

# PROS Comprehensive Psychiatric Rehabilitation Assessment

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

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

## Part 1. Exploring Areas for Change

*Try to provide some information about each area below. It is not necessary to answer every question in italics. The questions are there to help stimulate thinking and guide discussion.*

### **Tell me about YOU!**

*How would you describe yourself to someone who didn't know you? What are the top five most important things that capture who you are? What are your hopes and dreams for the future? Are there any hopes or dreams from earlier in your life that you'd like to revisit?*

### **Daily Routine (if not employed or in school)**

*How do you spend your days? Are you satisfied with your daily routine or would you like to do something else? Is there something else you would like to do but worry that you will not be successful?*

Is this something you want to work on right now?  Yes  No/Maybe later

### **Employment**

*Are you currently working? Do you enjoy your job? What would you like to improve about your work situation? If not currently employed, would you like to work? What would you like to do? Are you concerned about losing benefits?*

Is this something you want to work on right now?  Yes  No/Maybe later

### **Learning**

*Are you currently in school? If so, do you enjoy school? Is there any way you would like to improve your school situation? If you are not in school, would you like to further your education? Would you like to get your GED or go to college? What kinds of things are you interested in studying?*

Is this something you want to work on right now?  Yes  No/Maybe later

### **Housing**

*Are you satisfied with your living situation right now? Is there anything you'd like to change about your living situation? Maybe you want to move into more independent housing, improve relations with a roommate or live in a different neighborhood?*

Is this something you want to work on right now?  Yes  No/Maybe later

### **Healthy Lifestyle**

*Are you interested in taking better care of your health? Would you like to improve your self-care such as diet, exercise, sleep, regular medical care? Are there any behaviors you'd like to change such as using alcohol, drugs or tobacco? Gambling? Eating too much or unhealthy foods? Risky sex?*

Is this something you want to work on right now?  Yes  No/Maybe later

### **Relationships**

*Who are the most important people in your life right now? Who do you spend your time with? Are there friends or family with whom you would like to reconnect or spend more time with? Would you like to have more friends? Do you have a romantic or intimate relationship? If not, would you like to have some romance in your life? Do you have or want a pet?*

Is this something you want to work on right now?  Yes  No/Maybe later

### **Parenting and Grandparenting**

*Do you have kids? If so, would you like to strengthen your relationship with your children and improve your parenting skills? Are there any co-parenting or custody issues that you would like to address? If you are not a parent, would you like to have kids some day? Are you a grandparent? If so, would you like to spend more time with grandchildren?*

Is this something you want to work on right now?  Yes  No/Maybe late

### **Activities, Personal Fulfillment and Community Involvement**

*What are some of your interests or hobbies? Are there hobbies or interests that you would like to develop? Would you like to be more involved with a faith community or a cultural organization? Are you interested in volunteering? Would you like to be involved with a peer community?*

Is this something you want to work on right now?  Yes  No/Maybe Later

### **Part 2. Setting a Preliminary Goal**

Please review your responses to the above questions. Think about the areas for you which checked “yes” (I want to work on this right now). What would you like to change in the next six months-one year? It’s usually best to focus on one major life role goal at a time!

**I would like to establish a life role goal related to:**

- 1.
- 2.

### **Exploring Your Goal Domain**

*How much do you know about your goal and what will be needed to achieve it? For instance, if you chose work, do you have a specific type of employment in mind? Would you like to learn more about employment options, benefits, etc.? If you chose housing, do you know about the different types of residential options that are available? Would you like to learn more about what is involved in achieving your goal?*

### **Imagining Change**

*How confident do you feel about achieving this goal? Do you think it’s possible for you? What are some of your strengths that will help you achieve the goal? How will your life change if you achieve this goal?*

### **Skills, Supports and Resources**

*What personal strengths and abilities do you already have that will help you achieve your goal? What has helped you overcome challenges and persevere in the past (e.g. sense of humor, positive attitude, loyalty, spiritual beliefs, cultural identity, determination, etc.)?*

*Can you think of some specific skills, supports and resources you might need to successfully achieve your goal? For example, if you want to live in independent housing, you will need to be able to manage your finances and respond to emergency situations. You might need short-term assistance in learning how to prepare meals.*

### **Overcoming Barriers**

*What are some of the barriers that might delay or prevent you from achieving this goal? Mental health symptoms? Substance use? Other health issues? Legal issues? Financial issues? Housing? Transportation? Family opposition? Need for additional education or skills? Literacy? Language? Other issues or challenges?*

### **Who Will Share Your Journey?**

*Who are some of the people in your life who will support you as you work towards your goal? How do others feel about your goal? Are there people in your life who may not support you? Is anyone pressuring you to make a change? **How might your goal be perceived by others in your cultural or spiritual community?** Do you feel that you have enough support?*

**Practitioner's Summary**

Describe the individual's rehabilitation aspirations including priority area(s) for change; awareness of rehabilitation domain; attitudes regarding change; strengths and challenges that will impact the rehabilitation process and preliminary skill/resource development needs.

### Practitioner Recommendations and Strategies

Based on the information above, select a rehabilitation strategy for the life role(s) that will be addressed in PROS. Describe possible PROS services will be utilized in order to assist the person in achieving the identified life role goal. Include strategies or supports other than PROS services which may be utilized.

LIFE ROLE DEVELOPMENT

*[NAME] has not yet identified a Life Role Goal and would benefit from the following PROS services to learn more about life role options, identify personal preferences, improve wellness, obtain resources, establish confidence and self-efficacy, develop skills, etc.:*

LIFE ROLE REFINEMENT

*[NAME] has identified a general Life Role domain and would benefit from the following PROS services to establish a specific and individualized Life Role Goal, further clarify personal preferences, improve wellness, obtain resources, enhance confidence and self-efficacy, develop goal-related skills and supports, etc.:*

LIFE ROLE ACQUISITION

*[NAME] is actively pursuing a specific and individualized Life Role Goal within a specified time frame and would benefit from the following PROS services to develop critical skills and supports, obtain resources improve/maintain wellness, etc.:*

LIFE ROLE RETENTION:

*[NAME] has achieved a Life Role Goal (or is at risk of losing a chosen role or domain)and would benefit from the following PROS services to develop critical skills and supports, obtain resources improve/maintain wellness, etc.:*

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**Participant Signature**

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**Date**

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**Staff Signature**

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**Date**