

Facilitator Guide for WHOQOL Education and Training

Practical Scenario-Based Learning

OVERVIEW

SCENARIO TITLE	Helena Scenario for Using Quality of Life Assessments in Community Mental Health
GOAL	<p>Enable clinicians to confidently administer and interpret the World Health Organization Quality of Life, Brief (WHOQOL-Bref, herein referred to as WHOQOL) through experiential learning using a realistic patient scenario.</p> <p>This scenario-based facilitation guide is for use by clinical educators, practice leaders, and clinical coordinators to support clinicians' ability to integrate WHOQOL into routine practice.</p>
BACKGROUND	FHA incorporates quality of life assessments for adult clients living with mental health or substance use challenges as part of a person-centred, recovery-focused approach . This requires including clients in the recovery process with clinicians to reflect each person's unique health goals, both short-term and long-term. WHOQOL is one of many tools that clinicians can use to inform recovery plans.
LEARNING OBJECTIVES	<ol style="list-style-type: none">1. Explain how WHOQOL assessments ensure that clients are active participants in their recovery and treatment planning by identifying areas that are most relevant and important to them.2. Demonstrate how the WHOQOL can be administered, scored, interpreted, and included in clinical decision-making for recovery and treatment planning.3. Build clinicians' confidence in using WHOQOL assessments in the care of clients in various situations (e.g., limited time and client hesitancy to complete).
FORMAT	<ul style="list-style-type: none">• The scenario could be used 1:1 (2 people) or for small group training sessions. For small groups, there is one facilitator, and the learners can work in pairs for the client and clinician roles.• It could be used to orient new clinicians or to build the capabilities of currently employed clinicians.
TARGET LEARNERS	<ul style="list-style-type: none">• Healthcare providers/clinicians and Clubhouse staff.• Any person learning how to use the WHOQOL assessment in clinical practice.
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SCENARIO SYNOPSIS

The scenario is a therapeutic encounter between a mental health clinician (**most responsible person, MRP**) and a client seeking services at a Mental Health Centre. The scenario focuses on integrating the WHOQOL into clinical practice.

Two scenarios depict a mental health clinician with a client named Helena:

1. Intake appointments
2. 6-month follow-up appointment

Scenario 1: Helena, a young adult with a longstanding history of mental health challenges, transitioned from Child & Youth Mental Health Services to the Community Mental Health Team following a recent psychiatric hospitalization. During the initial assessment, the clinician reviewed her referral, introduced services, and explored Helena's experiences, current needs, and future goals. Helena experiences persistent delusions, chronic suicidality, and significant psychosocial stressors, including social anxiety, loneliness, and financial instability. She lives with her mother but desires independence and improved family relationships. Cannabis use worsens her symptoms, and she needs support with personal hygiene and daily tasks. The WHOQOL is introduced during the initial assessment to help identify Helena's needs and areas of focus, which are integrated into the recovery plan.

Scenario 2: Six months later, Helena has moved into supported housing and receives financial assistance through Persons with Disabilities, but still struggles with personal hygiene, household chores, and social engagement, requiring assistance from her Mental Health Team. Helena attends Clubhouse activities and skills-building but remains socially isolated, fearful of independent travel, and discouraged about employment, suggesting a need for vocational support. She continues to experience suicidality and needs reminders to use her safety plan. Her cannabis use has decreased, and she is learning mindfulness techniques, showing hope for progress despite ongoing challenges. She continues to experience pain from navigating stairs and lingering paranoia.

The case study provided is fictitious and was adapted by the research team from a case study developed and kindly shared by Te Pou Limited (New Zealand), and any similarities to a real person and/or situation are coincidental.

KEY REFERENCES

- Learning Hub course, *Using Routine Outcome Measures (ROM's) in Community Mental Health & Substance Use*, Course code: 15304
- WHOQOL Quick User Guide (January 2026)

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PART 1. LEARNER PACKAGE

LEARNING OUTCOMES

<ol style="list-style-type: none"> 1. Explain how WHOQOL assessments ensure that clients are active participants in their recovery and treatment planning by identifying areas that are most relevant and important to them. 2. Demonstrate how the WHOQOL can be administered, scored, interpreted, and included in clinical decision-making for recovery and treatment planning. 3. Build clinicians' confidence in using WHOQOL assessments in the care of clients in various situations (e.g., limited time and client hesitancy to complete).
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SCENARIO PREPARATION ACTIVITIES

LECTURE CONTENT	As relevant and appropriate, content is available from the following: <ul style="list-style-type: none"> • Learning Hub course, <i>Using Routine Outcome Measures (ROM's) in Community Mental Health & Substance Use</i>, Course code: 15304 • WHOQOL Quick User Guide (January 2026)
TUTORIAL PREP & READINGS	Ensure you have completed the Learning Hub routine outcome measures course (Course code: 15304). This course provides an overview of various routine outcome measures, including the WHOQOL-Brief. Read the <i>WHOQOL Quick User Guide</i> (January 2026), available on the Mental Health & Substance Use Hub - Home Any other handouts provided by the facilitator.
CASE STUDY	If possible, read prior to the learning session.
SELF-ASSESSMENT	Each learner completes the WHOQOL-Bref (assessment form) for themselves before or at the start of the session.
OTHER	None

SCENARIO SUMMARY

SETTING	Mental Health Centre
CLIENT PROFILE	<p>NAME: Helena Pierce</p> <p>AGE: 22 (based on DOB 2024)</p> <p>SEX/GENDER: Female (pronouns her/she)</p> <p>MARITAL STATUS: Single</p> <p>CULTURAL BACKGROUND: Caucasian (White)</p> <p>OCCUPATION: Unemployed but would like a job.</p> <p>OTHER: Referred to BC Housing. May require support in applying for Persons with Disabilities (PWD). Receptive to engaging with a local Clubhouse Program.</p>
PATIENT HISTORY	<ul style="list-style-type: none"> • Helena has been referred to the Mental Health Team (MHT) for psychiatric assessment and ongoing management. • Medical Diagnosis: Schizoaffective disorder.

	<ul style="list-style-type: none"> • Longstanding history of psychosis – delusions, disorganized thinking, auditory hallucinations, passive suicidality with one formal attempt, and occasional cannabis use. Chronic pain.
CURRENT STATUS	Requires a most responsible person (MRP) (e.g., mental health clinician) to support psychosocial interventions, medication, vocational, and community participation.

SCENARIO ROLES

The scenario could be used in a 1:1 (2 people) or small group training session (3 or more people).

ROLE	DESCRIPTION
Mental Health Clinician x 1	Mental health clinicians employed in community mental health centers are typically are nurses, social workers, occupational therapists, and clinical counsellors. In mental health teams, clinicians typically work in a team-based care environment. All clinicians provide care within their scope of practice set by their professional governing boards/regulatory bodies.
Client x 1	As the client, react to the clinician’s tone, message, and body language in the same way you might if you were the client.
Facilitator x 1	An individual in any of these roles: clinical educators, practice leaders, clinical coordinators, and so forth.
Observer(s)	The remaining individuals are in the small group training session. Observers note the use of relational techniques and adherence to the WHOQOL script for administration and interpretation discussion. Tailor approach and focus based on client needs. Align with motivational interviewing or responding to triggers as appropriate.

PART 2. SETUP PACKAGE

- Hyperlinks that are in **purple font** direct you to resources outside the Facilitator Guide, while those in **blue font** link you to the exact location within this document.

HUMAN RESOURCE REQUIREMENTS

CLIENT	One
CLINICIAN	One
FACILITATOR	One (Note: for 1:1 training, the facilitator can play the client role)

RESOURCE REQUIREMENTS

ROOM REQUIREMENTS	Any learning space that accommodates the size of the training session, such as an office, assessment room, education room, or boardroom.
MEDICAL EQUIPMENT	N/A
PROPS & MOULAGE	Optional at your own discretion.
DOCUMENTATION FORMS	Located in Appendices <ul style="list-style-type: none"> • WHOQOL-Bref (blank) – ensure you use the coloured version to ease with scoring (Print shop Order #258354) • Recovery Plan (PARIS downtown form)
DESCRIPTION SET UP	Have the client and clinician seated together to simulate a real-world encounter.
OTHER RESOURCE MATERIALS	<p><u>E-Learning Course</u> As a facilitator, ensure you and the learners have completed the Learning Hub course, <i>Using Routine Outcome Measures (ROM's) in Community Mental Health & Substance Use (MHSU)</i>, Course code: 15304.</p> <ul style="list-style-type: none"> • This course provides an overview of various routine outcome measures, including the WHOQOL-Bref (for brevity, the phrase is omitted in this document). <p><u>Talking Points</u> Key talking points are in Part 3 below. Facilitator Package. Facilitator content about the WHOQOL can be obtained from the Learning Hub course, the WHOQOL Quick User Guide, or the various handouts found in the Appendices.</p> <p><u>Handouts</u> Resources, not included in this guide, are located on the Mental Health & Substance Use Hub - Home, search for Routine Outcome Measures or WHOQOL.</p> <p>a. Scenario 1 and Scenario 2 (see Appendices) present fictitious initial and follow-up encounters between the client and the Most Responsible Clinician (MRC). For each scenario, there is a completed WHOQOL assessment (with and without total scores) and a Recovery Plan.</p> <p>b. WHOQOL Quick User Guide (available at the Mental Health & Substance Use Hub - Home and search for Routine Outcome Measures or WHOQOL)</p>

provides background and a “quick” reference guide on the first page, followed by a detailed guide for each step, tailored to the clinician’s needs for learning to use the assessment tool. Steps to administering, scoring, and interpreting the WHOQOL results are provided along with detailed descriptions of the sections and questions to aid interpretation. The guide includes a workflow diagram in the Appendices.

c. Client Factsheets about quality of life assessments, the FHA [Patient Education Catalogue](#)

- [Live Your Best Life Possible](#) is an information sheet about quality of life assessments for persons living with mental health or substance use challenges.
- [FAQs About Quality of Life Assessments](#) answers commonly asked questions about quality of life assessments, including what they are, how to answer the questions, and why they matter.

d. Clinician Factsheets about quality of life assessments (see the [Mental Health & Substance Use Hub - Home](#) and search for Routine Outcome Measures or WHOQOL).

- **Quality of Life Assessments: A Resource for Healthcare and Clubhouse Providers** describes quality of life assessment tools and how they can make a difference for persons living with mental health or substance use challenges. Scripts are provided on how to engage the client.
- **Myths and Truths: A Resource for Healthcare and Clubhouse Providers** dispels common misconceptions that clinicians have about quality of life assessments.

e. [Your Life and Recovery Journey Workbook](#), in the FHA [Patient Education Catalogue](#)

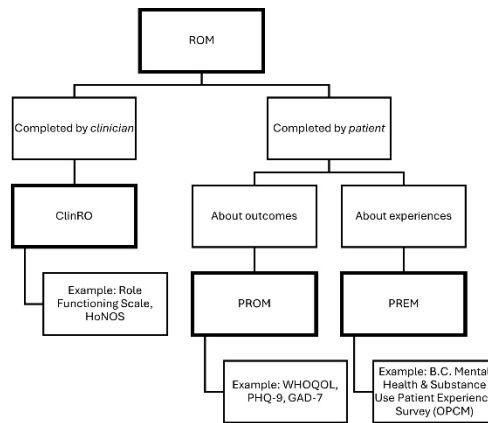
- A free resource produced by Fraser Health that aids clients in exploring health challenges and assists in developing strategies and plans. The workbook is used on its own or alongside Your Life and Recovery videos and groups. The workbook incorporates the WHOQOL.

PART 3. FACILITATOR PACKAGE

- Based on the planning timelines below, the scenario could be used in a 1:1 (2 people) or small group training session (3 or more people). See Part 1: Learner Package, Scenario Roles section that details variations in roles.
- This scenario-based training could be used to orient new clinicians or to build the capabilities of currently employed clinicians.
- Hyperlinks that are in **purple font** direct you to resources outside the Facilitator Guide, while those in **blue font** link you to the exact location within this document.
- Resources not included in this guide are located on the [Mental Health & Substance Use Hub - Home](#), search for Routine Outcome Measures or WHOQOL.

BACKGROUND INFORMATION

COMPONENT	DESCRIPTION
TERMINOLOGY	<p>Various terms are used to describe various assessment tools and are discussed in the online learning course. This information is a refresher for facilitators and is to assist you in answering any questions that learners may have. This is not content you are expected to teach. Many tools are available for measuring quality of life and other health outcomes. These tools are often referred to as:</p> <ul style="list-style-type: none"> • Routine outcome measures (ROMs) • Patient-reported outcome measures (PROMs) • Patient-reported experience measures (PREMs) • Clinician-reported outcomes (ClinROs) <p>Note: The term “patient” refers to all people who have experience with health challenges, and for the purposes of this guide, can be used interchangeably with client.</p> <p>Routine outcome measures (ROMs) (see Figure below)</p> <ul style="list-style-type: none"> • An umbrella term for assessment tools with a standardized set of questions to measure a specific aspect of a person’s experience or outcome. • Are routinely collected over time. • Developed and validated by researchers using rigorous methods to ensure they measure what they are intended to measure (e.g., role functioning, depression, quality of life) across a diverse group of people. • The measures may also be referred to as assessment tools, instruments, questionnaires, or scales. <p>Assessment tools completed by clinicians fall under the umbrella term, clinician-reported outcomes (ClinROs).</p> <p>Assessment tools completed by the client (their voice) are referred to as patient-reported outcome measures, or PROMs for short. Assessment tools that measure a person's experience are called patient-reported experience measures (PREMs).</p>



Patient-reported outcome measures (PROMs, also known as PROs)

- Used to measure patients’ health status in a standardized and quantitative manner at a point in time.
- These inquiries may capture how patients function or feel with respect to their health; disease condition and its treatment; or functional status, quality of life (e.g., WHOQOL), or mental well-being.
- Clinicians collect decision-aiding information from patients to better understand and address what matters to them.
- These tools are intended to make healthcare more person-centered, responsive, and efficient.
- For clinicians, this may mean incorporating these tools within therapeutic encounters for screening, assessment, monitoring, planning, and evaluating care (e.g., interventions, treatment, referrals, and tests) as well as creating decision aids.

Patient-reported experience measures (PREMs)

- Measures that focus on how patients feel with respect to their health care or illness experience. PREMs are commonly used to solicit information about patient satisfaction with service delivery in a clinical setting, or describe patient experience of a therapy or plan of care.

FACILITATOR PLANNING

COMPONENT	DESCRIPTION
OVERVIEW	<p>Scenarios 1 and 2 present fictitious initial and follow-up encounters between the client and the most responsible clinician (MRC).</p> <p>The scenarios can be used to become familiar with the WHOQOL assessment and to gain knowledge, skills, and confidence to administer it, score it, interpret results with clients, and collaborate with clients on recovery planning.</p> <p>For training with clinicians who have some experience with the WHOQOL, learning could focus on tailoring the process to meet client needs and on strategies for</p>

COMPONENT	DESCRIPTION
	<p>common challenges, such as limited time, client hesitancy to complete the assessment, and managing triggers.</p> <p>Depending on the planning decisions made (see below), the facilitator can portray the role of Helena (client) or assign it to another individual as appropriate. The facilitators also lead the entire training sessions and can serve as observers for client-clinician role-play(s).</p> <p><i>Before the training session:</i></p> <ul style="list-style-type: none"> • Provide Part 1. Learner Package to participants. • Provide learners with a blank WHOQOL to complete (or do at the start of the session). Rationale: Based on research, having clinicians complete an assessment provides greater insight into the client’s experience. • As applicable, learners complete the FHA Learning Hub course, <i>Using Routine Outcome Measures (ROM's) in Community Mental Health & Substance Use (MHSU)</i>, Course code: 15304. • Provide learners with a copy of the WHOQOL Quick User Guide (available at the Mental Health & Substance Use Hub - Home) • Copy handouts (other resource material as per Part 2. Setup Package) <p><i>Before role-playing the scenario:</i></p> <ul style="list-style-type: none"> • Review learning objectives and scenario(s) with learners. • Debrief learners' experience of completing the WHOQOL for themselves. • Teach content from the talk points (below), as applicable, to achieve the learning objectives. This may include key highlights from the online course and/or WHOQOL Quick User Guide. • Clarify roles and expectations. <p><i>During role play:</i></p> <ul style="list-style-type: none"> • Observe interactions and note key behaviours. • Ensure respectful and inclusive participation. • Intervene only if necessary to guide learning. • As the clinician-client interaction unfolds, provide the completed WHOQOL for the clinician to review their responses with the client. • Next, provide the Recovery Plan to review with the client (blank and one filled out). <p><i>After role-playing the scenario:</i></p> <ul style="list-style-type: none"> • Lead debriefing session (see below). • Provide feedback on communication, empathy, and application of WHOQOL. • If time, discuss equity considerations.
PLANNING AND TIMELINE	<p>The scenario could be used in a 1:1 (2 people) or small group training session (3 or more people).</p> <p>See Appendix 4.1 Timeline Examples of 20 min, 60 min, and 120 min training sessions to meet the learning objectives.</p>

COMPONENT	DESCRIPTION
	<p><input checked="" type="checkbox"/> Tip: If you have a small group, you can split the participants into pairs for role-playing the scenario, which allows quick rotation between clinician and client roles.</p> <p>Planning Decisions</p> <ul style="list-style-type: none"> <input type="checkbox"/> Will the session include one or both scenarios? <input type="checkbox"/> Will it be one session or a learning series over time? <input type="checkbox"/> Will the training session be 1:1 or a group activity? <input type="checkbox"/> How much time is/are the session(s)? <input type="checkbox"/> Who will play what roles? <input type="checkbox"/> What is the focus of the training (e.g., WHOQOL administering, scoring, interpreting results with clients, and collaborating with clients on recovery planning)? <input type="checkbox"/> What, if any, content will be taught? <input type="checkbox"/> Determine whether the complete WHOQOL without score or with scores will be used (i.e., do you want learners to practice scoring). <input type="checkbox"/> Determine whether the learners will create a Recovery Plan informed by the WHOQOL results or discuss the completed Recovery Plan to illustrate where the WHOQOL results were integrated. <input type="checkbox"/> How much time will be allocated to debriefing?
<p>LEARNER INSTRUCTIONS AND ROLES</p>	<p>Tailor the learner instructions based on the planning decisions made (above) and the number of individuals in the session. The participants (learners) can assume the roles of clinician, client, and observer. Depending on the timeframe, one or several rounds of role-playing can be completed.</p> <p>Role Assignment: Clinician</p> <p>Portray the role of the MRP (mental health clinician) conducting the WHOQOL assessment for the initial and/or the 6-month follow-up.</p> <p>For Scenario 1, as part of the intake, have the client complete the WHOQOL Identify 1-3 focus areas that the client may need support with or would like to work towards as part of the recovery plan.</p> <p>For the 6-month follow-up (Scenario 2), readminister the WHOQOL. Discuss the current results and identify differences from the initial WHOQOL. Review the current recovery plan and discuss modifications based on updated WHOQOL results.</p> <p>Scenarios 1 and 2</p> <ul style="list-style-type: none"> • Apply the principles of a recovery-focused approach. • Determine how you will ask the client to complete the WHOQOL. • Answer client questions • Conduct a WHOQOL-based assessment with the client. • Score the assessment results.

COMPONENT	DESCRIPTION
	<ul style="list-style-type: none"> • Based on the results, make note of the sections/domains, and corresponding questions, with high, medium, and low scores. If this is a follow-up, WHOQOL examines differences with the previous WHOQOL results. • With the client, discuss the “General” section results. Then take the lead from the client to explore possible strengths and areas of focus. • Start a conversation with the client about the observations you noted as you interpret the results. • If a follow-up assessment, explore changes in the WHOQOL results (domains and questions). • Based on the interpretation, identify and prioritize client goals (short-term and long-term) and brainstorm strategies and resources needed to achieve the desired goals. Complete the relevant areas of the recovery plan (the completed version is in this package, scenario 1 and scenario 2). • Use open-ended questions and active listening. <p>Role Assignment: Client Portray the role of Helena as described in the scenarios.</p> <p>Scenario 1</p> <ul style="list-style-type: none"> • Depending on how the clinician has introduced the WHOQOL, ask him/her questions about the WHOQOL. Possible questions could include why these personal questions are being asked, how the information will be used, what to do if you are unable to answer all the questions right now, whether they can receive assistance from the clinician, and so forth. This provides the clinician with the opportunity to clarify, create a safe environment, and assist in completing the WHOQOL. • Pretend to complete WHOQOL (to account for time limitation). You could also inquire about the meaning of certain questions, depending on how much time is available for the role play. • Provide the clinician with the completed WHOQOL, either by having learners calculate the total score or using the version with the total score calculated (in Appendices). • Share what that experience was like, for example, minimal problems, feeling triggered by certain questions, feeling down, and being thoughtful in learning about yourself. • When the clinician asks about higher or lower scoring sections (or questions), respond in a way that reflects the scenario. • When discussing possible goals, respond in a hesitant yet agreeable manner, ensuring they are relevant and important to you (client). • Engage in the brainstorming activity, sometimes indicating you don’t know what would help. • Using a blank form, create a recovery plan based on the completed WHOQOL, either individually or as a group. Or, you can also provide participants with the completed recovery plan and discuss the connections between the WHOQOL items and the plan. Note: The example provides a comprehensive recovery

COMPONENT	DESCRIPTION
	<p>plan; however, in practice some recovery plans may identify only a few hopes and dreams.</p> <p>Scenario 2</p> <ul style="list-style-type: none"> • In the context of a 6-month follow-up, pretend to complete a second WHOQOL (completed version is in this package). Provide the clinician with the completed WHOQOL, either by having learners calculate the total score or using the version with the total score calculated (in Appendices). • Compare the follow-up WHOQOL results against the initial WHOQOL assessment. • Discuss how the clinician might interpret the variations in the result and how this will affect recovery planning. Focus on a range of feelings and perspectives to allow the clinician to practice how he/she might respond in an actual client encounter. • Update the initial recovery plan – 2 options: (1) Using a blank form, create a recovery plan based on the follow-up scenario and WHOQOL, either individually or as a group, (2) provide participants with the completed recovery plan and discuss • Support the clinician in navigating the complexity of goal setting. <p>Role Assignment: Observers</p> <p>Depending on the number of learners/mental health clinicians involved, those not in the role-play, as the client or clinician, will be the observer. If it is a 1:1 training session, then the facilitator can simply observe the role-play and provide support and guidance as required.</p> <p>Observers note the use of relational techniques and adherence to the WHOQOL script for administration and interpretation discussion. Tailor approach and focus based on client needs. Align with motivational interviewing, Your Life and Recovery Journey Workbook (FHA Patient Education Catalogue), or respond to triggers based on learners' capabilities.</p>
OTHER	<p>Facilitator Tips and Tricks</p> <p><i>Preparation and Setup</i> (before the roleplay)</p> <ul style="list-style-type: none"> • Establish a psychologically safe learning environment. • Define clear learning objectives. • Use "Fiction Contract" by acknowledging that the simulation is not 100% real (e.g., peer isn't a real patient), but encourage learners to "suspend disbelief" and act as they would in real life. • Prepare realistic scenarios by asking learners to draw from real conversations or situations they have personally experienced or find challenging in clinical practice. • Set clear ground rules: "Pause" Button: Allow participants to shout "pause" to stop, reset, or ask a question if they feel stuck. Retry Policy: Everyone gets a "do-over" to implement feedback immediately. Focus on Behaviors: Feedback must target actions, not personality.

COMPONENT	DESCRIPTION
	<p><i>During the Roleplay</i></p> <ul style="list-style-type: none"> • Assign active observation roles and assist the group with specific tasks to observe. • Control the environment to ensure psychological safety, intervene gently as needed. • Inject information cues (e.g., new information about the scenario) to move the scenario along if it gets stuck, or to add pressure if the scenario is too easy. • Keep it short and focused to allow time for the most important part, debriefing. <p><u><i>Debriefing techniques</i></u> (after the roleplay)</p> <ul style="list-style-type: none"> • Use the PEARLS structured debriefing framework (below) to ensure all points are covered. • Start with feelings (defusing), thereby allowing learners to blow off steam, especially if it was frustrating or new for the learners. • Promote self-reflection. • Use the advocacy-inquiry method in the debriefing analysis phase – instead of saying what the person did wrong, ask, “I noticed you chose to [insert observation] when introducing the WHOQOL to the client. I’m curious, what was your thought process at that moment?” • Since a “do-over” is not usually possible, encourage the group to discuss how they would handle it differently, see debriefing application phase. • Consider how equity is important in quality of life assessments (see below). <p>Review Other Clinician Skills The focus is on the WHOQOL in clinical practice; however, this may also provide new learning opportunities for skills such as creating recovery plans and engaging in shared decision-making.</p>

LESSON PLAN

COMPONENT	DESCRIPTION
PREBRIEF SCRIPT	Standardized pre-briefing script to establish psychological safety: <i>“Scenario-based learning activities are designed for educational purposes, and you may receive feedback on your practice. Challenges are presented so that we can learn and grow. Anyone, at any time, may request to stop the scenario and ask questions or discuss the scenario as a group. Confidentiality and respect among all participants are expected throughout the learning and debriefing activities. Although every effort has been made to portray a real situation, please try to temporarily suspend your disbelief in those things that seem unrealistic and participate fully in the scenario-based learning experience for the following __ minutes.”</i>
TALKING POINTS	Four main areas: (1) reasons for inclusion of the WHOQOL, (2) administering the WHOQOL to clients (initial) and 6-month follow-up), (3) discussing the results with clients, and (4) integrating the results into the recovery plan, including goal setting.

COMPONENT	DESCRIPTION
	<ol style="list-style-type: none"> 1. Explain the reasons for the inclusion of the WHOQOL in routine practice (clinical relevance). Resources: Clinician Fact Sheets (2) and WHOQOL Quick User Guide <ul style="list-style-type: none"> • Review guiding principles: <ul style="list-style-type: none"> ✓ <i>Person-Centred Approach</i>: Focus on what matters most to each individual, considering their unique story, culture, and values. ✓ <i>Recovery-Oriented Care</i>: Use WHOQOL to support dialogue about personal goals and well-being, not as a standalone measure. ✓ <i>Relational Use of WHOQOL</i>: Treat the tool as a conversation starter, not a definitive judgment of quality of life. • Discuss clinical relevance: <ul style="list-style-type: none"> ✓ Empowers the client. ✓ Improves participation in making recovery and treatment decisions with you. ✓ Guides more meaningful conversations with you. ✓ Determines changing areas of focus ✓ Fosters greater adherence to the plan and chances of success. ✓ Promotes person-centred care • Address any truths and myths as required. 2. Gain knowledge, skill, and confidence in administering the WHOQOL to clients. Resources: Clinician Fact Sheets (2), Client Factsheets (Live Your Best Life Possible and FAQs About Quality of Life Assessments), and WHOQOL Quick User Guide <ul style="list-style-type: none"> • Explore the WHOQOL before administering it with actual clients – meaning of the sections (domains) and questions. • Discuss essential information to provide when introducing the WHOQOL to help the client feel at ease and address common questions. See example scripts provided in the resources. • Identify ways to tailor the intake process to include the WHOQOL. • Identify and address any stumbling blocks, areas of uncertainty, and ways to address client questions. • Practice using the WHOQOL with the support of the facilitator. 3. Gain knowledge, skill, and confidence in interpreting the WHOQOL results with clients. Resource: WHOQOL Quick User Guide <ul style="list-style-type: none"> • Discuss how to score each section (5 domains and 26 questions) using the coloured version of the WHOQOL. • Discuss overall approach to interpreting results with clients. • Dialogue with clients about their experience completing the WHOQOL. Explore feelings or triggers encountered while answering the questions. • With clients, explore and interpret their responses.

COMPONENT	DESCRIPTION
	<ul style="list-style-type: none"> • Be curious and ask questions about any sections or questions that had high and low scores to explore what they mean in the context of clients' goals. • Collaborate with clients to explore strengths as well as underlying issues/needs. • Interpret scores within the context of each client's culture, values, life experiences, and personal goals. Perceptions of quality of life vary widely, and scores may differ even among similar populations. • Be aware of your own assumptions and biases; remain flexible and responsive from diverse perspectives. <p>4. Gain knowledge, skill, and confidence to integrate WHOQOL results in the recovery plan while collaborating with clients. Resource: WHOQOL Quick User Guide</p> <ul style="list-style-type: none"> • Through dialogue, identify areas of focus/care and discuss goals (long and short) that are important and meaningful to clients (prioritize). • Discuss the process of including the client in the discussion and combining the WHOQOL results with other clinical assessment results. • Identify strategies for the recovery plan and consider involvement of additional services as needed. <p>If time, review documentation.</p>

DEBRIEFING GUIDE

<p>DEBRIEFING FRAMEWORK</p>	<p>Debriefing is critical for reinforcing and guiding learning to achieve the intended outcomes, sometimes more than “delivering” content. Debriefing provides an opportunity for meaningful learning to achieve the learning objectives.</p> <p>PEARLS (Promoting Excellence and Reflective Learning in Simulation) Debriefing Framework combines <i>learner-centred</i> and <i>facilitator/instructor-guided</i> strategies to create a flexible, evidence-based structure for debriefing. It helps educators balance <i>directive teaching</i> with <i>facilitated reflection</i>. It is highly adaptable to different learners and contexts. PEARLS is one of the most prevalent and institutionally supported debriefing models in health professional education (e.g., simulation) and standardized professional courses across Canada.</p> <p>Time: 20-30 minutes (adjust based on complexity, time, and group size).</p> <p>Step 1: Setting the Stage (1-2 min) to create psychological safety and clarify objectives.</p> <p><i>“Thank you for participating in this role play. Let’s spend the remainder of our time together debriefing. Our goal now is to reflect on what happened and identify key learning points. This is a safe space—our focus is on learning, not judgment. We’ll start by sharing reactions, then review what happened, analyze decisions, and finish with takeaways about using the WHOQOL in practice.”</i></p>
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	<p>Step 2: Reaction Phase (2-3 min), which allows the learners to express emotions and initial impressions. The reaction phase is conducted immediately to capture the opportunity to acknowledge the experiences of activated/triggered learners (e.g., practice time constraints and responses to client triggers). Tip: Normalize emotions and acknowledge stress.</p> <p>Step 3: Description Phase (2-3 min) to ensure shared understanding of events.</p> <p>Step 4: Analysis Phase (10-15 min) is to explore reasoning, performance gaps in skills, and guide critical inquiry. Explore observations through open-ended questions to introduce specific concepts. The facilitator links the discussion to learning objectives and evidence-based practice.</p> <p>Step 6: Application Phase (2-3 min) to help learners connect what they learned to their clinical setting and future actions. Consolidate learning and discuss future application.</p> <p>Step 6: Summary Phase (2-3 min) to reinforce learning and connect to future practice. Revisit the learning objectives and purpose of the scenario.</p>
<p>DEBRIEFING QUESTIONS</p>	<ol style="list-style-type: none"> 1. What are your initial reactions to this scenario? (<i>Reactions</i>) 2. Can someone briefly summarize what this scenario is about? What were the key events or progression from start to finish? (<i>Descriptions</i>) 3. How did it feel to be the MRP/clinician in this scenario? (<i>Analysis</i>) 4. I noticed you chose to [insert observation] when introducing the WHOQOL to the client. I'm curious, what was your thought process at that moment? OR I noticed that the client could complete the WHOQOL on their own. I'm curious, what would you do if they needed assistance? More time? (<i>Analysis</i>) 5. What client cues guided your decision on which WHOQOL results to discuss with the client? (<i>Analysis</i>) 6. How did you feel about the clinician-client interaction during the scenario? (<i>Analysis</i>) 7. What would it feel like to be the client in this scenario? (<i>Analysis</i>) 8. Use teaching points to ensure learning objectives are met. (<i>Analysis</i>) 9. What specific strategies will you use next time to engage/involve clients in interpreting the WHOQOL results and using the results to inform recovery planning? (<i>Application</i>) 10. If you encounter a similar patient situation in practice, what will you do differently? (<i>Application</i>) 11. What do you think you learned by participating in this role-play? How will you apply what you learned today, the next time you use the WHOQOL (<i>Application/Summary</i>) 12. Name some takeaways from this scenario that you think might apply in your clinical practice. (<i>Application/Summary</i>) Tip: This could be done as a round room exercise where each person highlights one learning point. 13. Is there anything else you would like to discuss?
<p>OTHER QUESTIONS</p>	<p>Equity Questions/Considerations</p>

	<ul style="list-style-type: none">• How could the individual’s social, cultural, or economic background influence their responses to the WHOQOL assessment, and what does that tell us about equity in evaluating quality of life?• How systemic or structural factors may affect perceptions of well-being.• Whether the WHOQOL tool was applied in a culturally sensitive and equitable way.• How power dynamics or access to resources might shape the interaction and outcomes.• How might cultural factors shape responses to WHOQOL questions?
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EVALUATION AND FEEDBACK

Facilitators can provide feedback about the facilitator guide to Scott McNeil, Clinical Nurse Educator Mental Health and Substance Use, mhsudigest@fraserhealth.ca

1. **To what extent did the role-play help you achieve the intended learning objectives?**
 Not at all Slightly Moderately Very much Completely

Comments:

2. **What aspects of the role-play were most realistic and useful for your learning about the WHOQOL, and why?**

3. **Were there any parts of the role-play that felt unclear or unhelpful? Please explain.**

4. **How confident do you feel in facilitating the knowledge and skills concerning the WHOQOL in the role-play?**
 Not confident Slightly confident Moderately confident Very confident

Comments:

5. **What suggestions do you have for improving future role-play sessions or scenarios to meet the intended learning objectives (e.g., structure, feedback, scenarios)?**

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PART 4. APPENDICES

- 4.1 TIMELINE EXAMPLES**
- 4.2 SCENARIO 1 – HELENA’S INITIAL ASSESSMENT**
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- 4.9 SCENARIO 2 – COMPLETED RECOVERY PLAN, 6-MONTH FOLLOW-UP**
- 4.10 WHOQOL-BREF ASSESSMENT TOOL (BLANK)**
- 4.11 RECOVERY PLAN, GOALS, AND INTERVENTIONS (BLANK)**

4.1 TIMELINE EXAMPLES

20 Minute Timeline Breakdown

0:00 – 0:03 | Quick Intro

State objectives:

- Practice a WHOQOL assessment.
- Connect findings to recovery plan.

Discuss their experience completing the WHOQOL, and uncover insights gained.

0:03 – 0:05 | Scenario Brief

Present the Helena scenario (either 1 or 2)

Assign roles: clinician, client, observers.

0:05 – 0:12 | Role-Play

Clinician conducts a WHOQOL assessment (with a focus on key sections/domains).

Observers (or facilitators) note relational techniques and adherence to WHOQOL questions based on client needs.

0:12 – 0:18 | Debrief & Recovery Plan Alignment

Discuss:

- What WHOQOL responses reveal about client areas of focus/priorities.
- How to integrate these into recovery goals (physical, psychological, social, environmental).
- Example: “Client rates low social support → add community resources.”

Refer to the available resources for future practice.

0:18 – 0:20 | Wrap-Up

Summarize key takeaways.

Share quick tips on administering a WHOQOL assessment and integrating results into recovery planning.

Optional Enhancements: Provide a one-page handout with WHOQOL domains + sample recovery plan linkages. Use one scenario only to keep time tight.

60 Minute Timeline Breakdown

0:00 – 0:05 | Welcome & Objectives

Brief introduction to the session.

State objectives:

- Understand the WHOQOL sections (domains).
- Practice administering WHOQOL in a clinical context.
- Reflect on strategies for administration, scoring, and interpreting WHOQOL

Identify specific learning needs of the participant.

0:05 – 0:15 | WHOQOL Overview

Quick lecture/discussion:

- Purpose of WHOQOL and reasons for using (clinical relevance)
- Discuss their experience completing the WHOQOL and uncover insights gained.
- Sections/Domains: General, Physical, Psychological, Social, and Environmental.
- Scoring basics and interpretation.

- Provide handouts summarizing key points.

0:15 – 0:20 | Scenario Setup

Present the Helena scenario, either 1 or 2.

Explain role-play structure:

- One clinician plays interviewer.
- One clinician (or facilitator) plays the client.
- Observers (or facilitator if 1:1 session)

0:20 – 0:30 | Role-Play Activity

10 minutes total:

10 min: First pair conducts WHOQOL interview.

- If the session is longer than 60 minutes, then add 10 minutes for the second pair or swap roles if the group is small.

Encourage realistic dialogue and engagement.

0:30 – 0:45 | Debrief & Group Discussion

Discuss:

- Challenges in asking WHOQOL questions.
- How client responses might influence recovery planning.
- Observers share feedback on clinician style and therapeutic encounter.

0:45 – 0:55 | Scoring & Interpretation

Demonstrate WHOQOL scoring for the scenario.

Highlight how results inform recovery plan and recovery goals (physical, psychological, social, environmental).

Example: “Client rates low social support → add community resources.”

0:55 – 1:00 | Wrap-Up

Summarize key takeaways.

Share resources for further practice.

Optional Enhancement: If you have more participants, you can split into breakout groups for role-play and rotate roles quickly.

120 Minute Timeline Breakdown

0:00 – 0:10 | Welcome & Objectives

Introduce session goals:

- Understand the WHOQOL sections (domains), along with the respective questions and scoring.
- Practice administration, scoring, and interpretation.
- Apply results to clinical decision-making to inform recovery planning

0:10 – 0:25 | WHOQOL Overview

Brief lecture/discussion:

- Purpose and structure of WHOQOL.
- Discuss their experience completing the WHOQOL, and uncover insights gained.
- Domains and scoring.

- Clinical relevance.

Provide handouts.

0:25 – 0:35 / Scenario 1 Setup

Present Helena Scenario 1.

Explain role-play structure:

- One clinician plays interviewer.
- One clinician (or facilitator) plays the client
- Observers (or facilitator if 1:1 session)

0:35 – 0:55 / Role-Play Scenario 1

20 minutes total:

- Clinician conducts WHOQOL assessment.
- Observers note relational techniques and question delivery.

0:55 – 1:10 / Debrief Scenario 1

Discuss:

- Challenges in administering WHOQOL.
- Client engagement strategies.
- Observers share feedback.
- Refer to handouts as needed.

1:10 – 1:20 / Scenario 2 Setup

Present Helena Scenario 2.

Same client, although she has housing and financial assistance, Helena may face stressors about living independently, maintaining physical appearance, and making social connections.

Explain goal:

- Build on the previous therapeutic encounter.
- Explore changes in quality of life and recovery planning.

1:20 – 1:40 / Role-Play Scenario 2

Clinician conducts a follow-up WHOQOL assessment.

Focus on continuity and adapting recovery plan.

1:40 – 1:55 / Debrief Scenario 2

Discuss:

- How initial and 6-month WHOQOL results are compared to inform holistic recovery planning
- Strategies for integrating findings into recovery planning.
- Engage Helena in discussing ongoing needs, evaluate progress, and update her recovery plan, ensuring services remain aligned with her evolving goals and needs.
- Refer to handouts as needed.

1:55 – 2:00 / Wrap-Up

Summarize key takeaways.

Share resources for further practice.

✔ *Enhancement Options:* Include a scoring exercise after each scenario. Add facilitator prompts for discussion (e.g., “How would you adjust care based on these scores?”). Use breakout groups for larger groups. Add another 20-30 minutes to discuss equity conversations and allow more time to summarize key takeaways.

4.2 SCENARIO 1 – HELENA’S INITIAL ASSESSMENT

Completed by Most Responsible Clinician

Helena has a long history of mental health challenges and has been under the care of her primary care physician. She was intermittently connected with Child & Youth Mental Health Services before aging out of the program and requires more support than what the Foundry can facilitate. Helena has had multiple presentations to the Emergency Department, where she was assessed by the psychiatry team and had a brief hospitalization, which has led her to be referred to the Community Mental Health Team for ongoing management.

When ill, Helena’s thinking becomes disorganized, and she experiences auditory hallucinations. The auditory hallucinations are typically not commanding; instead, they provide commentary on Helena’s actions and movements. They can be extremely bothersome for her. While she has not experienced these symptoms since her most recent hospitalization, Helena continues to have delusions that various people living on her street are “SIS agents” who are watching her and recording when she leaves her house.

Helena currently lives at home with her mother, Alice, but has been referred to BC Housing. Alice notes that Helena requires support with meal preparation and grooming, and can be quite forgetful about taking her medication, despite having a blister pack arranged by her primary care physician. While Alice feels that Helena would benefit from more independence, Helena relies heavily on her mother for behavioural activation and transportation. Alice is worried about Helena living independently and is fearful that Helena will decompensate further without constant supervision.

Helena says she feels “lonely” and has difficulty in social situations, as she struggles to form new friendships. Helena feels unable to start friendships and is “uncomfortable” even starting a simple conversation. Helena also wishes she were closer to her family. She is feeling low at the moment and occasionally thinks about suicide as the only way out.

Alice reports that Helena attempted suicide four years ago by jumping in front of a bus. As a result of that accident, Helena is now left with a permanent limp and chronic pain in her left leg. However, Helena says she manages to get around “OK” most of the time.

Helena endorses suicidal ideation. The thoughts occur several times a week, and Helena explains that she thinks “it would be better if I wasn’t here” and states, “I’m a burden to my mom.” She has fleeting thoughts of jumping in front of a bus again but acknowledges that “it didn’t work the first time”. She denies having any intent to act on these thoughts at this time. Helena denies homicidal ideations, thoughts of self-harm, and thoughts of harming others at this time.

In terms of substance use, Helena admits to using small amounts of cannabis to “calm my nerves,” though she acknowledges that it sometimes makes her “sick” (causing her to withdraw more and become preoccupied with her delusions). Remote history of crystal meth use, and she consumes alcohol in social settings. She is currently in the contemplation stage in relation to addressing her substance use.

4.3 SCENARIO 1 – WHOQOL INITIAL, NO TOTAL

Name: Helena Pierce

Date: Feb 21, YEAR (initial intake)

Quality of Life Scale (WHOQOL-BREF)

The following questions ask how you feel about your quality of life, health, or other areas of your life. Read each question along with the response options. Please circle the number below the response option that best describes your experience in the past **two weeks**. If you are unsure about which response option to select, the first response you think of is often the best one.

	Very poor	Poor	Neither poor nor good	Good	Very good
1. How would you rate your quality of life?	1	2	3	4	5

	Very dissatisfied	Dissatisfied	Neither satisfied nor dissatisfied	Satisfied	Very satisfied
2. How satisfied are you with your health?	1	2	3	4	5

	An extreme amount	Very much	A moderate amount	A little	Not at all
3. To what extent do you feel that physical pain prevents you from doing what you need to do?	1	2	3	4	5
4. How much do you need any medical treatment to function in your daily life?	1	2	3	4	5

	Not at all	A little	A moderate amount	Very much	An extreme amount
5. How much do you enjoy life?	1	2	3	4	5
6. To what extent do you feel your life to be meaningful?	1	2	3	4	5
7. How well are you able to concentrate?	1	2	3	4	5
8. How safe do you feel in your daily life?	1	2	3	4	5
9. How healthy is your physical environment?	1	2	3	4	5

	Not at all	A little	Moderately	Mostly	Completely
10. Do you have enough energy for everyday life?	1	2	3	4	5
11. Are you able to accept your bodily appearance?	1	2	3	4	5
12. Have you enough money to meet your needs?	1	2	3	4	5
13. How available to you is the information that you need in your day-to-day life?	1	2	3	4	5
14. To what extent do you have the opportunity for leisure activities?	1	2	3	4	5

	Very poor	Poor	Neither poor nor good	Well	Very well
15. How well are you able to get around?	1	2	3	4	5

	Very dissatisfied	Dissatisfied	Neither satisfied nor dissatisfied	Satisfied	Very satisfied
16. How satisfied are you with your sleep?	1	2	3	4	5
17. How satisfied are you with your ability to perform your daily living activities?	1	2	3	4	5
18. How satisfied are you with your capacity for work?	1	2	3	4	5
19. How satisfied are you with yourself?	1	2	3	4	5

	Very dissatisfied	Dissatisfied	Neither satisfied nor dissatisfied	Satisfied	Very satisfied
20. How satisfied are you with your personal relationships?	1	2	3	4	5
21. How satisfied are you with your sex life?	1	2	3	4	5
22. How satisfied are you with the support you get from your friends?	1	2	3	4	5

	Very dissatisfied	Dissatisfied	Neither satisfied nor dissatisfied	Satisfied	Very satisfied
23. How satisfied are you with the conditions of your living place?	1	2	3	4	5
24. How satisfied are you with your access to your health services?	1	2	3	4	5
25. How satisfied are you with your mode of transportation?	1	2	3	4	5

	Never	Seldom	Quite often	Very Often	Always
26. How often do you have negative feelings, such as blue mood, despair, anxiety, depression?	5	4	3	2	1

Totals

This scale includes 5 sections, shown in different colours. To get each Section total, add up the numbers you have circled for that section colour. Write this number below the Section total.

Items 1&2 total (2 items)	Physical total (7 items)	Psychological total (6 items)	Environment total (8 items)	Social total (3 items)

4.4 SCENARIO 1 – WHOQOL INITIAL, WITH TOTAL

Name: Helena Pierce

Date: Feb 21, YEAR (initial intake)

Quality of Life Scale (WHOQOL-BREF)

The following questions ask how you feel about your quality of life, health, or other areas of your life. Read each question along with the response options. Please circle the number below the response option that best describes your experience in the past two weeks. If you are unsure about which response option to select, the first response you think of is often the best one.

	Very poor	Poor	Neither poor nor good	Good	Very good
1. How would you rate your quality of life?	1	2	3	4	5

	Very dissatisfied	Dissatisfied	Neither satisfied nor dissatisfied	Satisfied	Very satisfied
2. How satisfied are you with your health?	1	2	3	4	5

	An extreme amount	Very much	A moderate amount	A little	Not at all
3. To what extent do you feel that physical pain prevents you from doing what you need to do?	1	2	3	4	5
4. How much do you need any medical treatment to function in your daily life?	1	2	3	4	5

	Not at all	A little	A moderate amount	Very much	An extreme amount
5. How much do you enjoy life?	1	2	3	4	5
6. To what extent do you feel your life to be meaningful?	1	2	3	4	5
7. How well are you able to concentrate?	1	2	3	4	5
8. How safe do you feel in your daily life?	1	2	3	4	5
9. How healthy is your physical environment?	1	2	3	4	5

	Not at all	A little	Moderately	Mostly	Completely
10. Do you have enough energy for everyday life?	1	2	3	4	5
11. Are you able to accept your bodily appearance?	1	2	3	4	5
12. Have you enough money to meet your needs?	1	2	3	4	5
13. How available to you is the information that you need in your day-to-day life?	1	2	3	4	5
14. To what extent do you have the opportunity for leisure activities?	1	2	3	4	5

	Very poor	Poor	Neither poor nor good	Well	Very well
15. How well are you able to get around?	1	2	3	4	5

	Very dissatisfied	Dissatisfied	Neither satisfied nor dissatisfied	Satisfied	Very satisfied
16. How satisfied are you with your sleep?	1	2	3	4	5
17. How satisfied are you with your ability to perform your daily living activities?	1	2	3	4	5
18. How satisfied are you with your capacity for work?	1	2	3	4	5
19. How satisfied are you with yourself?	1	2	3	4	5

	Very dissatisfied	Dissatisfied	Neither satisfied nor dissatisfied	Satisfied	Very satisfied
20. How satisfied are you with your personal relationships?	1	2	3	4	5
21. How satisfied are you with your sex life?	1	2	3	4	5
22. How satisfied are you with the support you get from your friends?	1	2	3	4	5

	Very dissatisfied	Dissatisfied	Neither satisfied nor dissatisfied	Satisfied	Very satisfied
23. How satisfied are you with the conditions of your living place?	1	2	3	4	5
24. How satisfied are you with your access to your health services?	1	2	3	4	5
25. How satisfied are you with your mode of transportation?	1	2	3	4	5

	Never	Seldom	Quite often	Very Often	Always
26. How often do you have negative feelings, such as blue mood, despair, anxiety, depression?	5	4	3	2	1

Totals

This scale includes 5 sections, shown in different colours. To get each *Section* total, add up the numbers you have circled for that section colour. Write this number below the *Section* total.

Items 1&2 total (2 items)	Physical total (7 items)	Psychological total (6 items)	Environment total (8 items)	Social total (3 items)
4	19	16	17	8

4.5 SCENARIO 1 – COMPLETED RECOVERY PLAN, INITIAL

PARIS



RCCS My Recovery Plan (Initial)

Person Details

Name: Helena Pierce

DOB: January 19, 2004

Gender: Female

Address: 1234 56 Ave, Langley, BC

Telephone No.: 123-245-7891

PHN: 987654321

Header Details:

Recorded by: Mental Health Clinician (MRC)

Signature:

Date Recorded: **February 21, 202X**

My Hopes and Dreams (How I hope my life will be . . .)

- To live on my own.
- To be able to take the bus or train to get around on my own.
- To make some new friends and have a better relationship with my family.
- Doing things I like and that make me feel good.
- To have less pain.

The Way Things Are Now (The situation I want to get better)

- I'm scared to leave my mom's house.
- I don't know how to drive or get around on the bus. I get confused easily.
- I feel lonely.
- I want a job.
- My body hurts all the time.

Things Would Get Better if I Could START... (Things that can move me closer to my hopes and dreams)

- I want to live on my own and be able to get around on the bus.
- I could make new friends.

Things Would Get Better if I Could STOP... (Harm I cause that keeps me away from my hopes and dreams)

- Living at home and having no job.
- Fighting with my mom.
- Feeling so much pain.

A Step CLOSER Would be if... (Describe what the step will look like when it has been achieved so that everyone will recognise it)

- Find a place to live by myself.
- Learn how to take the bus.

I Will (List steps you are willing to take and things you are willing to actively do to move toward your hopes and dreams)

- Go to the Clubhouse Program once a week, attend groups, and talk to new people.
- See what the Clubhouse has to offer to help me find a job.
- Work with my MRC more closely.

Others Will (List things others can do to help you move toward your hopes and dreams. Identify who "the others" are) [Note: can be used by staff to identify their recovery plan strategies]

- Help me apply for Persons with Disabilities (PWD).
- Help me apply for BC Housing.
- Organize a weekly blister pack for medications.
- Refer me for an Occupational Therapy assessment.
- Refer me to the Pain Clinic.
- The Clubhouse will help me learn the bus schedule & support me in traveling on the bus by myself
- The Clubhouse will help me learn skills to apply for a job

Comments

Goals and Interventions (this is the section where Clinical Staff add their planned actions and interventions)

Goal
Reduce and manage the ongoing risk of suicide.
Intervention
<ul style="list-style-type: none">- Assess suicide every three months (sooner if there are changes in mental state or situation noted) and follow CPG for actions based on risk level.- Engage Helena in problem-solving strategies to replace suicidal ideation as a problem-solving process.- Engage Helena in an exercise to identify and log positive aspects of herself to challenge negative thoughts and increase self-esteem.- Engage Helena in discussions that identify and plan meaningful activities and challenge negative self-thoughts.- During conversations, make statements specific to Helena that instill hope, demonstrate partnership, and acceptance.- Manage the safety plan.

Goal
Develop and define an ongoing vision of recovery from Helena's point of view.
Intervention
<ul style="list-style-type: none">- Engage in recovery conversations that identify Helena's recovery goals and the meaning behind them for her.- Utilize Motivational Interviewing techniques to work through any ambivalence felt by Helena.- Define hopes and dreams, and any goals that would work towards those hopes and dreams.- Work with Helena to plan towards these goals.- Provide Helena with hope statements like, "together we can work through this, and you will recover", and "my experience has shown me that people do recover from the types of problems you are experiencing."

Goal
Complete application for PWD & BC Housing.
Intervention
Assist Helena in gathering documentation, organising medical appointments, and completing all paperwork.

Goal
Monitor medication and impact on symptomology (e.g., metabolic monitoring).
Intervention

- Engage with Helena to assess her ability to take medication.
- Determine side effects and strategies for management of the same.
- Engage in exploration around the experience of taking medications from Helena's point of view.
- Explore any ambivalence with Helena from a Compassionate, Acceptance, Partnership, and Empowering lens (Motivational Interviewing technique).
- Connect with pharmacy to organise weekly blister pack.

Goal

Managing chronic pain.

Intervention

Advocate for Helena to get a referral to the chronic pain clinic.

Engage Helena in chronic pain management techniques, including:

- Relaxation and mindfulness techniques
- Monitoring of pain flare-up and looking for patterns or triggers (i.e., increased activity, decreased rest)
- Activity scheduling to manage pain flare-ups (based on monitoring)
- Monitoring negative thoughts about pain and engaging in challenging

4.6 SCENARIO 2 – HELENA’S 6-MONTH FOLLOW-UP

Completed by Most Responsible Clinician

Helena has secured a single-room occupancy (SRO) in a supported housing facility overseen by BC Housing. She is in the process of moving into her new space but still has belongings at her mother’s house. While Helena is excited about this step, her mother, Alice, worries that this will be too much independence too soon. Alice understandably fears that Helena’s progress will deteriorate if she is not adequately supported, and that Helena will be shattered if she is unsuccessful in living independently. Helena’s personal hygiene has deteriorated since moving out, and she has already fallen behind in household chores. MRC to assist Helena in developing a weekly schedule to address personal hygiene, household chores, and social engagement. Housing staff now dispense Helena’s medication to ensure consistent administration, and staff will notify the Mental Health Team (MHT) if she has not presented for her medication after 2 days.

Helena attends the Clubhouse twice a week for social activities, but has yet to form any lasting relationships. She has been helped by Clubhouse staff in riding the bus but remains fearful of doing so independently. Helena takes part in skills training classes at the Clubhouse but has yet to find a job and is disheartened by this. Helena was encouraged to explore volunteer opportunities for work experience, but she has been reluctant to do so as she is preoccupied with her finances. She may benefit from connecting with a vocational counsellor to explore options.

Helena remains preoccupied and suspicious of others but is becoming more receptive to the possibility that the strangers she encounters are not SIS agents. Helena still has difficulty in social situations and in developing and maintaining relationships. She is hopeful about forming connections in her supported housing building but apprehensive about attending any of the building's social activities.

Helena notes that her pain levels have increased as she is having to navigate the stairs in her building, and her unit is on the second floor. Helena may benefit from a referral to the pain clinic.

Helena has reduced her cannabis use since moving into her new accommodation. She is currently learning about mindfulness exercises to help manage stress and hopes to stop using cannabis altogether in the next few months.

Helena continues to experience suicidal ideation but denies having a concrete plan and intent to act on these thoughts.

4.7 SCENARIO 2 – WHOQOL 6-MONTH FOLLOW-UP, NO TOTAL

Name: Helena Pierce _____

6-month Follow-up

Quality of Life Scale (WHOQOL-BREF)

The following questions ask how you feel about your quality of life, health, or other areas of your life. Read each question along with the response options. Please circle the number below the response option that best describes your experience in the past two weeks. If you are unsure about which response option to select, the first response you think of is often the best one.

	Very poor	Poor	Neither poor nor good	Good	Very good
1. How would you rate your quality of life?	1	2	3	<input checked="" type="radio"/> 4	5

	Very dissatisfied	Dissatisfied	Neither satisfied nor dissatisfied	Satisfied	Very satisfied
2. How satisfied are you with your health?	1	2	<input checked="" type="radio"/> 3	4	5

	An extreme amount	Very much	A moderate amount	A little	Not at all
3. To what extent do you feel that physical pain prevents you from doing what you need to do?	1	2	<input checked="" type="radio"/> 3	4	5
4. How much do you need any medical treatment to function in your daily life?	1	2	3	<input checked="" type="radio"/> 4	5

	Not at all	A little	A moderate amount	Very much	An extreme amount
5. How much do you enjoy life?	1	2	<input checked="" type="radio"/> 3	4	5
6. To what extent do you feel your life to be meaningful?	1	2	<input checked="" type="radio"/> 3	4	5
7. How well are you able to concentrate?	1	2	3	<input checked="" type="radio"/> 4	5
8. How safe do you feel in your daily life?	1	2	<input checked="" type="radio"/> 3	4	5
9. How healthy is your physical environment?	1	2	3	<input checked="" type="radio"/> 4	5

	Not at all	A little	Moderately	Mostly	Completely
10. Do you have enough energy for everyday life?	1	2	3	<input checked="" type="radio"/> 4	5
11. Are you able to accept your bodily appearance?	1	2	3	<input checked="" type="radio"/> 4	5
12. Have you enough money to meet your needs?	1	<input checked="" type="radio"/> 2	3	4	5
13. How available to you is the information that you need in your day-to-day life?	1	2	<input checked="" type="radio"/> 3	4	5
14. To what extent do you have the opportunity for leisure activities?	1	2	<input checked="" type="radio"/> 3	4	5

	Very poor	Poor	Neither poor nor good	Well	Very well
15. How well are you able to get around?	1	<input checked="" type="radio"/> 2	3	4	5

	Very dissatisfied	Dissatisfied	Neither satisfied nor dissatisfied	Satisfied	Very satisfied
16. How satisfied are you with your sleep?	1	2	3	<input checked="" type="radio"/> 4	5
17. How satisfied are you with your ability to perform your daily living activities?	1	2	<input checked="" type="radio"/> 3	4	5
18. How satisfied are you with your capacity for work?	1	2	<input checked="" type="radio"/> 3	4	5
19. How satisfied are you with yourself?	1	2	<input checked="" type="radio"/> 3	4	5

	Very dissatisfied	Dissatisfied	Neither satisfied nor dissatisfied	Satisfied	Very satisfied
20. How satisfied are you with your personal relationships?	1	2	3	4	5
21. How satisfied are you with your sex life?	1	2	3	4	5
22. How satisfied are you with the support you get from your friends?	1	2	3	4	5

	Very dissatisfied	Dissatisfied	Neither satisfied nor dissatisfied	Satisfied	Very satisfied
23. How satisfied are you with the conditions of your living place?	1	2	3	4	5
24. How satisfied are you with your access to your health services?	1	2	3	4	5
25. How satisfied are you with your mode of transportation?	1	2	3	4	5

	Never	Seldom	Quite often	Very Often	Always
26. How often do you have negative feelings, such as blue mood, despair, anxiety, depression?	5	4	3	2	1

Totals

This scale includes 5 sections, shown in different colours. To get each *Section* total, add up the numbers you have circled for that section colour. Write this number below the *Section* total.

Items 1&2 total (2 Items)	Physical total (7 Items)	Psychological total (6 Items)	Environment total (8 Items)	Social total (3 Items)

4.8 SCENARIO 1 – WHOQOL 6-MONTH FOLLOW-UP, TOTAL

Name: Helena Pierce _____

6-month Follow-up

Quality of Life Scale (WHOQOL-BREF)

The following questions ask how you feel about your quality of life, health, or other areas of your life. Read each question along with the response options. Please circle the number below the response option that best describes your experience in the past two weeks. If you are unsure about which response option to select, the first response you think of is often the best one.

	Very poor	Poor	Neither poor nor good	Good	Very good
1. How would you rate your quality of life?	1	2	3	4	5

	Very dissatisfied	Dissatisfied	Neither satisfied nor dissatisfied	Satisfied	Very satisfied
2. How satisfied are you with your health?	1	2	3	4	5

	An extreme amount	Very much	A moderate amount	A little	Not at all
3. To what extent do you feel that physical pain prevents you from doing what you need to do?	1	2	3	4	5
4. How much do you need any medical treatment to function in your daily life?	1	2	3	4	5

	Not at all	A little	A moderate amount	Very much	An extreme amount
5. How much do you enjoy life?	1	2	3	4	5
6. To what extent do you feel your life to be meaningful?	1	2	3	4	5
7. How well are you able to concentrate?	1	2	3	4	5
8. How safe do you feel in your daily life?	1	2	3	4	5
9. How healthy is your physical environment?	1	2	3	4	5

	Not at all	A little	Moderately	Mostly	Completely
10. Do you have enough energy for everyday life?	1	2	3	4	5
11. Are you able to accept your bodily appearance?	1	2	3	4	5
12. Have you enough money to meet your needs?	1	2	3	4	5
13. How available to you is the information that you need in your day-to-day life?	1	2	3	4	5
14. To what extent do you have the opportunity for leisure activities?	1	2	3	4	5

	Very poor	Poor	Neither poor nor good	Well	Very well
15. How well are you able to get around?	1	2	3	4	5

	Very dissatisfied	Dissatisfied	Neither satisfied nor dissatisfied	Satisfied	Very satisfied
16. How satisfied are you with your sleep?	1	2	3	4	5
17. How satisfied are you with your ability to perform your daily living activities?	1	2	3	4	5
18. How satisfied are you with your capacity for work?	1	2	3	4	5
19. How satisfied are you with yourself?	1	2	3	4	5

	Very dissatisfied	Dissatisfied	Neither satisfied nor dissatisfied	Satisfied	Very satisfied
20. How satisfied are you with your personal relationships?	1	2	3	4	5
21. How satisfied are you with your sex life?	1	2	3	4	5
22. How satisfied are you with the support you get from your friends?	1	2	3	4	5

	Very dissatisfied	Dissatisfied	Neither satisfied nor dissatisfied	Satisfied	Very satisfied
23. How satisfied are you with the conditions of your living place?	1	2	3	4	5
24. How satisfied are you with your access to your health services?	1	2	3	4	5
25. How satisfied are you with your mode of transportation?	1	2	3	4	5

	Never	Seldom	Quite often	Very Often	Always
26. How often do you have negative feelings, such as blue mood, despair, anxiety, depression?	5	4	3	2	1

Totals

This scale includes 5 sections, shown in different colours. To get each Section total, add up the numbers you have circled for that section colour. Write this number below the Section total.

Items 1&2 total (2 items)	Physical total (7 items)	Psychological total (6 items)	Environment total (8 items)	Social total (3 items)
7	23	20	24	10

4.9 SCENARIO 2 – COMPLETED RECOVERY PLAN, 6-MO FOLLOW-UP

PARIS



RCCS My Recovery Plan (6-month Follow-Up)

Person Details

Name: Helena Pierce

DOB: January 19, 2004

Gender: Female

Address: 1234 56 Ave, Langley, BC

Telephone No. 123-245-7891

PHN: 987654321

Header Details:

Recorded by: Mental Health Clinician (MRC)

Signature:

Data Recorded: Aug 31, 202X

My Hopes and Dreams (How I hope my life will be. . .)

- To live on my own.
- To have a job and volunteer at an animal shelter.
- To handle my own money, like paying bills and buying what I need.
- To take care of myself without help.
- To have less pain and have more leisure activities.
- To spend time with people and have a better relationship with my family.

The Way Things Are Now (The situation I want to get better)

- I am in a new place, but I am struggling to settle in and do household chores.
- I am stressed about having enough money and being able to survive.
- I am going to the Clubhouse and learning to take the bus.
- I don't have a job but would like one.
- My body still hurts sometimes.

Things Would Get Better if I Could START... (Things that can move me closer to my hopes and dreams)

- Attend more social activities at the Clubhouse and start making friends where I live.
- Get help from the Vocational Counsellor to find a part-time job.
- Feeling safe when I go out in public by myself.
- If I could take the bus by myself and have some money of my own.
- Following the activities suggested by the Pain Clinic.

Things Would Get Better if I Could STOP... (Harm I cause that keeps me away from my hopes and dreams)

- Worrying about money.
- Thinking about my pain.

A Step CLOSER Would be if... (Describe what the step will look like when it has been achieved so that everyone will recognise it)

- Be able to keep friends and make new ones where I live.
- I felt comfortable taking the bus by myself.

I Will (List steps you are willing to take and things you are willing to actively do to move toward your hopes and dreams)

- Ask for help from my MRC and the Clubhouse.
- Keep going to the Clubhouse at least twice a week.
- Meet with the Vocational Counsellor at the Clubhouse.
- Work with Clubhouse staff on day-to-day activities like grocery shopping, laundry, and household chores.
- Take the bus twice a week myself.
- Start talking to a few people where I live.

Others Will (List things others can do to help you move toward your hopes and dreams. Identify who "the others" are) [Note: can be used by staff to identify their recovery plan strategies]

- Apply for leisure activity funding at the Clubhouse Program.
- Continue to support management of chronic pain.

Comments

[Redacted comment area]

Goals and Interventions (this is the section where Clinical Staff add their planned actions and interventions)

Goal
Reduce and manage the ongoing risk of suicide.
Intervention
<ul style="list-style-type: none">- Assess suicide every three months (sooner if there are changes in mental state or situation noted) and follow CPG for actions based on risk level.- Engage Helena in problem-solving strategies to replace suicide ideation as a problem-solving process.- Engage Helena in an exercise to identify and log positive aspects of herself to challenge negative thoughts and increase self-esteem.- Engage Helena in discussions that identify and plan meaningful activities and challenge negative self-thoughts.- During conversations, make statements specific to Helena that instill hope, demonstrate partnership, and acceptance.- Maintain the safety plan.

Goal
Develop and define an ongoing vision of recovery from Helena's point of view.
Intervention
<ul style="list-style-type: none">- Engage in recovery conversations that identify Helena's recovery goals and the meaning behind them for her.- Utilize Motivational Interviewing techniques to work through any ambivalence felt by Helena.- Define hopes and dreams, and any goals that would work towards those hopes and dreams.- Work with Helena to plan towards these goals.- Provide Helena with hope statements like, "together we can work through this, and you will recover", and "my experience has shown me that people do recover from the types of problems you are experiencing."

Goal
Monitor medication and impact on symptomology (e.g., metabolic monitoring).
Intervention
<ul style="list-style-type: none">- Engage with Helena to assess her ability to take medication.- Determine side effects and strategies for management of the same.- Engage in exploration around the experience of taking medications from Helena's point of view.- Explore any ambivalence with Helena from a Compassionate, Acceptance, Partnership, and Empowering lens (Motivational Interviewing technique).

Goal

Managing chronic pain.

Intervention

- Follow-up and reinforce intervention from chronic pain clinic.
- Ongoing assessment of improvements in chronic pain.
- Engage Helena in chronic pain management techniques, including:
 - Relaxation and mindfulness techniques
 - Monitoring of pain flare-up and looking for patterns or triggers (i.e., increased activity, decreased rest)
 - Activity scheduling to manage pain flare-ups (based on monitoring)
 - Monitoring negative thoughts about pain and engaging in challenging

Goal

Collaborate around the experience of delusional ideation.

Intervention

- Develop a shared understanding of Helena's experience of the beliefs that SIS agents are watching her, in relation to what the meaning is, the impact on her life, and the emotions that are evoked.
- Provide psychoeducation about delusions, the role of thoughts, emotions and behaviours in exacerbating and maintaining them.
- Explore ways in which Helena could challenge ideas (behavioural experiments) or increase her sense of safety.

Goal

Learn how to manage day-to-day tasks of living alone (budgeting, household chores).

Intervention

- Refer Helena to the food PSR group to learn cooking from the food bank.
- Draw up a daily routine with Helena for managing her household chores.
- Support Helena to see assistance with budgeting from the Clubhouse.

Goal

Finding a job

Intervention

- Refer Helena to the Vocational Counsellor.
- Support Helena with job seeking activities developed with Voc counsellor.

Outcome of Review (this is where the 6 monthly evaluation of the recovery plan is logged)

Review Outcome

Continue treatment

Next review

6 months

Comments on review outcome

Whilst Helena has made some progress around independent living and accessing PWD and engaging in Clubhouse, she continues to experience delusional ideation, low-risk suicide ideation, and her WHOQOL and HONoS scores suggest she requires continued input from MHSU. Will continue to work on medication adherence, working with delusions, recovery goals, chronic pain, and managing suicide ideation.

4.10 WHOQOL-BREF ASSESSMENT TOOL (Blank)

Name: _____

Date: _____

Quality of Life Scale (WHOQOL-BREF)

The following questions ask how you feel about your quality of life, health, or other areas of your life. Read each question along with the response options. Please circle the number below the response option that best describes your experience in the past **two weeks**. If you are unsure about which response option to select, the first response you think of is often the best one.

	Very poor	Poor	Neither poor nor good	Good	Very good
1. How would you rate your quality of life?	1	2	3	4	5

	Very dissatisfied	Dissatisfied	Neither satisfied nor dissatisfied	Satisfied	Very satisfied
2. How satisfied are you with your health?	1	2	3	4	5

	An extreme amount	Very much	A moderate amount	A little	Not at all
3. To what extent do you feel that physical pain prevents you from doing what you need to do?	1	2	3	4	5
4. How much do you need any medical treatment to function in your daily life?	1	2	3	4	5

	Not at all	A little	A moderate amount	Very much	An extreme amount
5. How much do you enjoy life?	1	2	3	4	5
6. To what extent do you feel your life to be meaningful?	1	2	3	4	5
7. How well are you able to concentrate?	1	2	3	4	5
8. How safe do you feel in your daily life?	1	2	3	4	5
9. How healthy is your physical environment?	1	2	3	4	5

	Not at all	A little	Moderately	Mostly	Completely
10. Do you have enough energy for everyday life?	1	2	3	4	5
11. Are you able to accept your bodily appearance?	1	2	3	4	5
12. Have you enough money to meet your needs?	1	2	3	4	5
13. How available to you is the information that you need in your day-to-day life?	1	2	3	4	5
14. To what extent do you have the opportunity for leisure activities?	1	2	3	4	5

	Very poor	Poor	Neither poor nor good	Well	Very well
15. How well are you able to get around?	1	2	3	4	5

	Very dissatisfied	Dissatisfied	Neither satisfied nor dissatisfied	Satisfied	Very satisfied
16. How satisfied are you with your sleep?	1	2	3	4	5
17. How satisfied are you with your ability to perform your daily living activities?	1	2	3	4	5
18. How satisfied are you with your capacity for work?	1	2	3	4	5
19. How satisfied are you with yourself?	1	2	3	4	5

	Very dissatisfied	Dissatisfied	Neither satisfied nor dissatisfied	Satisfied	Very satisfied
20. How satisfied are you with your personal relationships?	1	2	3	4	5
21. How satisfied are you with your sex life?	1	2	3	4	5
22. How satisfied are you with the support you get from your friends?	1	2	3	4	5

	Very dissatisfied	Dissatisfied	Neither satisfied nor dissatisfied	Satisfied	Very satisfied
23. How satisfied are you with the conditions of your living place?	1	2	3	4	5
24. How satisfied are you with your access to your health services?	1	2	3	4	5
25. How satisfied are you with your mode of transportation?	1	2	3	4	5

	Never	Seldom	Quite often	Very Often	Always
26. How often do you have negative feelings, such as blue mood, despair, anxiety, depression?	5	4	3	2	1

Totals

This scale includes 5 sections, shown in different colours. To get each *Section* total, add up the numbers you have circled for that section colour. Write this number below the *Section* total.

Items 1&2 total (2 items)	Physical total (7 Items)	Psychological total (6 Items)	Environment total (8 Items)	Social total (3 Items)

4.11 RECOVERY PLAN, GOALS, AND INTERVENTIONS (Blank)

PARIS



RCCS My Recovery Plan

Person Details

Name:

DOB:

Gender:

Address:

Telephone No:

PHN:

Header Details:

Recorded by: Mental Health Clinician (MRC)

Signature:

Data Recorded:

My Hopes and Dreams (How I hope my life will be ...)

The Way Things Are Now (The situation I want to get better)

Things Would Get Better if I Could START... (Things that can move me closer to my hopes and dreams)

Things Would Get Better if I Could STOP... (Harm I cause that keeps me away from my hopes and dreams)

PARIS



A Step CLOSER Would be if... (Describe what the step will look like when it has been achieved so that everyone will recognise it)

I Will (List steps you are willing to take and things you are willing to actively do to move toward your hopes and dreams)

Others Will (List things others can do to help you move toward your hopes and dreams. Identify who "the others" are) [Note: can be used by staff to identify their recovery plan strategies]

Comments

[Redacted comment area]

Goals and Interventions (this is the section where Clinical Staff add their planned actions and interventions)

Goal
Intervention

Goal
Intervention