Barthel Index

Resource summary: The Barthel Index is a brief, widely used screener for ADLs.[1497,1498,1499] It measures a person's abilities to perform the following: feeding, bathing, grooming, dressing, toileting, bladder and bowel control, transfers, mobility, and using the stairs.

Functional Activities Questionnaire

Resource summary: This tool is used for older adults with normal cognition; mild cognitive impairment; or mild, moderate, or advanced dementia. It is used to measure IADLs.[1500] The questionnaire should be completed by a person who knows the client well (usually a caregiver or adult family member), has observed his or her behavior, and can assess the client's ability to complete IADLs and how much assistance they need, if any.

Lubben Social Network Scale (LSNS)

www.bc.edu/content/bc-web/schools/ssw/sites/lubben/description.html

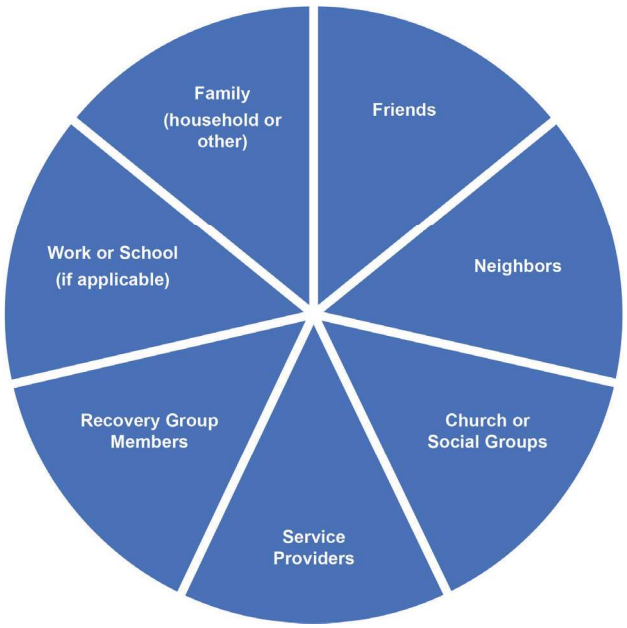
Resource summary: The LSNS is designed for use with older adults. It is intended to gauge the level of a person's social support from family and friends and to determine whether that person's score indicates social isolation, which can contribute to increased mental and physical problems in older adults. Older clients can easily complete the six-item short version (LSNS-6), a self-report questionnaire available at the same website.

Social Network Map

www.researchgate.net/publication/232542443_The_Social_Network_Map_Assessing_Social_Support_in_Clinical_Practice

Resource summary: The Social Network Map is a client-centered tool that collects information on the composition of the older adult's social network, the extent to which network members provide different types of support, and the nature of relationships in the network.[1501] The version below is adapted for older adults in recovery.

Social Network Map for Older Adults in Recovery



Adapted from Tracy & Whittaker (1990).[1502]

The following strategies[1503] will help you and your older clients develop a social network map:

- Create a pie chart with the seven domains. Health, behavioral health service, social service, and peer recovery support providers may be part of the support network clients identify.
- Ask older clients to identify members of their social networks by first name or initials only.
- Ask clients to describe how available (e.g., rarely, sometimes, often) each member of the network is to give emotional, instrumental, or informational support. Give examples and be specific:
  - "Who is available to give you emotional support like comforting you if you are upset or listening if you are stressed?" "How often does this person give you that kind of support?"
  - "Who is available to help you out in a concrete way like giving you a ride or helping with a chore?" "How often does this person give you that kind of support?"
  - "Who would give you information on how to do something new or help you make a big decision?" "How often does this person give you that kind of support?"
- Note the type and frequency of support each person listed in each domain can offer.
- Ask clients to describe how close they are to each member of their network, how long they have known them, and how frequently they see them.
- Ask clients to review the map and identify types of support that may be lacking and strategies for adding new network members to beef up their social support.

Wellness Planning Tools

Collaborative Goal Setting Using SMART
www.samhsa.gov/sites/default/files/nc-smart-goals-fact-sheet.pdf
Resource summary: SMART goals are Specific, Measurable, Attainable, Relevant, and Time-bound. Use the following tips for writing SMART goals related to alcohol and drug use and to health and wellness.

Writing a SMART Goal

Specific: State the goal clearly. Ask the client to be specific. For example, if the goal is "I just want to be healthy," ask "How will you know when you are 'healthy'"? or "What things will you be able to do when you are healthy that you can't do now?"

Measurable: Identify and quantify the observable markers of progress, such as pain levels or the number of days and amount of time the client walked each week. Invite the client to keep a log of these markers so you can discuss the client's progress.

Attainable: Break the goal into smaller, actionable steps. Identify expected barriers and make a plan to address them. For example, if the goal is to get 8 hours of sleep each night, break the goal into smaller tasks, like turn all the lights in the bedroom off at 10 p.m. at least five nights a week. Then ask, "What might keep you from turning the lights off at 10 p.m.?"

Relevant: Make sure the goal reflects what's personally relevant to the individual. Use MI to set the agenda and determine goals on which to focus. Link goals, such as blood pressure control, to the goal of staying healthy.

Time-bound: Define when the goal is to be attained. Help the client be specific about the timeframe. Make it realistic and attainable, based on the client's subjective evaluation. Agree when to check progress.

Content reproduced with the permission of the National Committee for Quality Assurance (NCQA). NCQA disclaims all liability for the use and interpretation of the content.[1504]