

Getting to Know You / Getting to Know the Participant

Person-Centered Interview

Family and Culture:

CA1. What is your cultural background? (Black-specify/Latino/Hispanic/Native American/White-specify/other)

CA2. Where is your family from originally? (Georgia, other states or other countries)

CA3. How long have you lived in GA? Does your family live in GA? If not, where are they?

CA4. How is your relationship with your family? Are there people in your family that you would like to improve your relationship with? If so, what assistance might you need?

CA5. Do you have the opportunity to attend family reunions or other family outings? If not, why?

CA6. How does your culture/family feel about your addiction/mental health problems? If you take medication, how do they feel about this?

CA7. What is it like for you culturally as a person living with addiction/mental health problems?

Interests and Activities:

IA1. What does your “typical” day look like?

IA2. Are there ways that you could improve your day or make it more enjoyable? What ways?

IA3. What activities/hobbies do you enjoy in the community and who do you enjoy doing them with?

IA4. What are some things happening in the community that you’d like to get more involved in?

Living Environment:

LE1. Describe where you currently live?

LE2. How satisfied are you with this living arrangement? (Scale 1-10, with 10 being the highest)

LE3. Are you interested in living in another place? If so, where?

LE4. What kind of assistance do you need in order to achieve this?

Employment:

E1. Are you currently working? If so, where? What do you do? Is it full-time or part-time?

E2. How do you feel about your job?

E3. Do you do any volunteer work? If so, where? What do you do?

E4. Have you worked in the past? If so, what type of positions have you held?

E5. What did you like most and least about the jobs you have held?

E7. What would be your ideal job?

E8. Are you interested in getting a job now?

E9. What kind of assistance do you think you would need to go back to work?

Learning:

L1. How far have you gone in school?

L2. Are you currently attending literacy classes, GED classes, technical school or college?
If so, where?

L3. While in school what are the subjects you liked most and the subjects you liked least?

L4. Do you have talents or hobbies?

L5. Do you take classes in your talent or hobby? If not, have you thought about taking these kinds of classes?

L6. If you are not in school currently, would you like to go back to school? And if so, what would what would be interested in taking?

L7. What kind of assistance might you need to go back to school?

Safety and Legal Issues:

SL1. Are you currently on probation or parole? If so, what do you need to do to complete this successfully?

SL2. Do you currently have any pending court dates? If so, would you need any assistance around this issue? If you don't know about any court dates, do you need assistance finding out?

SL3. Do you need assistance finding out about or resolving any outstanding warrants?

Financial:

F1. What are your current sources of income?

F2. Do you need assistance increasing your current income? (Applying for benefits for example)
If so, what kind of assistance would you need?

F3. How much control do you have in managing your money and how is that working for you?

F4. Would you like to improve your ability to manage your own money? If so, what type of assistance would you need?

Lifestyle and Health:

LH1. Do you have medical insurance? If so, which coverage? If not, do you need assistance in obtaining medical benefits?

LH2. Do you have any physical health problems that you are currently dealing with? If so, can you tell me about them?

LH3. Are you getting the proper care you need to manage these health issues. If not, what additional assistance would you need?

LH4. Do you feel that you are getting enough rest or exercise? If not, what would assistance to improve this?

LH5. Are you satisfied with the amount and kinds of foods you eat? If not, would you be interested in changing your diet? What would you need to do this?

LH6. Are there other habits that affect your physical health that you'd like to change? If so, what assistance would you need?

LH7. Now can you tell me a little bit specifically about your mental health? How have things been going for you lately?

LH8. Are you currently taking any medications? LH9. If so, do you have any concerns about your medication? Do you feel like they are assisting you? Are you having any difficulties with side effects, dosage or type of medication?

LH10. What kinds of services have you received in the past assistance related to your mental health recovery? (for example individual therapy, group therapy, vocational rehabilitation, case management, medication, etc.) Is there any additional assistance that you need?

LH11. How useful have you found these services and do they make you feel comfortable as a person?

LH12. And are there things you do on your own that assistance you feel better?

LH13. Do you feel that you have a problem with substance abuse? If so, would you like to learn more about support groups and treatment options?

LH14. If you are currently involved in a treatment program or support group, how well are they are they assisting you with your recovery? Is there any additional assistance that you need?

Transportation:

T1. How do you get around town?

T2. Would you like to expand your options for getting around, e.g., learning the bus routes, medical transportation or bus passes?

T3. If you don't have a license or a car have you thought about getting them? If so, what would you need to do to accomplish this?

Personal Strengths:

PS1. My best qualities as a person are...

PS2. Something I would NOT change about myself is...

PS3. I am most proud of...

PS4. My sense of humor is...

PS5. The times I am most at peace are when...

PS6. People like that I am (people say they like my...)

PS7. I feel really good about myself when...

PS8. The things that assistance me to make it through the day when I am down are...

PS9. I assistance other people out by...(something I give to others that makes me feel good is...)

PS10. I admire people who are...

PS11. My heroes are...

PS12. I notice my problems least when I am...

PS13. I will know I am doing better when...

PS14. The kinds of things I'd like to change in my life are...

PS15. The most important change I'd like to make is...

Choice-Making:

CM1. Do you feel like you can stand up for yourself? If so, how do you stand up for yourself?

CM2. What are the some of the choices that you currently make in your life?

CM3. Are there choices in your life that are made for you? If yes, tell us a bit more about that....

CM4. How does it make you feel to have others make choices for you?

CM5. What would you need to feel secure in making some more of your own choices? What assistance would you need?

CM6. Do you have an Advance Directive? If not, would you like to get assistance in putting one together or making changes to the one you have currently?

Faith and Spirituality:

FS1. How important is faith/spirituality in your life?

FS2. If this is important, how do you practice your faith/spirituality?

FS3. How satisfied are you with your opportunities to participate in your spiritual practice or attend the congregation of your choice right now?

FS4. How/What kind of assistance do you need to assistance you find the spiritual support or to participate in a religious community or practice that you are seeking (if it is clear that the person is seeking this support)?

FS5. Are there people in your church or faith community that are aware of your mental health challenges? How has that been helpful to or hindered your recovery?

Relationships:

R1. Who are the most important people in your life right now and why?

R2. Is there someone that believes in you?

R3. Do you feel like people know and understand who you are as a person?

R4. When you need someone to talk to or lean on, who do you turn to?

R5. Do you have role models that have mental health challenges and are representative of your cultural background that you can talk to? Is this something you would like?

R6. Who do you trust the most to be there for you?

R7. Are there people that depend on you? In what ways do they depend on you?

R8. What do you look for in a close relationship? (Intimate or friendship)

R9. What kinds of qualities do you bring to a relationship? (Intimate or friendship)

R10. Who do you spend your time with?

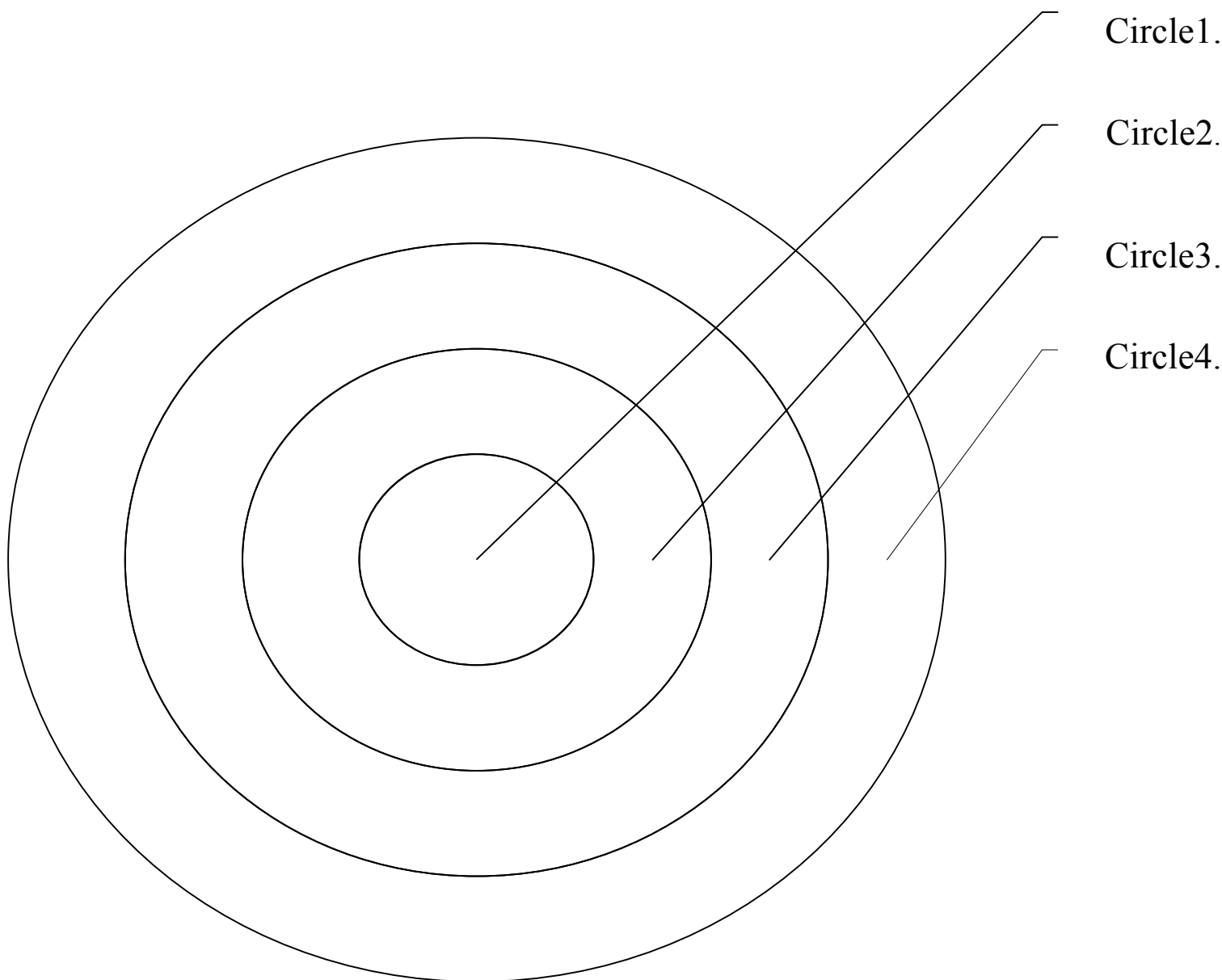
R11. Are you currently in a romantic or intimate relationship? How is this working for you?

R12. Is there anyone you'd like to spend more time with?

Complete the following Relational Map:

Circle of Support

- Circle 1. People you love, people who love you, people you would not want to live without
- Circle 2. Close friends or relatives, people you count on, people you trust most
- Circle 3. People you know from clubs, hobbies, work, etc.
- Circle 4. People who are in your life as professionals offering a service



Hopes and Dreams:

HD1. Could you tell me a bit about your hopes or dreams for the future?

HD2. Have your hopes and dreams changed over time? If so, how?

HD3. What kind of dreams did you have before you started having mental health / substance abuse difficulties?

HD4. How did they change and why?

HD5. When you were a child, what did you want to be when you grew up?

HD6. What are some things in your life that you hope you can do and change in the future?

HD7. Do you feel like you are able to do those things or make those changes? (probe: if no, why not?)

HD9. Do you feel like you can set goals for the future and achieve them? (probe: if no, why not?)

HD10. Do you think people would support you in that? (probe)

HD11. Do you have hope that you can/will manage your recovery?

HD12. If you went to bed and a miracle happened while you were sleeping, what would be different when you woke up? How would you know things were different?

Summary/Priority Notes

Personal Strengths:

Interests and Activities:

Living Environment:

Employment:

Learning:

Safety and Legal Issues:

Financial:

Lifestyle and Health:

Choice-Making:

Transportation:

Faith and Spirituality:

Relationships and Important People:

Hopes and Dreams:

Other:

Planning Priority List

We've talked about so many aspects of you and your life. Your personal strengths, interests and activities, living environment, employment, and hopes and dreams to name a few. Now let's figure out what things are priorities for you right now. These might be things you want to somehow include in your recovery plan. We can talk more about that in our next meeting.

Interviewer goal area codes: Interests and activities = IA, Living environment = LE, Employment = E, Learning = L, Safety and Legal issues = SL, Financial = F, Lifestyle and Health = LH, Transportation = T, Personal Strengths = PS, Choice-making = CM, Faith and Spirituality = FS, Relationships = R, Hopes and dreams =HD

Goal #	Goal Area	Goal
Goal 1		
Goal 2		
Goal 3		
Goal 4		
Goal 5		
Goal 6		
Goal 7		