

Team-Based Staging Tool

Name: _____ Case #: _____ Date: _____

(Do not use this form alone as a staging tool. The SATS must be used for staging accuracy and consistency.)

Attending Psychiatrist Appts: never, seldom, frequently, always

Attending CPST Appts: never, seldom, frequently, always

Attending stage wise group: no offer, never, seldom, frequently, always

Group Name Attending/Referred To: _____

Relationship with Tx staff: crisis only, some rapport, active relationship, as needed (stable)

Quality of Conversation about MI:

unwilling, unsure/vacillates, admits to need for tx, working to maintain stability (RP stage), in remission

Takes meds: never, sporadically, frequently, always

Symptom Severity:

- Severe, untreated
- Treatment ambivalence, Sx Reduction < 2 weeks
- Treatment ambivalence, Sx Reduction 2-4 weeks
- Motivated for Tx, Sx Reduction < 1 mon.
- Motivated for Tx, Sx Reduction > 1 mon. but < 6 mos.
- Motivated for Tx, Significant Reduction > 6 mos. but < 1 yr
- Motivated for Tx, Sx @ baseline > 1 yr

Date of last hospitalization/crisis intervention: _____

MH Stage: _____

Steps to Sobriety:

- No reduction in use, no motivation to stop
- Unsure whether use harmful and sobriety not a goal, reduced use < 2 wks.
- Unsure whether use harmful and sobriety not a goal, reduced use 2-4 wks.
- Motivated for sobriety, still meets substance abuse/dependence criteria, reduced use > 1 mon.
- Has not meet substance abuse/dependence criteria and achieved abstinence 1-5 mos.
- Has not met substance abuse/dependence criteria and is abstinent > 6 mos. but < 1 year
- Has not met substance abuse/dependence criteria and no substance related problems, abstinent 1 yr +

Attending Self-help groups? Name and Frequency: _____

AOD Stage: _____

Employment SE Stage:

Pre-contemplation--Contemplation—Preparation—Action--Maintenance

(Doesn't want to work)-(Ambivalent about work)-(Wants to get a job)-(Actively job hunting)-(Actively working)

Description of progress toward work:

Interventions based on stage (review ISP):

- Evidence that ISP goals and objectives appropriate for current stage (refer to Stage-Wise Documentation Guideline)?
- Evidence that ISP goals client-centered (report client stated goals)?

Interventions:

Current: _____

Suggested: _____

Client Input: _____

Client Signature: _____

Date: _____

Significant Other: _____
(As Appropriate)

Date: _____

Staff Signature: _____
(Credentials)

Date: _____

Supervisor Signature: _____
(Credentials)

Date: _____