

Table of Contents

Title Page and Title	<i>i</i>
Table of Contents	<i>ii</i>
DESCRIBING THE CLIENT & PROBLEM	Page 3
Client Background	Page 3
Client Problem(s)	Page 3
Client Intervention(s)	Page 4
Intervention Hypothesis	Page 4
CLIENT GOALS & OBJECTIVES	Page 5
Client Problem Areas & Target Problems	Page 5
Intervention Goals & Objectives	Page 5
RESEARCH DESIGN (Choose only “Single Subject Research Design- AB design”)	Page 6
MEASUREMENT	Page 7
Quantitative Measurements (e.g., Standardized Measurements and/ or Individualized Rating Scales (IRS))	Page 7
Qualitative Measurements (e.g., Client logs, practitioner logs, open-ended questions from a survey or interview)	Page 8
DATA ANALYSIS PLAN	Page 9
Quantitative Data (Frequency, Trend with Mean line, x-mr-chart, Chi-square test, Independent T-test or IRS) & visual analysis (A-B design graph))	Page 9
Qualitative Data (in-depth interviews, observational methods and document analysis for logs)	Page 10
FINDINGS AND IMPLICATIONS	Page 11
REFERENCES	Page 19

Psychological Assessments and Intervention: Men and Mental Illness

DESCRIBING THE CLIENT & PROBLEM

Client Background

A background check for the client, **Jason Brown**, will be done by Clinical Social Worker Shellyann Rowe. He is a single African American male, 27 years of age, with no kids. Before being homeless, he resided with his mother. The client claimed that his history of homelessness began in 2011 when, due to his drug abuse, his mother told him to leave home. Before heading to *Meyer's Mental Men Shelter*, the client states that the first shelter he attended was **30th Street Men's Shelter**. The client explained that he was suffering from anger problems which caused him to be taken out of his previous shelter. He got into a fight with another male patient because he thought the individual was stealing him money.

Client Problem(s)

Mr. Brown has *schizophrenia with auditory hallucinations* and *bipolarism*. Marijuana, cocaine, and amphetamines are now the substances he abuses. The client grew up in a low-income environment. His mother had ten children, three of whom were taken to the Administration for Children's Services (ACS), and the rest remained with her. His father separated from his mother when he was five years old. She became a single mother on government assistance, so it was tough for her to feed and clothe all of her children. Due to his family's financial situation, he wanted to hang out with the wrong crowd, since he believed that selling drugs would help pay the bills. His drug abuse and selling history began at the age of 15. At 18 years old he was sent to the jail complex, **Rikers Island**, where he was assaulted by the other inmates. The use of both legal and illegal substances by the client occurs along a spectrum, with substantial variability in usage patterns. There is no simple demarcation between the use of

"social" or "moderate" drugs and the use of "high-risk" or "harmful." However, increased use of drugs is associated with an increased occurrence of **psychosocial** and medical issues. Mr. Brown's misuse of drugs is a maladaptive pattern. Substance use leads to clinically significant disability mentally, physically and emotionally. This reflects behaviors of *dependency*, including erroneous thought-processes, difficulty coping with obligations, legal issues, sudden mood changes, disrupted relationships, sleep malfunctions, low concentration, and physical complications. (Klien, E. 2013)

Client Intervention(s)

Meyer's Mental Men Shelter, a residential center where the client can receive individual and community therapy, uses dialectical behavior intervention to help the client cope with their problem. The shelter's focus is **psychotherapeutic client intervention**, which can help with the client's social and educational needs. Social skills preparation, emotional remediation, cognitive adaptation, and supportive accommodation will be part of the intervention. The addition of training in social skills, combined with supported job opportunities, can improve the employee's ability to meet the workplace's interpersonal demands. Quality of life is typically increased with this training, and the duration of hospitalizations can also be shortened, as it sets clients up for the real-world work experience. In Mr. Brown's case, the intervention will also assist the client in restoring a strong relationship with his mother, who is his support system (Ruggieri, A. 2016).

Intervention Hypothesis

Dialectical Behavior Therapy, along with transference-focus psychotherapy, will be offered to the client for 12 weeks. This will enhance clients' health outcomes (health-related quality of life), boost mental health, improve living conditions and quality of life. These treatments may be

focused on the individual's on-going psychiatric conditions, such as hallucination and bipolar schizophrenia. 40 points will be the intervention average, with the practice of this behavioral therapy.

Client's Schizophrenia and Bipolar Score

On a scale form 1-10 how effective do you think the intervention was? (1) being the lowest improvement and (10) being the highest improvement.

Depression	5
Anxiety	6
Positive support	4
Affective support	7
Emotional support	7
Behavior & emotional control	8
Total score	37

Based on the score results, the administration understands how to be more useful for clients. We can do so by increasing the incentive for clients to stop using narcotics, comply with medication, and avoid mental illness issues.

PROBLEMS AREAS AND TARGET PROBLEMS, CLIENT GOALS, CLIENT OBJECTIVES & INTERVENTIONS

PROBLEM AREAS AND TARGET PROBLEMS	CLIENT GOALS	CLIENT OBJECTIVES	INTERVENTIONS
The client reported his homeless history started in 2011 because his mother told him to leave the home for his drug abuse and drug selling.	Improve living conditions and quality of life Maintain working permanent job	The client will receive 12 weeks of group intervention for homelessness.	Group intervention for experiencing and at-risk homelessness
Mental issues are schizophrenia with auditory hallucinations and bipolar disorder. The drug that he abuses are	Comply with medication and stop using substance and use coping skills	The client will receive 12 weeks of Psychotherapy for 30 minutes for	Mental disorder and substance abuse

marijuana, cocaine, and amphetamines.	when having mental health problems.	substance abuse.	
The client expressed that he suffers from anger issues which caused him to be removed from his previous shelter. He got into a fight with another client because he thought the client stole money from him.	Clients will be participating in anger management once a month.	Client will receive 45 minutes of cognitive behavioral therapy intervention for 12 weeks.	Dialectical-Behavioral Therapy (DBT)

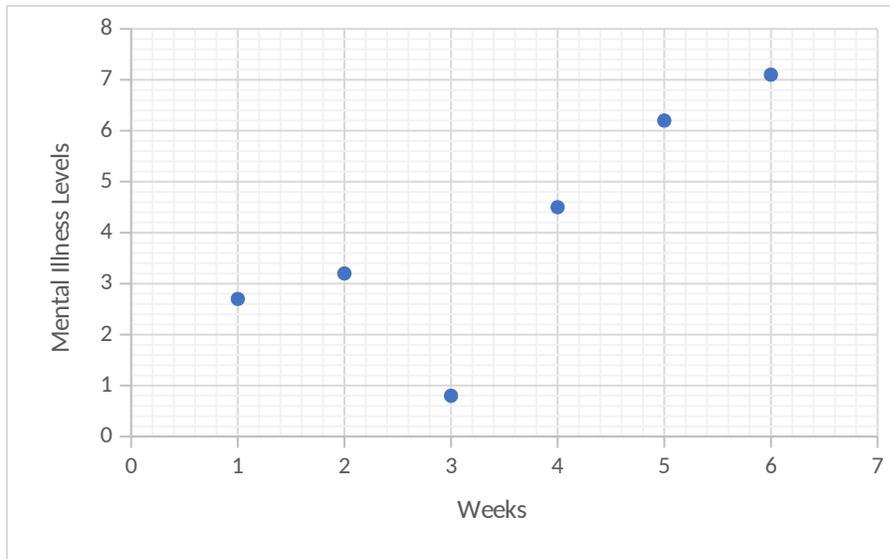
RESEARCH DESIGN

The quantitative research design that Clinical Social Worker, Shellyann Rowe, will use at Meyer’s Mental Men Shelter, the study design that we will use here is the Pre-Post Design that is focused on facts known at intake. The pre-post design method considered What works and what does not, who improves and who does not, by virtue of care.

The results for client groups need to be tailored in terms of features that moderate the likelihood of adverse results, regardless of the care obtained. The mental illness level assessment will be taken by all participants in this research design, both before and after treatment. We will measure the tension, agitation, anxiety, anger, mindlessness, and restlessness of the client.

(Lambert, et, al.,2001). The chart below shows the mental progress of Mr. Brown. 0 is the highest mental illness level and 8 is the lowest.

This shows the observation of the client highs and lows for 6 weeks into the intervention.



The client and social worker together can see that both the level and variability of depression were high during the three weeks of baseline and there may have been a downward trend occurring at the point when intervention began (week 6). There was a noticeable downward trend in level of depression during most of the intervention period, with a plateau occurring around week 6. At week 6, the client received a very high score, meaning there was less of a mentally ill mindset in the client. His high score means he has used the intervention to better himself. In additional weeks, not recorded on the graph, the client's levels of depression did not worsen but continued to improve. With continued intervention, the levels of depression again showed a downward trend until it leveled off at a low level during the final weeks of intervention.

MEASUREMENT

Quantitative Measurement

The quantitative measure will be measuring validity and reliability in quantitative research on schizophrenia and bipolar. It will be conducted to quantify the burden of these illnesses on the client. The quantitative Measurement will measure:

Objective: Shellyann, Clinical Social Worker will be measuring the well-being of the client's here at Meyer's Mental Men Shelter. The measurement is progressing toward reaching the client's full potential; it is constructive and comprehensive, encompassing the realms of lifestyle, spiritual, and environmental well-being. Wellness also accounts for our clients' physical, mental, and social domains. Wellness economically, and the fulfillment of the client's role expectations in the family, community, place of worship, job, individual to cope with life circumstances. (Innov Clin Neurosci, 2018). The data analyzed behavioral well-being that leads to health issues, such as smoking, drug, and alcohol use. This evaluation method focuses on the patterns of self-discovery, preventive treatment, and a healthy lifestyle. It provides metrics that evaluate the intellectual, emotional, social, moral, physical, and environmental health dimensions. Scales assess six wellness dimensions: 1) autonomy, 2) control of the world, 3) personal development, 4) positive relationships with others, 5) life meaning, and 6) self-acceptance. All of these variables correlate together to assess the well-being of customers.

Goal: Improve the patient's insight, Create a foundation for a therapeutic alliance and Foster healing.

Qualitative Measurement

A series of questions were presented to interview the client one-on-one; the client will be in an intervention for **Dialectical Behavior Therapy** with *transference-focus psychotherapy*. The intervention will be to improve client function in society, so client can live independently.

Client will learn *self-acceptance* and be willing to want a change in his life. The goal of the treatment is to help the client engage in a functional, life-enhancing behaviors even when intense emotions are present. He was asked a few questions such as, how much better are you in the program ? Does this program make you feel a little better ? Do you think there is any change in your behavior? Do you feel worse? On a scale from 1-25 do you feel better or worse 1 being worse and 25 being better? The client is one out of 100 men in the program, he is African American. The intervention will focus on how low to moderate mental illnesses is affecting the client.

DATA ANALYSIS

Our data analysis has shown that those who have Schizophrenia and bipolar disorder are the largest group of men we will represent here at the Meyer's Mental Men Shelter. A high proportion of homeless men appear to be impacted by depression, according to the 2009 National Alliance for the Homeless. Social Workers regularly use standardized measurements to find that between 40 and 47 percent of homeless men have significant depression criteria. The association between Schizophrenia, bipolar, alcohol abuse, and mental well-being in the person doing the intervention will be investigated by the professional social worker to see how closely linked these conditions are to depression. The finding suggests a bivariate association between hard substance use, the severity of alcohol use, and mental illness in the client. (Cohey, C.et, al ., 2016).

Quantitative Data

The visual analysis will be carried out using quantitative data to analyze the client, enabling social workers to observe the client closely. One method of visual analysis is to look at

some of the client's photographs. The other is to track the movement, appearance, temperance, and disposition of the client's body from the moment the client steps into the office. Customer artwork is another visual study. Sometimes, artwork and psychological conditions are related. Accomplished artists with mental disabilities, in their works, express themselves and their emotional pain, and art therapists use the creative arts to help clients appreciate and deal with their issues. Several psychiatric patients created artwork with no prior art training that many consider museum worthy. I have used artwork in another way over the past two years: to better understand my clients and their mental conditions (Terry A. Rustin, 2008).

Qualitative Data

In-depth interviews are qualitative approaches. I would use it to evaluate the customer. Every interview would be unique; for instance, the interview's length and depth with an acutely psychotic hospital patient differ significantly from that of the client's struggle with several years of depression and anxiety. Nevertheless, within a psychiatric interview, data collection's primary objectives remain identical, and a regularly applied format is valuable. The psychological interview's targets are: (Wikipedia, 2020)

- Relationship building.
- Collect information on the present issues of the patient prior psychological history.
- And medical history, as well as good developmental, interpersonal, and social history.
- Diagnosis of a mental health problem(s).
- Understand the character structure of the patient, use of defense mechanisms and techniques for coping.
- Enhance the insight of the patient.

- Establish a therapeutic partnership base.
- Healing Foster

The data obtained through the clinical interview is often subjective, based on the patient's report, and quantitative measures cannot be corroborated several times. One of the purposes of the interview is to obtain information that is both true and accurate. Validity refers to how the data compares to an absolute ideal reality that the interviewer must access and uncover. Challenges that could impact the interview's validity can be classified as factors related to patients and factors related to the interviewer. Related considerations for patients include (Wikipedia, 2020).

- **Shame:** to discuss some of his problems, the patient might feel embarrassed. Fear of being
- **judged:** the patient may be hesitant to address some of the problems, she feels she can be judged for though not ashamed.
- **Lack of awareness:** patients may have distorted recollection with significant emotional valence of past events.
- **Cognitive deficits:** The patient could have a memory deficit that may affect his ability to remember past events correctly.
- **Secondary gain:** To receive a particular advantage (e.g., disability benefits) or escape a certain punishment (e.g., insanity defense), the patient agreed to distort the truth.

FINDINGS & IMPLICATIONS

Description for the need of the house. This initiative needs to help solve the root causes of homelessness across various critical support services for rehabilitation, including care for mental illness and drug use disorder, housing, and conventional benefits. Research indicates that interventions are more cost-effective to reduce homelessness than to fix concerns when someone

is already homeless. The longer an individual is homeless, the harder and more costly it becomes to re-house this individual. Rapid rehousing helps people transfer to permanent housing as soon as possible from emergency/transitional shelter or on the street. It also links individuals with community-based, supportive services that help them sustain housing. Substance use disorder is the most widespread and clinically relevant co-morbidity among patients with severe mental illnesses.

They are related to inadequate response to care, homelessness, and other adverse effects. Mental health care, substance abuse interventions, accommodation, and other aids are incorporated into rehabilitation facilities for clients with dual disorders. Ten monitored research shows that more successful than less integration are more significant levels of integration of substance abuse and mental health services. (2004: Brunette, M. F.).

The progress of housing-first is another root cause of homelessness, and other efforts were offset to a large extent by a worsening shortage of affordable housing during the first decade of the 21st century. Before the Great Recession, real estate prices increased rapidly in most major cities and suburbs, but incomes, particularly those at the lower end of the income scale, did not increase comparably.

Public Policy Issue on Homelessness

There are two separate public policy approaches to homelessness that presume an individual fault or cause. Typically, in voluntary homelessness cases due to moral depravity, where public policy stresses blame, the remedy is seen as a police obligation to keep lawbreakers off the streets, retain social order, and much hope, push the issue away. Where public policy emphasizes homelessness as a consequence of human issues that are not willingly selected through societal incompetence, mental illness, medical models of drug addiction (understanding

of alcoholism as a disorder rather than an individual's choice), homeless people are seen as patients treated by social workers to heal their pathologies.

Referring to **Meyer's Theory of Displacement** stressed the *forced displacement* of homeless people by macro-processes, in particular improvements in the mental health system (referred to collectively but simplistically as deinstitutionalization), gaps in the "safety net" of welfare, and a reduction in the actual value of welfare benefits, a sharp decrease in the availability of subsidized housing, and a widening disparity between incomes of those at the welfare level. However, all schools' theorists accepted that homelessness was likely to intensify current issues and generate new ones, from extreme poverty to drug abuse. That is, more vulnerability to homelessness is likely to be generated by the circumstances of homelessness.

Mentally disorder people suffer homelessness for more extended periods and have fewer relationships with family and friends. Generally, 30-35 percent of homeless people have mental disorders and up to 75 percent of homeless women. 20-25 percent of homeless people (severe mental illness and addictions) suffer from overlapping conditions. People with extreme mental conditions are over-represented by those experiencing homelessness because they are often released from hospitals and jails without sufficient community support (Mental Health, 2020).

Community-based services for mental well-being play a significant role. Homelessness could be significantly decreased if individuals with extreme mental illness could access affordable housing and other needed community services. They face more barriers to working and tend to be in worse health than most homeless people. Housing outreach services that

provide a safe place to live are critical components of stabilizing the crisis and helping people on their journey to recovery. (Mental Well-being, 2020).

Description of the Program History

Help USA Meyer's Mental Men Shelter was founded by Governor Andrew Cuomo in 1986 to resolve the country's growing **homelessness issue**. The shelter focuses on men with drug addiction problems and mental disorders. The mission statement is to support the client by allowing them to have a place to call home. We will provide **shelter** and **recovery programs** for these male victims of drug abuse, while tending to these men's urgent needs such as their lack of housing, lack of food, lack of clothing, lack of social interaction, or lack of healthy relationships. Our team will provide **guidance** for these client's through **improving their relationships** with their family members, community, and themselves. We imagine a world where secure and affordable housing is a pivotal point of access for these less fortunate, because a home is the cornerstone from which people can create better lives. The program will **reduce the symptoms** and adverse effects of the disease these men might acquire from their drug abuse. Our program will also **improve well-being** in terms of client behavior and facilitate healing regarding patients with trauma. The ***Adult Professional Recovery*** program will offer the following services: outreach, initial evaluation (including health screening), psychiatric assessment, crisis intervention, administration of injectable psychotropic medication, recovery of psychotropic medication, psychotherapy services, family/collateral psychotherapy, community psychotherapy, and complex management of care. With the US government's support, the future of these homeless mentally ill men, is characterized by great anticipation of **diverse** residential, commercial, and public spaces to facilitate **social interaction**. To help the family unit, an

establishment of employment programs, subsidized housing, and family centers could break the cycle of homeless men who are mentally ill. We have become a national pioneer in the fight against men who are homeless and hope our programs change lives and save men of the future.

The Program Services

At the Meyer's Mental Men Shelter, patients who will be served are adult men with severe mental health problems such as schizophrenia (65%), schizoaffective (55%), posttraumatic stress disorder (45%), bipolar disorder (36%), anxiety disorder (68%), destructive impulsive disorder (35%), substance-base and addictive disorders. We aim to have an overall positive report on the shelter's social environment, in contrast to a variety of other mental health shelters with less favorable perceptions. The program will be funded through insurance and sponsorship from numerous organizations. (Phalen, P. L., et. al., 2020).

Program Setting & Location

Help USA – Meyer's Mental Men Shelter program has a list of experienced and capable staff members, from a director, a manager, an information specialist, a drug rehabilitation specialist, social worker, case manager, a housing specialist and an administration assistant. Not to mention, a few other client safety measures such as safety monitors, and a Medical Health Clinic. The program focuses on mentally ill, homeless men in the tri-state, and other areas such as Washington, D.C., and Las Vegas, Nevada. There is an on-site state police officer at each station in order to ensure the safety of clients, family members, and staff, because most clients are coming out of prison or a rehabilitation center. All clients are expected to show some form of **improvement within six months to one year**. After a year, with signs of behavior and mental

improvement, the housing specialist will start preparing the client to live independently. The main office of the shelter is at 111 Sunken Garden Loop, New York, NY, 10035. The hours will be Monday - Friday between 9 a.m. to 5 p.m. Our multicultural faculty helps to encourage our diverse clientele within these national areas.

Description of the Intervention Method

Dialectical Behavior Therapy will be the intervention I use for the clients here at Meyer's Mental Men Shelter. A summary of this DBT technique is that this intervention is focused on cognitive behavior and social learning theories that incorporate these theories over a span of 12 weeks with individual clients in the weekly session. (Corcoran and Walsh, J. 2016).

- In 45 minutes of individual sessions, improve client desire to adjust, and rehabilitate cognitive and behavioral skills to help clients control emotions.
- Improving mindfulness, interpersonal capacity, emotion control, and tolerance for anxiety in 45 minutes of weekly one-on-one skills.
- We are ensuring the generalization of skills to daily living activities with phone consultations as needed.
- We are improving the efficacy of therapists with 45 minutes of team consultation sessions.
- Structuring the environment to support both the capacities of the client and the professional. (Corcoran and J. 2016, Walsh).

The four phases of counseling include (1) removing the most disabling and dangerous actions of the client (2) helping clients feel feelings instead of suppressing or inhibiting them; (3) resolving living issues, including other disabilities, job problems, and marital problems; and helping clients cultivate the capacity for independence and satisfaction. (Corcoran and Walsh, J.2016).

Characteristics of Program Staff

The Mental Disorder & Substance Abuse Meyer's Mental Men Shelter will be for homeless men who have a drug addiction. The magnificent team is consist of Mrs. James Thomas, license clinical social worker (CSW), Mr. William Peter, license clinical social worker (CSW), Suzanne Rose (NP), Margaret Cain (NP), Brenda Charles (housing specialist), Tommy Pear (housing specialist), Nickie Barber (case manager), Peter Web (case manager), Melvin Kimberly (case manager), Dr. Paul Jackson (mental health specialist), Stacy Smith our program director, founder Governor Andrew Cuomo and co-founder Isaiah Rowe. This team is the backbone of the success of the men shelter. We collaborate to ensure that all of our clients are successful in achieving their goals.

Characteristics of Consumers Being Served

At the Meyer's Mental Men Shelter, patients who will be served are adult men with severe mental health problems such as schizophrenia (65%), schizoaffective (55%), posttraumatic stress disorder (45%), bipolar disorder (36%), anxiety disorder (68%), destructive impulsive disorder (35%), substance-base and addictive disorders. We aim to have an overall positive report on the shelter's social environment, in contrast to a variety of other mental health shelters with less favorable perceptions. The program will be funded through insurance and sponsorship from numerous organizations. (Phalen, P. L., et, al., 2020).

Intervention Goals & Objectives

The intervention goals and objective are to help homeless men, who are mentally ill to get proper housing, a place to eat and sleep, and build a better life for themselves.

Goal 1: Improvement of Clients' Mental Health Outcomes

Objective # 1: Clients will participate in prescription assistance twice a month to comply with medication.

Objective # 2: Clients will attend substance use counseling to discuss triggers and obstacles for substance abuse and learn how to maintain substance-free life.

Objective # 3: Clients will attend psychoeducation to learn about mental disorder and improve their mental health.

Goal 2: Improve Living Conditions and Quality of Life Maintain Working Permanent Job

Objective # 1: and give an adverse effect of the illness and maximize the improvement on their wellness and promote advance recovery.

Objective # 2: NYC Elmhurst Hospital Clinic Treatment program on site provide the following services assessment, crisis intervention, and psychiatric evaluation, psychotropic medication.

Objective # 3: Psychotropic treatment, psychotherapy services, and family collateral psychotropic and an interactive atmosphere.

Objective # 4: Provide safe affordable apartment for people who are low-income or who have experienced homelessness.

Objective # 5: Help client to receive homelessness prevention services, job training, youth enrichment, and trauma counseling.

References

- Armando, M., Pontillo, M., & Vicari, S. (2015). Psychosocial interventions for very early and early-onset schizophrenia. *Current Opinion in Psychiatry*, 28(4), 312-323.
- Brunette, M. F. (2004). *A review of research on residential programs for people with severe mental illness and co-occurring substance use disorders*.
- Cohey, C., & Easton S.D. (2016). Distal Stressors and Depression among Homeless men. *Health & Social Work*, 41(2), 111-119
- Corcoran and Walsh, J. (2016). *Clinical assessment and diagnosis in social work practice* (Third ed.). Manhattan, New York, NY: Oxford university.
- Klien, E. (n.d).(2013) *Substance-Related Disorders: Diagnosis, Etiology, and Treatment*.
- Hearon, B. A., Beard, C., Kopeski, L. M., Smits, J. A., Otto, M. W., & Björgvinsson, T. (2017). Attending to Timely Contingencies: Promoting Physical Activity Uptake Among Adults with Serious Mental Illness with an Exercise-For-Mood vs. an Exercise-For-Fitness Prescription. *Behavioral Medicine*, 44(2), 108-115.

Lambert, E. W., Doucette, A., & Bickman, L. (2001). Measuring mental health outcomes with pre-post designs. *The Journal of Behavioral Health Services & Research*, 28(3), 273-286. doi:10.1007/bf02287244

Liu, W. M., Stinson, R., Hernandez, J., Shepard, S., & Haag, S. (2009). A qualitative examination of masculinity, homelessness, and social class among men in a transitional shelter. *Psychology of Men & Masculinity*, 10(2), 131-148. doi:10.1037/a0014999.

Maria O.S., Cuccario, P. Bender K. Cron, S., Fine, .M., & Sibinga, E, (2019). Feasibility of a Mindfulness Based intension with Sheltered on Experiencing Homelessness, *Journal of Child and Family Studies* 29(1), 261-272.

Marijuana Addiction and Abuse - Understanding Marijuana Abuse. (2020, September 17). Retrieved from <https://www.addictioncenter.com/drugs/marijuana/>

Mental Health. (n.d.). Retrieved November 12, 2020, from <https://www.homelesshub.ca/about-homelessness/topics/mental-health>

Phalen, P. L., Muralidharan, A., Travaglini, L., Bennett, M., Stahl, N., Brown, C., . . . Goldberg, R. (2020). Predictors of attendance in health and wellness treatment groups for people with serious mental illness. *Psychiatric Rehabilitation Journal*, 43(2), 149-155.

PMC, E. (n.d.). Retrieved November 11, 2020, from <https://europepmc.org/articles/PMC273651>

Psychiatric interview. (2020, January 28). Retrieved November 11, 2020, from https://en.wikipedia.org/wiki/Psychiatric_interview

Quartaro, E. G. (2011). Handbook of Program Evaluation for Social Work and Health Professionals by Michael J. Smith. *Journal of Teaching in Social Work*, 31(1), 110-112. doi:10.1080/08841233.2010.541839

Rosenthal, R. (n.d.). Homelessness. *Homelessness, Vol. 2.*(2003), 597.

Ruggieri, A. (n.d.). *Building therapeutic relationship in schizophrenic and alcohol-related disorder cases.*

Sagert, K. B. (n.d.). Substance Abuse and Mental Health Services Administration (SAMHSA). *Encyclopedia of Global Health.*

Skinner, D. C. (2005). A Modified Therapeutic Community for Homeless Persons with Co-Occurring Disorders of Substance Abuse and Mental Illness in a Shelter: An Outcome Study. *Substance Use & Misuse*, 40(4), 483-497. doi:10.1081/ja-200052429

Smith, M. J. (2010). *Handbook of program evaluation for social work and health professionals*. Oxford: Oxford University Press.

World Health Organization. (n.d.). *SpringerReference*. doi:10.1007/springerreference_301104

Practice Evaluation Grading Form (Final Paper)

This is the 5-point Likert scale that will be used to grade your final paper

5 **4** **3** **2** **1**
Excellent Very Good Good Fair Poor

Each section below is worth 10 points!

1. Clarity and comprehensiveness in discussing the client's background	
2. Clarity and comprehensiveness in discussing the client's problems	
3. Clarity and comprehensiveness in describing the client's interventions	
4. Clarity and comprehensiveness in describing the intervention hypothesis	
5. Clarity and comprehensiveness in describing the client's target problems, goals and objectives	
6. Clarity in identifying and discussing the research design	
7. Clarity in identifying and discussing the measurements	
8. Clarity and comprehensiveness in discussing the data analysis sections	

9. Clarity and comprehensiveness in discussing prospective findings and implications section	
10. Clarity of writing, including syntax and use of APA style throughout your paper	
Total Points:	Letter Grade: