CLINICAL DECISION MAKING

IN

WHOLE PERSON HEALTH CARE

A Case Management and Review Guide

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INTRODUCTION

This document is for members of the multidisciplinary whole person client service team, as well as the clients themselves. It is aimed at providing them with a format for description, discussion and reflection that will enable more effective decision-making in whole person care.

The composition of our approach to decision-making was evolved by the staff as part of our weekly case discussion at the Bethel Whole Person Clinic or "Healing Centre" during 1986 . It has amply demonstrated what we can call the "ICEBERG EFFECT." Here, simple seeming physical complaints are markers, or sometimes decoys, for a host of problems in various dimensions of the person (body, mind and spirit). Without an attempt at a wholistic assessment and decision-making, only the presenting dimension would have received attention. The hidden ones would have been ignored, and the patient prematurely discharged.

We had been privileged to see far-reaching changes in patients' degree of wholeness. Also our staff and theological students (on field placement) learnt much about issues and patterns of problems in whole person care.

This exercise was an experimental one. It is recommended for further use and evaluation. We welcome any comments that the reader may have.

GUIDING PRINCIPLES

Certain theological, philosophical and scientific assumptions have influenced our approach and this the composition of this document. These we have summarised as follows:

The Four Basic Principles of Whole Person Health

1. **Health is wholeness**
   Less than a WHOLENESS APPROACH in health care is but patchwork. Health in its true sense means wholeness, that is, an integration between:
   a) all aspects of the self (body, mind and spirit);
   b) self and others;
   c) self and God.

2. **Health promotion involves clarifying and modifying HEALTH RELATED VALUES**
   This involves bridging the gap between wants and needs. It involves an action-oriented specific application of these values in:
   a) self-help procedures
   b) one's life style
   In other words, a change of values should be reflected in SELF-RESPONSIBILITY and SPECIFIC HEALTH BEHAVIOUR CHANGES.

3. **Total healing and health promotion for the whole person involves a MULTIDISCIPLINARY APPROACH.**
   This includes the following disciplines in BOTH PREVENTIVE AND CURATIVE ACTIVITIES.
   Medicine
   Counselling and mental health
   Prayer and spiritual direction
   This can be carried out in a team approach, but all aspects should also be integrated into the activities of each health practitioner and client.

4. **Whole Person Health promotion needs SELF-HELP COMMUNITY PARTICIPATION.**
   This is in order for it to be effective and justly distributed. This will involve:
   a) the church as a therapeutic community
   b) participation of members of a geographical community in the promotion of another's health.

A Clinical Approach to Whole Person Care: The Three Steps

1. **Making a WHOLE PERSON ASSESSMENT:**
   a) Data collection (history, self-assessment, examination, investigation, etc.);
   b) Establishing linkages between problems in various dimensions (physical, psychological, social and spiritual);
   c) Determining the patterns of interaction between these problems (e.g. whether they

form a simple chain reaction or vicious cycle);

d) Making a formulation statement.

2. Making a MANAGEMENT PLAN and MONITORING PROGRESS:

⇒ Using a problem list;

⇒ Using a team management approach with a case manager;

⇒ Involving the patient as a participant;

⇒ Focussing on strengths and self-help;

⇒ Undergirding all conceptualisation with a DEPENDENCE ON and WORSHIP OF a source of all wholeness.

PATIENT INTERVIEWING AND MANAGEMENT FLOW

The flow of patients through the Whole Person Centre at Bethel during 1986 is illustrated in Appendix I. The procedure is outlined as follows:

1. The main comprehensive data collecting process takes place in the WHOLE PERSON INTAKE INTERVIEW.

This is carried out by the NURSE for clients who come for medical treatment, and by the COUNSELLOR for clients who come for her services.

The Whole Person Questionnaire, presented in Appendix II, is used.

The questionnaire is utilised as part of a standard helping interview process. Here the patient is encouraged to share freely with the interviewer using guiding open-ended questions and appropriate silences.

Other process in the interview include:

- EXPLANATION of the whole person concept;
- INTRODUCTION to the services offered;
- Promotion of VENTILATION of feelings and concerns on the part of the patient;
- Promotion of an increased WHOLISTIC SELF UNDERSTANDING on the part of the patient;
- REFERRAL to various services according to need. Appendix I indicates the range of services provided in the Bethel Centre.

The counsellor, as intake interviewer, will refer patients to the nurse for medical screening, history taking and referral to the physician as necessary.

The nurse functions as spiritual or pastoral counsellor and thus will provide prayer as well as spiritual counselling and direction (as the patient desires) for needs that emerge.

The counsellor does the same.

Other staff in the centre also assist in praying with and for clients.

2. IN DEPTH INTERVIEWS AND INVESTIGATIONS form the next step in data gathering.

The Whole Person Questionnaire is not meant to be an exhaustive instrument. For example it does not aim to detect such problems as psychospiritual disorders or problems in responsible

Christian living. Neither does it attempt psychological or physical diagnoses.

Its main purpose is to point to dimensions and categories where problems are likely to exist.

It is up to the physician and counsellor to carry out more in depth interviews in order to detect and understand these problems.

As well, these persons ensure that they, as well at the patient, have a wholistic overview from their own interviewing as well as from the intake questionnaire.

They too seek to provide as total a spectrum of treatment approaches, as time and competence allows.

Referrals are also made as necessary at this stage.

This becomes difficult in a setting with a high patient-staff ration. Yet efforts are made to provide for this through:

i. referral and feedback information on REFERRAL FORMS;
ii. consultation of each other's PATIENT NOTES on the part of professional staff;
iii. INFORMAL DISCUSSIONS;
iv. WEEKLY CASE DISCUSSIONS for special problems and ongoing learning.

3. TREATMENT MONITORING takes place along the same lines as 1 to 3 above in the whole person interview, in depth interviews and inter-staff consultation geared for review.

Here both staff and client seek to monitor progress and ensure that all the necessary interventions are being effected.

OBJECTIVES OF THE DECISION MAKING FORMAT

This document is intended to enable the clinician to do the following as part of the decision-making process in wholistic medicine:

1. Have a system of IDENTIFYING AND CLASSIFYING those factors in all the dimensions of wholeness that can contribute to disharmony within the individual..
2. MAP OUT THE INTERPLAY these factors.
3. ESTABLISH THE MECHANISMS whereby life stress factors (axis I) can combine wit vulnerability factors (axis II) to produce reactions (axis III).
4. Explore the possible COMBINATIONS OF INTERACTIONS between factors within each axis and between each axis.
5. Isolate life stresses which operate as main and major sources or FOCI OF IRRITATION in the persons life.
6. ASSESS "SELF-INFLUENCE FACTORS." These are factors related to the patient's awareness (axis IV), help-seeking pattern (axis V), wholistic mindedness (axis VI) and health habits (physical, psychological and spiritual). These factors influence the patient's presentation, compliance, self-management and the outcome of treatment interventions.

7. Plan management strategies for the "self-influence factors."
8. Develop a PICTORIAL DESIGN AND FORMULATION SUMMARY that can assist the patient as well as the clinician see the patient's disharmony in a wholistic perspective.
9. Identify specific PROBLEMS for action and specify relevant INTERVENTIONS to be implemented.
10. Establish PRIORITIES for the sequence of managing all the specific problems identified above.
11. Establish the role that the STRENGTHS of the patient can play in their management.
12. Develop a system of joint therapist-patient MONITORING the progress of the patient in terms of management strategies for problems in each axis.
13. Try out a rational process of CASE MANAGEMENT whereby an identified team member can keep track of how well the patient is being continuously assessed and managed in terms of all his/her whole person needs.
14. Ensure a system of CONTINUITY OF CARE, whereby each patient can receive the type of therapy in each dimension that he or she needs at any given time.
15. Evolve a tool for RESEARCH into the frequency and variations of possible patterns of causation, inter-relations, and self-influence in wholistic medicine.
16. Design a TEACHING TOOL for professionals and students wishing to learn about whole person decision-making.

HOW TO USE THIS GUIDE

This document is in summary form and it is hoped that the reader can supplement this outline by reading from relevant books, such as those listed in the references for this article. Also, the guide is constructed in a form that once the individual understands the underlying assumptions and objectives, it will be easy to follow and internalise the logical flow of concepts and steps. Thus one should not be put off by the several symbols and diagrams. We found that with practice in case discussions, it became relatively easy to proceed through the format.

1. First, study the DECISION-MAKING FORMAT and the appropriate guide sheets to be used for formulation, management planning and monitoring, and progress notes. These can be duplicated to become a part of the patient's record for ready reference.
2. Next, refer to the EXPLANATORY SCHEME FOR CLASSIFICATION and EXAMPLES OF DATA to be used in the decision-making process.
3. Consult the WHOLE PERSON QUESTIONNAIRE (appendix II) as a useful guide for collecting initial data.
4. After this, one can practice using the questionnaire, format and accompanying sheets with a few patients.

One can be flexible in adapting the format to a simpler design or to include features not described in this document.

DECISION-MAKING FORMAT

I. FORMULATION

Indicate the following using the "whole person formulation sheet":
(Include queries for further investigation indicating problems and linkages using a question mark.)

1. MAIN PRESENTING SYMPTOMS OR CONCERNS.
2. PICTURE OF CAUSATION
   i. Reactions [R] (Diagnoses) (Axis III)
   ii. Life stresses [LS] (Axis I)
   iii. Vulnerability factors [VF] (Axis II)
   iv. Describe all interaction linkages (use arrows)
   v. INTERLINKAGE patterns:-
      (a) Chain reactions [CR]
      (b) Mutual interactions [MI]
      (c) Vicious cycles [VC]
   vi. Main irritating focus [MIF]
3. PICTURE OF SELF-INFLUENCE
   i. Self-awareness [SA] (Axis IV)
   ii. Wholistic mindedness [WM] (Axis V)
   iii. Help-seeking patterns [HSP] (Axis VI)
4. LINKAGES BETWEEN 2 AND 3 (above) - indicate using arrows

II. SUMMARY OF FORMULATION

Indicate the following on the formulation sheet.

1. Picture summary (of pictures of causation and self-influence)
2. Profile designation (indicating unique features) e.g. Dependent with broken heart and STD
3. Risk factors
4. Prognosis

III. MANAGEMENT HISTORY AND MONITORING PLAN

Indicate the following using the "Management Plan and Monitoring sheet":

1. Management history
2. Management strategy

3. Outcome evaluation including Iactrogenic factors
4. New management strategy

IV. PROGRESS NOTES

1. Use the Problems Oriented Record Format as suggested on the relevant form.
2. Integrate this information with the management plan and monitoring sheet. This sheet should be updated at each visit as new problems arise and are resolved. Indicate progress if the patient defaults or is discharged without full resolution of the problem.

WHOLE PERSON FORMULATION SHEET

Date: Intake Conference ? □ Reviews ? 1. □ 2. □ 3. □

A. PRESENTING COMPLAINTS (Symptoms):

B. PICTURE OF CAUSATION
(Indicate problems as necessary using brackets)
(Draw links between problems using arrows)

Problems in:

Axis I Life stresses (LS) :

Axis II Vulnerability factors (VF) :

Axis III Reactions (R):

Main irritating focus:

C. PICTURE OF SELF-INFLUENCE
Problems in:

Axis IV Self-awareness (SA) :
- Degree of subjective-objective dissonance:
None □ Mild □ Moderate □ Marked □

Axis V Help-seeking patterns (HSP) :
- Attendance: - Attitude to therapy:

Axis VI Wholistic mindedness (WM) :
- Dimensionality: - Integration:

- Openess:

D. DESIGNATIONS

Interlinking patterns:-
Summary of formulation:-
1. Picture summary

2. Profile Designation:-
3. Risk Factors:
4. Prognosis:-

Signed:.....

MANAGEMENT PLAN AND MONITORING SHEET

(Please sign after each entry) (6th column for progress on discharge or default. Give date)

PROBLEM	CODE	DT/ENTRY	STRENGTHS	INTERVENTION	DSCH/PROGR	DT/RESOLVED
SYMPTOMS						
1.						
2.						
3.						
PHYS.						
1.						
2.						
3.						
4.						
5.						
PSYCH.						
1.						
2.						
3.						
4.						
5.						
6.						
7.						
SPIR						
1.						
2.						
3.						
4.						
5.						
6.						
7.						
SOC.						
1.						
2.						
3.						
4.						
5.						
6.						
7.						
S.AWAR						
HLP SK P						
WH MIND						
RISK FCTRS						
1.						
2.						
3.						
4.						

PROBLEM ORIENTED RECORD PROGRESS NOTES

NAME

DATE

PROBLEM # **TITLE OF PROBLEM**

SUBJECTIVE DATA- -

OBJECTIVE DATA- -

ASSESSMENT- -

PLAN- -

PROBLEM # **TITLE OF PROBLEM**

S- -

O- -

A- -

P- -

EXPLANATORY SCHEME FOR CLASSIFICATION AND EXAMPLES OF DATA FOR:-

A) FORMULATION SHEET
B) MANAGEMENT PLAN AND MONITORING SHEET

A. FOR THE FORMULATION SHEET

B. MANAGEMENT PLAN AND MONITORING SHEET

EXPLANATION OF INDICES USED IN THE WHOLISTIC FORMULATION

AXES represent the several "lines of direction" along which various aspects of the clients clinical of "life" picture can be represented.
The axes used in this guide are indicated below:

A. DIAGNOSTIC AXES

Axis I - - Life Stresses

+

Axis II - - Vulnerability Factors - - -

↓ ↓

Axis III - - Reactions (diagnoses)

B. AWARENESS AND ATTITUDE AXES

Axis IV - - - Self awareness

Axis V - - - Help-seeking pattern

Axis VI - - - Wholistic mindedness

It can be seen that life stresses can interact with factors that make the patient vulnerable to produce certain reactions or diagnoses.

Vulnerability factors (such as personality disorders) can also affect one's awareness, help-seeking pattern and wholistic mindedness.

Dimensions represent the various aspects of the person: physical, psychological, spiritual and social.

The latter is more an aspect of the environment as such, but is a useful measure of what is happening to the person that also involves his/her volition.

There are of necessity categories of problems within each dimension. These categories provide convenient 'pigeon holes' for classifying and thus better describing and recording the many problems that can beset any aspect of the person.

Thus we have a hierarchical relationship whereby:

dimensions are within axes
categories are within dimensions
problems are within categories

Examples of these relationships are given below:

A. Diagnostic Axes

Axis e.g. - I (Life stresses)
Dimension - Psychological
Category - Developmental crisis
Problem - Midlife crisis

B. Awareness and attitude axes

Axis e.g. - VI (Wholistic mindedness)
Dimension - Dimensionality (of self awareness)
Category - Bidimensional (body and mind)
Problem - Neglect of spirituality

CLASSIFICATION OF DIMENSIONS WITHIN DIAGNOSTIC AXES (I-III)

1) Physical (Ph)
2) Psychological (Ps)
3) Spiritual (Sp)
4) Social (S)

CLASSIFICATION OF CATEGORIES WITHIN THE DIMENSIONS

1. Physical (Ph)
   - (a) Congenital excluding genetic (Ph-C)
   - (b) Genetic (Ph-G)
   - (c) Acquired (Ph-A)
   - (d) Disability (Ph-Da)
   - (e) Negative health habits (Ph-HH)

2. Psychological (Ps)
   - (a) Illness (Ps-I)
   - (b) Adjustment (Ps-A)
   - (c) Development Crisis (Ps-D)
   - (d) Personality Disorder (Ps-P)
   - (e) Origin in Childhood or Adolescence (Ps-C/A)
   - (f) Negative Health Habits (Ps-HH)
   - (g) Existential (Ps-E)
   - (h) Pneumopsychic (Ps-PnPs) (religious factors disturbing the psychological)

3. Spiritual (Sp)

These categories represent phenomena commonly perceived and described by religious clients, rather than objective judgements of the clinician. They are claimed to reflect religious

expression.
Thus these categories are descriptive rather than representing scientifically determined diagnoses.

(a) Reconciliation to God (Sp-R)
(b) Hope (Sp-H)
(c) Practices (Sp-Pr)
(d) Demonic Afflictions (Sp-D)
(e) Moral (Sp-M)
(f) Responsibility (Sp-Rs)
(g) Psychospiritual disorder (Sp-PS)

4. Social

(a) Interaction (S-I)
(b) Economic (S-E)
(c) Cultural (S-C)
(d) Education (S-Ed)
(e) Socialisation (S-Sl)
(f) Occupational (S-O)
(g) Crime (S-Cr)

EXAMPLES OF PROBLEMS WITHIN CATEGORIES FOR AXES I-III

1. Physical - Use standard diagnoses e.g. ICD 10 *

e.g
- Ph-C - Rubella or congenital syphilis
- Ph-G - Trisomy 21 (Down's Syndrome)
- Ph-A - Peptic Ulcer Disease
- Ph-Hc - Blindness
- Ph-Hh - Overwork

2. Psychological - Use standard diagnoses DSM V ** or ICD 10 or descriptive terms as necessary

e.g.
- Ps-I - Social Anxiety Disorder
- Ps-D - Midlife crisis
- Ps-A - Grief reaction
- Ps-C/A - Conduct Disorder / Adolescent Identity Crisis
- Ps-HH - Lack of hobbies
- Ps-E - Loss of purpose in life
- Ps-PnPs - Legalistic religion producing guilt

* International Classification of Diseases
** Diagnostic and Statistical Manual of Mental Disorders - American Psychiatric Association

3. Spiritual - Develop an appropriate problem classification list

e.g. Sp-R - No spiritual commitment
Sp-H - Loss of hope in God
Sp-D - Poltergeist phenomenon
Sp-Pr - Cessation of prayer

Sp-M - Guilt about adultery
Sp-Rs - Failure of exercising accepted religious ethics in work attitude
Sp-Ps - Guilt due to Obsessive Compulsive Personality Disorder

4. Social - Develop an appropriate problem classification list

e.g. S-I - Marital difficulties
S-E - Loss of job
S-C - Low self-esteem due to devaluing one's racial origin
S-Ed - Examination difficulties
S-S - Being socialised with distorted views of religion
S-Cr - Rape

COMMON ALLOCATION OF CATEGORIES AND PROBLEMS TO AXES I-III

Indicate problem (including diagnosis) beside dimensions and category notation e.g. Ps-D - Midlife crisis. Examples are not included above for space reasons.
Theoretically any problem can be assigned to any axis.

Axis II Vulnerability Factors
Sp-R, Sp-H, Sp-Pr, Sp-M, Sp-Rs, Sp-Ps; Ps-P, Ps-H, Ps-CA; Ph-C, Ph-G, Ph-Hc, Ph-HH

Axis III Reactions
Ph-C, Ph-A, Ps-I, Ps-A, Sp-H, Ps-Ca, Ps-E, Sp-D, Sp-Ps, Ps-PnPs

CLASSIFICATION OF THE DIMENSIONS AND CATEGORIES WITHIN AWARENESS AND ATTITUDE AXES

Axis IV Self-awareness - Dimensions and Categories

1. PRESENTING COMPLAINTS (Pc)
   State if:
   - Single dimension Pc-Sg (specify dimensions i.e. which of 1-4)
   - Multiple dimension Pc-Mp (specify dimensions i.e. which of 1-4)

   (Choose one)

2. MAIN AREAS OF SUBJECTIVE AND OBJECTIVE DISTURBANCE (MD)
   a) Subjective MD-Sb (specify dimensions i.e. which of no. 1-4)
   b) Objective Md-Ob (specify dimension i.e. which of no. 1-4)

   (Indicate both)

3. SUBJECTIVE-OBJECTIVE DISSONANCE (Do) (between (a) and (b) above)
   Indicate degree:
   Do. = None
   Do. = Mild
   Do. = Moderate
   Do. = Marked
   (Choose one)

Axis V HELP SEEKING PATTERN (HSP) - Dimensions and categories:-

1. Attendance (A)
   Consistent A-C
   Crises oriented A-CO
   Negative defaulter A-ND
   (Choose one)

2. Attitude to therapy (AT)
   Willing AT-W
   Ambivalent AT-A
   Negative AT-N
   (Choose one)

Axis VI 1. WHOLISTIC MINDEDNESS - Dimensions and categories
Dimensionality D
Multidimensional D-MD
Tridimensional D-TD Specify dimensions
Quadrodimensional D-QD Specify dimensions
(Choose one)

2. INTEGRATION (I)
Integration picture and score of linkages.
Draw dimensions in which problems fall in a linkage pattern. Score for number of linkages e.g. I..Sp
:
Ph-Ps
Score - 1 linkage

3. OPENNESS (O)
   a) To increased dimensionality
      O-D - score of 0-5

   b) To increased integration
      O-I - score of 0 - 5

   (Indicate both)

EXAMPLES OF PROBLEMS WITHIN CATEGORIES FOR AXES IV-VI

In most cases the problem is indicated by the relevant notation for respective categories in each dimension.

IV. SELF-AWARENESS

1. PRESENTING COMPLAINT
   e.g. PC-Sg, =Ph - Single dimension: Physical
   (Problem such as "multiple pains")

2. MAIN AREAS OF SUBJECTIVE AND OBJECTIVE DISTURBANCE
   e.g. MD-S, =Ph, MD-O, =Ps+S
   Subjective = Physical
   Objective = Psychological and Social

3. SUBJECTIVE-OBJECTIVE DISSONANCE
   e.g. Do-Marked
   Marked dissonance. (Problem = Poor self-awareness)

V. HELP-SEEKING PATTERN

1. ATTENDANCE
   e.g. A-CO
   Attendance = Crisis-Oriented

2. ATTITUDE
   e.g. AT-A
   Attitude=Ambivalent

Axis VI WHOLISTIC MINDEDNESS
Unidimensional Physical (Problem = Hypochondrial Attitude)

2. INTEGRATION (I)
   e.g. I..Sp, Ps
   :
   Ph,S
   Score = 0
   No integration

3. OPENNESS (O)
   a) To increased dimensionality
   e.g. O-D: score of 0. Not open to other dimensions
   b) To increased integration
   e.g. O-I: score of 0. Not open to further integration

INTERLINKAGE PATTERNS OF CATEGORIES AND ASSOCIATED PROBLEMS: EXAMPLES

1. CHAIN REACTION

Axis I Ps-D - Midlife Crisis

↓

Ph-A - Coronary Occlusion

↓

Axis III Ps-A - Adjustment Reaction with Depression

↓

Sp-H - Religious Doubt

2. MUTUAL INTERACTION

Axis I S-I - Marital Disharmony

↕

Axis III PS-I - Depressive Neurosis

3. VICIOUS CYCLE

Axis I S-I Parental Domination

↓ ↑

Ph-A&G.. Asthma (Axis III)

↓ ↑

Ps-P Dependent personality

MAIN IRRITATING FOCUS: EXAMPLE

Axis I S-I Promiscuous boyfriend

↑

Axis II Ps-P Dependent Personality

Axis III → Ph-A Pelvic Inflammatory disease

→ Ps-I Anxiety

→ Sp-M Guilt over adultery

Axis IV → AT-CO Crisis-oriented attendance

EXAMPLE OF SUMMARY OF FORMULATION

1. Summary of the pictures (of causation and self-influence)

e.g. A 35 year old male presenting with a Myocardial Infarction (MI) after a promotion and divorce. Made vulnerable by an obsessional personality, over positive family history of MI and a neglect of his usual spiritual practices.

There is a chain reaction between his promotion, divorce and MI

Here is lacking in self awareness and is crisis-oriented in attendance , with an ambivalent attitude to therapy. Being dimensional he spoke of his divorce as well as his MI as being problems, but did not integrate both, or show much openness to doing this or to looking at his spiritual life as being related to his stresses.

2. Profile designation:

e.g. "Obsessional overworker divorcee with denial and a broken heart."

3. Risk factors: Smokes, overworks, overweight. Family history of heart disease.

4. Prognosis: Guarded

EXAMPLE OF MANAGEMENT PLAN AND MONITORING

PROBLEM	CODE	DT/ENTRY	STRENGTHS	INTERVENT	DSCH/PROGR	DT/RESOLVED
Ph.1 Peptic Ulcer		05/10/84		Tagamet, Valium		2/2/85
Ps.1 Midlife		08/03/85	Imaginative	Crisis Rx	Imp++	

NB Include problems from Attitude and Awareness axes.

LIST OF GROUPS OF COMMON INTERVENTIONS

I. INVESTIGATIONS
   1. Further investigations (specify)
   2. Identify 'Rule Outs'

II. MEDICAL TREATMENTS
   1. Medication and other physical methods (specify)
   2. Further investigations (specify)

III. OTHER TREATMENT

1. Problem-solving Therapy
2. Crisis Therapy
3. Supportive Therapy
4. Re-educative Therapy [Behaviour Modification] (specify)
5. Re-constructive Therapy [Psycho-dynamic] (specify)
6. Client-centred Counselling
7. Existential Therapy
8. Spiritual Counselling
9. Medication Exercises
10. Value Clarification
11. Vocational Counselling
12. Pre-marital Counselling
13. Marital Counselling
14. Family Counselling
15. Group Counselling

{For 13 to 15 specify which of the approaches signified in 1 to 10 will be used}

16. Social Work (specify measures)
17. Church Support (specify measures)
18. Community Support (specify measures)
19. Prayer

IV. EDUCATION

1. Whole Person Health Education
2. Family Life Education
3. Personal Growth Education
4. Physical Health Education
5. Religious Education

V. ENRICHMENT

{Growth vs. problem-oriented}

1. Spiritual Direction
2. Visitation
3. Marriage Enrichment
4. Parenting Effectiveness Training
5. Singles Group

6. Youth Activities
7. Recreational Activities
8. Exercise
9. Stress Management Sessions
10. Other relevant self-help enrichment groups

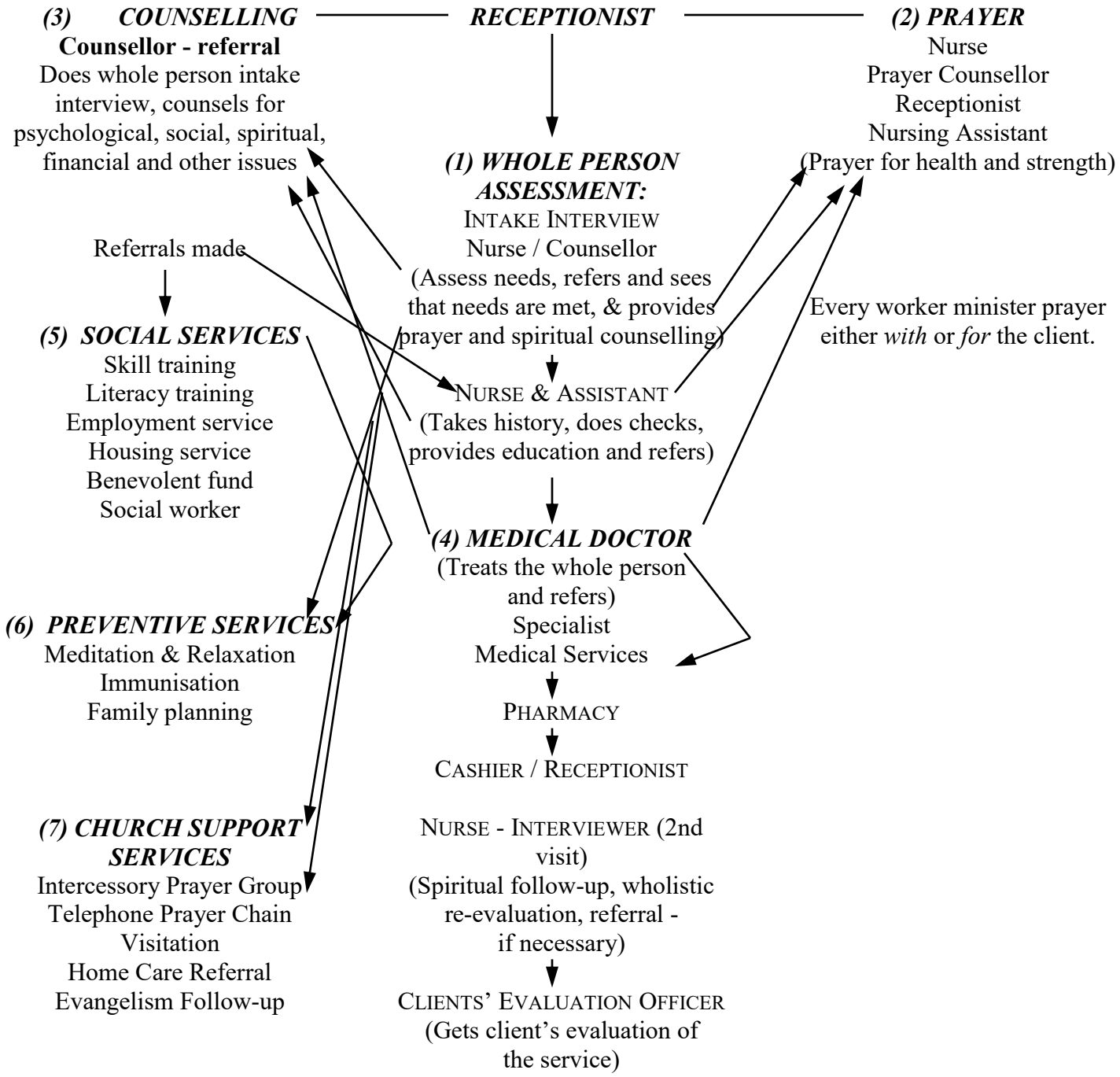
(specify themes)

VI. SPECIALIST REFERRAL (specify)

APPENDIX I

CENTRE SERVICES

(The Sequence of patient flow, referrals and staff activities)



WHOLE PERSON HEALTH QUESTIONNAIRE:
Problems and Strengths

The following questionnaire may be used to help put you in touch with your symptoms of stress, the areas of your hurting and your strengths. It can be used to assist you in planning your lifestyle and getting help.

Indicate "yes" by placing a check in the box provided for each question, indicate "no" by leaving box blank:-

PSYCHOSOCIAL SECTION

Recently, have you:

- ☐ been having any difficulty in concentrating on whatever you are doing?
- ☐ been having problems with your memory?
- ☐ been feeling a loss of desire to eat?
- ☐ had difficulty in sleeping?
- ☐ been losing interest in your day-to-day activities?
- ☐ been losing energy?
- ☐ felt regularly under stress or pressure?
- ☐ been irritable and bad-tempered?
- ☐ been feeling down in spirits or depressed?
- ☐ been feeling nervous or tense (tight in the muscles)?

Are you having problems in any of the following areas?

- ☐ with your partner?
- ☐ with your children?
- ☐ with your parents?
- ☐ with other relatives?
- ☐ on the job?
- ☐ at school?
- ☐ expressing needs and feelings and saying no when you don't feel like doing something?
- ☐ in your neighbourhood?
- ☐ in your church?
- ☐ in getting on with other people?
- ☐ making friends?
- ☐ with the opposite sex?
- ☐ with sexual/life issues (such as concerns about having children, potency, fertility, pregnancy, birth control, or abortion)?
- ☐ with your cultural background, i.e. colour, race, or nationality?
- ☐ academic studies or exams?
- ☐ making decisions?
- ☐ Do you think of your sexual behaviour as healthy and satisfying?
- ☐ Are you comfortable with your sexual orientation?
- ☐ Do you feel like you are not getting where you would like with your life?

If yes, to what extent do you feel that this is so (on a scale of 1-5)? 1 2 3 4 5

- ☐ Do childhood memories cause you any distress?
- ☐ Do you lack self-confidence?
- ☐ Do you take time out for yourself?

Do you need help to break a bad habit, such as:

- ☐ drinking alcohol?
- ☐ smoking cigarettes?
- ☐ smoking ganja?
- ☐ using other drugs? (please specify) _____
- ☐ gambling?
- ☐ other? (please specify) _____

Have you recently experienced, or are you now facing any of the following crises:

- ☐ death of a close friend or relative?
- ☐ separation or divorce?
- ☐ a broken relationship?
- ☐ loss of your job?
- ☐ trouble with the law?
- ☐ being the victim of crime?
- ☐ retirement?
- ☐ getting married?
- ☐ unplanned pregnancy?
- ☐ looking after an elderly relative?
- ☐ serious or chronic psychological illness?
- ☐ Are you uncertain in any way of your main goals in life?
- ☐ Do you feel greatly handicapped by a lack of educational opportunities?

Do you have a problem with:

- ☐ finding employment?
- ☐ finding housing?
- ☐ severe financial crisis?

Are you having any problems adjusting to situations now that you did not have to face earlier in life? (For example, as a young adult you are looking for a mate, or as an individual of 55 years you are facing retirement.)
How much difficulty are you having trying to cope with these situations:

- ☐ great difficulty?
- ☐ moderate difficulty?
- ☐ small amount of difficulty?
- ☐ no difficulty at all?

SPIRITUAL SECTION

☐ Do you feel separated from God?

Are you experiencing:

- ☐ guilt about some act, attitude, or thought?
- ☐ doubts about God or some other aspect of your religious faith?

☐ Have you made a Christian commitment?
☐ Are you committed to another religion?

Are you experiencing:

- ☐ lack of hope in God's help for the future?
- ☐ Problems in being true to and open about your beliefs in your
  - ☐ home
  - ☐ neighbourhood
  - ☐ job
  - ☐ circle of friends
- ☐ lack of assurance of salvation?
- ☐ discouragement about living as a Christian or as a member of another faith?
- ☐ lack of regular scripture reading and prayers?
- ☐ lack of spiritual growth?
- ☐ lack of regular attendance at religious worship and other activities?

☐ Do you feel that God has given up on you?
☐ Have you experienced any recent changes (for better or worse) in your religious practices, experiences, or lifestyle? If so, please specify.

_____

_____

☐ Have you ever consulted an occult healer?
☐ Are you experiencing any specific evidence of spiritual evil affecting you. If so, please specify

_____

_____

☐ Is there some weakness that you are having difficulty giving up, e.g. promiscuous sexual activities, bad temper, homosexual conflicts, resentment, envy. If so, please specify

_____

_____

☐ Do you feel that you are neglecting your spiritual life due to distractions such as work, materialism, relationship problems, or illness? If so, please specify.

☐ Are there any other spiritual problems affecting you? If so, please specify.

Do you feel uncertain that you are following the will of God in:

- ☐ your career vocations?
- ☐ your choice of partner?
- ☐ any other important areas? If so, please specify.

☐ If you are not a Christian, are you thinking of making a commitment?
☐ Are you thinking of making a commitment to another religion?

MEDICAL SECTION

☐ Do you feel you have a physical problem?
☐ If so, would you like one of our doctors to manage this?
☐ Are you due for a medical check-up?
☐ Do you wish to have one?

STRENGTHS

In your opinion, what are some of the strong points or good things about yourself? Tick category and list relevant skills.

- ☐ personality strengths
- ☐ skills and talents
- ☐ intellectual ability
- ☐ spirituality
- ☐ physical attributes
- ☐ others

Adapted from: Bethel Whole Person Healing Centre Patient Interview Questionnaire
By **Dr. E. Anthony Allen**

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