

## Aspire, AA and Oceans Reflection (300 word minimum)

<p style="text-align: center;"><b>Safety &amp; Quality</b></p> <p>Describe anything you accomplished to maintain a safe, quality environment</p>	<p>I did my best to maintain a safe, quality environment by using calm, nonjudgemental language. I respected boundaries and tried to help whenever I could.</p>
<p style="text-align: center;"><b>Clinical Judgment</b></p> <p>As you listened during group, how were you able to integrate classroom knowledge with what the patient/therapist were discussing:</p> <ul style="list-style-type: none"> <li>• What can you apply to this situation from your previous knowledge?</li> <li>• Can you apply these learnings to other events? How can you use this to further improve your practice in the future?</li> <li>• What have you learned from clinical?</li> </ul>	<p>Group therapy focused on identifying triggers during the holidays for the first day and learning better ways to respond during arguments on the second day. I connected the session to what we learned about how mental health can get worse during high-stress periods, such as holidays, and after arguments. I can apply therapeutic communication and being aware of your emotions to this because knowing your emotions and how you might react to something is so important to help you and your mental health. From this clinical experience I learned group therapy can be very beneficial to help you not feel alone, and how to help someone talk about ways to address what's triggering them and someways to react.</p>
<p style="text-align: center;"><b>Patient Centered Care</b></p> <p>Identify one client in the group, what concerns, recommendations/interventions would you suggest?</p>	<p>My patient struggles with anxiety and depression. She has a history of suicidal thoughts and has been going through moments when she disassociates from reality. She stated she wasn't suicidal anymore but has been struggling with disassociating. When she gets help she understands everything she's feeling, so I would recommend that she continues to seek help and continues to take her medication.</p>
<p style="text-align: center;"><b>Professionalism</b></p> <p>How did you maintain professionalism? You can review your clinical evaluation for ideas (What has this taught you about professional practice? About yourself?</p>	<p>I maintained professionalism by consistently demonstrating respect, and appropriate boundaries with both patients and staff. I followed the rules oceans has including confidentiality, safety, and communication expectations. I learned how important it is to use the right body language, tone of voice and the right words.</p>
<p style="text-align: center;"><b>Communication &amp; Collaboration</b></p> <p>Describe how you utilized therapeutic communication/collaboration</p>	<p>I used therapeutic communication by using calm, non judgmental words and body language. I tried to be an active listener by maintaining eye contact. I also tried to be supportive and validate my patients feelings when they were telling me their stories.</p>

<p style="text-align: center;"><b>Feelings</b></p> <ul style="list-style-type: none"> <li>• How were you feeling at the beginning?</li> <li>• What were you thinking at the time?</li> <li>• How did the event make you feel?</li> <li>• What did the words or actions of others make you think?</li> <li>• How did this make you feel?</li> <li>• How did you feel about the outcome?</li> <li>• What is the most important emotion or feeling you had?</li> </ul>	<p>I was feeling a little nervous. I wasn't sure what to expect at oceans. I didn't want to say the wrong thing or be in a position where I was making a situation worse. Clinacals made me feel grateful for my health. I enjoyed talking, coloring, playing uno and watching movies with everyone there. I honestly had a great time at oceans all the patients I interacted with were so kind and fun to talk too. I'm grateful it went well and I hope that I was able to make some of the patients have a little better of a day while I was there.</p>
<p style="text-align: center;"><b>Evaluation</b></p> <p>What stood out the most about Aspire, AA, or Oceans</p>	<p>I think the thing that stood out the most to me at oceans was how willing the patients were at participating in group therapy. It was really cool to see everyone talking about what they were feeling and how things were effecting them. I was surprised at the topic that was chosen for group therapy but the patients were great at answering all the questions and being receptive to what the therapist had to say.</p>

**NURSING SHIFT ASSESSMENT**

DATE: 11/18

SHIFT: Day(7A-7P)

Night(7P-7A)



Name: N Label \_\_\_\_\_  
MR#: \_\_\_\_\_ D.O.B. \_\_\_\_\_

**Orientation**  
 Person  
 Place  
 Time  
 Situation

**Affect**  
 Appropriate  
 Inappropriate  
 Flat  
 Guarded  
 Improved  
 Blunted

**ADL**  
 Independent  
 Assist  
 Partial Assist  
 Total Assist

**Motor Activity**  
 Normal  
 Psychomotor retardation  
 Psychomotor agitation  
 Posturing  
 Repetitive acts  
 Pacing

**Mood**  
 Irritable  
 Depressed  
 Anxious  
 Dysphoric  
 Labile  
 Euphoric

**Thought Content**  
 Obsessions  
 Hallucinations  
 Auditory  
 Visual  
 Tactile  
 Gustatory  
 Worthless  
 Somatic  
 Assaultive ideas  
 Logical  
 Hopeless  
 Helpless  
 Homicidal thoughts

**Behavior**  
 Withdrawn  
 Suspicious  
 Tearful  
 Paranoid  
 Isolative  
 Preoccupied  
 Demanding  
 Intrusive

**Aggressive**  
 Manipulative  
 Complacent  
 Sexually acting out  
 Cooperative  
 Guarded  
 Intrusive

**Thought Content**  
 Obsessions  
 Compulsions  
 Suicidal thoughts  
 Hallucinations  
 Auditory  
 Visual  
 Tactile  
 Gustatory  
 Worthless  
 Somatic  
 Assaultive ideas  
 Logical  
 Hopeless  
 Helpless  
 Homicidal thoughts

**Pain:** Yes  No  Pain scale score \_\_\_\_\_ Locations \_\_\_\_\_  
 Is pain causing any physical impairment in functioning today?  No  Yes expain \_\_\_\_\_

**Nursing Interventions:**  
 Close Obs. q15  
 Milieu Therapy  
 S/V/S  O2 sat.  
 Nursing group/lesson (list topic): How to help with anxiety during the holidays  
 ADLs assist  I&O  PRN Med per order

**Reality Orientation**  
 Toilet Q2 w/awake  
 Neuro Checks  
 Rounds Q2  
 MD notified

**Observation**  
 1 to 1 Observation \_\_\_\_\_ reason (specify) \_\_\_\_\_  
 Rounds Q2  
 MD notified

**DOCUMENT ABNORMAL OCCURRENCES IN MULTIDISCIPLINARY NOTES (violence, suicide, elope, fall, physical health) DAILY SUICIDE RISK ASSESSMENT** \*Note - for frequent assessment purposes. Question 1 has been omitted

Ask Question 2*	YES	NO	Since Last Contact
1) Have you actually had thoughts about killing yourself?		<input checked="" type="checkbox"/>	LOW
2) If YES to 2, ask questions 3, 4, 5, and 6. If NO to 2, go directly to question 6			
3) Have you been thinking about how you might do this?			MOD
4) Have you had these thoughts and had some intention of acting on them? E.g., "I thought about taking an overdose, but I never made a specific plan as to when where or how I would actually do it....and I would never go through with it."			HIGH
5) Have you started to work out or worked out the details of how to kill yourself? Did you intend to carry out this plan? As opposed to "I have the thoughts, but I definitely will not do anything about them."			HIGH
6) Have you done anything, started to do anything, or prepared to do anything to end your life? Examples: Collected pills, obtained a gun, gave away valuables, wrote a will or suicide note, took out pills but didn't swallow any, went to the roof but didn't jump, or actually took pills, tried to shoot yourself, cut yourself, tried to hang yourself, etc.			HIGH

**Risk Assessment:**  
 Low Risk  
 Moderate Risk  
 High Risk

Nurse Signatures: HOWARD Date: 11/18/25 Time: 1100

**REVIEW OF SYSTEMS**

**Cardio/Pulmonary:**  
 MNL  Elevated BP  JVP  
 Chest Pain  
 Edema:  upper  lower

**Respiratory/Breath sounds:**  
 Clear  Rales  Crackles  Wheezing  
 Cough  S.O.B.  Other: \_\_\_\_\_  
 O2 @ \_\_\_\_\_ /min  Cont.  PRN  
 Via  nasal cannula  face mask

**Neurological / L.O.C.:**  
 Impaired  ataxic  Seizured  
 Dizziness  Headache  Seizures  
 Tremors  Other: \_\_\_\_\_

**Musculoskeletal/Safety:**  
 Ambulatory  MAE  Full ROM  
 Walker  CMC  Immobile  
 Pressure ulcer  Unsteady gait  
 CRisk for pressure ulcer  
 Reddened area(s)

**Nutrition/Fluid:**  
 Adequate  Inadequate  Dehydrated  
 Supplement  Prompting  Other: \_\_\_\_\_  
 new onset of choking risks assessed \_\_\_\_\_

**Skin:**  
 Bruises  Tear  No new skin issues  
 Wound(s) (see Wound Care Packet)  
 Abrasion  Integumentary Assess  
 Other: \_\_\_\_\_

**Elimination:**  
 Continent  Incontinent  Catheter  
 Diarrhea  OTHER \_\_\_\_\_

**Hours of Sleep:** 7  Day  Night

**At Risk for Falls:**  Yes  No

**At Risk for FALL Precautions:**  
 Arm Band  Non-skid footwear  
 CBR light  ambulate with assist  
 Call bell  Clear path  Bed alarm  
 Chair alarm  1:1 observation level  
 Assist with ADLs  Gen Chair  
 Ensure assistive devices near  
 Other \_\_\_\_\_

**NURSING SHIFT ASSESSMENT**

DATE: 1/19 Name: D Label  
 MR#: \_\_\_\_\_ D.O.B. \_\_\_\_\_



SHIFT:  Day (7A-7P)  Night (7P-7A)

**Orientation**  
 Person  Affect  
 Place  Appropriate  
 Time  Inappropriate  
 Situation  Flat  
 Guarded  Partial Assist  
 Improved  Total Assist  
 Blunted

**Thought Processes**  
 Goal Directed  Tangential  Blocking  
 Flight of Ideas  Loose association  Indecisive  
 Illogical  Delusions: (type) \_\_\_\_\_

**ADL**  
 Independent  
 Assist  
 Partial Assist  
 Total Assist

**Motor Activity**  
 Normal  
 Psychomotor retardation  
 Psychomotor agitation  
 Posturing  
 Repetitive acts  
 Pacing

**Mood**  
 Irritable  
 Depressed  
 Anxious  
 Dysphoric  
 Agitated  
 Labile  
 Euphoric

**Behavior**  
 Withdrawn  
 Suspicious  
 Tearful  
 Paranoid  
 Isolative  
 Preoccupied  
 Demanding  
 Intrusive

**Thought Content**  
 Obsessions  Compulsions  Suicidal thoughts  
 Hallucinations:  Auditory  Visual  Olfactory  Tactile  Gustatory  
 Worthless  Somatic  Assaultive Ideas  Logical  
 Hopeless  Helpless  Homicidal thoughts

**Pain:** Yes  No  Pain scale score \_\_\_\_\_ Locations \_\_\_\_\_  
 Is pain causing any physical impairment in functioning today  No  Yes exp ain \_\_\_\_\_

**Nursing Interventions:**  
 Close Obs. q15  Incl. Support  Reality Orientation  Toilet Q2 w/wake  
 Milieu Therapy  Monitor Intake  Encourage Disclosure  Neuro Checks  1 to 1 Observation \_\_\_\_\_ reason (specify)  
 V/S  O2 sat.  1X Team  Wt. Monitoring  Elevate HOB  Rounds Q2  
 Nursing group/lesson (list topic): HOW TO X-CARE AN ON CALL UNIT  MD notified  
 ADLs assist  Q&O  PRN Med per order

DOCUMENT ABNORMAL OCCURRENCES IN MULTIDISCIPLINARY NOTES (violence, suicide, elope, fall, physical health) DAILY SUICIDE RISK ASSESSMENT\* Note - for frequent assessment purposes, Question 1 has been omitted

Ask Question 2*	YES	NO	Since Last Contact
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4) Have you had these thoughts and had some intention of acting on them? E.g., "I thought about taking an overdose, but I never made a specific plan as to when where or how I would actually do it....and I would never go through with it."	HIGH		
5) Have you started to work out or worked out the details of how to kill yourself? Did you intend to carry out this plan? As opposed to "I have the thoughts, but I definitely will not do anything about them."	HIGH		
6) Have you done anything, started to do anything, or prepared to do anything to end your life? Examples: Collected pills, obtained a gun, gave away valuables, wrote a will or suicide note, took out pills but didn't swallow any, went to the roof but didn't jump, or actually took pills, tried to shoot yourself, cut yourself, tried to hang yourself, etc.	HIGH		

Low Risk  Moderate Risk  High Risk  
 Nurse Signatures: Menna Date: 1/19/25 Time: 1330

**REVIEW OF SYSTEMS**

**Cardio/Pulmonary:**  
 MWL  Reviewed BP  B/P  
 Chest Pain  
 Edema:  Upper  Lower  
**Respiratory/Breath sounds:**  
 Clear  Rales  Crackles  Wheezing  
 Cough  S.O.B. Other: \_\_\_\_\_  
 O2 @ \_\_\_\_\_ /min  Cont.  PRN  
 Via  Nasal cannula  Face mask

**Neurological / L.O.C.:**  
 Unimpaired  Lethargic  Sedated  
 Dizziness  Headache  Seizures  
 Tremors  Other: \_\_\_\_\_

**Musculoskeletal/Safety:**  
 Ambulatory  MAE  Full ROM  
 Walker  CMC  Immobile  
 Pressure ulcer  Unsteady gait  
 Risk for pressure ulcer  
 Reddened area(s)  
**Nutrition/Fluid:**  
 Adequate  Inadequate  Dehydrated  
 Supplement  Prompting  Other: \_\_\_\_\_  
 new onset of choking risks assessed

**Skin:**  
 Bruises  Tear  No new skin issues  
 Wound(s) (see Wound Care Packet)  
 Abrasion  Integumentary Assess  
 Other: \_\_\_\_\_

**Elimination:**  
 Continent  Incontinent  Catheter  
 Diarrhea  OTHER \_\_\_\_\_

Hours of Sleep: \_\_\_\_\_  Day  Night

At Risk for Falls:  Yes  No

At Risk for FALL Precautions:  
 Arm Band  Nonstick footwear  
 CBR light  ambulate with assist  
 Call bell  Clear path  
 Edu to call for assist  Bed alarm  
 Chair alarm  1:1 observation level  
 Assist with ADLs  Geri Chair  
 Ensure assistive devices near  
 Other \_\_\_\_\_

DSM-5 Diagnosis and Brief Pathophysiology:

Depression

Therapeutic Communication & Nurse Patient Relationship:

Communication strategy:

Evaluate communication w/ the pt. to ensure that verbal & nonverbal communication is consistently therapeutic. Stage of nurse-patient relationship: establishing rapport.

Therapeutic communication techniques appropriate for this patient:

Supportive, non-judgmental, calm, respectful body language.

Communication approaches to avoid:

Blaming, negative, dismissive, defensive, disrespectful

DSM-5 Criteria for your patient's diagnosis: 1, 2, 6

Psychosocial Stressors (Legal, Environmental, Relational, Developmental, Educational, Substance Use, etc.)

Family issues, money, trauma from childhood

Plan of Care:

Patient problem: Powerless ness

Related to (etiology):

Lack of positive feedback lifestyle of helplessness

As evidenced by (signs & symptoms):

reports lack of control, reluctance to express true feelings

Outcome/Goal:

Will participate in decision making regarding own care w/in 5 days. Will identify & solve problems in ways to take control of his or her life. Will identify time of discharge from treatment, & feelings of powerlessness.

Current Treatment & Interventions:

- 1. Encourage pt. to take as much responsibility as possible for own self care practices.

Rationale:

- 2. Help set realistic goals

Rationale:

- 3. Help the pt. identify areas of her life situation that can be controlled

Rationale:

- 4. Help the pt. identify areas of life situation that are not w/in his or her ability to control. Encourage verbalization of feelings related to these feelings

Rationale:

Identify ways in which the pt. can achieve. Encourage participation in these activities, & provide positive reinforcement for participation, as well as for achievement

## HAMILTON DEPRESSION RATING SCALE (HAM-D)

(To be administered by a health care professional)

11. ANXIETY - SOMATIC  
Gastrointestinal, indigestion  
Cardiovascular, palpitation, Headaches  
Respiratory, Genito-urinary, etc.  
0 = Absent  
1 = Mild  
2 = Moderate  
3 = Severe  
4 = Incapacitating

12. SOMATIC SYMPTOMS - GASTROINTESTINAL  
(Loss of appetite, heavy feeling in abdomen; constipation)  
0 = Absent  
1 = Mild  
2 = Severe

13. SOMATIC SYMPTOMS - GENERAL  
(Heaviness in limbs, back or head; diffuse backache; loss of energy and fatigability)  
0 = Absent  
1 = Mild  
2 = Severe

14. GENITAL SYMPTOMS  
(Loss of libido, menstrual disturbances)  
0 = Absent  
1 = Mild  
2 = Severe

15. HYPOCHONDRIASIS  
0 = Not present  
1 = Self-absorption (bodily)  
2 = Preoccupation with health  
3 = Querulous attitude  
4 = Hypochondriacal delusions

16. WEIGHT LOSS  
0 = No weight loss  
1 = Slight  
2 = Obvious or severe

17. INSIGHT  
(Insight must be interpreted in terms of patient's understanding and background.)  
0 = No loss  
1 = Partial or doubtful loss  
2 = Loss of insight

### TOTAL ITEMS 1 TO 17: \_\_\_\_\_

0 - 7 = Normal  
8 - 13 = Mild Depression  
14 - 18 = Moderate Depression  
19 - 22 = Severe Depression  
≥ 23 = Very Severe Depression

18. DIURNAL VARIATION  
(Symptoms worse in morning or evening. Note which it is.)  
0 = No variation  
1 = Mild variation; AM ( ) PM ( )  
2 = Severe variation; AM ( ) PM ( )

19. DEPERSONALIZATION AND DEREALIZATION  
(feelings of unreality, nihilistic ideas)  
0 = Absent  
1 = Mild  
2 = Moderate  
3 = Severe  
4 = Incapacitating

20. PARANOID SYMPTOMS  
(Not with a depressive quality)  
0 = None  
1 = Suspicious  
2 = Ideas of reference  
3 = Delusions of reference and persecution  
4 = Hallucinations, persecutory

21. OBSESSIVE SYMPTOMS  
(Obsessive thoughts and compulsions against which the patient struggles)  
0 = Absent  
1 = Mild  
2 = Severe

## HAMILTON DEPRESSION RATING SCALE (HAM-D)

(To be administered by a health care professional)

Patient Name \_\_\_\_\_

Today's Date \_\_\_\_\_

The HAM-D is designed to rate the severity of depression in patients. Although it contains 21 areas, calculate the patient's score on the first 17 answers.

1. DEPRESSED MOOD  
(Gloomy attitude, pessimism about the future, feeling of sadness, tendency to weep)  
0 = Absent  
1 = Sadness, etc  
2 = Occasional weeping  
3 = Frequent weeping  
4 = Extreme symptoms

2. FEELINGS OF GUILT  
0 = Absent  
1 = Self-reproach, feels he/she has let people down  
2 = Ideas of guilt  
3 = Present illness is a punishment; delusions of guilt  
4 = Hallucinations of guilt

3. SUICIDE  
0 = Absent  
1 = Feels life is not worth living  
2 = Wishes he/she were dead  
3 = Suicidal ideas or gestures  
4 = Attempts at suicide

4. INSOMNIA - Initial  
(Difficulty in falling asleep)  
0 = Absent  
1 = Occasional  
2 = Frequent

5. INSOMNIA - Middle  
(Complains of being restless and disturbed during the night. Waking during the night.)  
0 = Absent  
1 = Occasional  
2 = Frequent

6. INSOMNIA - Delayed  
(Waking in early hours of the morning and unable to fall asleep again)  
0 = Absent  
1 = Occasional  
2 = Frequent

7. WORK AND INTERESTS  
0 = No difficulty  
1 = Feelings of incapacity, listlessness, indecision and vacillation  
2 = Loss of interest in hobbies, decreased social activities  
3 = Productivity decreased  
4 = Unable to work. Stopped working because of present illness only. (Absence from work after treatment or recovery may rate a lower score).

8. RETARDATION  
(Slowness of thought, speech, and activity; apathy; stupor.)  
0 = Absent  
1 = Slight retardation at interview  
2 = Obvious retardation at interview  
3 = Interview difficult  
4 = Complete stupor

9. AGITATION  
(Restlessness associated with anxiety.)  
0 = Absent  
1 = Occasional  
2 = Frequent

10. ANXIETY - PSYCHIC  
0 = No difficulty  
1 = Tension and irritability  
2 = Worrying about minor matters  
3 = Apprehensive attitude  
4 = Fears

# Mood Disorder Questionnaire (MDQ)

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

**Instructions:** Check (☑) the answer that best applies to you.  
Please answer each question as best you can.

	Yes	No
1. Has there ever been a period of time when you were not your usual self and...	<input checked="" type="checkbox"/>	<input type="checkbox"/>
...you felt so good or so hyper that other people thought you were not your normal self or you were so hyper that you got into trouble?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
...you were so irritable that you shouted at people or started fights or arguments?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
...you felt much more self-confident than usual?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
...you got much less sleep than usual and found you didn't really miss it?	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
...you were much more talkative or spoke faster than usual?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
...thoughts raced through your head or you couldn't slow your mind down?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
...you were so easily distracted by things around you that you had trouble concentrating or staying on track?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
...you had much more energy than usual?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
...you were much more active or did many more things than usual?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
...you were much more social or outgoing than usual, for example, you telephoned friends in the middle of the night?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
...you were much more interested in sex than usual?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
...you did things that were unusual for you or that other people might have thought were excessive, foolish, or risky?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
...spending money got you or your family in trouble?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2. If you checked YES to more than one of the above, have several of these ever happened during the same period of time? <i>Please check 1 response only.</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3. How much of a problem did any of these cause you — like being able to <u>work</u> ; having family, money, or legal troubles; getting into arguments or fights? <i>Please check 1 response only.</i>		
<input type="radio"/> No problem <input type="radio"/> Minor problem <input type="radio"/> Moderate problem <input checked="" type="radio"/> Serious problem		
4. Have any of your blood relatives (ie, children, siblings, parents, grandparents, aunts, uncles) had manic-depressive illness or bipolar disorder?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
5. Has a health professional ever told you that you have manic-depressive illness or bipolar disorder?	<input checked="" type="checkbox"/>	<input type="checkbox"/>

This questionnaire should be used as a starting point. It is not a substitute for a full medical evaluation. Bipolar disorder is a complex illness, and **an accurate, thorough diagnosis can only be made through a personal evaluation by your doctor.**

# Coping Skills Education Check-Off Form

Participant Initials: \_\_\_\_\_

Date: \_\_\_\_\_ Student name: \_\_\_\_\_

## Topics Covered

(\*Check each item as it is completed or discussed\*)

#	Topic	Completed	Comments
1	Deep Breathing	<input type="checkbox"/>	
2	Journaling	<input checked="" type="checkbox"/>	After stroke its been hard
3	Take a shower	<input type="checkbox"/>	
4	Music	<input checked="" type="checkbox"/>	
5	Exercise	<input type="checkbox"/>	
6	Draw/color	<input type="checkbox"/>	
7	Count to 10	<input type="checkbox"/>	
8	Dance	<input type="checkbox"/>	
9	Meditate/pray	<input checked="" type="checkbox"/>	
10	Watch a funny movie	<input type="checkbox"/>	
11	Read a book	<input checked="" type="checkbox"/>	visitons k books
12	Do a puzzle	<input type="checkbox"/>	
13	Talk to someone	<input checked="" type="checkbox"/>	
14	Clean something	<input type="checkbox"/>	

## Participant Understanding

Question	Yes	Somewhat	No
Demonstrated understanding of topic	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Actively participated in discussion	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Asked questions when needed	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Expressed confidence in applying what was learned	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Educator Notes / Recommendations  
 was a good conversation, pt. wanted to learn new ways to cope.

