

Central State Hospital

620 Broad St.
Milledgeville, GA 31062

The individual's Identification

ACTIVITY THERAPY ASSESSMENT

NAME: *List individual's first and last name*

ADMISSION DATE: *List date of admission*

ID#: *List ID number*

SOURCE(S) OF INFORMATION:

Interview with the following: (Check only those which apply)

Individual Staff member(s) *Specify staff name and any pertinent identifying information (e.g., staff familiar with individual, works on unit, trusted or preferred by individual)*

Family member(s) or friends *Specify who was interviewed and how (e.g., by phone) and when if not interviewed during evaluation*

Review of records (specify): *Document which parts of the record were reviewed, including previous assessments, evaluations, reports from consultations, diagnostic tests and/or lab work, treatment plans, and progress notes.*

Other: *List any other source of information not listed above.*

REASON FOR ASSESSMENT: Admission/Initial Annual Other: *List reason for evaluation and/or presenting problem(s)*

PERTINENT DIAGNOSIS/HISTORY: *List all diagnoses that are relevant to presenting problem(s) and current functional status.*

REASONS FOR ADMISSION: *Document clinical and/or personal history (e.g. forensic history, physical abuse) that may be relevant in assessing current functional status and in considering prognosis and potential treatment strategies.*

SUBSTANCE ABUSE ISSUES: None identified as current Current issues *List any difficulties with substances that the individual is currently experiencing, and discuss impact on functional status.*

RISK CONDITIONS: *List any medical, behavioral, and psychological risk conditions identified by treatment team or identified by history.*

CULTURAL AND/OR RELIGIOUS PRACTICE/ISSUES: *List and describe cultural and/or religious practices that the individual observes, finds meaningful, or would like to explore, pursue, or continue.*

EDUCATIONAL/VOCATIONAL ISSUES: *Describe the highest level of education achieved, and/or the individual's educational plans or aspirations.*

ASSESSMENT TOOLS UTILIZED: *List any standardized assessments, standard assessment procedures or specific structured activities used for clinical observation during evaluation.*

CLINICAL OBSERVATIONS: *For each item, check the most appropriate box and provide additional information as clinically indicated*

Affect: Appropriate Labile Flat Hostile Euphoric Manic

Other: *Provide additional detail about individual's affect as clinically indicated.*

Mood: Appropriate Irritable Anxious Hostile Depressed Other: *Provide additional detail about individual's mood as clinically indicated.*

Thought Process: Oriented x 4 Disoriented Poor Memory Poor concentration Insightful Disorganized

Other *Describe any limitations in thought process not listed above.*

Thought Content: Hallucinations Delusions Suicidal Ideation Homicidal Ideation Self Injurious Behaviors

Other *Describe any limitations in thought content not listed above.*

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Cooperation: Cooperative Refused to participate in evaluation Limited Other: *List clinically significant limitations in cooperation (e.g., individual was initially cooperative but refused to participate when assessment activities became challenging) and strengths (e.g. individual was able to cooperate within cognitive and communicative capacity)*

Eye contact: Appropriate Limited Fixed Other: *List specific abilities (e.g., able to make but not sustain eye contact), and impact participation in social and leisure activities.*

Verbal interaction: Functional Inappropriate language or tone Pressured speech Nonverbal Appears to have receptive and/or expressive language difficulty Other: *Describe any limitations in verbal interaction not listed above.*

LEISURE PROFILE: *Based on interview with the individual, and completion of leisure profile worksheet as needed, list all activities for which the individual expresses a past interest, current interest, or an interesting in learning. If the individual is unable to report, use proxy input from staff and/or caregiver and clinical observation of response to presented evaluation activities to complete this section. If the individual is unable to express an interest, but responds positively to presented activity, describe clinical observation. List any activities and/or properties of activities that the individual reports to have a calming effect, or for which a calming effect is observed. List any activities and/or properties of activities that the individual reports to have a stimulating, motivating or energizing effect, or activities for which this effect is observed.*

For the following sections, check the most appropriate box and provide additional information as clinically indicated Use clinical observation to supplement information obtained from record review and individual interview. Clinical observation of presented activities will ensure that the unique clinical perspective of the activity therapist is documented for use in informing comprehensive individualized treatment planning.

PHYSICAL FUNCTIONING: No limitations Specific abilities and/or limitations: *List and discuss any difficulties with physical functioning (e.g., low vision) that may have a potential impact on participation in therapeutic and leisure activities and/or functional independence. Include specific abilities and strengths as clinically appropriate. Areas of physical functioning may include but are not limited to the following: adaptive equipment use, visual and auditory status, speech, mobility, positioning, posture, endurance, balance, coordination, health conditions (e.g., diabetes, obesity), eating difficulties, and pain. Include clinical observations as appropriate (e.g., individual able to see and string 1/2 inch beads independently when using beads and wire that contrasted with surface during jewelry making activity). Include specific measures of functional ability when appropriate in order to assist with goal and objective development.*

COGNITIVE FUNCTIONING: No limitations Specific abilities and/or limitations: *List and discuss any difficulties with cognitive functioning (e.g., limited focused attention during seated activities) that may have a potential impact on participation in therapeutic and leisure activities and/or functional independence. Include specific abilities and strengths as clinically appropriate. Areas of cognitive functioning may include but are not limited to the following: attention, comprehension, memory, following directions, problem solving, and awareness. Include clinical observations as appropriate (e.g., individual was unable to attend to a selected five minute seated board game activity, but was able to participate in a musical bean bag toss game for 15 minutes when able to move around during task).*

SOCIAL FUNCTIONING: No limitations Specific abilities and/or limitations: *List and discuss any difficulties with social functioning (e.g., unable to adhere to rule on turn taking during structured games involving more than two people) that may have a potential impact on participation in therapeutic and leisure activities, and/or functional independence. Include specific abilities and strengths as clinically appropriate. Areas of social functioning may include but are not limited to the following: appropriate material and equipment use, acceptance of group roles, contribution of thoughts and ideas, meaningful interaction with others, support of others, structure and rule adherence, acceptance of criticism, ability to change subjects, anger management, conflict resolution, self-confidence, acceptance of responsibility, and respect for interpersonal boundaries. Include clinical observations as appropriate (e.g., individual became anxious and had ne outburst of inappropriate language when required to wait more than five minutes to take his turn during a group collage project)*

LIFE SKILL FUNCTIONING (Including transportation issues): No Limitations Specific abilities and/or limitations: *List and discuss any difficulties with life skill functioning (e.g., able to sight read common words, but unable to read and comprehend written material) that may have a potential impact on participation in therapeutic and leisure activities, and/or*

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functional independence. Include specific abilities and strengths as clinically appropriate. Areas of life skill functioning may include but are not limited to the following: appearance and hygiene, time management, money management, shopping, meal planning and preparation, transportation, housekeeping tasks, decision making, safety awareness, reading, writing, calculation, coping skills, and communication. Include clinical observations as appropriate (e.g., individual was unable to read and follow directions for card game, but was able to identify a list of common ingredients from a cookbook using simple words and pictures, and identify the words "on/off, play, stop, and record" on a cd player).

ANALYSIS OF FINDINGS: Not indicated; please refer to Integrated Therapy Services Analysis of Findings

Individual's priorities and life goals: Write a succinct and clinically meaningful description of the individual's life goals and/or the individual's goals in terms of enhancing functional performance and participation. List any aspirations, preferences, and/or motivating factors that may help with prioritizing evaluation and/or treatment. This information should ideally come from the individual, but if individual is psychologically unstable or unable to communicate goals and priorities, state the reason and document supplemental proxy information about individual's preferences from staff and/or family as clinically appropriate.

Present functional status summary: Describe the individual's current functional status, including limitations, needs, and implications for engagement and participation in and independence with functional activities, roles, and routines. This should be an overall functional summary of the individual's status. Describe the individual's ability to attain and maintain a healthy balance of engagement in leisure, wellness and enrichment activities, in various settings and environmental contexts. Discuss the potential impact of current leisure habits and routines on psychosocial well-being and health, as well as skills needed to promote more independent functioning. Discuss the skills and supports that the individual needs to acquire in order to progress to the next level of care, meet personal goals, regain previous roles, attain new roles, and/or enhance quality of life. Prioritize goals and discuss rehabilitation potential and possible progression of treatment for recommended areas of functional performance and engagement.

Environments, modalities, preferences, and/or strategies that support learning and/or performance or may hinder performance: List any recommendations for strategies and supports such as therapeutic modalities (e.g., music), techniques (e.g., speaking slowly to allow additional time for auditory processing), environmental modifications (e.g., does best when sitting in the front of a treatment mall class so that visual distractions are minimized), identified during the evaluation or assessment that may promote learning, interest and/or compliance with interventions. List any barriers to participation in preferred therapeutic and leisure activities, as well as possible adaptations and modifications to enhance performance and independence (e.g., may be unable to see fine print and low contrast colors due to low vision; recommend large print books for reading and high contrast color [e.g., red] balls for kickball games, may be able to take turns if activities are graded and performed in small groups of two to four people that would limit wait time to two to three minutes in order to introduce and promote consistent rule adherence and game playing etiquette, may require verbal instructions and assistance reading handouts during didactic mall groups).

Implications for Discharge Planning: Discuss implications of current functional status on discharge planning options, as well as skills and supports that the individual may need to acquire to ensure optimal placement in the least restrictive and most beneficial setting. Transportation is very frequently an issue when planning for discharge and placing individuals in community programs so this information will help with d/c planning.

Recommendations for additional assessments or evaluation: None List: List any recommendations for

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diagnostic tests (e.g., MBS, nerve conduction study), or further discipline specific assessments (e.g., psychological assessment) based on assessment or evaluation findings, and provide rationale and justification.

Recommended Goal(s): *List the specific goal(s) recommended by assessment or evaluation findings that will help the individual attain discharge and/or recovery outcomes. The goal(s) should include 2 parts: 1. What the individual does or does not do or experience and 2. How this is known. Example: Mr. E. is unable to propel his wheelchair independently as evidenced by observation on the unit and in the Physical Therapy clinic.*

Recommended Objective(s): *List specific objectives that will support stated goals to facilitate discharge, recovery, and/or enhance quality of life. Objectives should be meaningful to the individual, tied to a functional skill or activity, observable and be written as S.M.A.R.T. (Specific, Measureable, Attainable, Realistic, and Time-bound) objectives that include the following 5 parts:*

- 1. What will the individual do?*
- 2. How will you know?*
- 3. What is the performance criterion?*
- 4. How will you know that she has achieved the objective (termination criteria)?*
- 5. Where will you find the documentation?*

Example: Mr. E will exhibit independence with indoor mobility as evidenced by self-propelling his wheelchair independently from his room to the dining room for breakfast with one rest break for three consecutive days as documented in the interdisciplinary progress note.

Recommended Intervention(s): *List formal active interventions:*

These are interventions that are performed by staff to assist the individual in meeting stated goals and objectives, and should include the following 6 parts:

- 1. Who will be responsible for providing the intervention?*
- 2. What is the title of the intervention?*
- 3. At what time and on which day(s) will the intervention take place?*
- 4. Where will the intervention take place?*
- 5. What will the provider teach?*
- 6. Which of the individual's strengths will be used to help the individual achieve his or her treatment objectives?*

Example: Alicia Walker, PT will provide direct physical therapy treatment Monday through Friday from 7:30-8:00a.m. on Unit 23. Dr. Walker will provide therapeutic exercises to improve upper extremity strength and endurance, and teach energy conservation techniques using Mr. E.'s strength of wanting to be able to eat breakfast without waiting for staff to assist him to the dining room, so that he can engage in an enrichment activity before his morning treatment mall groups.

List service based treatment or supports (e.g. 24 Hour Support Plan) and milieu interventions as they relate to promoting attainment of the objective.

Example: Direct care staff will use the individualized 24 hour support plan to promote Mr.E.'s maximum functional independence with mobility and transfers throughout the day.

Signature and date

Sign and list date completed