# CONTENT OVERVIEW

This content introduces a **Hierarchy of Behavioral Health** as a response to a “survival-only” characteristic stress reaction to poverty. The content provides a basic understanding of poverty, and then extends this knowledge through exploration of a case study. The value dilemma centers generally on the behavioral habits of survival versus the behavioral habits of thriving. The content also emphasizes the value and the maintenance of dignity and worth of the person in the face of the characteristic stress reaction to poverty, which is akin to post-traumatic stress syndrome. Skills presented and challenge exercises in the content are as follows:

|  |  |
| --- | --- |
| **Skills** | **Challenge Exercise** |
| Articulate a Hierarchy of Behavioral Health that integrates behavioral, cognitive, and sense-making elements of financial well-being. | Complete a Survival vs. Thriving **Financial Health Assessment** with an individual. |
| Compose an intervention that supports wealth creation habits while addressing unsustainable financial choice behavior. | Complete a **Financial Health Intervention** over 2 months. |

| **Skill** | **Topic** | **Behavioral Objectives** | **Reflection Question** |
| --- | --- | --- | --- |
| Articulate a Hierarchy of Behavioral Health that integrates behavioral, cognitive, and sense-making elements of financial well-being. | Introduction to Poverty | Review four explanations for poverty. Compare and contrast the explanations toward an integrated understanding of the impact of poverty on individual behavior. | Does living in poverty impact an individual’s ability to perceive and select sustainable choices? |
| Hierarchy of Behavioral Health | Identify behaviors in response to poverty that are unsustainable for the financial health of the individual. Consider the value of restructuring self-talk around financial health. | Do financial health skills build from an identifiable list of behaviors? |
| Challenge Exercise: Compose a “Survival vs. Thriving” **Financial Health Assessment** with an individual. | | | |
| Compose an intervention that supports wealth creation habits while addressing unsustainable financial choice behavior. | Basic Habits of Wealth Creation | Identify intentional techniques to facilitate sustainable financial choice behavior. Consider the value of utilizing tendencies already practiced by the individual. | What is the relationship between time perception, capacity assessment, and wealth creation? |
| Common Pitfalls in Behavioral Interventions | Explore ability, triggers, and motivation through BJ Fogg’s model of behavioral change. Compose behavioral indicators of financial health. Consider the wisdom of requiring motivation as a prerequisite for participation. | Are sustainable financial health choices more likely through challenging habits or succeeding with new habits? |
| Challenge Exercise: Complete a **Financial Health Intervention** over 2 months. | | | |

# CHALLENGE EXERCISE DESCRIPTIONS

**CHALLENGE EXERCISE #1: Financial Health Assessment**

This exercise produces a 5-pages or less account of the financial health of a client in their own words.

1. Interview a client utilizing the set of questions to determine their perceptions and experience of financial capability.
2. QUESTIONS:
   1. Do you have a budget?
   2. Is your budget written and ordered to cover 12-months?
   3. Do you maintain a written daily schedule that plans your day in 1-hour increments?
   4. What activities would you list as MOST supportive of your financial goals?
   5. How many of the above activities do you practice daily? How many weekly?
   6. Who and What are included in your financial support system? (i.e. who would you go to if you needed money?)
   7. Do you believe you would benefit from a consultation with a financial planner?
   8. When you receive money that you consider to be “extra,” what do you do with the money?
   9. What is your understanding of investment? What is your ability to make investments right now?
   10. What skills have you learned about financial management that you would teach to others?
3. Report the results taking care to quote the client whenever possible.
   1. Note **BOTH** the client’s reactions to the question as well as their answers.
   2. Order the report by the Hierarchy of Behavioral Health criterion.
   3. Provide your interpretation of the client’s perception and financial capability. Be sure to include reflections on **surviving behaviors** contrasted with **thriving behaviors**.

**CHALLENGE EXERCISE #2: Financial Health Intervention**

In this exercise, you will work with a client to intervene and track behaviors over a two-month period.

1. Compose an intervention plan based on an assessment of financial health.
2. Complete preliminary steps (budget of time and budget of finances).
3. Monitor client behaviors based on the client’s self-report. Journal important challenges, realizations, and achievements.
4. Interview the client at the conclusion of the 2-months to prepare a final 3-page report of progress. Indicate your level of certainty as to whether the client will continue toward “Ownership.”

# INTRODUCTION TO POVERTY

Learning Objectives

1. Review four explanations for poverty.
2. Compare and contrast the explanations toward an integrated understanding of the impact of poverty on individual behavior.

Overview

Explanations. Multiple explanations for poverty exist, but it is clear that poverty impacts society on multiple levels. New scholars may be tempted to discount explanations like genetic inferiority, but the lesson of scholarship is to compare the pattern presented in the explanation with the pattern of the exemplar.

Health Behavior Choice. Further critical examination of genetic inferiority as an explanation, removing the “nothing can be done clause,” creates an opportunity to classify poverty as a trauma impacting behavioral health. Consider the possibility of adding theories of decision making and choice behavior in addition to theories of sense-making to address trauma and what may be termed post-traumatic effects.

Integration. Taken together, physiological, traumatic, cultural, and structural explanations paint a less than hopeful prognosis of financial health. Yet, behavioral scientists have evidence-based interventions for cognitive-behavioral challenges. If we outline the decision-making mechanism and include an assessment of sense-making, we can map out the problem more directly and propose to intervene more intentionally in individual financial health.

Discussion Questions

1. Does living in poverty impact an individual’s ability to perceive and select sustainable choices?
2. What are the distinctive roles of cognition and sense-making in the selection of behaviors?
3. Does history, environment, or culture individually or collectively comprise the whole explanation for persistent poverty? What other factors may be important?

Suggested Readings:

Ashford, R. (2011). Systemic Poverty as a Cause of Recessions. Available online: http://works.bepress.com/context/robert\_ashford/article/1000/type/native/viewcontent

Azariadis, C. (2011). The Theory of Poverty Traps. *Poverty traps*, 17.

Conroy, K., Sandel, M., & Zuckerman, B. (2010). Poverty grown up: how childhood socioeconomic status impacts adult health. *Journal of Developmental & Behavioral Pediatrics*, *31*(2), 154.

Centers for Disease Control and Prevention . (2013, January 18). *Adverse Childhood Experiences (ACE) Study*. Retrieved March Friday, 2013, from CDC.gov: http://www.cdc.gov/ace/index.htm

Frieden, T. R. (2010). A framework for public health action: the health impact pyramid. *Journal Information*, *100*(4).

Galea, S., Tracy, M., Hoggatt, K. J., DiMaggio, C., & Karpati, A. (2011). Estimated deaths attributable to social factors in the United States. *Journal Information*, *101*(8).

Leatherman, S., & Dunford, C. (2010). Linking health to microfinance to reduce poverty. *Bulletin of the World Health Organization*, *88*(6), 470-471.

Morduch, J. (2011). Why finance matters. *Science*, *332*(6035), 1271-1272.

Objective Questions

1. It is the chance that an individual or household will be in poverty or some other negatively reinforcing social circumstance.
   1. subsistence
   2. equity measure
   3. \*vulnerability
   4. indigence
2. It refers to having available the minimum, social accepted requirements for wellbeing.
   1. \*subsistence
   2. equity measure
   3. vulnerability
   4. indigence
3. It is the relative position of an individual or household in comparison with other individuals or households
   1. subsistence
   2. \*equity measure
   3. vulnerability
   4. indigence
4. It refers to a lack of the basic necessities for human survival.
   1. \*indigence
   2. relative
   3. absolute
   4. secondary
5. It refers to Living conditions that are below a socially acceptable subsistence minimum.
   1. indigence
   2. relative
   3. \*absolute
   4. secondary
6. Stacey thinks that some people are just mentally unable to make economic progress.
   1. physiological causes
   2. \*genetic inferiority
   3. culture of poverty
   4. structural causes
7. Ghertie says poverty can be solved through consumerism.
   1. \*physiological causes
   2. genetic inferiority
   3. culture of poverty
   4. structural causes
8. Monique plans to break the cycle of poverty experienced by her grandmother, and her mother.
   1. physiological causes
   2. genetic inferiority
   3. \*culture of poverty
   4. structural causes
9. Michael states that the problems we have in society, including poverty, are due to poor access.
   1. physiological causes
   2. genetic inferiority
   3. culture of poverty
   4. \*structural causes
10. Ingrid thinks that Maslow explained poverty rather well.
    1. \*physiological causes
    2. genetic inferiority
    3. culture of poverty
    4. structural causes

# HIERARCHY OF BEHAVIORAL HEALTH

Learning Objectives

1. Identify behaviors in response to poverty that are unsustainable for the financial health of the individual.
2. Consider the value of restructuring self-talk around financial health.

Overview

Trauma. Poverty is traumatic. A new friend said it best, “It is nonsensical the things we [society] expect the poor to deal with each day and still function as if everything is fine…If a [wealthy] person had to experience [similar things], they would need counseling!” As advocates, practitioners, and coaches, we do not always recognize the cognitive, behavioral, and sense-making patterns that emerge from living each day in constant want and uncertainty.

Maslow. Interventions must first honor the needed resources like Maslow’s hierarchy of food, shelter, then security, then belonging, then achievement, then morality. The lesson of Maslow’s hierarchy is that “basic” needs must be taken care of prior to more self-actualizing needs. Physio-Emotional health is a building process.

Behavioral Health. In the same way, Fiscal-Behavioral health builds from certain individual value traits toward more principled behaviors. Interventions in behavioral health must build and honor a hierarchy of behavioral health: honesty, priority, help-seeking, investment, self-management, ownership. Each has characteristic goals and statements of resistance from the typical client.

Discussion Questions

1. Do financial health skills build from an identifiable list of behaviors?
2. In what ways does a life lived in poverty change your perceptions of choice?
3. What behaviors in Fiscal-Behavioral health would you have the most trouble with?

Suggested Readings

Atkins, M. S., Hoagwood, K. E., Kutash, K., & Seidman, E. (2010). Toward the integration of education and mental health in schools. *Administration and Policy in Mental Health and Mental Health Services Research*, *37*(1), 40-47.

Baranowski, T., Cullen, K. W., Nicklas, T., Thompson, D., & Baranowski, J. (2012). Are current health behavioral change models helpful in guiding prevention of weight gain efforts?. *Obesity Research*, *11*(S10), 23S-43S.

Collins, C. (2010). *Evolving models of behavioral health integration in primary care*. Milbank Memorial Fund.

Dew, J., & Xiao, J. J. (2011). The financial management behavior scale: Development and validation. *Journal of Financial Counseling and Planning*, *22*(1), 43.

Glanz, K., & Bishop, D. B. (2010). The role of behavioral science theory in development and implementation of public health interventions. *Annual review of public health*, *31*, 399-418.

Kawachi, I., Adler, N. E., & Dow, W. H. (2010). Money, schooling, and health: Mechanisms and causal evidence. *Annals of the New York Academy of Sciences*, *1186*(1), 56-68.

Northern, J. J., O'Brien, W. H., & Goetz, P. W. (2010). The development, evaluation, and validation of a financial stress scale for undergraduate students.*Journal of College Student Development*, *51*(1), 79-92.

Strazdins, L., Griffin, A. L., Broom, D. H., Banwell, C., Korda, R., Dixon, J., ... & Glover, J. (2011). Time scarcity: another health inequality?. *Environment and Planning-Part A*, *43*(3), 545.

Thielke, S., Harniss, M., Thompson, H., Patel, S., Demiris, G., & Johnson, K. (2011). Maslow’s hierarchy of human needs and the adoption of health-related technologies for older adults. *Ageing International*, 1-19.

Watkins, S. (2010). Income and health–from a minimum wage to a citizen income?. *International Journal of Management Concepts and Philosophy*, *4*(2), 137-144.

Objective Questions

1. Bertand exhibits behaviors that demonstrate a lack of integrity. Which of the following BEST describes the fiscal-behavioral health behavior ideal he is violating?
   1. \*Honesty
   2. Self-Management
   3. Help-Seeking
   4. Priority
2. Martina is reluctant to seek the help of financial professionals. Which of the following BEST describes the fiscal-behavioral health behavior ideal she is violating?
   1. Honesty
   2. Self-Management
   3. \*Help-Seeking
   4. Priority
3. Solina is has trouble behaving in accordance with long-term goals. Which of the following BEST describes the fiscal-behavioral health behavior ideal she is violating?
   1. Honesty
   2. \*Self-Management
   3. Help-Seeking
   4. Priority
4. Benson is convinced that he is making the most of his available choices even though his outcomes are not consistent with his goals. Which of the following BEST describes the fiscal-behavioral health behavior ideal he is violating?
   1. Honesty
   2. Self-Management
   3. Help-Seeking
   4. \*Priority
5. When offered a solution, Kramer states, “You don’t understand…” and excuses the suggestion. Which of the following BEST describes the fiscal-behavioral health behavior ideal he is violating?
   1. Investment
   2. Ownership
   3. Help-Seeking
   4. \*Priority
6. While discussing her budget, Jestina states, “It was expensive, but it’ll be fine once I get it paid off…” not realizing the continued maintenance costs. Which of the following BEST describes the fiscal-behavioral health behavior ideal she is violating?
   1. Investment
   2. \*Ownership
   3. Help-Seeking
   4. Priority
7. When offered a solution involving productive use of her free time, Cathy is blind to her capacity for entrepreneurship. Which of the following BEST describes the fiscal-behavioral health behavior ideal she is violating?
   1. \*Investment
   2. Ownership
   3. Help-Seeking
   4. Priority
8. Kitrina states, “Shouldn’t you be able to splurge on your birthday?” neglecting to save for her car insurance premium payment. Which of the following BEST describes the fiscal-behavioral health behavior ideal she is violating?
   1. Investment
   2. Ownership
   3. Help-Seeking
   4. \*Self-Management
9. Robert views durable assets as a status symbol without recognizing or planning for maintenance costs. Which of the following BEST describes the fiscal-behavioral health behavior ideal he is violating?
   1. Investment
   2. \*Ownership
   3. Help-Seeking
   4. Priority
10. Harriet often states, “It takes money to make money!” and laments the fact that she has none. Which of the following BEST describes the fiscal-behavioral health behavior ideal she is violating?
    1. \*Investment
    2. Ownership
    3. Help-Seeking
    4. Priority

# BASIC HABITS OF WEALTH CREATION

Learning Objectives

1. Identify intentional techniques to facilitate sustainable financial choice behavior.
2. Consider the value of utilizing tendencies already practiced by the individual.

Overview

Versus. Working in Financial Competence, I have witnessed the most creative and resilient ways to make a dollar stretch and maintain a family. I have also been shaken by the “have tos” and disempowerment that results from unsustainable promises made and obligations brought on by a myopic insistence on an immature implementation of survival. The basic behavioral intervention tools include a written set of personal rules, a sponsor relationship, and behavioral health assessment.

Planning Intervention. Each of the traits described in the hierarchy of behavioral health can be explored to indicate interventions for financial health. Honesty, priority, help-seeking, investment, self-management, ownership build toward a state of being that aligns more closely with “thriving” as opposed to simple survival.

Discussion Questions

1. What is the relationship between time perception, capacity assessment, and wealth creation?
2. How do supposed obligations and status symbols impact financial health?
3. What habits of survival may be co-opted to be used to support thriving behavior?

Suggested Readings

Caldwell, C., & Hansen, M. H. (2010). Trustworthiness, governance, and wealth creation. *Journal of business ethics*, *97*(2), 173-188.

Saporiti, L. (2011) THE ROLE OF EMOTIONS IN THE CREATION OF WEALTH IN NETWORKS: A STUDY ON SOCIAL CAPITAL. Retrieved from <http://terna.to.it/tesi/saporiti.pdf>

Eddleston, K. A., Kellermanns, F. W., & Zellweger, T. M. (2012). Exploring the Entrepreneurial Behavior of Family Firms: Does the Stewardship Perspective Explain Differences?. *Entrepreneurship Theory and Practice*.

Madden, B. J. (2010). *Wealth Creation: A Systems Mindset for Building and Investing in Businesses for the Long Term* (Vol. 541). Wiley.

Miller, R. A., & Collier, E. W. (2010). Redefining Entrepreneurship: a virtues and values perspective. *Journal of Leadership, Accountability and Ethics*, *8*(2), 80-89.

Mishra, C. S., & Zachary, R. K. (2011). Revisiting, reexamining and reinterpreting Schumpeter's original theory of entrepreneurship.*Entrepreneurship Research Journal*, *1*(1), 1-6.

Pirson, M. A., & Lawrence, P. R. (2010). Humanism in business–towards a paradigm shift?. *Journal of business ethics*, *93*(4), 553-565.

Stanley, L. J. (2010). Emotions and family business creation: An extension and implications. *Entrepreneurship Theory and Practice*, *34*(6), 1085-1092.

Objective Questions

1. Which of the following is NOT a basic intervention tool?
   1. Written Personal Rules
   2. Sponsor Relationship
   3. Behavioral Health Assessment
   4. \*Wealth Creation Plan
2. Marianne requires a person to talk with in order to maintain her sustainable choices. Which of the following BEST describes the basic intervention tool indicated?
   1. Written Personal Rules
   2. \*Sponsor Relationship
   3. Behavioral Health Assessment
   4. Wealth Creation Plan
3. Gary is working to develop a set of principles for living that govern his choices to ensure that they are sustainable choices. Which of the following BEST describes the basic intervention tool indicated?
   1. \*Written Personal Rules
   2. Sponsor Relationship
   3. Behavioral Health Assessment
   4. Wealth Creation Plan
4. Jasmine and her financial health worker are reviewing the ideals of the Hierarchy of Behavioral Health in order to come up with a plan for financial health. Which of the following BEST describes the basic intervention tool indicated?
   1. Written Personal Rules
   2. Sponsor Relationship
   3. \*Behavioral Health Assessment
   4. Wealth Creation Plan
5. Malcolm, a financial health worker, is helping a client including concepts of depreciation, debt-management, and opportunity costs. Which of the following BEST describes the Hierarchy of Behavioral Health ideal indicated?
   1. Honesty
   2. Self-Management
   3. \*Ownership
   4. Investment
6. Francine, a financial health worker, is helping a client including concepts making purchases that will have discernible returns to the client’s financial health. Which of the following BEST describes the Hierarchy of Behavioral Health ideal indicated?
   1. Honesty
   2. Self-Management
   3. Ownership
   4. \*Investment
7. Christian, a financial health worker, is helping a client including identifying and increasing the client’s support system. Which of the following BEST describes the Hierarchy of Behavioral Health ideal indicated?
   1. Priority
   2. Self-Management
   3. \*Help-Seeking
   4. Investment
8. Morris, a financial health worker, is helping a client create a plan for times when “extra money” enters the household budget. Which of the following BEST describes the Hierarchy of Behavioral Health ideal indicated?
   1. Honesty
   2. \*Self-Management
   3. Help-Seeking
   4. Investment
9. Destinee, a financial health worker, is reviewing a time budget with a client in order to identify the client’s free time and script productive use of the free time. Which of the following BEST describes the Hierarchy of Behavioral Health ideal indicated?
   1. \*Priority
   2. Self-Management
   3. Ownership
   4. Investment
10. Tonya, a financial health worker, is working with a client to produce a budget of income and expenses over a 12-month period. Which of the following BEST describes the Hierarchy of Behavioral Health ideal indicated?
    1. \*Honesty
    2. Self-Management
    3. Ownership
    4. Investment

# COMMON PITFALLS IN BEHAVIORAL MODIFICATION

Learning Objectives

1. Explore ability, triggers, and motivation through BJ Fogg’s model of behavioral change.
2. Compose behavioral indicators of financial health.
3. Consider the wisdom of requiring motivation as a prerequisite for participation.

Overview

BJ Fogg Model. In order for any behavior to manifest, motivation, ability and trigger must occur at the same time. Often, we who desire certain behaviors in ourselves and others look at motivation as the most important concern. The truth is that ability is decidedly more important. The easier something is to do, the more likely it will be adopted as a consistent behavior.

Behavioral Intervention. Often, behavioral interveners offer abstract ideas like “gain financial health” or “increase investment approach.” These do not indicate specific behaviors to the client. The first step in behavioral intervention is to identify behaviors that are to be increased. Next, make them easy. Both these will need to take into account the assessment of the client as a unique individual. After the uniqueness is factored and the behaviors are of sufficient ease, a schedule of triggers can be ordered. Implementation of these triggers should result in the desired client behaviors.

Mechanism. All change processes end a cycle with an emphasis and standardization of the new normal. In order to maintain the consistency that achieves this new normal, client ability, feedback loop, sharing system, and support services must be considered. These ensure that the client can repeat the desired behaviors often enough to wear new patterns of behavior as habits.

Pitfalls. Remember that this behavioral modification plan is in response to trauma. It is critical 1) that the intervention succeed, and 2) that the intervention not incur additional trauma. Make the behaviors easy. There is no such thing as too easy. Better easy than failed. Incentives reduce the potential achievement of intrinsic, sustainable behavior. Better to do it because of internal, intangible reward than the expectation (and resultant attribution) of an external incentive.

Discussion Questions

1. Are sustainable financial health choices more likely through challenging habits or succeeding with new habits?
2. Why should a financial health practitioner only focus on motivated individuals as clients?
3. What are some methods that could be used to indirectly engage individuals who are not motivated to seek financial health?

Suggested Readings

Gale, W., & Levine, R. (2010). Financial literacy: What works? How could it be more effective?. *How Could it be More Effective*.

Hassija, C. M., & Gray, M. J. (2010). Are cognitive techniques and interventions necessary? A case for the utility of cognitive approaches in the treatment of PTSD. *Clinical Psychology: Science and Practice*, *17*(2), 112-127.

Hofmann, S. G., Sawyer, A. T., & Fang, A. (2010). The empirical status of the “new wave” of CBT. *The Psychiatric clinics of North America*, *33*(3), 701.

Kanter, J. W., Manos, R. C., Bowe, W. M., Baruch, D. E., Busch, A. M., & Rusch, L. C. (2010). What is behavioral activation?: A review of the empirical literature. *Clinical psychology review*, *30*(6), 608-620.

Moffitt, T. E., Arseneault, L., Belsky, D., Dickson, N., Hancox, R. J., Harrington, H., ... & Caspi, A. (2011). A gradient of childhood self-control predicts health, wealth, and public safety. *Proceedings of the National Academy of Sciences*, *108*(7), 2693-2698.

Mullainathan, S., Schwartzstein, J., & Congdon, W. J. (2012). A Reduced-Form Approach to Behavioral Public Finance. *Annu. Rev. Econ.*, *4*(1), 511-540.

Squires, G., & Caddick, K. (2012). Using group cognitive behavioural therapy intervention in school settings with pupils who have externalizing behavioural difficulties: an unexpected result. *Emotional and Behavioural Difficulties*, *17*(1), 25-45.

Objective Questions

1. The three elements of the BJ Fogg behavioral model are:
   1. \*Motivation, Ability & Trigger
   2. Motivation, Attitude & Trigger
   3. Mechanism, Ability & Timing
   4. Motivation, Ability & Timing
2. Which of the following elements of the BJ Fogg behavioral model is MOST important to occur to impact behavior:
   1. Motivation
   2. Ability
   3. Trigger
   4. \*All of the Above at the Same Time
3. Once you have identified behaviors that are action-oriented, free from abstractions, which of the following is the BEST next step?
   1. \*Make the behavior easy.
   2. Identify triggers.
   3. Introduce incentives.
   4. Make the behavior easier.
4. Which of the following are only to be used for short-term increases in motivation?
   1. Make the behavior easy.
   2. Identify triggers.
   3. \*Introduce incentives.
   4. Make the behavior even easier.
5. Once you have demonstrated the ease of the behavior, which of the following is the BEST next step?
   1. Make the behavior easy.
   2. Identify triggers.
   3. Introduce incentives.
   4. \*Make the behavior easier.
6. Which of the following is the MOST COMMON and erroneous suggested response to a perceived lack of motivation?
   1. Make the behavior easy.
   2. Identify triggers.
   3. \*Introduce incentives.
   4. Make behaviors observable.
7. Which of the following is the BEST suggested response to a perceived lack of motivation?
   1. \*Make the behavior easy.
   2. Identify triggers.
   3. Introduce incentives.
   4. Make behaviors observable.
8. Francois is attempting to determine what he can reasonably expect from the client education, access, sophistication, and motivation. Which of the following considerations of mechanism is indicated?
   1. Feedback Loop
   2. \*Client Ability
   3. Monitoring Schedule
   4. Client Support Services
9. Stacey is identifying the systems of communication and information sharing that are built into the client system. Which of the following considerations of mechanism is indicated?
   1. \*Feedback Loop
   2. Client Ability
   3. Monitoring Schedule
   4. Client Support Services
10. Benjamin is communicating to the client the times and frequency for sharing and monitoring. Which of the following considerations of mechanism is indicated?
    1. Feedback Loop
    2. Client Ability
    3. \*Monitoring Schedule
    4. Client Support Services

# CASE STUDIES

Five Column Technique – Based on 6 Steps of Cognitive Restructuring

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Situation | Feelings | Automatic Thoughts | Cognitive Analysis | Balanced Response |
|  |  |  |  |  |  |

# CHALLENGE EXERCISE 1 RUBRIC

|  |  |  |
| --- | --- | --- |
| **Student Name** | **Date** | **CHALLENGE EXERCISE** |
|  |  | Complete a Survival vs. Thriving financial health assessment with an individual. |

For each criterion in the rubric, circle the box that best describes your assessment of the student. Comments may be written in the space below the criterion.

| **CRITERION** | **100-90** | **89-80** | **79-70** | **69-0** |
| --- | --- | --- | --- | --- |
| Answer the Questions | Each element of the question is presented in the answer: answer and 2 or more quotes from client for each question. | The answer of the client is presented along with only one quote per question. | 2 or fewer questions do not include quotes from the client. | 3 or more questions are missing quotes from the client. |
| Note Client Reactions | Client reaction is noted along with each answer. | 1 or fewer questions do not include reactions from the client. | 2 or fewer questions do not include reactions from the client. | 3 or more questions are missing reactions from the client. |
| Organization | All six elements of the Hierarchy of Behavioral Health are presented with **headings** in the report. | 1 or more of the elements are missing from the report, but headings are included. | 2 or fewer elements are missing. | 3 or fewer elements are missing. |
| Interpretation | Report uses and explains professional language spelled correctly and facts with citations to verifiable sources to present a “thrive” or “survive” decision. | Report demonstrates knowledge of professional language with little attention to explanations of meaning. | Report uses basic language to communicate its points where professional language would be more expressive and concise. | Report misuses language applying the wrong word to express concepts. |

# CHALLENGE EXERCISE 2 RUBRIC

|  |  |  |
| --- | --- | --- |
| Student Name | Date | CHALLENGE EXERCISE |
|  |  | Complete a Financial Health Intervention over 2 months. |

For each criterion in the rubric, circle the box that best describes your assessment of the student. Comments may be written in the space below the criterion.

| **CRITERION** | **100-90** | **89-80** | **79-70** | **69-0** |
| --- | --- | --- | --- | --- |
| Monitoring | The report includes monitoring entries for each of 8 weeks. | The report includes monitoring entries for each of 7-8 weeks. | The report includes monitoring entries for each of 6-7 weeks. | The report includes monitoring entries less than 6 weeks. |
| Inclusions | The report includes monitoring entries covering challenges, realizations, and achievements in time, finances, and overall health. | The report includes monitoring entries covering at **least 2 of** challenges, realizations, or achievements in time, finances, **and** overall health. | The report includes monitoring entries covering at **least 1 of** challenges, realizations, and achievements in time, finances, **or** overall health. | The report does not include entries covering challenges, realizations, or achievements explicitly. |
| Organization | All six elements of the Hierarchy of Behavioral Health are presented with **headings** in the report. | 1 or more of the elements are missing from the report, but headings are included. | 2 or fewer elements are missing. | 3 or fewer elements are missing. |
| Interpretation | Report uses and explains professional language spelled correctly and facts with citations to verifiable sources to present a “thrive” or “survive” decision. | Report demonstrates knowledge of professional language with little attention to explanations of meaning. | Report uses basic language to communicate its points where professional language would be more expressive and concise. | Report misuses language applying the wrong word to express concepts. |