Increasing Self-Care Skills and Self-Esteem in an Individual with Schizophrenia

By

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DEDICATION

I would like to dedicate this thesis to all of the significant people in my life who have provided me with ongoing support throughout my undergraduate studies. I would like to dedicate this to my parents especially, for all of their hard work and providing me with the opportunity of furthering my education and setting me up for success. All of you have helped me achieve this milestone and I am thankful to have you in my life.
ABSTRACT

Individuals with severe mental illness, specifically, schizophrenia may present impaired functioning in many areas of independent living. Self-care skills such as appearance and hygiene are necessities in everyday community living. Schizophrenia can contribute to poor self-care skills. Public and self-stigma for individuals with schizophrenia can contribute to the development of low self-esteem. Research has demonstrated that skills training is an effective approach to improving activities of daily living among populations with a broad range of problems. However, research is lacking in skills training aimed specifically at self-care for subjects suffering from a psychotic disorder. The purpose of the present study was to demonstrate the effectiveness of self-care skills training to improve appearance, hygiene and self-esteem in an individual with schizophrenia. The participant in this study was a twenty-one year old female receiving support from a community mental health agency. This study was a single subject AB design that used goal-setting, coaching/education, modelling, reinforcement, prompting and self-recording to help establish a daily self-care routine for the participant. Self-care skills training resulted in an increase in the participant’s self-report of self-care as well as the interviewer’s observations of self-care. Self-esteem was measured using a pre- and post-test measure to determine if there was an increase in self-esteem in relation to the self-care skills training. There was a slight elevation in the participant’s self-esteem from before the training to after it was implemented. Further research should examine the effectiveness of the daily self-care routine checklist as a treatment intervention using a larger sample size and with clients with different mental health issues.
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Chapter I: Introduction

When individuals experience their first psychotic episode in late adolescence or early adulthood they may fail to reach adult developmental milestones, which creates more difficulty with gaining their independence. The functional and psychosocial consequences of a lack of independence can become more severe as the individual becomes older and returns to the community (Bellack, 2004). Once the patient re-enters the community many factors such as relapse prevention, self-care, and interpersonal competencies become extremely important. Specifically, it is very common for individuals with schizophrenia to demonstrate difficulties with everyday tasks (Kesler, Giovanetti, MacMullen 2007).

Severe mental illness, especially schizophrenia, may impair functioning for individuals in a variety of different areas including independent living (McGurk, Twamley, Sitzer, McHugo, Mueser, 2007). Psychosocial functioning is often very poor and one of the negative effects of schizophrenia (Kurtz & Mueser, 2008). Improving psychosocial functioning remains a great challenge for those managing the effects of schizophrenia (McGurk, et al. 2007). Specifically, individuals with mental illness often lack in common self-care skills such as appearance, clothing, healthy eating and personal hygiene. This can lead to many problems functioning in the community such as unemployment and lower income. Individuals with severe mental illness are prone to public stigma especially when their lack of self-care leads to poor appearance. These individuals are also often prone to self-stigma, a negative reaction towards themselves, as a result of their illness and public discrimination. Being labelled negatively and compared to stereotypes affects self-esteem (Kurtz & Mueser, 2008). Low self-esteem may in turn interfere with independent living opportunities (Garske, 2008).

When a person is lacking self-care skills, this may result in poor appearance and hygiene, which can have a negative impact on the person’s life and can also contribute to the development of low self-esteem. Individuals with low self-esteem display reduced effort in their everyday tasks and view whatever they do as meaningless (Garske, 2008).

It has been reported that there is limited research on skills training focused on self-care for individuals with schizophrenia. There is also little research on the relation between self-care and self-esteem. Therefore, the aim of this study was to contribute to research of self-care skills training and self-esteem for an adult diagnosed with schizophrenia. The focus of this study was to help an individual acquire the skills to implement daily self-care and also to help improve self-esteem. It was hypothesized that if a skills training program was implemented, that was tailored towards self-care for individuals with schizophrenia then it would not only provide the individuals with the necessary self-care skills, but it may also increase their self-esteem.

The main chapters that will be covered in the current thesis are; a review of the literature of behavioural skills training and self-care, the methodology of the present study, the results, and discussion of the findings including the impact of the study on the behavioural literature and implications for future research.
Chapter II: Literature Review

A series of studies were reviewed to evaluate the effectiveness of skills training for individuals with schizophrenia. More specifically, studies that focused on independent living skills such as self-care were examined to gather information on self-care skills training for individuals with schizophrenia. Additionally, the literature on self-esteem was briefly reviewed specifically regarding the relationship between self-esteem and self-care in schizophrenia. The purpose of this study was to expand the literature illustrating the effectiveness of self-care skills training on an individual with schizophrenia in terms of their self-care skills and the effect of improved self-care on self-esteem. This review will first evaluate the effectiveness of skills training, and then examine several meta-analyses comparing the success of skills training techniques used for improving self-care and self-esteem on the schizophrenic population. Finally, gaps in the literature and the relationship between the literature analysis and self-care skills training for schizophrenia will be examined.

Evaluation of Skills Training

Skills training is a psychosocial intervention that provides individuals with the opportunity to acquire skills in which there is a current skill deficit (Farmer & Chapman, 2008). Psychosocial interventions that teach strategies for managing common deficits in schizophrenia, while taking cognitive impairments such as memory, attention and motivation into consideration, are the most beneficial interventions for providing skills to individuals with schizophrenia (Friedman, Harvey, & McGurk, 2002). The goal of skills training interventions is to reduce disability. Skills training assumes that if an individual does not display certain behaviours there are deficits in their behavioural repertoire. The more closely related the skills-training approach is to the task of focus, the more likely there will be successful results (Harvey, 2005). Skill deficits in the area of self-care are a major concern of disability in patients with schizophrenia.

Liberman, Kopelowicz, Young, (1994) state that psychosocial skills training targets the struggles individuals with schizophrenia have on social adaptation and role functioning, which is an important ingredient in an organized, comprehensive, behavioural approach to treatment for patients with schizophrenia. Skills training can improve areas of independent living and an individual's functioning within the community (McGurk et al., 2007). Skills training consists of a series of techniques such as; educating, modelling, reinforcement, prompting, coaching and rehearsal. These techniques have been shown to be effective at addressing a variety of problem areas among various clinical populations (Farmer & Chapman, 2008). Skills training teaches individuals to perform components of cognitive and behavioural responses consecutively, eventually combining easier behaviours into more complex reactions. The methods of skills training have been applied in both individual and group settings to improve self-care, social, and independent living skills in individuals with schizophrenia, in a variety of hospital, and residential settings. Skills trainers use active teaching methods to help influence the acquisition of new behaviours such as didactic instruction, coaching, modeling, behaviour rehearsal, feedback, contingent reinforcement, and homework assignments. Researchers have noted, however, that in order to counteract the cognitive impairments in schizophrenia such as memory and attention, learning material should be
presented slowly and repeated in small portions. The information should also be reviewed numerous times and followed by positive reinforcement, making rehearsal an important technique for the skills training (Liberman et al., 1994).

**Comparison of Studies**

According to a study by Bechdolf, Knost and Kuntermann (2004) as cited in Farmer & Chapman (2008), both a psychoeducational program and a skills training program as a treatment showed improvement in problems related to schizophrenia. However, the skills training approach showed greater long term effects. An interesting finding also from this study suggested that modeling in particular, as a part of skills training, can be more effective when the model and client are the same sex and age.

Guidetti and Tham (2002) assessed 12 occupational therapists with at least five years of clinical work experience to study the wide range of intervention strategies used for self-care skills training. During an interview the therapists were asked to describe, with as many details as possible, their experiences of working with one particular client. They found that the key components to a self-care training program included the following: First, establishing a rapport with client. In order to build a trusting relationship therapists stated that it was important to distinguish and meet the client where he/she wanted to be met. Empathy and understanding were also important factors for establishing a working relationship. Second, finding the right way to motivate the client. A common strategy that the therapists used for motivating clients was explaining the purpose of self-care training. Also, listening to the client explain their current self-care situation and then directing questions and creating goals that helped the client create an understanding of the importance and need of self-care. Third, supporting the client to set goals. Therapists explained that it was important to give the client the opportunity to realize the significance of taking control of their self-care and how it is important for them to do this independently. Setting goals in collaboration with the therapist helped clients realize the need to have self-control. Fourth, enabling experience through practice. Practice-related experience through training seemed to be a necessity for the development and continuation of self-care skills. Fifth, adjusting the training to the needs of the client and withdrawing therapist’s presence during self-care training. Some issues that need to be taken into consideration based on the needs of the client were identified as finding the right procedure that works best for them, adjusting the environment; balancing time to meet the client’s needs, and using varied ways of communication. The findings of this study identified various therapeutic strategies used by therapists and the effect these strategies had on self-care skills training. These strategies serve as a theoretical basis for self-care training.

Austin & Boyd (2010) studied self-care skills training for individuals with schizophrenia. The authors noted that negative symptoms of schizophrenia leave individuals unable to perform simple self-care activities. For many individuals with schizophrenia a care plan should include specific interventions to enhance self-care. It was suggested that skills training may not be as effective for some individuals because they may know how to complete these self-care activities but may not be motivated to use them consistently. The researchers found that developing a daily schedule of various hygiene activities and emphasizing the importance of maintaining appropriate self-care was an effective method for improving self-care in individuals with schizophrenia.
A study by Kessler, Giovannetti, & MacMullen, (2007) compared healthy individuals to individuals with schizophrenia. The comparison showed that individuals with schizophrenia demonstrated greater difficulty with everyday tasks. They used the Naturalistic Action Test (NAT) which evaluates everyday action such as the behaviour of everyday tasks (e.g. cooking, grooming). They found that individuals with schizophrenia were impaired on the NAT, even with no restricted time limits and all necessary objects present. This indicated that action impairment in schizophrenia is not limited to complex activities, but that these individuals have difficulty with a variety of simple tasks.

According to both Eckman, Wirshing, Marder, Liberman, Johnston-Cronk, Zimmerman, and Mintz (1992) and Smith, Hull, Romanelli, Fertuck, and Weiss (1999) (as referenced in Heinssen et al., 2000) the positive and negative symptoms of schizophrenia do not serve as barriers to the learning of new behavioural competencies. In contrast, studies by Kopelowiscz, Liberman, Mintz, and Zarate (1997), Silverstein, Menditto, and Stuve (1999), Spaulding, Reed, Sullivan, Richardson, and Weiler, (1999) and Velligan, Mahurin, True, Lefton, and Flores, (1996) as cited in Heinssen et al. (2000) that evaluated individual, group and environmental treatments designed to improve outcomes for individuals with schizophrenia showed that standard psychosocial skills training approaches may not be effective with some groups of schizophrenic individuals, due to the symptom barriers to learning new behaviours. They suggested the need for alternative strategies such as behavioural shaping, intensive one-to-one skills training, and cognitive rehabilitation to overcome learning deficits and lack of motivation.

According to Friedman et al. (2002), cognitive impairments in individuals with schizophrenia, may interfere with the rate of skills learning in training programs. Green (1996) reviewed several studies and found that individuals with schizophrenia with substantial deficits are less likely to find skills training beneficial. Corrigan and McCracken (1997) found that cognitive impairments do limit a schizophrenic patient’s ability to learn new skills, perform them consistently in the future, and to generalize them to new settings. Eight studies were examined in the review by Heinssen et al. (2000) and it was concluded that findings are consistent with the theory that cognitive impairments interfere with the development of new behavioural skills. However, while cognitive impairment plays a role in the ability to engage in daily living skills in individuals with schizophrenia it is suggested that interventions designed to improve cognitive functioning (including behavioural skills training) may be most beneficial to community living. Overall, there appears to be a consensus that behavioural skills training that takes cognitive impairments into consideration can be an effective method for teaching individuals with schizophrenia social and independent living skills (Heinssen et al., 2000).

Further studies have supported the importance of goal-directed behaviours while planning the skills training. Gioia & Brekke's (2009) mixed method study design concluded that instrumental tasks are goal-oriented and self- directed and are most aligned with activities of daily living such as self-care, shopping, and making and keeping appointments. Client-centered goal-setting has been shown to directly influence the intervention and result in the development of meaningful goals. Research has indicated that goals which are client-centered, attainable, realistic, and those that can be specifically measured increase client’s motivation to practice the skills learned and incorporate them into their lifestyle (Mastos, Miller, Eliasson & Imms, 2007). In addition
to goal setting, in order for self-care to be self-managed, it is suggested that the individual have a clear goal, motivation to attain it, and have both the knowledge and skills to exhibit it (Kanfer & Schefft, 1988). However, Miltenberger, (2008) notes that goal-setting by itself is not always an effective self-management strategy, but it can be effective when it is used in combination with self-monitoring. The act of self-monitoring often results in the increase of a behaviour even before other strategies are put in place.

**Generalization of Skills Training**

Research has supported that skills training effects generalize well to other settings with aspects similar to the training situations, but less consistently when the skills have to be applied to new environments [Curran, Monti, Corriveau (1985) as cited in Heinssen et al., 2000)]. This suggests that training should ideally take place in the environment that it has a high probability of occurring again in the future. To support this, in a study by Bakken, Miltenberger and Shauss (1993) parents were taught skills for interacting with their children. Skills taught using instructions, modelling, rehearsal and feedback were learned, however, they did not generalize to their natural settings in the home. Once the trainers started to teach the skills in the home, the parents started to display the skills there too (Miltenberger, 2008). The results of the studies by Marder et al., (1996), Liberman et al., (1994) and Blair (1999) found that individuals learn to implement acquired skills in natural settings more effectively when 1) treatment is provided over extended periods, 2) opportunities for using skills are created within the individual’s environment, and 3) skill performance is prompted and reinforced. This suggests that modelling and practicing the skills in the client’s environment is beneficial for continuation of task completion. Self-recording techniques also promote generalization outside of the training session. The existence of the self-recording checklist and the act of completing the checklist make it more likely that the client will practice the techniques outside of the sessions (Miltenberger, 2008).

As for specifically planning self-care skills training many factors should be taken into consideration. Self-care training can be depicted as a process using interaction and collaboration between the therapist and client. Some factors that were found to influence the training were the client’s previous habits and roles, environmental demands, client’s current capacity concerning attention, understanding, motor function and motivation. (Guidetti & Tham, 2002).

**Schizophrenia, Self-esteem and Skills Training**

Link, Struening, Neese-Todd, Asmussen, and Phelan (2001), assessed whether mental illness stigma had an effect on self-esteem. They concluded that the stigma associated with mental illness negatively affects the self-esteem of individuals who have severe mental illnesses. In another study, Gioia & Brekke (2009) found that when looking at neuropsychological (NP) functioning, the low NP group (individuals with schizophrenia) had low self-esteem scores as compared to the high NP group. It is also suggested that community functioning style associated with low NP contributes to low expectations from the environment that are internalized somewhat negatively by these individuals, which contributes to low self-esteem and further restricts their functioning. One of the symptoms of schizophrenia is hearing voices that others do not hear. Patients realize that they are different from other individuals, due to the fact that only they can
hear the voices. This can further negatively affect their self-concept and self-esteem (Austin & Boyd, 2010). The authors reported that reducing stigma would be the most important element for improving self-esteem. However, Davidson and Strauss (1997) suggested that one way to improve self-esteem is to improve skills in areas where there are fewer competencies. This can alter their thinking and build perceptions of competence. Highlighting areas where the individual is skilful and encouraging success is another tool that can be used to improve self-esteem. The acquisition of new skills and the discovery that the self can be active in the world even with simple tasks has been shown to provide a sense of developmental achievement to individuals with mental illness. This sense of self-efficacy further improves an individual’s self-esteem and overall sense of self (Davidson & Strauss, 1997). Moreover, Rogers (1982) found that the acquisition of new skills gave a sense of accomplishment and self-efficacy to individuals with low self-esteem, which can improve any individual’s self-esteem but especially in an individual with mental illness. Rogers (1982) also found that the requirements for independent living consist of competence and autonomy, which is having the ability to make choices and have control over one’s environment. The idea behind self-care training is to increase the client’s independence in everyday tasks, including improving decision making and providing a sense of control over the environment. A repeated measure, quasi-experimental design study by Blair (1999) found that using behavioural procedures to enhance motivation and autonomy in residents of a nursing home improved self-esteem.

Overall, individuals with schizophrenia have been shown to have lowered self-esteem due to stigma and their perception that they are different from others. The acquisition of new behavioural competencies and skills can alter their perception by increasing feelings of success and therefore improving their self-concept. Since, skills training provides individuals with the opportunity to acquire new skills, skills training should be effective for improving an individual with schizophrenia’s self-esteem.

**Gaps in the Literature**

Skills training methods have evolved over the past decades to address social and instrumental impairments common among people with schizophrenia. Behavioural interventions including skills training have been evaluated multiple times with a common suggestion that learning based therapies are beneficial to schizophrenia patients beyond the benefits of medication alone (Wallace, Liberman, MacKain, Blackwell, & Eckman, 1990; Benton & Schroeder, 1990; Corrigan 1991; Halford & Hayes, 1991; Bellack & Mueser 1993; Dilk & Bond 1996; Mueser, Drake, & Bond (1997) as cited in Heinssen et al., 2000).

According to Heinssen et al. (2000) further investigations are needed to determine the intensity of the skills training treatment required. For example, it is questioned whether skills training interventions should be delivered intensively at first, followed by longer periods of less intensive treatment, or if intensity should remain constant over an extended period and for how long. Also, many measures in schizophrenia research are limited to role play assessments in a lab based setting, or self-report measures in the context of a face to face interview or in response to a survey instrument. Further research would benefit from evaluating the effectiveness of different measures of functional capacity for schizophrenics. According to Heinssen et al.’s (2000) review of studies,
future directions should consider using skills training combined with assertive case management. For example, combining psychosocial skills training with vocational rehabilitation or supportive housing can improve the benefits of skills training. Also, they suggested using in-situ training in community settings to incorporate caregivers or family members for encouragement, support and reinforcement for everyday life. Motivation and compliance strategies also deserve further focus in psychosocial skills training. Finally, while many studies have focussed on the therapeutic strategies used for self-care skills training, future studies need to examine the client’s perception of self-care. There is currently a lack of research on the client’s perception of participating in self-care training and also the value and the meaning of learning and practicing self-care on a regular basis for clients (Guidetti & Tham, 2002).

**Relationship between literature analysis and self-care skills training for Schizophrenia**

The research literature supports psychosocial skills training as an effective method of intervention for targeting skills deficits among various populations. Individuals with schizophrenia may have cognitive impairments and deficits in many areas of independent living. While skills training techniques do not help with cognitive impairments, skills based teaching can be effective using slow, simple instruction. Repetition and practice also help with the memory impairment of schizophrenia. Skills training is a general treatment for a variety of areas and is most effective when it is directed specifically toward the desired tasks. The main, effective techniques used in skills training are educating, modelling, reinforcement, prompting, coaching and rehearsal. Additionally, goal-directed behaviour and self-monitoring have been shown to help increase future use of the behavioural skills practiced. This range of techniques can improve some of the impairments/deficits associated with schizophrenia. In addition to the specific techniques used in skills training, other aspects that are important to consider are motivation, generalization, and treatment design. To increase motivation goals should be client-centred and collaborative. Research suggests that client-centred goals are more personally meaningful and the individual is more likely to work towards accomplishing goals they have set for themselves and more likely to continue incorporating these goals into their lifestyle. As a result collaboration between the skills trainer and client is an important aspect of the training relationship, especially when teaching adults.

Research suggests that performing the skills in the natural environment where they will take place in the future helps with generalization and further use of the skill. Using one-on-one teaching provides the opportunity to teach and practice the skills in the individual’s actual environment. As such, one-on-one as opposed to group teaching is considered most appropriate for teaching individual tasks.

**Summary**

Based on the above review of the research literature, the present study was designed to address the self-care deficits in an individual with schizophrenia utilizing a skills training program. Given that low self-esteem has shown to be an issue in individuals with schizophrenia due to public and self-stigma, it was additionally hypothesized that improving self-care skills would have a positive effect on the client's self-esteem. Based on research suggesting that generalization and evaluation can be a
problem in lab-based skills training programs, the present study was designed to train the client in her natural environment (her home) and used both a self-report measure and an observational measure in that environment to evaluate progress.
Chapter III: Methodology

Participant

The participant in this study was referred from the community agency’s Assertive Community Treatment Team (ACTT). Mandy Smith is a twenty-one year old female diagnosed with paranoid schizophrenia. Staff members from the community mental health Assertive Community Treatment Team (ACTT) selected Mandy for skills training in the self-care area (hygiene, appearance).

The timing of the onset of Mandy’s illness (during her teen and early adult years), impacted Mandy’s maturity and development of skills in various areas. Mandy’s presenting problems were with self-care and self-esteem. Mandy struggled with performing daily self-care tasks, which in turn, affected her appearance. It was suggested by the team that improvement in daily self-care tasks would also be beneficial for future employment.

Information regarding the study was explained to the participant verbally and in detail from the written consent form. The applied thesis for Behavioural Psychology consent form was used (Appendix A). All information regarding the assessments and intervention was discussed and confidentiality was also explained. Informed consent was received at the start of the first meeting with Mandy Smith.

Design

This study was a single-subject study using an AB design. Data was collected on the participant’s self-care skills and self-esteem prior to treatment and following treatment. Data is presented in an AB graph. The dependent variables were the measures of self-care skills in appearance, hygiene and care of personal possessions for the self-report and just appearance and hygiene for the interviewer’s observations. Another dependent variable that was measured in addition to self-care was self-esteem. The independent variable was the self-care skills training; providing Mandy with the appropriate skills and tools to promote self-care. The trainer providing the training was a fourth year Behavioural Psychology student who had previously studied and practiced the techniques of behavioural skills training.

Setting and Apparatus

The study took place in a variety of settings depending on the session. The participant’s home was the setting of some of the skills training but other places within the community, appropriate to the skills being taught and practiced, were also used. The materials needed for the study depended on the skills being taught and practiced. Examples of self-care equipment required were toiletries for grooming practices, cleaning supplies for room cleaning, and a washing machine, dryer, and laundry detergent for laundry skills.

Measures

Two measures were used to in the study. The first measure used was the Independent Living Skills Survey (Appendix B). This survey is specifically used for measuring the functioning of individuals with mental illness in the community. This measure has acceptable psychometric characteristics; reliability, internal consistency,
interrater reliability, validity, stability (Wallace, Liberman, Tauber & Wallace, 2000). This survey provided a functional assessment (areas of focus for treatment) and also was used as a pre intervention test for baseline. The survey was also administered as a post-test to the intervention to evaluate the effectiveness of the intervention at improving self-care skills. There are two parts to the measure; the informant measure which is self-report and an interviewer’s observations measure. The informant measure included three sections of self-care; appearance, personal hygiene and care of personal possessions. At pre-test, the informant measure requires a ‘yes’ or ‘no’ answer based on living skills task completed by the respondent within the last 30 days. The answer ‘yes’ indicated that the task was completed and the answer ‘no’ indicated that it was not completed. At post-test the respondent answers the same questions, also within a 30 day time frame, except they are to identify only skills they completed “without prompting”. This is so that the training itself is not included as part of task completion, and only tasks that were completed independently are considered for an indication of improvement. For each section the number of ‘yes’ and ‘no’ answers were summed providing a score out of the total number of questions in that section.

This measure also includes an interviewer observation checklist which was filled out by the skills teacher at the beginning of each session as an ongoing measure to verify self-care. The interviewer’s observations assessed two areas of self-care; appearance and personal hygiene. The answers of ‘yes’ and ‘no’ were also summed for each section to show how many observable tasks were completed in each area of self-care.

Rosenberg’s self-esteem scale (Appendix C) was administered as a pre- and post-intervention measure to assess changes in self-esteem. This scale is a four-point Likert scale with answers ranging from strongly agree, agree, disagree and strongly disagree. Some items (those that are asterisked) are negatively keyed. For questions without an asterisk scoring is as follows; strongly agree= 3, agree= 2, disagree=1, and strongly disagree=0. For questions with an asterisk scoring were reversed; strongly agree=0, agree=1, disagree=2, strongly disagree=3. Higher scores were considered representative of higher self-esteem. Data was analyzed using mean, median and standard deviation of the scores for self-esteem and for each category of self-care. Comparisons were also made to observe the relationship between self-care skills training and self-esteem.

Procedures
This study was submitted and approved by the St. Lawrence College Research Ethics Board. The five findings from the assessment of effective therapeutic strategies by Guidetti & Tham (2002) were used for this self-care training approach. The common techniques used in a general skills training were used and adapted for the training of self-care. Lastly, the development of a daily self-care checklist was used for the client to continue using the self-care skills on a daily basis that were taught during the training.

Therapeutic Strategies. A rapport was established with the participant by spending time getting to know the participant and her interests before introducing that the skills trainer would be working on a program with her. Once a rapport was established it was discovered the motivating factor for the skills training program was the participant’s strong interest in obtaining employment. From there, the participant and skills trainer discussed what the participant thought about her self-care and the effects it may have on obtaining employment. Future employment was considered the motivating factor for
improving the participant’s self-care. Next, the skills trainer helped the participant set goals for self-care. This was done by looking at how often the participant was completing the tasks and then establishing how often she would like to be or should be completing the tasks. Once the goals were set the training was able to start taking place. Training consisted of the skills training techniques that are discussed in the following section. The training did provide the opportunity of continued practice of the skills for the participant. Lastly, the training was adjusted so that the focus was on the client and the trainer was no longer present for completing the tasks. This was accomplished by the participant and trainer creating a daily self-care routine checklist based on the goals of how often the participant wanted to complete the tasks. The participant was able to use this as a guide for the completion of daily self-care tasks.

**Skills Training.** This skills training intervention combined all of the skills training techniques and used them to teach and promote self-care skills in the client. A collaborative client-centred approach was used. Training was provided in an informal manner and in the natural setting where the task would normally take place. The training consisted of goal-setting, coaching/education, modelling, reinforcement, prompting and self-recording to help establish a daily self-care routine for the client. Training was twice a week for six weeks with sessions lasting anywhere from 30 minutes to two hours, covering the areas of self-care that were identified as problem areas from the Independent Living Skills Survey. For another informative summary, there is an outline of the sessions and techniques used included in Appendix D.

**Goal Setting.** The participant identified goals in the target areas that were identified from the Independent Living Skills Survey including how often the client felt she would like to partake in each of the target areas (e.g., weekly, daily). (See Appendix E for Goal Setting Sheet).

**Justification for Goal Setting.** Having the participant set the goals herself helped ensure that the goals were realistic in the sense that the participant was comfortable with how often the tasks were performed. Research has supported that self-selected goals enhance motivation to practice (Miltenberger, 2008).

**Coaching.** Throughout the training, information was provided and suggestions and ideas were given to help the participant gain more knowledge regarding self-care. An example of coaching is providing ideas such as using a dresser to keep clean clothes separate from dirty clothes or keeping dirty clothes in a hamper instead of on the floor. Also, the participant and skills trainer went shopping for the supplies needed to complete the tasks. The skills trainer would help suggest materials that the client may need to complete the tasks.

**Justification for Coaching.** Giving ideas and suggestions throughout the practice of activities and throughout the time spent on the intervention is beneficial because the client’s deficits limited her ability to generate ideas independently. Information provided while working on the task in a non-condescending manner is supportive and encouraging for the client (Miltenberger, 2008).
**Modelling.** For each target area of self-care, the trainer demonstrated how to complete the tasks and helped with tasks that the participant had difficulty regularly doing.

**Justification for Modelling.** Performing the tasks in front of the participant provided the opportunity for the participant to observe the task before attempting it herself. It also gave the opportunity for questions, feedback and support for the client's subsequent attempt to complete the task (Miltenberger, 2008).

**Rehearsal.** Every task was practiced in natural environment (e.g., home laundry room) to maximize generalization. Continued practice and repetition of the same task in the same environment was done during the course of the intervention.

**Justification for Rehearsal.** Repeatedly practicing tasks in a familiar environment and incorporating suggestions into the routine provided the opportunity for improvement, provided practice to further integrate the behaviour as learned. Also, it let the trainer know that the skills were understood and correct and it provided the opportunity for reinforcement. Rehearsing behaviour in the proper context has been shown to facilitate generalization when skills training is complete (Miltenberger, 2008).

**Prompting.** The participant was reminded to complete tasks on an as needed basis. Verbal prompts were given for how to complete the tasks. Additionally, a visual prompt, a daily routine checklist was developed collaboratively with the participant incorporating all of the goals into a daily routine. The participant hung the checklist on the wall as a reminder for the tasks that needed to be completed.

**Justification for Prompting.** Prompts were used as needed in order to assist task completion. Prompts are used as a discriminative stimulus and help the person engage in the appropriate behaviour (Miltenberger, 2008). Therefore, providing a visual for Mandy such as a checklist for daily self-care, acted as a reminder and a prompt to continue using self-care on a regular basis. These prompts were considered a motivator and to help ensure task completion.

**Reinforcement.** Verbal praise was given for the accomplishment of or improvement on each task. Staff members and the trainer gave positive comments in regards to appearance, which, served as a reinforcer for continuing self-care. The participant was given the suggestion that creating a personal reinforcer could be beneficial for keeping her motivation.

**Justification for Reinforcement.** Positive reinforcement in the form of verbal praise increases the likelihood that self-care tasks will be repeated in the future. Behaviours are strengthened by an immediate consequence following the occurrence of the targeted behaviour (Miltenberger, 2008). Providing verbal praise to Mandy following her completion of self-care tasks and even positively commenting on her self-care during the sessions will further increase her desire to complete self-care tasks.
Daily Self-Care Routine Checklist. Once the skills training portion of the program was complete the participant and trainer developed a checklist of daily self-care tasks based on the participant’s goals of how often she wanted to complete the tasks. This checklist was created collaboratively between the participant and the trainer. The participant was then able to use the checklist as a visual prompt for completing the tasks on a routine basis without assistance from the skills trainer. The checklist had the tasks displayed in an easy to read format with boxes to check off as she completed the task. Tasks that the participant found a little more difficult were explained step-by-step as a reminder how to complete the task. The tasks were divided into daily and weekly completion. The checklist was developed in session eight and from there the participant was using the checklist solely as a prompt to complete her self-care tasks.
Chapter IV: Results

Assessment Results

Prior to intervention procedures, the following functional assessments were conducted: Review of client file and the Independent Living Skills Survey. The following baseline assessments were conducted: Independent Living Skills Survey (Self-report), Independent Living Skills Survey (Observer) and the Rosenberg Self-Esteem Scale. The results from the assessments are as follows:

Review of Client File (04-10-10). Mandy’s file was reviewed in order to gather relevant background information. Mandy’s background information, as reported from psychiatrist notes and hospital admissions, revealed that Mandy struggles with daily living skills in the area of self-care. Mandy’s appearance and personal hygiene were very poor. Mandy’s goals for the future surrounding school and work require her to improve her appearance and hygiene skills.

Independent Living Skills Survey (Wallace, Liberman, Tauber & Wallace (2000) (20-10-10). This survey was used to measure Mandy’s current level of functioning in independent living based on completing tasks within the last 30 days. This measure identified the areas of focus for treatment planning. The areas of focus for treatment were identified as appearance and clothing. It was reported that Mandy was not doing her own laundry, folding her clean clothes or separating her dirty clothes from her clean clothes. Personal hygiene was also identified as a target area for treatment. Finally, care of personal possessions was another area of focus identified in terms of keeping her room clean. Interviewer observations found that clothes were stained and not kept neat and clean. Hair was also unkempt and body and face were not kept clean.

Baseline Assessment

Independent Living Skills Survey- Self-Report (20-10-10). This survey provided a baseline measure of Mandy’s functioning in three self-care areas that need improvement; appearance and clothing, personal hygiene and care of personal possessions (See appendix F for questions and raw data). The self-report indicated that in the last 30 days Mandy had completed four of the six areas in appearance/clothing; Mandy does wash and dry her clothes appropriately, she does change her underwear at least twice a week and does look after buying her clothes. However, she does not fold or hang her clothes after being washed and does not store her clean clothes separately from her dirty clothes. Four of the six areas of personal hygiene were reported as being completed in the last 30 days indicating that Mandy does bathe herself and keep her body clean, but hair washing and teeth cleaning had not been done. In terms of care of personal possessions only two of the six tasks were completed in the last 30 days. Mandy reported having picked up clutter and mopped her floor. Making her bed daily, keeping her room clean, wiping up spills and dusting were not completed. Out of these three areas of self-care, eight of the total of 18 tasks were completed within the last 30 days with an average of $M=3.3 \ (SD=1.15)$ in any one area (Table 1). This measure was used at the end of treatment as a post-test to provide an indication of improvement on these tasks (Figure 1.1).
**Independent Living Skills Survey- Observer (20-10-10).** The interviewer’s observations for baseline were recorded from sessions 2-8, before the implementation of the daily self-care checklist routine. The observer recorded observations based on the categories of appearance and hygiene (See appendix G for questions and raw data for all 12 sessions). The interviewer’s observations support the self-report of problem areas as Mandy’s clothing did not appear neat and clean, suggesting that laundry had not been done for a majority of the sessions. There were three task completion observation questions for appearance. During the seven sessions the average tasks completed in the area of appearance was $M=2$ ($SD=0$) in the area of appearance (Table 2 and Figure 2.1). In the area of hygiene there were six task completion questions. During the seven sessions the average tasks completed in the area of personal hygiene was $M= 2.28$ ($SD=1.25$) (Table 3 and Figure 2.1).

**Rosenberg’s Self-Esteem Scale (18-10-10).** This measure was used to provide an estimate of Mandy’s pre-intervention level of self-esteem. The self-esteem measure was given as a pre and post-test. Mandy's results suggested she had higher self-esteem than anticipated (See Appendix H for raw data and scores). She scored an 18 on the scale out of a maximum score of 30. According to the test norms, Mandy’s score is in the medium to high range of self-esteem. Mandy’s average score on the four-point Likert scale was $M=1.8$ ($SD=0.63$) (Table 4). Although Mandy did not present with low self-esteem it was decided that the scale would still provide an indication of whether improvement in this area was related to the skills training (Figure 3).

**Intervention Results**

**Independent Living Skills Survey Self- Report (03-13-10).** This measure was administered during the final session of the training. The training was finished and the daily self-care checklist had been implemented for two weeks prior to this test. The results for the categories of appearance and care of personal possessions showed an increase in number of tasks completed from the pre to the post-test. However, personal hygiene remained the same in terms of the number of tasks completed (see Table 1). The average number of tasks completed among the three categories was $M=3.3$ ($SD=1.15$) for the pre-test and $M=4.3$ ($SD=0.57$) for the post-test. This suggests an increase from baseline to intervention. (See Figure 1.1 for graph comparison with trend lines). When Mandy’s self-care skills were compared from baseline to intervention there was an overall 30% increase. These skills were further divided into representative categories. Mandy showed a 25% increase in the area of appearance from baseline to intervention, a 0% increase in personal hygiene and a 100% increase in care of personal possessions from baseline to intervention. (See Appendix I for raw data and scores).
Figure 1: Mandy’s Self-Report Percentage of Completed Self-Care Tasks
Table 1
Pre and Post-Test Self-Report Scores for Self-Care Skills

<table>
<thead>
<tr>
<th>Areas of Self-Care</th>
<th>Pre-Test Scores of Tasks Completed</th>
<th>Post-Test Scores of Tasks Completed</th>
</tr>
</thead>
<tbody>
<tr>
<td>Appearance</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>Personal Hygiene</td>
<td>4</td>
<td>4</td>
</tr>
<tr>
<td>Care of Personal Possessions</td>
<td>2</td>
<td>4</td>
</tr>
<tr>
<td>Total</td>
<td>10</td>
<td>13</td>
</tr>
<tr>
<td>Mean</td>
<td>3.3</td>
<td>4.3</td>
</tr>
<tr>
<td>Median</td>
<td>4</td>
<td>4</td>
</tr>
<tr>
<td>Standard Deviation</td>
<td>1.15</td>
<td>0.57</td>
</tr>
</tbody>
</table>

*Independent Living Skills Survey - Interviewer’s Observations (03-12-10).* The Independent Living Skills Survey also includes an interviewer observation checklist which was filled out by the skills teacher at the beginning of each session as an ongoing measure to verify self-care. For interviewer’s observations pre-checklist data consisted of sessions 2-8 and post-checklist data consisted of sessions 9-12. This was because the self-care routine checklist was not implemented until after session eight. For the first eight sessions Mandy was being taught self-care skills and accumulating supplies to implement her self-care skills. The categories assessed for self-care were appearance/clothing and personal hygiene. The answers of ‘yes’ and ‘no’ were tallied for each section to show how many observable tasks were completed in each of the two areas of self-care (Figure 2.1). During the final four sessions of intervention, the average number of tasks completed in the appearance category were $M=2.5 \ (SD=0.57)$. The average number of tasks completed in the personal hygiene category were $M=4 \ (SD=1.41)$. When comparing the interviewer’s observations from pre-checklist to post-checklist there was an overall 53% increase between the two phases. The areas of observation were divided into two categories. There was a 25% increase in appearance from pre-checklist to post-checklist and a 75% increase of personal hygiene from pre-checklist to post-checklist. When comparing Mandy’s self-report and the interviewer’s observations for baseline/pre-checklist and intervention/post-checklist, Mandy and the observer’s scores both showed a 25% increase in appearance, however, while Mandy's self-report demonstrated a 0% increase in personal hygiene the observer’s scores indicated a 75% increase. The difference in scores could be due to several factors that will be further discussed in the next chapter.
Mandy's Percentage of Self-Care Tasks Completed
According to Interviewers Observations

![Graph showing Mandy's percentage of self-care tasks completed over sessions 2 to 12. The graph includes two lines, one for Appearance and Clothing and another for Personal Hygiene, showing an increase in completion rate during the intervention phase.]

Figure 2: Interviewer’s Observations Percentage of Mandy’s Self-Care Tasks Completed

Table 2
Interviewer’s Observations for Appearance for Baseline and Intervention

<table>
<thead>
<tr>
<th></th>
<th>Baseline (Sessions 2-8)</th>
<th>Intervention (Sessions 9-12)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Tasks Completed</td>
<td>67%</td>
<td>83%</td>
</tr>
<tr>
<td>Mean</td>
<td>2</td>
<td>2.5</td>
</tr>
<tr>
<td>Median</td>
<td>2</td>
<td>2.5</td>
</tr>
<tr>
<td>Standard Deviation</td>
<td>0</td>
<td>0.57</td>
</tr>
</tbody>
</table>

Table 3
Interviewer’s Observations for Personal Hygiene for Baseline and Intervention

<table>
<thead>
<tr>
<th></th>
<th>Baseline (Sessions 2-8)</th>
<th>Intervention (Sessions 9-12)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Tasks Completed</td>
<td>38%</td>
<td>67%</td>
</tr>
<tr>
<td>Mean</td>
<td>2.28</td>
<td>4</td>
</tr>
<tr>
<td>Median</td>
<td>2</td>
<td>3.5</td>
</tr>
<tr>
<td>Standard Deviation</td>
<td>1.25</td>
<td>1.41</td>
</tr>
</tbody>
</table>

Rosenberg’s Self-Esteem Scale (03-12-10). This measure was administered during the final session of the training. The training was finished and the daily self-care checklist had been implemented for two weeks prior to this test. Mandy’s average score on the four-point Likert scale was $M= 1.8$ ($SD= 0.63$) for the pre-test and $M= 2.5$ ($SD= 0.57$) for the intervention.
0.52) for the post-test (Table 4). On average Mandy reported higher scores for the ten questions after the intervention (See Appendix J for raw data and scores). When comparing Mandy’s self-esteem from baseline to intervention there was a 38.8% increase in her self-esteem scores. Mandy’s self-report of her self-esteem is displayed in the following graph and table; this visual analysis displays Mandy’s scores for each question before training and at the end of training. Higher scores indicate higher self-esteem.

![Mandy's Pre and Post-Test Self-Esteem Scores According to the Rosenberg's Self-Esteem Scale](image)

**Figure 3:** Mandy’s Pre and Post-Test Self-Esteem Score Percentage

<table>
<thead>
<tr>
<th></th>
<th>Pre-Test</th>
<th>Post-Test</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Total</strong></td>
<td>18</td>
<td>25</td>
</tr>
<tr>
<td><strong>Mean</strong></td>
<td>1.8</td>
<td>2.5</td>
</tr>
<tr>
<td><strong>Median</strong></td>
<td>2</td>
<td>2.5</td>
</tr>
<tr>
<td><strong>Standard Deviation</strong></td>
<td>0.63</td>
<td>0.52</td>
</tr>
</tbody>
</table>

**Table 4**
Pre- and Post-Test Self-Esteem Scores

_Self-Monitoring._ Self-monitoring was also used to track Mandy’s progress. Mandy and the skills trainer collaboratively developed a self-care routine checklist based on her goals in the three areas and Mandy was to follow it on a daily basis. (See Appendix K for checklist)
Mandy’s goals for the number of times she would work toward completing each self-care task were taken into consideration when developing Mandy’s routine checklist. However, the Independent Living Skills Survey indicated that even after treatment Mandy was still not brushing her hair and teeth on a daily basis. The interviewer’s observations corroborated this self-report as well. Mandy also indicated on the survey that her clothes were still not being folded and stored neatly after being washed. Mandy’s goals were met some days, but not on a regular basis. Overall, the data did support the hypothesis that providing self-care skills training to an individual with a mental illness improved her self-care skills, with some limitations, while also improving her self-esteem.
Chapter V: Conclusion/ Discussion

Summary

This study confirmed that teaching an individual with mental illness self-care skills could effectively improve appearance and hygiene. The study supported that providing a skills training program targeting self-care skills for an individual with schizophrenia would improve her independent self-care skills. This study also suggested that an improvement in self-care skills can improve an individual’s self-reported self-esteem. At post-testing, the skills training had been completed for two weeks, and Mandy was independently implementing her self-care based on her routine checklist. These post-tests were used to see if the training and Mandy’s self-management made any improvements in Mandy’s independent self-care and in her self-esteem as compared to before the training started. Although, the results of intervention were measured using pre- and post-tests, Mandy’s progress was also monitored using interviewer’s observations during every session. The student skills trainer responded to a series of questions regarding Mandy’s appearance and hygiene based on observations. The interviewer’s observations indicated that there was an increase in completed self-care tasks from pre-checklist to post-checklist; however it was not consistent from session to session. Mandy’s self-care routine checklist was only used for the last two weeks of treatment and it is unclear whether having that checklist and self-monitoring would have made any improvements on the consistency of completing the tasks. There were overall improvements in both the self-report and interviewer’s observation checklist from baseline to intervention; however, there were differences between the two, which could be due to various reasons. First, there was a difference in questions that Mandy and the observer were required to answer session to session and not just pre and post change. The questions on the self-report were regarding tasks that should be completed such as the elements of laundry for appearance and the elements of bathing for personal hygiene. The interviewer’s observation questions were based on the tasks being completed. For example, the self-report for appearance was about laundry tasks whereas the observations for appearance were if the clothes matched, or were appropriate for the time of year and if the clothing appeared neat and clean. Although, these observation questions are based on the assumption that it shows whether or not the task was or was not completed, it still leaves room for other factors that could influence the observations. Also, the interviewer’s observations were done continuously over several sessions while the self-report was based on single pre and post-test sessions. It is also interesting to note that Mandy’s appearance and clothing score returned to baseline in the final session. It is unclear why there was a drop in the score but further data, such as a self-report for every session that could be compared to the interviewer’s observations may have provided a better analysis of the changes.

This study used the effective strategies for skills training as outlined by Guidetti & Tham (2002). A rapport was established with Mandy by showing empathy and compassion in regards to what she wanted and taking her future goals into consideration. Motivation was enhanced by explaining the benefits of self-care skills training in relation to her goal of obtaining a job. Goals were established collaboratively and set based on a reasonable balance of Mandy’s current level of self-care and a healthy level of self-care. Taking Mandy shopping for the supplies she needed for self-care helped set her up for
success. She was able to practice these skills daily and the skills trainer adjusted the training so it best suited Mandy’s needs. The checklist was created for Mandy to continue completing her self-care tasks on daily basis without the presence of the skills trainer. These strategies used for skills training were very effective and consistent with the study of the 12 occupational therapists. This study emphasized the importance of maintaining self-care because Mandy knew how to complete most self-care tasks but just lacked the motivation to do so. Consistent with Austin & Boyd's (2010) self-care training, Mandy was given a daily schedule of self-care tasks and the importance of maintaining the self-care was emphasized, which appeared effective at keeping the motivation to complete the self-care. Although it is unclear whether self-care skills training is effective for completing self-care tasks consistently, providing individuals with the tools and skills necessary for completing self-care tasks can be beneficial for increasing self-care to some degree. Mandy’s self-esteem also improved from the pre-test to the post-test. According to Davidson & Strauss (1997), the acquisition of new skills provides a sense of developmental achievement in individuals with mental illness and their increased sense of self-efficacy will thereby improve their self-esteem. In this case, Mandy did acquire self-care skills and did show improvements in self-care. Mandy also had a reasonable increase in her self-esteem following the skills training.

**Strengths**

A strength to this program was the collaboration between the client and the researcher. The goals, planning, and training were developed collaboratively between Mandy and the skills trainer. Research has shown that collaboration can increase the effectiveness of treatment. Another strength was completing the training in the subject's natural environment to aid in generalization. Sometimes training is difficult to generalize when it has not occurred in its natural setting. Having Mandy practice skills where they would naturally occur in the future was beneficial.

**Limitations**

A limitation to this study is the use of self-report measures. The Independent Living Skills Survey included a section for observations by the skills trainer, however, the self-esteem measure was based entirely on self-report, which can be influenced by response bias and subject dishonesty. Another limitation would be the self-monitoring. Although observations provided an idea of whether Mandy had been using the self-care skills, her routine was solely based on self-management and self-monitoring. This could be seen as a limitation because again it is based on Mandy’s honesty. Therefore, it was undetermined how much of Mandy’s routine was being followed. This study does not generalize to the schizophrenic population based on one individual. This study is limited because it is hard to make causal statements from case studies. Lastly, similar to most studies, there were undoubtedly extraneous variables that could have had an impact on the training.

**Multilevel Challenges to Service Implementation**

**Client Level.** The participant’s motivation for completing the tasks was lacking at times. There were some occasions when the client would refuse contact with the student teacher, making it difficult to continue the program as scheduled. Education and
reminders to the client on the importance of self-care for the client’s future were used on a regular basis, in an effort to increase the client’s motivation to participate.

**Program Level.** Consistency is an important factor in the development of any treatment program for clients. At community mental health agencies clients are often shared between staff for various reasons. If different staff members are working with the individual it is important to keep other staff members up to date on all current activities. A brief description of the treatment contact with the individual should be recorded for other staff members to read. This should help with the consistency of the treatment for the individual.

**Organizational Level.** Mental health agencies offer a variety of services to clients based on the different needs of the client. Clients may be lacking in several different areas and could be receiving help from various services (i.e., housing, vocational) within the agency. The different programs can sometimes conflict regarding time, reinforcement and the influence of the diverse educational and theoretical backgrounds of the employees. Communication between services is important for ensuring the most beneficial services are provided to the client from the various services.

**Societal Level.** There is a public stigma towards individuals with mental illness when they are living within the community. The stigma associated with individuals with mental illness is that they are viewed as unstable and their abilities are often questioned. These individuals are less likely to obtain employment and proper care therefore less able to become active members of society. More education regarding mental illness would be of value in addition to government funding for more services and opportunities for these individuals to gain skills and experience to promote functioning within the community.

**Contributions to the Behavioural Psychology Field**

This study will contribute to the field of behavioural psychology by providing information specific to the effectiveness of a skills training programme on self-esteem and self-care for an individual with a severe mental illness. It is hoped that this study will prompt future researchers to evaluate skills training techniques for a variety of different skills areas and with different mental illnesses. Self-care is only one of the many skills individuals with mental illness struggle with and future studies could evaluate the effectiveness of skills training to teach individuals to address other areas that would improve the quality of life for individuals with mental illness and aid in helping them become active members of society.

More specifically, this study was client-focused and supported the importance of collaborative goal-setting with the client when implementing a treatment program. Motivation for persons with mental illness can be a concern and it is suggested that incorporating these techniques into treatment can play a role in increasing motivation.

**Recommendations**

This program demonstrated the successful implementation of a self-care training program for an individual with mental illness. Reinforcement from staff members will be continued for the client during Mandy’s weekly contacts, as staff members will be taking
note of her appearance and hygiene. After analyzing the data from this intervention, it became evident that some modifications may have made the intervention more effective. Having Mandy complete the checklist on a weekly basis and monitoring weekly progress would be a suggestion for future adaptations of the program. Having a program focusing on the client’s self-management of the routine checklist would be helpful for monitoring progress in the client's self-care. For future studies, the direct effect of self-monitoring through the self-care checklist could be studied more closely. Additionally, it is suggested that client self-motivation for engaging in self-care tasks should be a larger focus of the intervention.
References


Appendix A

CONSENT FORM

TITLE: Increasing Self-Care Skills and Self-Esteem in an Individual with Schizophrenia

STUDENT: Sarah Turner
COLLEGE SUPERVISOR: Yolanda Fernandez

INVITATION
I am a student in my 4th year in the Behavioural Psychology at St. Lawrence College and I am currently on placement at the Frontenac Community Mental Health Service. As a part of this placement, I am completing a special project called an applied thesis and am asking for your assistance to complete this project. The information in this form is intended to help you understand my project so that you can decide whether or not you want to participate. Please read the information below carefully and ask all the questions you might have before deciding whether or not to participate.

WHAT IS THE PURPOSE OF THE STUDY?
My project is to determine whether self-care skills training helps improve self-care skills and self-esteem. It has been shown in previous research that teaching self-care skills can be beneficial to individuals for obtaining employment and other opportunities within the community. A self-esteem measure has been incorporated into the study to see if the training has an effect on self-esteem. Your honest answers to the questions are important and I am asking for your help in this project by participating in the self-care skills training sessions and filling out the questionnaires.

WHAT WILL YOU NEED TO DO IF YOU TAKE PART?
If you agree to complete these questionnaires, it should take about 15 minutes to answer both surveys. They are each to be filled out twice; once at the beginning of our time working together and once at the end of the training. Also, if you decide to participate in the self-care skills training, we can determine which areas you would like to focus on that would be helpful to you. During each session we will work on the skills together in a variety of ways. There will be approximately 10-12 sessions provided across six weeks lasting the length of time needed, but no more than two hours maximum in order to complete the task or activity.
WHAT ARE THE POTENTIAL BENEFITS TO ME OF TAKING PART?
The potential benefits of this project may be that you can acquire improved self-care skills that could potentially help you in various ways within the community. There is also the potential that these skills may be useful in your future and could increase your self-esteem and give you a more positive view of yourself.

WHAT ARE THE POTENTIAL BENEFITS TO OTHERS OF TAKING PART? (IF APPLICABLE)
Information from this project may be used to help other individuals with mental illness with learning self-care skills.

WHAT ARE THE POSSIBLE DISADVANTAGES AND RISKS OF TAKING PART?
The risks of participating in this project are minimal but may include becoming discouraged, or tired of learning and practicing the skills.

WHAT HAPPENS IF SOMETHING GOES WRONG?
If something goes wrong at any point, you can talk to me or another member from the ACT team. You are free to withdraw at any time if you are not comfortable participating and any information collected will be destroyed.

WILL MY TAKING PART IN THIS PROJECT BE KEPT PRIVATE?
We will make every attempt to keep any information that identifies you strictly confidential unless required by law. It is required by law to report if there is potential risk of harm to oneself, others or children. All documents will be identified only by code number and kept in a locked filing cabinet in the agency’s office for 7 years. Access will only be permitted to those involved in the intervention, the agency supervisor and myself. Information on computer will be password protected. You will not be identified by name in any reports, publications, or presentations resulting from this project.

DO YOU HAVE TO TAKE PART?
It is up to you to decide whether or not to take part. If you do decide to take part, you will be asked to sign this consent form. If you do decide to take part, you are still free to withdraw at any time, without giving any reason, and without incurring any penalty.
CONTACT FOR FURTHER INFORMATION.
This project has been approved by the Research Ethics Board at St. Lawrence College. The project will be developed under the supervision of Yolanda Fernandez, my supervisor from St. Lawrence College. I really appreciate your cooperation. If you have any additional questions or concerns, feel free to ask me, Sarah Turner, or you can contact my College Supervisor, Yolanda Fernandez at 613-536-6786. You may also contact the Research Ethics Board at appliedresearch@sl.on.ca.

CONSENT
If you agree to participate in the project, please complete the following form and return it to me as soon as possible. A copy of this signed document will be given to you for your own records. An additional copy of your consent will be retained at the agency and in a secure location with the Research Ethics Board at St. Lawrence College.
CONSENT

By signing this form, I agree that:

- The research project has been explained to me.
- All my questions were answered.
- Possible harm and discomforts and possible benefits (if any) of this project have been explained to me.
- I understand that I have the right not to participate and the right to stop at any time.
- I am free now, and in the future, to ask any questions about the research project.
- I have been told that my personal information will be kept confidential.
- I understand that the results of this project may be published or presented in a professional forum.
- I understand that no information that would identify me will be released or printed without asking me first.
- I understand that I will receive a signed copy of this consent form.

I hereby consent to participate (or for my child to participate).

Participant/Parent/Guardian Printed Name: ____________________________

Age of Participant (If Under 18):______________

Signature: _______________________________ Date: ________

SLC Student Signature: ____________________________ Date: ________

Printed Name: ____________________________

Witness: _________________________________ Date: ________

Printed Name: ____________________________
Appendix B

Independent Living Skills Survey

Informant Questionnaire

The purpose of this questionnaire is to obtain your view of the community adjustment of one of your relatives, or one of the consumers of your facility's services. "Community adjustment" means how often your relative or the consumer performs the tasks needed to live a satisfying, independent life in the community. These tasks typically include taking care of one's personal appearance, money, possessions, residence, and health; finding and keeping a job; and interacting with others.

A number of these tasks—e.g., Vacuumed or mopped as needed; Bought own groceries; Budgeted money—are listed on the following pages. Please indicate how often your relative or the consumer you are rating performed each of these tasks during the past 30 days. If your relative or the consumer Always performed a task, place a checkmark on the line that is in the Always column next to the task; if your relative or the consumer Usually performed a task, place a checkmark on the line that is in the Usually column; if your relative or the consumer Often performed a task, place a checkmark on the line in the Often column; if your relative or the consumer Sometimes performed a task, place a checkmark on the line in the Sometimes column; if your relative or the consumer Never performed a task, place a checkmark on the line in the Never column. Put ONLY ONE checkmark for each task.

There are some tasks that cannot be performed because there is No Opportunity to do so. For example, using a bus is impossible if public transportation is not available; meals cannot be cooked if the residential staff does all the work and limits access to the kitchen; and medication cannot be self-administered if someone else stores the medication and dispenses it. If a task is never performed because there is No Opportunity to do so, place a checkmark on the line in the No Opportunity column next to that task.

If you wish to write comments about your answers or provide information that is important for understanding your relative's or the consumer's adjustment, please feel free to write them in the comments lines and/or on the back of this questionnaire.

MANY, MANY THANKS FOR YOUR HELP!!

Relative or consumer to be rated: ____________________________

Your name: ____________________________ Date of completion: ____________________________

Your relationship to the person you're rating: ____________________________
### Appearance and Clothing

How often did the person perform each behavior in the last 30 days?

<table>
<thead>
<tr>
<th>Behavior</th>
<th>Always</th>
<th>Usually</th>
<th>Often</th>
<th>Sometimes</th>
<th>Never</th>
<th>No Opportunity</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Washed clothes by hand or machine using the proper amount of detergent (without prompting)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Dried clothes in a dryer or on a clothes line (without prompting)</td>
<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>3. Folded, hung up, and stored clothes after they were washed and dried (without prompting)</td>
<td></td>
<td></td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>4. Stored dirty clothes separate from clean (without prompting)</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>5. Changed underwear at least twice a week (without prompting)</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>6. Bought own clothes the last time clothing was needed (without prompting)</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>7. Undressed self at designated times (without prompting)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8. Dressed self at designated times (without prompting)</td>
<td></td>
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<tr>
<td>9. Maintained clean, neat appearance throughout the day (without prompting)</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>10. Wore bizarre combinations or excessive layers of clothing</td>
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<tr>
<td>11. Wore clothing appropriate for the weather and the social occasion (without prompting)</td>
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<tr>
<td>12. Changed clothes excessively (several times a day)</td>
<td></td>
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</tr>
</tbody>
</table>

Comments:

### Personal Hygiene

How often did the person perform each behavior in the last 30 days?

<table>
<thead>
<tr>
<th>Behavior</th>
<th>Always</th>
<th>Usually</th>
<th>Often</th>
<th>Sometimes</th>
<th>Never</th>
<th>No Opportunity</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Bathed/showered with soap at least twice/week (without prompting)</td>
<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>2. Shampooed hair at least twice/week (once a week for females) without prompting</td>
<td></td>
<td></td>
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<tr>
<td>3. Used deodorant (without prompting)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. Brushed/combed hair (without prompting)</td>
<td></td>
<td></td>
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<td></td>
<td></td>
</tr>
</tbody>
</table>
The Independent Living Skills Survey  


5. * Brushed teeth with toothpaste at least once/day (without prompting) .............................................. — — — — — —
6. * If needed, got a haircut or had hair styled (without prompting) .................................................. — — — — — —

Comments: .........................................................

Care of Personal Possessions

How often did the person perform each behavior in the last 30 days?

1. * Made the bed (without prompting) .............................................. — — — — — —
2. * Kept room clean (without prompting) ........................................ — — — — — —
3. * Picked up "clutter" and put items back where they belong (without prompting) ............................................. — — — — — —
4. * Wiped up spills such as coffee (without prompting) .............................................. — — — — — —
5. * Vacuumed or mopped as needed (without prompting) ........................................ — — — — — —
6. * Dusted furniture as needed (without prompting) ........................................ — — — — — —
7. Changed bed linens as needed (without prompting) ........................................ — — — — — —
8. Performed assigned household tasks (without prompting) ........................................ — — — — — —
9. Used others' possessions inappropriately and/or without permission ............................................... — — — — — —

Comments: ................................................................

Food Preparation/Storage

How often did the person perform each behavior in the last 30 days?

1. * Prepared simple foods such as sandwiches, cold cereal, etc. that did not require cooking ........................................ — — — — — —
2. * Prepared foods that require some cooking such as eggs, TV dinners ........................................ — — — — — —
3. * Discarded spoiled foods (without prompting) ........................................ — — — — — —
### Health Maintenance

How often did the person perform each behavior in the last 30 days?

1. *Self-administered medication (if not on medication, when the person last took medication)*
   
2. *If didn’t self-administer medication, cooperated with the person who administered it (score same as item #1 if person self-administered medication)*
   
3. *Contacted appropriate person (e.g., physician, social worker, residential care operator, parent) to renew a prescription for a medication presently being prescribed*
   
4. *When last ill with a minor physical problem such as a cold, correctly took care of himself/her*
   
5. *Knows proper use of insurance or welfare coverage (e.g., Blue Cross, Medicare, Medicaid) for treatment*
   
6. *If smokes, did so safely*
   
7. *Reported physical problems appropriately (neither over- nor underreported)*
   
8. *Obtained help from appropriate public agency or other resource (fire, police, social worker, doctor, dentist) when needed*
   
9. *Understands terms guardianship or conservator (if relevant)*
   
10. *Used telephone inappropriately (i.e., made long-distance calls charged to another number without permission, called others during the*
### Money Management

How often did the person perform each behavior in the last 30 days?

<table>
<thead>
<tr>
<th>Behavior</th>
<th>Always</th>
<th>Usually</th>
<th>Often</th>
<th>Sometimes</th>
<th>Never</th>
<th>No Opportunity</th>
</tr>
</thead>
<tbody>
<tr>
<td>Paid bills such as rent, utilities, phone, and transportation (without prompting)</td>
<td></td>
<td></td>
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<tr>
<td>Made a deposit or withdrawal at a bank (without prompting)</td>
<td></td>
<td></td>
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<tr>
<td>Budgeted money (planned how funds were to be spent)</td>
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<tr>
<td>Cashed paycheck or SSI check (without prompting)</td>
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<tr>
<td>Purchased essential items prior to spending money on luxuries (without prompting)</td>
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<tr>
<td>Purchased prescribed medication (without prompting)</td>
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<tr>
<td>Maintained appropriate identification for cashing checks</td>
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<tr>
<td>Contacted person responsible for financial support to ask questions and relay relevant information</td>
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<tr>
<td>Returned or exchanged defective goods (without prompting)</td>
<td></td>
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<tr>
<td>Counted change in store (without prompting)</td>
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</tr>
</tbody>
</table>

Comments:

### Transportation

How often did the person perform each behavior in the last 30 days?

<table>
<thead>
<tr>
<th>Behavior</th>
<th>Always</th>
<th>Usually</th>
<th>Often</th>
<th>Sometimes</th>
<th>Never</th>
<th>No Opportunity</th>
</tr>
</thead>
<tbody>
<tr>
<td>Had a valid, current driver’s license</td>
<td></td>
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<tr>
<td>Used public buses, trains, or subway (without prompting)</td>
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<tr>
<td>When last went to an unfamiliar place, asked others or called public transportation for directions (without prompting)</td>
<td></td>
<td></td>
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</tr>
</tbody>
</table>
4. Read bus schedule the last time the information was needed (without prompting)   
5. Walked to places in the neighborhood (without prompting) 
6. Followed pedestrian rules (without prompting) 
7. Acted appropriately on buses, trains, subways 

Comments:

Leisure and Community

<table>
<thead>
<tr>
<th>How often did the person perform each behavior in the last 30 days?</th>
<th>Always</th>
<th>Usually</th>
<th>Often</th>
<th>Sometimes</th>
<th>Never</th>
<th>No Opportunity</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Worked regularly on a hobby (without prompting)</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>2. Attended religious services (without prompting)</td>
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<tr>
<td>3. Wrote letters or visited friends/relatives (without prompting)</td>
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<tr>
<td>4. Attended movies/theater (without prompting)</td>
<td></td>
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<tr>
<td>5. Read books, newspapers, or magazines (without prompting)</td>
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<tr>
<td>6. Attended meetings of civic or other organizations such as VFW (without prompting)</td>
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<tr>
<td>7. Listened to radio or watched TV (without prompting)</td>
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<tr>
<td>8. Worked in the garden or yard (without prompting)</td>
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<tr>
<td>9. Attended spectator sport (without prompting)</td>
<td></td>
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<td></td>
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<tr>
<td>10. Bowled, played pool or other sports (without prompting)</td>
<td></td>
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<td></td>
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<tr>
<td>11. Played cards/table games (without prompting)</td>
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<tr>
<td>12. Was registered to vote</td>
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<tr>
<td>13. Violated general social etiquette (e.g., scratched body parts in public, belched in public without apologies)</td>
<td></td>
<td></td>
<td></td>
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<td></td>
<td></td>
</tr>
</tbody>
</table>

Comments:
### Job Seeking

How often did the person perform each behavior in the last 30 days?

<table>
<thead>
<tr>
<th>Behavior</th>
<th>Always</th>
<th>Usually</th>
<th>Often</th>
<th>Sometimes</th>
<th>Never</th>
<th>No Opportunity</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Read classified ads one or more times per week to look for jobs</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(without prompting)</td>
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<td></td>
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<tr>
<td>2. Contacted potential employers to determine possible job openings</td>
<td></td>
<td></td>
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<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(without prompting)</td>
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<td></td>
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<tr>
<td>3. Contacted friends/peers/social workers/employment agencies for job</td>
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<td></td>
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<td></td>
<td></td>
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<tr>
<td>leads (without prompting)</td>
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<tr>
<td>4. Participated in a job interview (without prompting)</td>
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<tr>
<td>5. Had realistic job aspirations</td>
<td></td>
<td></td>
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<tr>
<td>6. Had realistic interest in and desire to work</td>
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</tbody>
</table>

Comments:

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### Job Maintenance

How often did the person perform each behavior when last employed?

<table>
<thead>
<tr>
<th>Behavior</th>
<th>Always</th>
<th>Usually</th>
<th>Often</th>
<th>Sometimes</th>
<th>Never</th>
<th>No Opportunity</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. When last employed, arrived at work on time and followed daily break</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>and work schedule (without prompting)</td>
<td></td>
<td></td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>2. When last employed, got along with coworkers</td>
<td></td>
<td></td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>3. When last employed, got along with supervisors</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Comments:

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### Eating

How often did the person perform each behavior in the last 30 days?

<table>
<thead>
<tr>
<th>Behavior</th>
<th>Always</th>
<th>Usually</th>
<th>Often</th>
<th>Sometimes</th>
<th>Never</th>
<th>No Opportunity</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Drank neatly (without prompting)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Used appropriate utensils and dishes (without prompting)</td>
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<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. Ate at a reasonable pace (without prompting)</td>
<td></td>
<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>4. Chewed food with mouth closed (without prompting)</td>
<td></td>
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</tr>
</tbody>
</table>
5. Used a napkin (without prompting) ........................................... .......................... 
6. Took food off others' plates without permission ............. ........... ........................................... .......................... 
7. Limited food intake to appropriate amount 
   (without prompting) ................................................................. .......................... 
8. Ate discarded food (e.g., from garbage cans, 
   from trash bags) ................................................................. .......................... 

Comments: 

---

**Social Relations**

How often did the person perform each behavior in the last 30 days?  

<table>
<thead>
<tr>
<th>Behavior</th>
<th>Always</th>
<th>Usually</th>
<th>Often</th>
<th>Sometimes</th>
<th>Never</th>
<th>No Opportunity</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Communicated with coherent, comprehensible speech</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Initiated conversations with peers</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(without prompting)</td>
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<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>3. Maintained conversations for more than brief greetings</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. Terminated conversations politely</td>
<td></td>
<td></td>
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<td></td>
<td></td>
<td></td>
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<tr>
<td>5. Communicated without provocative or abrasive speech</td>
<td></td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>6. Communicated with normal range of eye contact, facial expression, and vocal tone/loudness/fluency</td>
<td></td>
<td></td>
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<td></td>
</tr>
<tr>
<td>7. Changed the frequency and duration of social contacts to maintain personal comfort</td>
<td></td>
<td></td>
<td></td>
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<td></td>
</tr>
<tr>
<td>8. Expressed interest in topics discussed by the conversational partner and used them to maintain the interaction</td>
<td></td>
<td></td>
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<td></td>
</tr>
<tr>
<td>9. When last contacted family, the interactions were pleasant</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Comments:
Independent Living Skills Survey

Self-Report Interview

The purpose of this questionnaire is to obtain an individual's view of his/her own community adjustment. "Community adjustment" means how often the individual performs the tasks needed to live a satisfying, independent life in the community. These tasks typically include taking care of one's personal appearance, money, possessions, residence, and health; finding and keeping a job; and interacting with others.

A number of these tasks—e.g., Vacuum or mop your floor; Buy your own groceries; Budget your money—are listed on the following pages. The individual's report of how often he/she performs these tasks will be obtained during an interview that should be conducted after a comfortable relationship has been established. Tell the individual that the interview consists of a comprehensive set of questions about the performance of ALL of the skills needed to live in the community. Some of the questions may seem irrelevant or even "babyish," but ALL must be asked so that a thorough picture can be drawn about the individual's strengths.

PLEASE DO NOT SKIP ANY QUESTIONS. For each, begin by reading the "time frame" statement (In the last 30 days, did you...) followed by a task (vacuum or mop your floor). Ask the individual to respond YES, NO, or NOT APPLY, and, based on that response, place a checkmark in the appropriate column. If the individual has been in an unusually restrictive setting such as a hospital for the past 30 days and the restrictive setting is not the one in which the individual typically resides, change the time frame statement to When you are living in your typical residence, NOT the hospital, do you...

Explain that the NOT APPLY response option means a task may not be performed because the setting doesn't allow it. Using a bus is impossible, for example, if public transportation is not available; meals cannot be cooked if the residential staff does all the work and limits access to the kitchen; and medication cannot be self-administered if someone else stores the medication and dispenses it. If the individual responds that a task is not performed because there is NOT APPLY to do so, BE SURE TO ASK FOR FOLLOWUP INFORMATION THAT VERIFYES THE LACK OF ENVIRONMENTAL OPPORTUNITY.

Write comments about the individual's answers or provide information that is important for understanding his/her environment in the comments lines and/or on the back of this questionnaire.

Individual: __________________________________________

Your name: __________________________________________ Date of completion: __________

653
### Appearance and Clothing

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
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<tbody>
<tr>
<td>In the last 30 days, did you?</td>
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<tr>
<td>1. Wash your clothes by hand or machine using the proper amount of detergent?</td>
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<td>2. Dry your clothes in a dryer or on a clothes line?</td>
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<td>3. Fold, hang up, and store your clothes after they were washed and dried?</td>
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<td>4. Store your dirty clothes separate from your clean clothes?</td>
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<td>5. Change your underwear at least twice a week?</td>
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<td>6. Buy your own clothes the last time you needed some?</td>
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**INTERVIEWER’S OBSERVATIONS**

<table>
<thead>
<tr>
<th>Observation</th>
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<tbody>
<tr>
<td>7. Clothing appears neat and clean</td>
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<tr>
<td>8. Clothing appears appropriate for the time of year</td>
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<tr>
<td>9. Colors and types of clothing appear appropriately coordinated</td>
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**Comments:**

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### Personal Hygiene

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
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<tbody>
<tr>
<td>In the last 30 days, did you?</td>
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<td>1. Bathe or shower using soap at least twice a week?</td>
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<td>2. Shampoo your hair at least twice a week (once a week for females)?</td>
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<td>3. Use deodorant daily?</td>
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<td>4. Brush or comb your hair daily?</td>
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<tr>
<td>5. Brush your teeth (or dentures) using toothpaste at least once a day?</td>
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<tr>
<td>6. Regularly clean your nails?</td>
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**INTERVIEWER’S OBSERVATIONS**

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<tr>
<td>8. Hair appears clean</td>
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<td>9. Hair appears neatly combed</td>
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<tr>
<td>10. Hair appears neatly cut</td>
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<td></td>
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<tr>
<td>11. No body odor</td>
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<td></td>
<td></td>
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<tr>
<td>12. Nails appear clean</td>
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</table>

**Comments:**
Care of Personal Possessions

In the last 30 days, did you?
1. Make your bed daily? .................................................. No
2. Keep your room clean? .................................................. No
3. Pick up your "clutter" and put back items where they belong? .................................................. No
4. Wipe up spills on your furniture or carpet such as coffee? .................................................. No
5. Vacuum (if you have a carpet) or mop your floor? .................................................. No
6. Dust your furniture? .................................................. No

Comments:

Food Preparation/Storage

In the last 30 days, did you?
1. Prepare simple foods such as sandwiches, cold cereal, etc., that did not require cooking? .................................................. No
2. Prepare foods that required a small amount of cooking such as fried eggs, TV dinners? .................................................. No
3. Discard spoiled foods? .................................................. No
4. Wash dishes after meals by hand or in a machine? .................................................. No
5. Put away the dishes after they'd dried? .................................................. No
6. Choose mostly nutritional foods to eat; that is, you didn't live on candy and soda? .................................................. No
7. Buy your own groceries – more than snacks? .................................................. No

Comments:

Health Maintenance

In the last 30 days, did you?
1. Administer your own medication? (If you are not prescribed medication, did you administer your own medication when you were last taking it?) .................................................. No
2. If you take medication now but you do not administer it yourself, cooperate with the person who administers the


medication? (If you are not prescribed medication now, did you cooperate when you were last taking it?) 

3. * Contact the appropriate person to renew your prescription?
   (If not on medication, did you contact the appropriate person to renew your prescription when you last took it?)

4. * When you were last ill with a minor physical problem such as a cold, did you correctly take care of yourself?

5. * Do you know the proper use of insurance or welfare coverage such as Medi-Cal, Medicaid, and Medicare?

6. * Smoke cigarettes safely; that is, no holes in clothes, no cigarette burns on beds and furniture (score Y if person does not smoke)?

7. Take your medication every day exactly as prescribed?
   (If not on medication, in the past when you were taking medication, did you take the medication every day exactly as prescribed?)

Comments:

Money Management

In the last 30 days, did you?
1. * Pay your own bills such as rent, utilities, phone, and transportation?

2. * Make a deposit or withdrawal at a bank?

3. * Budget your money (plan how your funds were to be spent)?

4. * Cash your paycheck or SSI check?

5. * Pay for essential items such as rent prior to spending money on luxuries?

Comments:

Transportation

In the last 30 days, did you?
1. * Have a current, valid California driver’s license?

2. * Use public buses, trains, or subway?
3. * When you last went to an unfamiliar place, did you ask others or call public transportation for directions? ____________________________
4. * Read a bus schedule the last time you needed the information? ____________________________
5. Have and use your own car? ____________________________

Comments:

Leisure and Community

In the last 30 days, did you?

1. * Have a hobby on which you worked regularly? ____________________________
2. * Attend religious services? ____________________________
3. * Write letters or visit friends/relatives? ____________________________
4. * Attend movies/theater? ____________________________
5. * Read books, newspapers, or magazines? ____________________________
6. * Attend meetings of civic organizations or organizations such as VFW? ____________________________
7. * Listen to the radio or watch TV? ____________________________
8. * Work in the garden or yard? ____________________________
9. * Attend a spectator sport? ____________________________
10. * Bowl, play pool, or other sports? ____________________________
11. * Play cards/table games? ____________________________
12. * Are you currently registered to vote? ____________________________

Comments:

Job Seeking

In the last 30 days, did you?

1. * Read the classified ads one or more times per week to look for jobs? ____________________________
2. * Contact potential employers to determine possible job openings? ____________________________
3. * Contact friends and others such as employment agencies to obtain job leads? ____________________________
4. * Participate in job interviews? ____________________________
## Job Maintenance

On your current job or when you were last employed, did you?

1. * Get along with your coworkers? 
2. * Get along with your supervisors? 
3. * Arrive on time for work and follow a daily work and break schedule?

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
<th>Not Apply</th>
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Appendix C

Rosenberg Self-Esteem Scale (Rosenberg, 1965)

The scale is a ten item Likert scale with items answered on a four point scale - from strongly agrees to strongly disagree. The original sample for which the scale was developed consisted of 5,024 High School Juniors and Seniors from 10 randomly selected schools in New York State.

Instructions: Below is a list of statements dealing with your general feelings about yourself. If you strongly agree, circle **SA**. If you agree with the statement, circle **A**. If you disagree, circle **D**. If you strongly disagree, circle **SD**.

1. On the whole, I am satisfied with myself.

2.* At times, I think I am no good at all.

3. I feel that I have a number of good qualities.

4. I am able to do things as well as most other people.

5.* I feel I do not have much to be proud of.

6.* I certainly feel useless at times.

7. I feel that I’m a person of worth, at least on an equal plane with others.

8.* I wish I could have more respect for myself.

9.* All in all, I am inclined to feel that I am a failure.

10. I take a positive attitude toward myself.

Scoring: **SA**=3, **A**=2, **D**=1, **SD**=0. Items with an asterisk are reverse scored, that is, **SA**=0, **A**=1, **D**=2, **SD**=3. Sum the scores for the 10 items. The higher the score, the higher the self esteem.

The scale may be used without explicit permission. The author's family, however, would like to be kept informed of its use:

The Morris Rosenberg Foundation  
c/o Department of Sociology  
University of Maryland  
2112 Art/Soc Building  
College Park, MD 20742-1315

References

References with further characteristics of the scale:

Appendix D

Outline of Sessions

Session 1:

- Introduction
- Consents
- Self-Esteem Scale Pre-test
- Wrote letter to ODSP for employment benefits
- Interviewer’s observations

Session 2:

- Independent Living Skills Survey Pre-test
- Talk about Skills training and future plans
- Interviewer’s observations

Session 3:

- Client-centred goals
- Collaborative reasoning
- Educating around self-care
- Interviewer’s observations

Session 4:

- Started cleaning room
- Used all techniques of skills training to give ideas for storage and cleanliness
- Interviewer’s observations

Session 5:

- Finished cleaning room
• Interviewer’s observations

Session 6:
• Laundry
• Interviewer’s observations

Session 7:
• Went shopping with employment benefits money for toiletries and self-care supplies
• Interviewer’s observations

Session 8:
• Collaboratively created daily self-care routine checklist
• Interviewer’s observations

Session 9:
• Check-in and monitor to see how she is doing (educate, prompt if needed)
• Interviewer’s observations

Session 10:
• Check-in and monitor to see how she is doing (educate, prompt if needed)
• Interviewer’s observations

Session 11:
• Check-in and monitor to see how she is doing (educate, prompt if needed)
• Interviewer’s observations

Session 12:
• Self-Esteem Scale post-test
• Independent Living Skills Survey post-test
• Interviewer’s observations

• Wrap-up and discuss plans for maintenance
Laundry

Goal:

Reasons why laundry should be done:

Hair

Goal:

Reasons why hair should be well-kept:
Cleaning Teeth/ Face

Goal:

*Reasons why face/teeth should be clean:*

Clean Room

Goal:

*Reasons why room should be kept clean:*
Appendix F
Independent Living Skills Survey Self-Report Pre-Test Raw Data


C.J. Wallace et al.

Appearance and Clothing

In the last 30 days, did you?
1. Wash your clothes by hand or machine using the proper amount of detergent? 
2. Dry your clothes in a dryer or on a clothes line? 
3. Fold, hang up, and store your clothes after they were washed and dried? 
4. Store your dirty clothes separate from your clean clothes? 
5. Change your underwear at least twice a week? 
6. Buy your own clothes the last time you needed some? 

INTERVIEWER’S OBSERVATIONS

7. Clothing appears neat and clean? 
8. Clothing appears appropriate for the time of year? 
9. Colors and types of clothing appear appropriately coordinated? 

Comments: wash day bed, store separately

Personal Hygiene

In the last 30 days, did you?
1. Bathe or shower using soap at least twice a week? 
2. Shampoo your hair at least twice a week (once a week for females)? 
3. Use deodorant daily? 
4. Brush or comb your hair daily? 
5. Brush your teeth (or dentures) using toothpaste at least once a day? 
6. Regularly clean your nails? 

INTERVIEWER’S OBSERVATIONS

7. Face, arms, hands, etc. appear clean 
8. Hair appears clean 
9. Hair appears neatly combed 
10. Hair appears neatly cut 
11. No body odor 
12. Nails appear clean 

Comments: brush hair, wash face, brush teeth
Care of Personal Possessions

In the last 30 days, did you?
1. * Make your bed daily? ................................................. Yes  
2. * Keep your room clean? ................................................ No  
3. * Pick up your "clutter" and put back items where they belong? ....................................................... Yes  
4. * Wipe up spills on your furniture or carpet such as coffee? ......................................................... No  
5. * Vacuum (if you have a carpet) or mop your floor? ................. Yes  
6. * Dust your furniture? ...................................................... No

Comments:

Food Preparation/Storage

In the last 30 days, did you?
1. * Prepare simple foods such as sandwiches, cold cereal, etc., that did not require cooking? ................................................. Yes  
2. * Prepare foods that required a small amount of cooking such as fried eggs, TV dinners? .................................................. No  
3. * Discard spoiled foods? ...................................................... Yes  
4. * Wash dishes after meals by hand or in a machine? ................ No  
5. * Put away the dishes after they’d dried? ................................. Yes  
6. * Choose mostly nutritional foods to eat; that is, you didn’t live on candy and soda? .............................................. Yes  
7. * Buy your own groceries – more than snacks? ................................................. Yes

Comments:

Health Maintenance

In the last 30 days, did you?
1. * Administer your own medication? (If you are not prescribed medication, did you administer your own medication when you were last taking it?) ................................................. Yes
2. * If you take medication now but you do not administer it yourself, cooperate with the person who administers the medication?
Appendix G

Interviewer’s Observations

Session 1
No data collected

Session 2
Appearance and Clothing:
- Clothing appears neat and clean……………………………………….. No
- Clothing appears appropriate for the time of year………………….. Yes
- Colors and types of clothing appear appropriately coordinated…….. Yes
Comments: clothes are stained and look worn

Personal Hygiene:
- Face, hands, arms etc appear clean……………………………………. No
- Hair appears clean…………………………………………………….. No
- Hair appears neatly combed……………………………………. No
- Hair appears neatly cut………………………………………………. Yes
- No body odor………………………………………………………….. No
- Nails appear clean……………………………………………………… No
Comments: hair messy, face had coffee on it, teeth were not brushed

Session 3
Appearance and Clothing:
- Clothing appears neat and clean……………………………………….. No
- Clothing appears appropriate for the time of year………………….. Yes
- Colors and types of clothing appear appropriately coordinated…….. Yes
Comments: clothes were stained and dirty

Personal Hygiene:
- Face, hands, arms etc appear clean……………………………………. Yes
- Hair appears clean…………………………………………………….. Yes
- Hair appears neatly combed……………………………………. No
- Hair appears neatly cut………………………………………………. No
- No body odor………………………………………………………….. No
- Nails appear clean……………………………………………………… No
Comments: hair was not brushed; nails were dirty, smelled of body odor

Session 4
Appearance and Clothing:
- Clothing appears neat and clean……………………………………….. No
- Clothing appears appropriate for the time of year………………….. Yes
- Colors and types of clothing appear appropriately coordinated…….. Yes
Comments: clothes were stained and dirty

Personal Hygiene:
- Face, hands, arms etc appear clean................................................. No
- Hair appears clean........................................................................ No
- Hair appears neatly combed......................................................... No
- Hair appears neatly cut................................................................ Yes
- No body odor................................................................................ Yes
- Nails appear clean......................................................................... No

Comments: face was not clean, hair was very greasy and messy, did not smell but fingernails were dirty

Session 5
Appearance and Clothing:
- Clothing appears neat and clean................................................... No
- Clothing appears appropriate for the time of year........................ Yes
- Colors and types of clothing appear appropriately coordinated....... Yes

Comments: clothes were stained and dirty

Personal Hygiene:
- Face, hands, arms etc appear clean................................................. Yes
- Hair appears clean........................................................................ No
- Hair appears neatly combed......................................................... No
- Hair appears neatly cut................................................................ Yes
- No body odor................................................................................ No
- Nails appear clean......................................................................... No

Comments: hair is messy

Session 6
Appearance and Clothing:
- Clothing appears neat and clean................................................... No
- Clothing appears appropriate for the time of year........................ Yes
- Colors and types of clothing appear appropriately coordinated....... Yes

Comments:

Personal Hygiene:
- Face, hands, arms etc appear clean................................................. No
- Hair appears clean........................................................................ No
- Hair appears neatly combed......................................................... No
- Hair appears neatly cut................................................................ Yes
- No body odor................................................................................ No
- Nails appear clean......................................................................... Yes

Comments: looked very dirty except for fingernails

Session 7
Appearance and Clothing:
- Clothing appears neat and clean................................................... No
- Clothing appears appropriate for the time of year........................ Yes
- Colors and types of clothing appear appropriately coordinated....... Yes
Comments: clothing was dirty and stained

**Personal Hygiene:**
- Face, hands, arms etc appear clean................................. Yes
- Hair appears clean......................................................... Yes
- Hair appears neatly combed........................................... No
- Hair appears neatly cut................................................ Yes
- No body odor.............................................................. Yes
- Nails appear clean....................................................... No

Comments: Hair was tied up and messy (looked unbrushed)

**Session 8**

**Appearance and Clothing:**
- Clothing appears neat and clean...................................... No
- Clothing appears appropriate for the time of year............... Yes
- Colors and types of clothing appear appropriately coordinated... Yes

Comments: clothing was stained and dirty

**Personal Hygiene:**
- Face, hands, arms etc appear clean................................. Yes
- Hair appears clean......................................................... Yes
- Hair appears neatly combed........................................... No
- Hair appears neatly cut................................................ Yes
- No body odor.............................................................. Yes
- Nails appear clean....................................................... No

Comments: hair was not brushed

**Session 9**

**Appearance and Clothing:**
- Clothing appears neat and clean...................................... No
- Clothing appears appropriate for the time of year............... Yes
- Colors and types of clothing appear appropriately coordinated... Yes

Comments: clothing was stained

**Personal Hygiene:**
- Face, hands, arms etc appear clean................................. Yes
- Hair appears clean......................................................... No
- Hair appears neatly combed........................................... No
- Hair appears neatly cut................................................ Yes
- No body odor.............................................................. Yes
- Nails appear clean....................................................... No

Comments: hair looked very dirty

**Session 10**

**Appearance and Clothing:**
- Clothing appears neat and clean...................................... Yes
Clothing appears appropriate for the time of year.................... Yes
Colors and types of clothing appear appropriately coordinated........ Yes
Comments: clothing looked very clean, there were no stains

**Personal Hygiene:**
- Face, hands, arms etc appear clean................................. No
- Hair appears clean....................................................... Yes
- Hair appears neatly combed........................................ No
- Hair appears neatly cut............................................. Yes
- No body odor.......................................................... Yes
- Nails appear clean..................................................... No
Comments: face was dirty, hair was messy

**Session 11**
**Appearance and Clothing:**
- Clothing appears neat and clean.................................... Yes
- Clothing appears appropriate for the time of year.............. Yes
- Colors and types of clothing appear appropriately coordinated........ Yes
Comments: clothing was clean; there were no stains on clothes

**Personal Hygiene:**
- Face, hands, arms etc appear clean................................. Yes
- Hair appears clean....................................................... Yes
- Hair appears neatly combed........................................ No
- Hair appears neatly cut............................................. Yes
- No body odor.......................................................... Yes
- Nails appear clean..................................................... No
Comments: hair was tatty

**Session 12**
**Appearance and Clothing:**
- Clothing appears neat and clean.................................... No
- Clothing appears appropriate for the time of year.............. Yes
- Colors and types of clothing appear appropriately coordinated........ Yes
Comments: coffee stain on front of shirt

**Personal Hygiene:**
- Face, hands, arms etc appear clean................................. Yes
- Hair appears clean....................................................... Yes
- Hair appears neatly combed........................................ Yes
- Hair appears neatly cut............................................. Yes
- No body odor.......................................................... Yes
- Nails appear clean..................................................... Yes
Comments: hair was brushed, face was clean

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Appendix H-

Rosenberg’s Pre-Test Self-Esteem Raw Data

Rosenberg Self-Esteem Scale (Rosenberg, 1965)

The scale is a ten item Likert scale with items answered on a four point scale - from strongly agree to strongly disagree. The original sample for which the scale was developed consisted of 5,024 High School Juniors and Seniors from 10 randomly selected schools in New York State.

Instructions: Below is a list of statements dealing with your general feelings about yourself. If you strongly agree, circle SA. If you agree with the statement, circle A. If you disagree, circle D. If you strongly disagree, circle SD.

1. On the whole, I am satisfied with myself.  
2.* At times, I think I am no good at all.  
3. I feel that I have a number of good qualities.  
4. I am able to do things as well as most other people.  
5.* I feel I do not have much to be proud of.  
6.* I certainly feel useless at times.  
7. I feel that I’m a person of worth, at least on an equal plane with others.  
8.* I wish I could have more respect for myself.  
9.* All in all, I am inclined to feel that I am a failure.  
10. I take a positive attitude toward myself.

Scoring: SA=3, A=2, D=1, SD=0. Items with an asterisk are reverse scored, that is, SA=0, A=1, D=2, SD=3. Sum the scores for the 10 items. The higher the score, the higher the self esteem.

The scale may be used without explicit permission. The author’s family, however, would like to be kept informed of its use:

The Morris Rosenberg Foundation  
c/o Department of Sociology  
University of Maryland  
2112 Art/Soe Building
Appendix I

Independent Living Skills Survey Post-Test Raw Data


C.J. Wallace et al.

Appearance and Clothing

In the last 30 days, did you?
1. Wash your clothes by hand or machine using the proper amount of detergent? ..............................................
2. Dry your clothes in a dryer or on a clothes line? ...................
3. Fold, hang up, and store your clothes after they were washed and dried? ..............................................
4. Store your dirty clothes separate from your clean clothes? ....
5. Change your underwear at least twice a week? .................
6. Buy your own clothes the last time you needed some? .........

INTERVIEWER'S OBSERVATIONS

7. Clothing appears neat and clean .....................................
8. Clothing appears appropriate for the time of year ..............
9. Colors and types of clothing appear appropriately coordinated ..............................................................

Comments:

Personal Hygiene

In the last 30 days, did you?
1. Bathe or shower using soap at least twice a week? ..............
2. Shampoo your hair at least twice a week (once a week for females)? ..............................................
3. Use deodorant daily? ..............................................
4. Brush or comb your hair daily? ...................................
5. Brush your teeth (or dentures) using toothpaste at least once a day? ..............................................
6. Regularly clean your nails? ...........................................

INTERVIEWER’S OBSERVATIONS

7. Face, arms, hands, etc. appear clean ................................
8. Hair appears clean ..............................................
9. Hair appears neatly combed ........................................
10. Hair appears neatly cut ..........................................
11. No body odor ..............................................
12. Nails appear clean ..............................................

Comments:
### Care of Personal Possessions

In the last 30 days, did you?

1. Make your bed daily? ................................................................. Yes No Not Apply

2. Keep your room clean? .............................................................. Yes No Not Apply

3. Pick up your "clutter" and put back items where they belong? .......................................................... Yes No Not Apply

4. Wipe up spills on your furniture or carpet such as coffee? .......................................................... Yes No Not Apply

5. Vacuum (if you have a carpet) or mop your floor? .......................................................... Yes No Not Apply

6. Dust your furniture? .............................................................. Yes No Not Apply

Comments:

### Food Preparation/Storage

In the last 30 days, did you?

1. Prepare simple foods such as sandwiches, cold cereal, etc., that did not require cooking? ................. Yes No Not Apply

2. Prepare foods that required a small amount of cooking such as fried eggs, TV dinners? ......................... Yes No Not Apply

3. Discard spoiled foods? .............................................................. Yes No Not Apply

4. Wash dishes after meals by hand or in a machine? .......................................................... Yes No Not Apply

5. Put away the dishes after they’d dried? .......................................................... Yes No Not Apply

6. Choose mostly nutritional foods to eat; that is, you didn’t live on candy and soda? .......................................................... Yes No Not Apply

7. Buy your own groceries – more than snacks? .............................................................................. Yes No Not Apply

Comments:

### Health Maintenance

In the last 30 days, did you?

1. Administer your own medication? (If you are not prescribed medication, did you administer your own medication when you were last taking it?) .......................................................... Yes No Not Apply

2. If you take medication now but you do not administer it yourself, cooperate with the person who administers the
Rosenberg’s Self-Esteem Scale Post-Test Raw Data

Rosenberg Self-Esteem Scale (Rosenberg, 1965)

The scale is a ten item Likert scale with items answered on a four point scale - from strongly agree to strongly disagree. The original sample for which the scale was developed consisted of 5,024 High School Juniors and Seniors from 10 randomly selected schools in New York State.

Instructions: Below is a list of statements dealing with your general feelings about yourself. If you strongly agree, circle SA. If you agree with the statement, circle A. If you disagree, circle D. If you strongly disagree, circle SD.

<table>
<thead>
<tr>
<th></th>
<th>Statement</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>On the whole, I am satisfied with myself.</td>
<td>SA</td>
</tr>
<tr>
<td>2</td>
<td>At times, I think I am no good at all.</td>
<td>SA</td>
</tr>
<tr>
<td>3</td>
<td>I feel that I have a number of good qualities.</td>
<td>SA</td>
</tr>
<tr>
<td>4</td>
<td>I am able to do things as well as most other people.</td>
<td>SA</td>
</tr>
<tr>
<td>5</td>
<td>I feel I do not have much to be proud of.</td>
<td>SA</td>
</tr>
<tr>
<td>6</td>
<td>I certainly feel useless at times.</td>
<td>SA</td>
</tr>
<tr>
<td>7</td>
<td>I feel that I’m a person of worth, at least on an equal plane with others.</td>
<td>SA</td>
</tr>
<tr>
<td>8</td>
<td>I wish I could have more respect for myself.</td>
<td>SA</td>
</tr>
<tr>
<td>9</td>
<td>All in all, I am inclined to feel that I am a failure.</td>
<td>SA</td>
</tr>
<tr>
<td>10</td>
<td>I take a positive attitude toward myself.</td>
<td>SA</td>
</tr>
</tbody>
</table>

Scoring: SA=3, A=2, D=1, SD=0. Items with an asterisk are reverse scored, that is, SA=6, A=1, D=2, SD=3. Sum the scores for the 10 items. The higher the score, the higher the self esteem.

The scale may be used without explicit permission. The author’s family, however, would like to be kept informed of its use:

The Morris Rosenberg Foundation
c/o Department of Sociology
University of Maryland
2112 Art/Soe Building
Appendix K

**Self-Care Routine for the Week**

**Daily Self-Care Tasks**

<table>
<thead>
<tr>
<th>Task</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>• Brush teeth in morning</td>
<td></td>
</tr>
<tr>
<td>• Get dressed</td>
<td></td>
</tr>
<tr>
<td>- pick clean clothes from clean pile</td>
<td></td>
</tr>
<tr>
<td>- make sure clothes do not have stains</td>
<td></td>
</tr>
<tr>
<td>- if clothes have stains; add stain remover and put in dirty clothes pile</td>
<td></td>
</tr>
<tr>
<td>• Apply deodorant</td>
<td></td>
</tr>
<tr>
<td>• Shower and wash hair at night with shampoo and conditioner</td>
<td></td>
</tr>
<tr>
<td>• Wash face</td>
<td></td>
</tr>
<tr>
<td>• Brush hair after shower to get all tangles out</td>
<td></td>
</tr>
<tr>
<td>• Brush teeth at night</td>
<td></td>
</tr>
</tbody>
</table>

**Weekly Self-Care Tasks**

<table>
<thead>
<tr>
<th>Task</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>• Clean room</td>
<td></td>
</tr>
<tr>
<td>- pick up clutter</td>
<td></td>
</tr>
<tr>
<td>- return all food and dishes to kitchen</td>
<td></td>
</tr>
<tr>
<td>- wipe up spills</td>
<td></td>
</tr>
<tr>
<td>- sweep and mop floor if needed</td>
<td></td>
</tr>
<tr>
<td>• Laundry</td>
<td></td>
</tr>
<tr>
<td>- separate clothes based on color</td>
<td></td>
</tr>
<tr>
<td>- put clothes in washing machine and add detergent</td>
<td></td>
</tr>
<tr>
<td>- throw wet clothes into dryer immediately with a dryer sheet</td>
<td></td>
</tr>
<tr>
<td>- fold clean clothes and store in clean laundry basket</td>
<td></td>
</tr>
</tbody>
</table>