well do you feel that s/he is coping with his or her mental or emotional illness from day to day?

- |                       |                       |                       |                       |                       |                       |
|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Not well at all       | Not very well         | All right             | Well                  | Very well             | Item not assessed     |

**12. Involvement with self-help activities:** How involved is he or she in consumer-run services, peer support groups, Alcoholics Anonymous, drop-in centers, WRAP (Wellness Recovery Action Plan), or other similar self-help programs?

- |   |   |   |   |  |                       |
|---|---|---|---|--|-----------------------|
| <input type="radio"/>                       | <input type="radio"/>                                       | <input type="radio"/>   | <input type="radio"/>                             | <input type="radio"/>                          | <input type="radio"/> |
| Doesn't know about any self-help activities | Knows about some self-help activities, but isn't interested | Is interested in self-help activities, but hasn't participated in the past year | Participates in self-help activities occasionally | Participates in self-help activities regularly | Item not assessed     |

**13. Using medication effectively:** How often does s/he take medication as prescribed?

- |                       |                       |                       |                       |                       |                       |
|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Never                 | Occasionally          | About half the time   | Most of the time      | Every day             | Item not assessed     |

\_\_\_\_\_ Check here if no psychiatric medications have been prescribed for him/her

**14. Impairment of functioning through alcohol use:** Drinking can interfere with functioning when it contributes to conflict in relationships; to financial, housing, and legal concerns; to difficulty attending appointments or focusing during them; or to increases of symptoms. Over the past 3 months, did alcohol use get in the way of his/her functioning?

- Alcohol use really gets in his/her way a lot    
 Alcohol use gets in his/her way quite a bit    
 Alcohol use gets in his/her way somewhat    
 Alcohol use gets in his/her way very little    
 Alcohol use is not a factor in his/her functioning    
 Item not assessed

**15. Impairment of functioning through drug use:** Using street drugs and misusing prescription or over-the-counter medication can interfere with functioning when it contributes to conflict in relationships; to financial, housing and legal concerns; to difficulty attending appointments or focusing during them; or to increases of symptoms. Over the past 3 months, did drug use get in the way of his/her functioning?

- Drug use really gets in his/her way a lot    
 Drug use gets in his/her way quite a bit    
 Drug use gets in his/her way somewhat    
 Drug use gets in his/her way very little    
 Drug use is not a factor in his/her functioning    
 Item not assessed

Source: Substance Abuse and Mental Health Services Administration (2009)

### Goals (Follow-up only)

<i>In the past six months...</i>	Yes	No	No goal on client's plan
1. Has s/he demonstrated progress towards achieving his/her <b>employment goal</b> ?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. Has s/he demonstrated progress towards achieving his/her <b>housing goal</b> ?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. Has s/he demonstrated progress towards achieving his/her <b>education goal</b> ?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

### Milestones of Recovery Scale (MORS)

Please select the number that best describes the current (typical for the last month) milestone of recovery for the client. If you have not had any contact (face-to-face or phone) with the client in the last **month**, do not attempt to rate the client on the MORS.

- 1. Extreme risk
- 2. Experiencing high risk/not engaged with mental health provider(s)
- 3. Experiencing high risk/engaged with mental health provider(s)
- 4. Not coping successfully/not engaged with mental health provider(s)
- 5. Not coping successfully/engaged with mental health provider(s)
- 6. Coping successfully/rehabilitating
- 7. Early recovery
- 8. Advanced recovery
- Item not assessed/have not had any contact with the client in the last month

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## Level of Care Utilization System (Locus)

- 1. Recovery Maintenance and Health Maintenance
- 2. Low Intensity Community Based Services
- 3. High Intensity Community Based Services
- 4. Medically Monitored Non-Residential Services
- 5. Medically Monitored Residential Services
- 6. Medically Managed Residential Services
- Item not assessed

## Substance Abuse Treatment Scale-Revised (SATS-R)

**Instructions:** This scale is for assessing a person's stage of substance abuse treatment, not for determining diagnosis. A clinician is required to complete a SATS-R when the client has an active substance related treatment plan goal in his/her client plan.

- 1. Pre-engagement:** The person (not yet a client) does not have contact with case manager, mental health counselor or substance abuse counselor, and meets criteria for substance abuse or dependence.
- 2. Engagement:** The client has had only irregular contact with an assigned case manager or counselor, and meets criteria for substance abuse or dependence.
- 3. Early Persuasion:** The client has regular contacts with a case manager or counselor; continues to use the same amount of substances, or has reduced substance use for less than 2 weeks; and meets criteria for substance abuse or dependence.
- 4. Late Persuasion:** The client has regular contacts with a case manager or counselor; shows evidence of reduction in use for the past 2-4 weeks (fewer drugs, smaller quantities, or both); but still meets criteria for substance abuse or dependence.
- 5. Early Active Treatment:** The client is engaged in treatment and has reduced substance use for more than the past month, but still meets criteria for substance abuse or dependence during this period of reduction.
- 6. Late Active Treatment:** The person is engaged in treatment, and has not met criteria for substance abuse or dependence for the past 1-5 months.
- 7. Relapse Prevention:** The client is engaged in treatment, and has not met criteria for substance abuse or dependence for the past 6-12 months.
- 8. In Remission or Recovery:** The client has not met criteria for substance abuse or dependence for more than the past year.
- Item not assessed/not applicable

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

Date completed (MM/DD/YYYY): \_\_\_\_\_