

## INTRODUCTION

### **Our Mission, Qualifications, and Success with Target Population**

Lifelong Adult Education Services, Inc. has provided a comprehensive program of special educational and psychological services for adults with mild to severe disabilities in the Denver area since 1993 and specifically to TANF clients since 1998. Lifelong's mission is to provide the highest quality educational and psychological services to adults identified with cognitive or learning disorders, developmental delays, borderline intellectual functioning (i.e., slower learners), mental illnesses, physical disabilities, and/or limited English proficiency and cultural differences. Our goal is to locate and serve high-risk individuals with disabilities who have potential to succeed, to build their self-confidence as they begin to attain goals and reach their potential, and to help them develop realistic self-perceptions that lead them to sustained vocational, academic, and personal successes. Our services provide a solid foundation from which many of our clients experience their first successes in education, training, and employment. When Lifelong is involved, client needs are better understood, regular service providers have a better grasp of what they need to do to help their clients succeed, case management is enhanced, and client success is more likely.

It has also been a part of our mission to identify and serve individuals who dropped out of school before their needs could be fully addressed and/or who never received appropriate special education services as children. The learning, emotional, and performance problems of these individuals do not go away as they grow older; they often become adults who are seen as failures. They have significant difficulties obtaining and retaining gainful employment, and they cycle on and off public assistance. Patterns of instability established in childhood continue during their adult lives as they continue to slip through the cracks of service provision. When these individuals are identified and referred to Lifelong, we provide them with a thorough *evaluation* of their needs, offer them *psychotherapy* and *specialized instructional services* to help them complete their employment and training, and try to prepare them to be self-reliant through *enhanced case management*. We also educate service providers, instructors, and trainers about the unique needs of people with mild to moderate disabilities. We try to share our expertise about compensatory strategies, accommodations required by the Americans with Disabilities Act, and best practices for assisting adults with cognitive, learning, and emotional challenges in the hopes that other professionals can apply what they learn from us to their future clients.

Few agencies in the Denver area have as much experience working with adults who have learning, emotional, and performance problems as Lifelong has. The Director of Psychological Services at Lifelong, who is licensed as both a school and a clinical psychologist, has specialized in serving adults with learning problems since 1985, and the Director of Educational Services has been serving special populations since 1986. The Director of Counseling Services has been at Lifelong for more than ten years, and has been a specialist in developmental disabilities since 1995. Since 1998, we have conducted more than 1250 psychological and psychoeducational, evaluations of TANF clients in Denver, and disability specialists, lawyers, and administrators of adult programs at the Colorado Department of Education use our evaluations as their standard. Since 1998, we have provided nearly 30,000 hours of specialized instructional services to the hardest-to-serve TANF participants at our site in the Lincoln Park neighborhood, at vocational training sites, and at client workplaces. During the last 12 months, we have provided 85 full

psychological evaluations, 36 psychoeducational screenings, 215 hours of professional consultation, 3850 hours of specialized instructional services, and more than 1100 hours of individual psychotherapy and life skills/behavioral therapy to Denver TANF participants with developmental, learning or other diagnosed disabilities. Additionally, as a Core Service Provider for the Family and Children's Division at the Denver Department of Human Services, we provided 51 court-ordered psychological evaluations and more than 2250 hours of counseling and in-home individual and family therapy services to parents with developmental and learning disabilities. Last year we provided 42 psychological evaluations to people with suspected learning problems referred from private sources and the Jefferson County and Arapahoe/Douglas County Works programs, and we regularly provide them with consultation regarding the needs of their program participants with disabilities. Since 2000, Lifelong has provided clients with disabilities referred by the Colorado Division of Vocational Rehabilitation with more than 225 evaluations, 3500 hours of specialized instruction, and 2700 hours of psychotherapy and career counseling.

Our referrals come from a wide variety of other sources, too. In addition to the social services and county Colorado Works programs mentioned above, public and private disability service providers including the Colorado Division of Vocational Rehabilitation and the Community Centered Boards (e.g., Denver Options, Inc., Imagine!, and Developmental Pathways), regularly send their clients to us. Post-secondary institutions such as The University of Denver, The University of Colorado, and the Community College of Denver regularly refer their clients to us, as well. Private clients with disabilities from Colorado and surrounding states refer themselves to Lifelong for assistance with employment, vocational training, or educational issues, and corporate and institutional clients have taken advantage of our consultation and evaluation services. Private business concerns with in-house literacy and training programs (e.g., Lucent Technologies), and national organizations that need assistance with their disability documentation and/or their development of disability policy (e.g., the National Board of Chiropractic Examiners) have frequently taken advantage of our disability expertise.

Lifelong only employs licensed therapists with knowledge about developmental, sensory, and learning disabilities, licensed school and clinical psychologists experienced in evaluating needs, characteristics, and potential for work, and special educators with experience working with adult needs and accommodations under the Americans with Disabilities and Rehabilitation Acts. We do not, as a rule, believe that interns have sufficient experience to work with our very complicated and challenging clients.

### **Target Populations**

This proposal offers services for teen parents and for high-risk TANF participants who have mild to severe disabilities in Levels II, III, and IV of job-readiness. Our targeted populations fall into a number of categories and all are considered to be the hardest to serve. Several agencies (Learning Disability Association of America, National Research Center on Learning Disabilities, Economic Success Clearinghouse) have estimated the numbers of TANF recipients with mental health, learning, or developmental disabilities at up to 75% of the TANF population. At lower job readiness levels, it can be assumed that numbers of people with disabilities of increase. The Economic Success Clearinghouse has estimated that 35% or more TANF recipients have learning disabilities, 14% are slower learners (IQ's between 70 and 80),

and 5% have developmental disabilities. Many individuals with disabilities in Levels II and III are able and willing to work, but have histories of failure that make employment difficult or impossible to obtain and retain without assistance. These individuals may have poor or inconsistent performance in work, job training, and school environments due to their disabilities. They might seem unwilling to participate in or follow through with employment activities, and they often have poor coping and decision-making skills that interfere with life and work and that adversely affect their self-sufficiency. Our targeted clients are those who need structured, hands-on guidance in identifying realistic vocational directions, following through with appropriate job training and supportive services, and obtaining and retaining employment because of their cognitive, emotional, or other difficulties.

Participants classified as Level IV (Employment Alternatives) who have severe disabilities and chronic problems maintaining gainful employment are also specifically targeted by Lifelong in this proposal. People with severe or multiple disabilities that keep them from participating fully in the community or in work activities need alternative long term sources of support for themselves and their families from agencies such as the Social Security Administration, Mental Health Corporation of Denver, and the community centered boards (who serve people with developmental disabilities). Services for these individuals help to stabilize the individual and his/her family during the sometimes lengthy process of shifting away from TANF programming and into appropriate community supports. Lifelong's services to Level IV participants provide a source of documentation of the significant impact of a disability so that a better case can be made to the Social Security Administration for supplemental income.

Lifelong's targeted populations are those that others have given up on. We work with the hardest to serve TANF recipients and we are happiest when we are able to take on the challenge of sorting out a complicated case and see a "lost cause" have success or take steps toward self-sufficiency.

### **B.2.b. PROPOSED FCP SERVICES AND PROGRAMS**

- \* **Psychoeducational and SSI Screening, Full Psychological Evaluation, and Disability Consultation**
- \* **Goal-Specific Specialized Instruction, Workplace Literacy, and Job Coaching and Retention Services for Participants with Disabilities**
- \* **Life Skills/Behavioral Therapy, Counseling/Psychotherapy, and Enhanced Case Management for Participants with Disabilities**
- \* *Teen Treatment Package: Instructional Activities, Case Management, and Counseling*

These integrated services are intended for teens and high-risk individuals with disabilities whose cognitive limitations, linguistic and cultural differences, and functional limitations negatively affect their potential for success in the workplace. All of our services are intended to help clients with disabilities (who may or may not be eligible for SSI) to develop realistic self-perceptions about their strengths and limitations, develop realistic and attainable work and life

goals, and improve their self-sufficiency, self-advocacy, coping, and compensatory skills. Lifelong's Teen Treatment Package can fit under either FCP or Workforce Development Services. In 2008-2009, Lifelong was asked to devise a program for teens that would increase their participation and provide them with relevant educational experiences (e.g., studying for the GED). The program was very successful but was suspended due to budget restraints (we had so many referrals and successful outcomes that funding for our core services was threatened and thus, the program was suspended in the latter half of the 2008-2009 fiscal year). A description of a proposed program and a modified funding structure for 2009-2010 follows the descriptions of our core disability-related services.

### **Psychoeducational and SSI Screening, Full Psychological Evaluation, and Disability Consultation**

***Assessment versus Evaluation:*** Often confused with each other, assessment and evaluation are both vital in the process of directing or redirecting the job and career paths of TANF clients toward the most appropriate activities. *Assessment* or screening is the act of collecting data about a person through interviews or tests, while *evaluation* is the analytical, interpretive, and decision-making process that follows data collection. Less expertise is generally required in the assessment process, whereas evaluation requires special or thorough knowledge to interpret data so that sound decisions and recommendations can be derived and offered. Denver's desire and efforts to develop sound assessment in the initial processing of new TANF clients has resulted in strong data, but OED's evaluation of the assessment data collected has not been as consistently strong. The result has been that many people with disabilities or undiagnosed disabilities have been directed inappropriately to programs they cannot handle and/or have not received support services until late in their TANF "clock." Lifelong's Psychoeducational Screening, Full Evaluation, and Disability Consultation services aim to fill the gaps in knowledge about client needs and characteristics.

***Psychoeducational Screening:*** Using a levels of assessment approach to evaluating the needs of new and continuing TANF clients is cost effective and time efficient. Following initial intake assessments and/or Comprehensive Assessments, a tiered approach to further evaluation and decision-making can be implemented in which further interviews with a mental health and disability specialist and additional testing using individually administered measures of academic and cognitive ability result in better recommendations and ideas for how to proceed. Tests administered for screening purposes include portions of the individually administered Woodcock-Johnson III, depression screening instruments such as the Beck Depression Inventory, requests for prior records from schools, hospitals, and mental health providers, and a mental status examination. Results are written into a report that details background history, test results, and recommendations. Psychoeducational screening is particularly cost effective for helping agencies and programs that serve TANF customers to determine the best fit and plan for participants referred to their programs. Programs such as the Contextual Basic Skills Lab (Community College of Denver) use this service extensively when it is available. A sample screening report is included in Attachment A: Sample Screenings and Evaluations.

***SSI Screening and Consultation:*** In collaboration with Catholic Charities and the SSI Screening Committee at OED-WD, Lifelong screens individuals who report primary mental health or cognitive disabilities to determine their potential for SSI. Catholic Charities Navigators

receive the referrals for individuals with primary physical disabilities. Screenings consist of one or several meetings with the referred individual where releases of information are signed so that information regarding medical and mental health conditions can be obtained from primary sources. Information is then evaluated for its thoroughness and completeness and, if necessary, doctors are contacted for more information. The cases are then presented to the SSI committee with recommendations for next steps. Individuals felt to be poor prospects for SSI but whose disabilities are significant are typically referred for Enhanced Case Management at Lifelong, while those felt to be good prospects for SSI are referred to Catholic Charities Navigators who assist the client through the SSI application process. A sample SSI Screening report on the form developed by the SSI Committee may be found in Attachment A: Sample Screenings and Evaluations.

***Psychological Evaluation:*** Lifelong's full evaluations are accepted by and often set the standard for other agencies for service eligibility (e.g., Colorado Division of Vocational Rehabilitation), determination of disability (e.g., the Social Security Administration), and determination of appropriate accommodations in both educational and vocational settings (e.g., during in-class tests or other examinations including the GED, PLACE, CDL, or C.N.A.). All evaluations at this level are produced by licensed clinical psychologists. TANF clients referred for identification and evaluation of issues contributing to their workplace, vocational training, or academic failures are administered full measures of cognitive ability, academic skill development, and psychosocial functioning. Review of previous records and sources of information are combined with present test and behavioral data to produce an evaluation report that details limitations and needs, and that offers diagnoses and specific recommendations relevant to the individual including appropriate accommodations for the workplace (please see Attachment B for sample evaluations). Measures commonly selected for use include an AD/HD scale, in-depth, formal interviews and mental status examination, the Minnesota Multiphasic Personality Inventory-2, an adaptive behavior scale, the Wechsler Adult Intelligence Scale-Fourth Edition, the Wechsler Memory Scales, and the Woodcock-Johnson Psycho-Educational Battery, Third Edition. Two sample evaluations can be found in Attachment A: Sample Screenings and Evaluations.

Psychological/learning disability testing of this type requires the psychologist to spend four to eight hours administering, scoring, and writing a report with recommendations. Lifelong's psychological evaluations detail background history and identify levels of cognitive ability, emotional functioning, academic skills and aptitudes, and vocational interests. The report should facilitate the SBDA's planning so that appropriate career, training, or on-the-job training choices can be made. Our psychological evaluations are intended to provide a realistic and comprehensive picture of a client's potential, and the report describes findings in clear, easy-to-understand language, making the evaluation data a useful tool for primary providers. The information and recommendations included should result in substantial changes in treatment planning by SBDA's and should facilitate and support appropriate applications for alternative sources of support (e.g., SSI/SSDI, Denver Options, Inc.).

***Disability Consultation:*** Given the large numbers of people who apply for TANF who have mild to moderate disabilities and "hidden" disabilities such as learning, cognitive, developmental, and mental health disorders, it is sensible programmatically to involve our

expertise early in the process of determining participant needs. Sharing our knowledge about learning and developmental disorders in the initial phases of eligibility determination and planning will lead to faster and more appropriate placement into countable activities. Additionally, after eleven years of providing services to Denver TANF recipients, we have a large database of previous evaluations and contacts with these clients, and our existing files can be used to shorten intake and planning processes. We are often familiar with the needs of returning TANF applicants before the SBDA's are, and we would like to find a way to share this information via consultation with assessment workers and SBDA's more immediately. Whereas SBDA's often change when individuals return and re-apply for TANF, Lifelong's Director of Psychological Services has been the same since 1993 and has completed or supervised production of all evaluations and screenings conducted for OED-WD during that time. Involvement closer to the front of the intake process in a consultative role would prevent unnecessary repetition of prior evaluations and of inappropriate placements; the SBDA and TANF applicant can begin where the last SBDA left off rather than having the individual fail again before it is realized that the client has special needs.

Following evaluations, psychoeducational screenings, and SSI screenings, Lifelong provides consultation services to SBDA's and other providers to help them to understand and then integrate new information into future plans. It is hoped that the SBDA, as the recipient of information about disabilities, can better understand the nature of the customers' disabling condition and what it means in the workplace or training settings. Helping an SBDA or other referral source to understand one client's needs, cognitive and emotional functioning, and barriers to success allows the SBDA to understand future customer's needs as well. Discussion of the results of a psychological evaluation within the context of TANF program participation requirements and the client's remaining months of TANF helps to clarify issues and identify optimal matches between client abilities and other programs and sources of support. Effective consultation helps SBDA's guide the client toward realistic and attainable employment and training goals. Better understanding of the client, a better match between client abilities and goals, and the development of an appropriate vocational plan all help to increase the potential for positive outcomes.

In the same way that our direct contact with clients is meant to empower them and move them toward self-sufficiency, consultation with providers is intended to empower them and prepare them to interact with their clients with disabilities more positively. We like to meet with the providers in person and with the client present, but when the provider prefers, we can conduct consultations by telephone, in conference calls, and by email communication.

### **Goal-Specific Specialized Instruction, Workplace Literacy, and Job Coaching and Retention Services for TANF Participants with Disabilities**

Since 1998, we have provided goal-specific specialized instruction and specialized job enhancement services in English and in Spanish to TANF participants with mild to moderate learning or cognitive disabilities. We have helped TANF participants with learning and developmental disabilities, borderline intellectual abilities, attention deficit/hyperactivity disorder, and many other emotional and behavioral difficulties that affect learning and retention. We have taught TANF participants who are slower learners and whose limitations result in fewer training choices, especially when their limited reasoning and academic skills cause them to be

ineligible for participation in existing vocational training programs. We have provided workplace literacy to TANF participants whose first language is Spanish and refugees who appear to have cognitive and mental health difficulties that affect their ability to learn English and adapt to American work and social customs. We hope that we have succeeded in establishing ourselves as providers of comprehensive special education services for adults.

Lifelong's specialized instruction and job enhancement services succeed with individuals who have problems learning where other programs do not because we understand the underlying cognitive, emotional, and linguistic issues that cause adult learning and performance problems. Instruction for adults with learning problems (i.e., special educational services) requires specialized expertise and knowledge that regular academic and vocational instructors lack. We use psychological and psychoeducational assessment data interpreted by our on-site psychologists to develop realistic service plans. As a multi-disciplinary team including the participant, realistic and incremental learning goals based on the individual's cognitive profile, emotional functioning, behavioral characteristics, and employment and training goals are defined. We develop structured learning experiences that use the participant's strengths to offset weaknesses so that realistic goals may be attained. Our goal is for TANF participants with disabilities to become self-advocates who are successful at work, appropriate in the community, and independent at home.

Using their expertise in adult learning and special education, and their knowledge of diverse content areas that span basic literacy to technical and scholarly disciplines, Lifelong's specialists develop plans for improving and developing compensatory strategies, coping skills, and accommodations (as required by the ADA). Learning and developmental disorders cannot be remediated or cured. When adult education programs use a remedial approach to teaching these at-risk adults, they inevitably fail. We teach TANF participants with disabilities to fend for themselves outside of the classroom or training situation by providing them with knowledge about themselves and with practical tools they can use in the workplace. We incorporate coping, compensatory, and metacognitive strategies into all specialized instruction, be it basic vocabulary development or preparing for the driver's license test. We teach participants how to effectively use and request test, classroom, and workplace accommodations, and we help participants to develop an accommodation plan that identifies their disability, potential problems, and strategies for requesting appropriate accommodations.

Once a request for specialized instruction is approved by OED-WD, Lifelong meets with the TANF participant, analyzes documentation (e.g., psychological evaluations, school records, reports from employment and training service providers), and defines preliminary needs. After we work with the individual for a few instructional sessions and learn more about the person's motivation to succeed, learning styles, behavior, and interaction with others, we develop realistic and incremental learning goals that will guide instructional and training decisions. In addition to submitting a monthly report to the SBDA, we continually evaluate participant progress, readiness to complete goals, and barriers to success until the TANF participant transitions to other service providers.

***Goal-Specific Specialized Instruction for Job-Related Examinations or Vocational Credentials:*** TANF participants with learning disabilities or mental illness who need to pass

certification or licensure tests before they can be hired often need help with test preparation. These individuals require short-term, intensive instruction in technical or advanced academic content, test-taking strategies, time-management, stress-reduction techniques, and how to use accommodations effectively. We have helped clients with disabilities pass professional, technical, and civil service examinations such as the WorkKeys Competencies, the Certified Nursing Assistant (C.N.A.) exam, Commercial Driver's License (C.D.L.) exam, the Microsoft Certification exam, the Building Inspector's exam, the Police Officer/Fireman exam, the CDOT Flagger exam, and the P.L.A.C.E. teacher certification exam.

***Goal-Specific Specialized Instruction for Compensatory Strategies, Accommodations, Testing Strategies, and Targeted Content Instruction for GED Completion:*** At typical GED sites, staff and volunteers sometimes make inappropriate instructional decisions because they lack expertise in cognitive, learning, and mental health disorders. The causes of poor performance and academic underachievement in adults with hidden disabilities are often misjudged and uninformed instruction results in unnecessary delays in completing the GED or in redirecting the participant into more appropriate training activities better aligned with their abilities and skills. TANF participants with learning disabilities, attention problems, depression, anxiety, and other mental health problems who are unsuccessful in traditional GED lab settings benefit from Lifelong's specialized instruction for GED completion. Lifelong specialists analyze psychological evaluation data, assess the client's strengths and motivation, determine and request appropriate test accommodations, and develop the most expeditious instructional plan for achieving the GED. Recommendations for alternatives to the GED are also made if it does not appear that the client can achieve this goal within a reasonable time frame. Once an individualized plan is created, we provide specialized instruction in the use of compensatory strategies, specific test accommodations, and targeted math, writing, and reading comprehension content necessary to pass the five GED subtests.

***Goal-Specific Specialized Instruction for Academic or Vocational Content Areas:*** Lifelong customizes specialized instruction for clients having difficulty in their vocational training and employment activities. Assuming the TANF participant with disabilities is otherwise qualified to be in the training program, the combination of Lifelong's specialized instruction and the instruction provided by the vocational training instructors can result in significantly improved performance. We have provided post-secondary academic discipline and vocational-technical content instruction to TANF clients in a variety of certificate and two-year programs in the community college system (e.g., CCD-Auraria and Suburb Campuses), Emily Griffith Opportunity Program, and non-profit vocational training sites (e.g., CWEE, Mi Casa, Bayaud Industries, Shalom Inc.).

***Goal-Specific Workplace Literacy and Basic Academic Skills for TANF Participants with Disabilities, Limited English Proficiency, or who are Slower Learners:*** Workplace literacy and basic skills instruction targets TANF participants with limited work histories and reading, writing, and math skills below the sixth grade level. These skill deficits may be due to language-based learning disabilities, cognitive limitations, mental illness, and/or limited English proficiency. Our approach for TANF participants with disabilities or linguistic weaknesses who are able to improve their basic skills is to strengthen job-specific reading, writing, speaking, listening, math, and communication skills so they can enroll in training programs or be hired for

entry-level jobs that require basic literacy. Although some of these individuals might be qualified for classroom, testing, and work accommodations because of their disabilities, they still need to comprehend the written and visual training and work materials and need to demonstrate minimally acceptable levels of literacy to perform their work in the real world. This Lifelong service can supplement and extend the efforts of the Contextual Basic Skills Lab for individuals identified by CBS staff as having challenges beyond the scope of the CBS Lab.

***Job Coaching and Retention Services:*** Lifelong’s job coaching and retention specialists assist TANF participants with disabilities in developing good work habits and behaviors appropriate for their chosen career or vocation. We provide job coaching services at vocational training sites, community service placements, and worksites so that individuals with disabilities who lack employment experience, have difficulty learning new skills, or cannot easily adapt to new environments are supported. We first conduct on-site job-task analyses and adapt job-specific training to address employer/trainer concerns about performance and productivity. We incorporate behavioral modification, disability-specific job modifications and accommodations (ADA), and counseling services to help the participant maintain his/her employment. “Soft” job skills (e.g., punctuality and time management, organizational skills, priority setting, appropriate work behavior, and choice of work apparel) are also targeted by the job coach so the client can increase independent job functioning and adaptive skills. The employer’s needs and expectations are also addressed so that long-term employment for the participant with a disability is more likely. We provide immediate feedback and assistance to the supervisors, trainers, and coworkers at the job site, and this helps to take some of the pressure off of busy supervisors and other employees, resulting in more willingness to work with the participant.

In sum, our particular expertise in identifying, evaluating, teaching, and training people with learning, cognitive, behavioral, and emotional difficulties allows us to quickly target problems or issues preventing TANF participants’ success in training or educational venues. In collaboration with vocational training and employment providers, Lifelong specialists devise teaching, training, and job coaching and retention strategies that match the client’s learning style and incorporate accommodations and compensatory strategies. Strengthening problem-solving, critical thinking and self-advocacy skills helps participants to become independent learners and workers. Regular, informal progress reviews are conducted with each client receiving these services and, if original goals cannot be met, more realistic goals are set in collaboration with the SBDA’s and client. We meet clients before, during, or after their primary job training program or work schedules on weekdays, and when necessary, on weekends. We can provide specialized instruction at our facility or meet with clients at their workplaces, training sites, or other service provider sites to help them generalize skills across settings.

### **Life Skills/Behavioral Therapy, Counseling/ Psychotherapy, and Enhanced Case Management for TANF Participants with Disabilities**

Counseling and behavioral therapy for people with disabilities should be provided by licensed therapists and psychologists knowledgeable about disabilities. Talk therapies or techniques that assume average or better intellectual abilities do not work as well with people who have learning or developmental disabilities. Alternative approaches to therapy that incorporate and emphasize concrete and hands-on activities are most effective for these clients. Therapists without training in disability issues often fail to achieve their goals and objectives

because they lack the creativity and flexibility they need in their therapeutic techniques. Mismatched techniques lead to failed therapeutic relationships and perceived noncompliance on the part of the client. Asking an individual with a learning disability to write in a journal would be inappropriate, for example, as the person would be likely to resist this activity and be considered “noncompliant.” Asking a person who has a developmental disability to generalize new learning from the therapy session to the home environment is not realistic either, and again, the client is likely to be perceived as noncompliant by an uninformed or untrained therapist when the approach, not the client, was at fault for the client’s failure.

The low self-esteem, poor self-confidence, depression, and anxiety that people with disabilities often feel are unique because the sources of these problems are permanent parts of their reality and therapy cannot remove them. A person with a hidden disability such as a learning disability might spend inordinate amounts of energy avoiding the fact of his/her disability and hiding performance problems from employers, friends, family, and spouses. As a result, the person becomes depressed and anxious and experiences relationship problems. An understanding that disabilities typically do not “go away” and that anxiety and depression can originate in this fact is vital to incorporate into therapeutic practices and diagnoses. Lifelong’s therapists are highly trained and experienced in the needs of people with disabilities.

***Life Skills/Behavioral Therapy for People with Developmental Disabilities, Low Cognitive Abilities, and Severe Learning Disabilities:*** Life skills training and behavioral therapy focus on TANF participants identified via psychological evaluation as having cognitive and/or developmental delays. This surprisingly large sub-population of TANF participants is at even greater risk than other populations because of their history of and penchant for poor decision-making and problem solving. Traditional psychotherapy is not effective with these very limited clients because they tend to have underdeveloped verbal cognitive abilities that cause many of their problems. It is much more effective with these clients to use a behavioral approach that emphasizes here-and-now events and problems. *Demonstrating* how to interact with others appropriately, *showing* how to be a better parent, and *supervising practice* of interpersonal skills in real-life situations are examples of behavioral approaches used for teaching life skills. With the therapist, the client processes emotional experiences while they are fresh in mind, easily identifiable, and solvable.

Goals of life skills training vary with the needs of the individual, but always include the opportunity to learn new coping skills and develop better ways of dealing with the environment. The intent is to produce an independent, self-aware navigator of life’s obstacles. All of life’s challenges are considered teaching and therapeutic opportunities. Our current clients in life skills therapy have identified goals that help them to abandon unobtainable career directions, improve familial relationships by clarifying roles in the home, improve their understanding of limitations imposed by their developmental or cognitive disabilities, and knowing when to ask for help. Other examples of real-life goals include learning how to ask appropriate questions of professionals such as doctors and pharmacists, learning how and why to use an appointment book, understanding basic safety issues at home, learning how to budget, do the grocery shopping, and prepare healthy meals for the children. For those who are eligible for services provided by agencies such as Denver Options (for people with developmental disabilities) and the Colorado Division of Vocational Rehabilitation, and for financial support from the Social

Security Administration, every effort is made to assist them in accessing and effectively using services outside the TANF system.

***Individual Psychotherapy for People with Disabilities:*** People with disabilities, hidden or otherwise, have unique issues that impede their progress toward self-sufficiency. Most people with mild to moderate disabilities do not qualify for SSI or other benefits from the Social Security Administration and must overcome their difficulties via accommodation and fortitude. It is estimated by some agencies (e.g., the Learning Disability Association of America) that “Over half of the TANF caseload today can be assumed to have learning disabilities, mental retardation, psychiatric or addictive disorders, or a combination thereof” (2006). These individuals must learn to deal with complex life problems and with the effects of their disabilities. Individual therapy allows clients with disabilities to deal more effectively with the emotional impacts of their poverty, domestic violence, mental illness, and other physical health problems so that they can find and keep a job. Therapy that helps these individuals accept their disabling conditions, understand how these conditions might impact their performance, and acknowledge which difficulties in life are attributable to the disabling conditions versus which are the personal responsibility of the individual is vital for their future adjustment at work. Therapy that helps these individuals with disabilities to focus on their strengths, while acknowledging and dealing with their weaknesses, will help them move forward toward self-sufficiency and improved self-esteem.

***Structured Group Psychotherapy:*** Group experiences provide opportunities for TANF clients with disabilities to build positive interpersonal communication skills while learning about specific and relevant topic areas. Our “Building Blocks for Success” group is aimed specifically at women who are somewhat slower than their peers are but who do not have disabilities (e.g., IQ’s between 70 and 85) but can be adapted for broader group composition. We successfully adapted this group for OED-WD’s Transitions program and provided it to 15-25 participants each week until budget constraints caused it to be placed on hold during the second half of the 2008-2009 contract period. We have also provided group experiences in work training settings (e.g., at SHALOM) with success. The purpose of these groups is to develop and reinforce essential life skills across work, family, and social contexts through participation in exercises, discussion, and social exposure in a supportive environment aimed at enhancing vocational and personal stability.

***Enhanced Case Management for TANF Participants with Disabilities:*** Among the special populations that cut across all levels of the TANF job-readiness categories, people with hidden and cognitive disabilities probably form the largest and most diverse subgroup. Because of their limitations (and strengths), the needs of TANF participants with disabilities are often misunderstood by those working with them. Enhanced case management takes the guesswork out of serving these participants because a specialist in disabilities will facilitate access to appropriate services and help the SBDA to track progress. The benefits of a designated disability specialist having direct contact with these highest risk participants with disabilities during their TANF participation are numerous. As soon as a TANF participant with a disability is identified, s/he should be referred directly to Lifelong for a needs assessment by the disability specialist to determine needs for accommodation, advocacy, further evaluation, referral (e.g., Denver Options, Inc.) and/or mental health support services. People with severe disabilities who should

be steered toward assistance in obtaining SSI/SSDI will be identified more readily and those who are not likely to be initially approved for SSI will be tracked by Lifelong experts whose opinions count in the SSI/SSDI appeals process. The Lifelong disability specialist will follow participants with disabilities throughout their time on TANF to help remove barriers as they arise and to identify appropriate supports and accommodations necessary from OED-WD and community programs to ensure success. If failure does occur, we want to be sure that individuals fall forward, gaining and learning from their situation, rather than falling backward into noncompliance. Enhanced case management and tracking may be the only direct service necessary for some participants, but the Lifelong disability specialist will intervene, if necessary throughout the process to recommend other services as needed. The disability specialist will have contacts at least every-other week with the participant at home, at Lifelong, at the Denver Department of Human Services building at 1200 Federal Blvd., or at the workplace or training site until the participant exits the TANF system. In addition to referrals from SBDA's and assessment workers, it is expected that the SSI Committee will continue to refer individuals with disabilities deemed by the committee to be unlikely to gain eligibility for SSI.

### **Teen Treatment Package: Instructional Activities, Case Management, Group Therapy, and Counseling**

*This service is not included in the total budget we have proposed although a cost estimate was included in that section of the proposal. It is included here in response to interest from OED-WD as a possible addition to the core services we have proposed for 2009-2010.* In 2008, OED-WD asked Lifelong to pilot a program for TANF teen parents who had a history of non-compliance or had experienced failure in other programs. According to OED-WD, Lifelong succeeded with teen parent participants "beyond OED expectations." Why did Lifelong succeed when other providers did not? We believe that our expertise and comprehensive treatment approach made the difference with these at-risk adolescent parents, and the following description of proposed services is based on philosophy, structure, and service components we developed in the successful pilot program.

Lifelong's 2009-2010 teen treatment package is intended for teen parents who exhibit non-compliance in other programs and/or performance and learning difficulties. The problems experienced by these teen mothers may result from immaturity, behavioral problems, or significant academic content gaps. The failure to benefit from elementary and secondary educational opportunities due to poor attendance, conduct and attitude problems, expulsion, inappropriate responses to peer pressure, and lack of parental and family support and guidance also affect their success. The same underlying behavioral, mental health, learning, and cognitive issues that interfered with high school completion are still present in TANF vocational training programs and activities. In fact, these problems may be greatly exacerbated by the additional responsibilities of becoming a parent at a young age. Treatment of these complex issues requires a comprehensive treatment program that includes:

- (1) Psychoeducational screening/assessment to determine appropriate instructional levels and to identify potential barriers to be addressed by therapists and instructors.
- (2) Age-appropriate and content-relevant instruction;

(2) Case management services that guide the teens in their efforts to develop better life skills and to manage and reduce the day-to-day “crises” that impact their success; and

(3) Individual and group counseling to address the core developmental, behavioral, and emotional issues that contribute to the inability to succeed in school, personal goals, or first attempts at employment.

The teen treatment package is structured as an intensive 20 to 25 hour per week experience that integrates direct classroom instruction for up to fifteen participants at a time, enhanced case management (averaging two to four hours per month per participant), and both individual and group counseling services. Upon entry to the program (i.e., within the first two weeks), assessment of academic skill levels and identification of barriers impeding success occurs, and an individual plan is devised with the full participation of the teen parent. A specific schedule can be tailored to meet OED-WD needs, but four or five mornings per week for four hours per day has worked well for this population in the past. Additional lab hours can be added if individuals must meet additional participation rates.

Instructional goals and activities may include studying for and passing the GED or skill development in reading comprehension, writing, and math for participants with high school/GED diplomas who score below entrance requirements for post-secondary programs. Some participants will need to improve their vocational academic skills beginning with how to read and fill out job applications while others who are unable to attain a GED due to cognitive limitations or who already have a high school diploma but fall below basic literacy levels for entry-level jobs may focus on job-specific academic skill improvement. Lifelong can provide instruction to meet 2009-2010 OED-WD academic or vocational literacy goals of targeted industry sectors, as long as the goals are realistic given the individual’s cognitive potential and can be attained within appropriate time frames.

Case management activities model, structure, and teach teen parents effective life skills and strategies that help them to identify and access needed community resources and services that they or their children need. On-site individual counseling is provided to all teen parent participants twice monthly; when the individual’s mental health needs require longer-term or more intensive psychotherapy, an FCP referral will be made. Weekly participation in a modular (i.e., each session is independent from the previous and subsequent sessions), group counseling session with one of Lifelong’s therapists will be required. Groups will concentrate on developing maturity, self-esteem, and effective problem-solving strategies. A focus on taking responsibility for themselves, understanding their roles at home, in the community, and at work, and setting appropriate boundaries with others will underlie each facilitated group meeting. Please see Attachment B: Building Blocks for Success Structured Group Therapy.

### **B.3 PERFORMANCE GOALS**

Performance goals vary for each fee-for-service program we offer. Due to the characteristics of the special populations we choose to serve at Lifelong (i.e., the TANF participants everyone else is having trouble serving due to behavioral, cognitive or mental health

problems), it is difficult to determine appropriate performance goals. That being said, we expect our contact with clients to have profound impacts on their lives and we expect them to succeed at the same rate as their non-disabled counterparts. **At least 50% participation rates are our goal as a program.** Following are performance goals for each service we have proposed for 2009-2010:

***Performance Goals and Outcomes for Psychoeducational Screening, SSI screening and Consultation, and Psychological Evaluation:*** We expect that 100% of the referred individuals who complete a Psychoeducational screening, SSI screening, or Psychological Evaluation will have their IRC's changed or enhanced as a direct result of the information we provide after our written reports are received by the SBDA. These services are primarily intended to enhance the ability of an SBDA to engage in appropriate planning on behalf of a TANF participant, and as such, may not in and of themselves increase work performance, job placement, etc. Possible outcomes from these services include: (1) An increase in countable activity and participation hours; (2) An increase in follow-through with IRC agreements; (3) Completion of appropriate activities to increase employability; (4) Improved and realistic employment and training goals to better match the client's potential; (5) Referral to and approval for sources of longer term support (e.g., Supplemental Security Income, Denver Options, etc.). A completed product (i.e., our written report delivered to the SBDA) is the best measure of our success for these services because we have no control over anything that happens once the report is delivered to the SBDA.

***Performance Goals and Outcomes for Goal-Specific Specialized Instruction, Workplace Literacy, and Job Coaching and Retention Services for People with Disabilities:*** We expect 50% participation rates among the high-risk people we serve. 75% of TANF participants with disabilities/multiple barriers referred for specialized instruction, workplace literacy, and/or job enhancement services will attain one or more goals defined in their IRC's. If the goal(s) are determined to be inappropriate, participants will be redirected to attainable goals that match TANF time and outcome considerations. Consistent attendance, completion of homework or skill proficiency tasks, and follow-through with concurrent training-related activities are used as behavioral measures of success during our service provision. Monthly reports of progress are provided to the SBDA. Overall, this service should lead to increased job placement, improved training outcomes, and steady movement from lower to higher job readiness.

***Performance Goals and Outcomes for Life Skills/Behavioral Therapy, Counseling/Psychotherapy, and Enhanced Case Management for People with Disabilities:*** Performance goals and objectives for counseling and case management services are most difficult to define and measure. Engagement in the service by the participant is the first measure we like to use because, if the client is following through with therapy, s/he can maximize personal benefits from the activity. Retention in job training, job placement, and successful exit from the TANF system are the best measures of our success with these services. We expect that 75% of clients referred will become engaged in therapy and 85% of these will reach the three goals set in the initial sessions of therapy. 75% of participants in these services will become self-sufficient and exit the system without extensions of their TANF benefits beyond the 60-month limit. 100% of our developmentally disabled and other clients with disabilities who have

followed through with their therapy will access appropriate sources of long-term support outside of TANF (if needed), and in so doing, develop independence and self-sufficiency. Case management will result in improved participation in activities at the level expected of non-disabled peers (50%).

***Performance Goals and Outcomes for the Teen Treatment Package:*** We expect to meet or exceed the 2009-2010 OED-WD participation goals for special populations. 75% of teen parents referred to this program will attain one or more goals defined in their IRC's. If the goal(s) are determined to be inappropriate, the individual will be redirected to achievable goals that match TANF time and outcome considerations for special populations. Consistent attendance, completion of homework and skill proficiency tasks, and follow-through with defined case management goals and/or concurrent training-related activities are used as behavioral measures of success. Monthly progress reports are provided to the SBDA. As long as subsequent training and career-path decisions are realistic and attainable, given the individual's cognitive potential, the teen treatment package should contribute to improved vocational training outcomes, increased job readiness, and increased rates of job placement, retention, and wage-gains.

#### **B.4 1: GREEN INITIATIVES**

Lifelong will engage in several attempts to reduce our environmental impact. We use recycled products as often as possible (e.g., paper products, files/folders, etc.). Additionally, to reduce the use of paper we use e-mail communications as often as possible and have begun sending reports via password protected secure pdf files. Lifelong hopes to reduce carbon emissions produced by vehicles used in home visitations and trips to 1200 Federal via several means. Lifelong staff will use a recently acquired Honda Metro scooter for short trips to the Castro Building instead of one of our gas guzzling personal vehicles. Additionally, for shorter trips to client homes, therapists have agreed they will try to walk, ride a bus, use the scooter, or ride a bicycle as much as possible and as long as it is safe to do so. Therapists and other employees will be encouraged to remain home to complete their paperwork once every two weeks, thus reducing commuting time, and all employees are already encouraged to work nine nines and stay home the tenth day to conserve fuel and reduce their carbon footprint.

#### **B.4 2: VENDOR PERFORMANCE MANAGEMENT**

It has always been difficult to determine the most appropriate ways to measure our success because, like other psychological and family counseling programs, our successes may not be readily apparent or measurable. As advocates for people with disabilities who are participating in a variety of other programs, determining how we have specifically helped someone overcome their personal barriers or how we have changed the attitudes of other people toward people with disabilities is an abstraction that is not easily measurable by traditional means. Improvements in self-esteem, self-advocacy, and self-dependency are similarly not easily grasped and measured. Our customers include the individual with a disability or special need, the caseworker/SBDA, the other support programs involved with the client, the training programs where the client has participated, and the family members who are also attempting to support the individual. Satisfaction among the various beneficiaries of our services is probably the most relevant

measurable outcome that can be included on our “report card.” It is also our belief that, if we are successful in accomplishing our goals, our direct clients should be participating in activities and moving off of TANF at the same rates as people without disabilities.

**Contractor/Program: Lifelong AES, Inc.**  
**Program Year: 2009-2010**

**Title Code: TANF**

**Fee-For-Service Calculation and Methodology Justification**

Provide the fee for service rationale and methodology used to establish the fee. Clearly explain, showing calculations on this page. Additional pages may be used if necessary. If more than one service is provided, a separate sheet must be submitted for each proposed service. Include the current fee schedule provided to the public.

<b>Service Category Name:</b> Goal-Specific Specialized Instruction & Job Coaching     \$65.00/hour
<b>Definition of Service:</b> Lifelong AES specialized instruction is provided to clients who, due to mild to severe learning, mental or emotional problems, (1) experience performance problems in pre-employment workforce development activities, job training and internship/job-related activities, or paid employment, and (2) fail to accomplish vocational goals that allow them to seek jobs or job upgrades/promotion. Lifelong specialists address performance problems as defined by the participant, psychological evaluation, the employer, job placement specialists, case managers, and other service providers. To help the participant develop his/her cognitive potential (academic, problem-solving, and critical thinking skills), Lifelong customizes instruction by devising measurable objectives, structured learning experiences and teaching strategies that match client learning style, and accommodation and compensatory strategies that strengthen processing, retention, and performance. Examples of typical requests for specialized instruction for clients who fail to satisfactorily complete their vocational goals include: <ul style="list-style-type: none"><li>➤ Content-area instruction (traditional/nontraditional career/industry track training)</li><li>➤ Job-specific literacy and communication skills</li><li>➤ Test preparation for job-related exams or vocational credentials (C.N.A. exam; C.D.L. license; WorkKeys; civil service exams)</li><li>➤ GED content, test-strategies and accommodation</li><li>➤ Skill-building in basic skills (math, writing, reading, ESL/VESL)</li><li>➤ Cognitive/behavioral training for therapeutic work-adjustment, life-skills training, and compensatory strategies</li><li>➤ Specialized job coaching for specific job tasks, compensatory strategies, and worksite modifications</li></ul>
<b>Outcomes:</b> <ul style="list-style-type: none"><li>➤ The client completes realistic, appropriate employment-related or workforce development goals that increase employment potential.</li><li>➤ The client redirects his/her employment or job-specific goal to match his/her strengths and ability to perform work.</li></ul>
<b>Descriptive Narrative of Rationale and Methodology Used to Establish the Fee:</b> Fee of \$65.00/hr is based on Division of Vocational Rehabilitation limits on fees for Cognitive/Learning Disability Training.
<b>Calculations Used to Establish Fee:</b> None. Fees based on market analysis of fair pricing for metro Denver area.

**Contractor/Program: Lifelong AES, Inc.**  
**Program Year: 2009-2010**

**Title Code: TANF**

**Fee-For-Service Calculation and Methodology Justification**

Provide the fee for service rationale and methodology used to establish the fee. Clearly explain, showing calculations on this page. Additional pages may be used if necessary. If more than one service is provided, a separate sheet must be submitted for each proposed service. Include the current fee schedule provided to the public.

<b>Service Category Name:</b> SSI Staffing/ Disability Consultation (Doctoral Level )      \$125.00 per hour
<b>Definition of Service:</b> Lifelong disability experts at the doctoral level will provide consultation at intake, during OED-WD internal/external programs, and throughout participant’s involvement in Denver TANF to lead to timely and appropriate placement into countable activities. All clients who have identified themselves as having been involved in special educational activities as children or who identify themselves as having disabilities of any kind would have their files reviewed by Lifelong’s disability specialist or psychologist at the doctoral level during their initial intake to TANF/OED-WD programming. The process of identifying TANF participants who are good candidates for benefits from the Social Security Administration (e.g., SSI and SSDI) is strengthened with up-front expertise from Lifelong. Review of the assessment process and the decision-making that follows helps to develop standardized “decision-trees” so that there is never any doubt among those on the front line as to what they need to do to meet a participant’s needs using the resources available. Lifelong disability consultation at the doctoral level is also provided to OED-WD personnel and external program/ service providers involved in the SSI Staffing who serve TANF participants with disabilities and/or psychological and emotional difficulties that may significantly interfere with employment and self-sufficiency.
<b>Outcomes:</b> The specific outcomes of disability consultation in SSI Staffing and with service providers depend on the needs and goals of the individual/system requesting assistance. The nature of doctoral level consultation involves more refined levels of expertise to help service providers identify the problem, pose alternative solutions/remedies, select the best solution from the alternatives, implement the solution, and revise the solution and its process based on evaluation and feedback, thus increasing OED-WD and external partner professional development and promotes better decision making on behalf of the clients. TANF participants with disabilities whose cases are reviewed will meet/exceed participation and employment goals or are redirected to suitable employment alternatives. OED-WD staff and community providers of employment/training programs and services that receive consultation meet/exceed program, agency, and federal goals for participation and employment.
<b>Descriptive Narrative of Rationale and Methodology Used to Establish the Fee:</b> Fee of \$125.00/evaluation is based on Division of Vocational Rehabilitation limits on fees for Doctoral Level Counseling and Consultation.
<b>Calculations Used to Establish Fee:</b> None. Fees based on market analysis of fair pricing for metro Denver area.

**Contractor/Program: Lifelong AES, Inc.**  
**Program Year: 2009-2010**

**Title Code: TANF**

**Fee-For-Service Calculation and Methodology Justification**

Provide the fee for service rationale and methodology used to establish the fee. Clearly explain, showing calculations on this page. Additional pages may be used if necessary. If more than one service is provided, a separate sheet must be submitted for each proposed service. Include the current fee schedule provided to the public.

<b>Service Category Name:</b>	
Psychological Evaluation	\$725/evaluation
<b>Definition of Service:</b> Lifelong AES evaluation is an in-depth psychological and psycho-educational evaluation of client abilities, skills, cognitive potential, and existence of mental or emotional problems. Barriers to job training, placement, and retention are identified and reasonable accommodation and/or alternative courses of action are recommended. Actual selection of psychological and psycho-educational tests and test batteries depend on referral reasons and client needs revealed during testing process.	
<b>Outcome:</b> The outcome of this service is the final written report generated from the analyses of test results. SBDA's and other service providers involved in employment/training and family counseling services are strongly encouraged to use the recommendations provided by psychological reports to supplement the data they normally use for planning and intervention as they assist clients in their career development and employment plans.	
<b>Descriptive Narrative of Rationale and Methodology Used to Establish the Fee:</b> Fee of \$725.00/evaluation is based on Division of Vocational Rehabilitation limits on fees for Psychological Evaluation.	
<b>Calculations Used to Establish Fee:</b> None. Fees based on market analysis of fair pricing for metro Denver area.	

**Contractor/Program: Lifelong AES, Inc.**  
**Program Year: 2009-2010**

**Title Code: TANF**

**Fee-For-Service Calculation and Methodology Justification**

Provide the fee for service rationale and methodology used to establish the fee. Clearly explain, showing calculations on this page. Additional pages may be used if necessary. If more than one service is provided, a separate sheet must be submitted for each proposed service. Include the current fee schedule provided to the public.

<b>Service Category Name:</b>	
Psycho-educational Screening	\$325.00/screening
<b>Definition of Service:</b> Lifelong AES psycho-educational/disability screening follows initial OED-WD assessment and/or Lifelong consultation for participants who need additional evaluation. Further interviews with a Lifelong learning specialist and additional testing using individually administered measures of academic and cognitive ability (as opposed to group administered), result in better recommendations and ideas for how to proceed. Tests administered for screening purposes will include portions of the individually administered Woodcock-Johnson III Tests of Achievement, depression screening instruments such as the Beck Depression Inventory, requests for prior records from schools, hospitals, and mental health providers, and a mental status exam.	
<b>Outcome:</b> The outcome of this service is a written recommendation for next assessment/evaluation and/or program/activity/services steps generated from the analyses of data analyses and screening results.	
<b>Descriptive Narrative of Rationale and Methodology Used to Establish the Fee:</b>  Fee of \$325.00/screening is based on Division of Vocational Rehabilitation limits on fees for Psycho-educational evaluation. Current fee is below DVR limits and below the mid-range of fees for similar services in Denver area.	
<b>Calculations Used to Establish Fee:</b>  None. Fees based on market analysis of fair pricing for metro Denver area.	

**Contractor/Program: Lifelong AES, Inc.**  
**Program Year: 2009-2010**

**Title Code: TANF**

**Fee-For-Service Calculation and Methodology Justification**

Provide the fee for service rationale and methodology used to establish the fee. Clearly explain, showing calculations on this page. Additional pages may be used if necessary. If more than one service is provided, a separate sheet must be submitted for each proposed service. Include the current fee schedule provided to the public.

<b>Service Category Name:</b> Disability Consultation/SSI Screening	\$105.00 per hour
<b>Definition of Service:</b> <i>Disability Consultation/SSI Screening:</i> Lifelong disability experts provide consultation at intake, during OED-WD internal/external programs, and throughout participant's involvement in Denver TANF to lead to timely and appropriate placement into countable activities. SSI screenings are a form of consultation. Lifelong disability consultation is also provided to OED-WD personnel and external program/service providers who serve TANF participants with disabilities and/or psychological and emotional difficulties that may significantly interfere with employment and self-sufficiency. At the time of billing, Lifelong submits a consultation log and/or client list which identifies the individuals served during the consultation.	
<b>Outcome:</b> The specific outcomes of consultation depend on the needs and goals of the individual/system requesting assistance. Because the nature of consultation involves identifying the problem, posing alternative solutions/remedies, selecting the best solution from the alternatives, implementing the solution, and revising the solution and its process based on evaluation and feedback, Lifelong assumes that the participants will be actively engaged in the consultative process and committed to positive outcomes. TANF participants with disabilities meet/exceed participation and employment goals or are redirected to employment alternatives. OED-WD staff and community providers of employment/training programs and services meet/exceed program, agency, and federal goals for participation and employment.	
<b>Descriptive Narrative of Rationale and Methodology Used to Establish the Fee:</b>  Fee of \$105.00/evaluation is based on Division of Vocational Rehabilitation limits on fees for Consultation and Counseling by Master's level practitioners.	
<b>Calculations Used to Establish Fee:</b> None. Fees based on market analysis of fair pricing for metro Denver area.	

**Contractor/Program: Lifelong AES, Inc.**  
**Program Year: 2009-2010**

**Title Code: TANF**

**Fee-For-Service Calculation and Methodology Justification**

Provide the fee for service rationale and methodology used to establish the fee. Clearly explain, showing calculations on this page. Additional pages may be used if necessary. If more than one service is provided, a separate sheet must be submitted for each proposed service. Include the current fee schedule provided to the public.

<b>Service Category Name:</b> Life Skills/Behavioral Therapy and Individual Psychotherapy	\$105.00 per hour
<b>Definition of Service:</b> Lifelong life skills/behavioral therapy focus on those individuals identified via psychological evaluation as having cognitive and/or developmental disabilities and significant limitations that impact their ability to behave and function in work setting and in society. Life skills training and behavioral therapy uses a behavioral approach that emphasizes the here-and-now events that require problem-solving. Primary goals of life skills/behavioral therapy include learning new coping skills and developing better ways of dealing with the environment. Other real-life goals include understanding and learning how to ask appropriate questions of professionals, how and why to use an appointment book, how to identify and correct basic safety issues at work and at home, how to budget, how to do grocery shopping, and how to prepare healthful meals for the children.  Individual psychotherapy is aimed at higher-level individuals with disabilities and a variety of approaches to treatment is used. Individual therapy allows clients with disabilities to deal more effectively with the emotional impacts of their poverty, domestic violence, mental illness, and other physical health problems so that they can find and keep a job. Therapy that helps these individuals accept their disabling conditions, understand how these conditions might impact their performance, and acknowledge which difficulties in life are attributable to the disabling conditions versus which are the personal responsibility of the individual is vital for their future adjustment at work.	
<b>Outcome:</b> Our intent is to produce an independent, self-aware navigator of life's obstacles. No action is taken without full participation of the client; all of life's challenges are considered teaching and therapeutic opportunities. 100% of our developmentally disabled and other clients with disabilities will attend an individualized session with a Lifelong therapist. Of those who have followed through with their therapy, 100% will access appropriate sources of long-term support outside of TANF (if needed), and in so doing, develop independence and self-sufficiency.	
<b>Descriptive Narrative of Rationale and Methodology Used to Establish the Fee:</b> Fee of \$105.00/hr is set in accordance with Division of Vocational Rehabilitation limits.	
<b>Calculations Used to Establish Fee:</b> None. Fees based on market analysis of fair pricing for metro Denver area.	

**Contractor/Program: Lifelong AES, Inc.**  
**Program Year: 2009-2010**

**Title Code: TANF**

**Fee-For-Service Calculation and Methodology Justification**

Provide the fee for service rationale and methodology used to establish the fee. Clearly explain, showing calculations on this page. Additional pages may be used if necessary. If more than one service is provided, a separate sheet must be submitted for each proposed service. Include the current fee schedule provided to the public.

<b>Service Category Name:</b> Enhanced Case Management for Participants with Disabilities      \$65.00/hour
<b>Definition of Service:</b> Designated Lifelong disability specialist will have direct contact with and provide enhanced case management to the highest risk TANF participants with disabilities during their TANF participation. As soon as a TANF participant with a disability is identified, s/he is referred directly to Lifelong for a needs assessment to determine their needs for accommodation, advocacy, further evaluation, referral (e.g., Denver Options, Inc.) and/or mental health support services. The Lifelong disability specialist will follow participants with disabilities during their time on TANF to help remove barriers as they arise and to identify the appropriate supports necessary from OED-WD and community programs to ensure success. Enhanced case management and tracking may be the only direct service necessary for some participants, but the Lifelong disability specialist will intervene, if necessary throughout the process, to recommend other services. The disability specialist will have at least biweekly contacts with the participant at home, at Lifelong, at the DHS site, or at the workplace or training site until the participant exits the TANF system.
<b>Outcome:</b> Specific outcomes will depend on the needs and goals of the individual and case coordinator requesting assistance. Providing enhanced follow-along and direct case management services for TANF participants with disabilities will help to ensure their successful navigation through the system and maximize participation rate, employment, and personal success outcomes.
<b>Descriptive Narrative of Rationale and Methodology Used to Establish the Fee:</b> Fee of \$65.00/hr is set in accordance with Division of Vocational Rehabilitation limits.
<b>Calculations Used to Establish Fee:</b> None. Fees based on market analysis of fair pricing for metro Denver area.

## **Attachment A: Sample Reports**

**Sample Psychoeducational Screening**

**Sample SSI Screening**

**Sample Psychological Evaluation: Mental Health/SSI Referral**

**Sample Psychological Evaluation: Cognitive Issues**

*All samples are from the past 12 months and  
all were referred by SBDA's at OED-WD.*

*Client names and other identifying information has been removed*

# LIFELONG

## Adult Education Services, Inc.

1175 Osage, Suite 201  
Denver, Colorado 80204  
(303) 573-0839 Voice  
(303) 573-0849 Fax

### *Psycho-educational Screening*

This report should not be re-released without permission from the client and should not be released to the client without permission from the author.

Name: XX

Social Security:

Age:

Date of Birth:

Referral Source: TANF

Date(s) of Evaluation: 9/26/08

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**Referral Information:** XX was referred for evaluation of her cognitive, academic, and emotional functioning by XX, SBDA for Division of Workforce Development.

**Background Information:** XX said she was born without complications following a full term pregnancy. XX was born on an island in the Federal States of Micronesia and her first language was a dialect of that region, specific to her small island. XX, her boyfriend and father to her youngest two children, Thompson, and her five children, XX, age 13, XX, age 12, XX age 11, XX age 8, and XX age 4, moved to the United States five years ago from XX. XX reported that she, her children and boyfriend reside in her sister's home in Denver, Colorado with her sister's family. XX reported that her children do not have any current health, learning, or psychological concerns. She said that she does not have allergies or chronic conditions and has never had an eye exam. XX has never participated in counseling or substance abuse services and reported that she does not need a therapist at this time. XX reported that the father of her three oldest children, XX, physically abused her throughout their four-year relationship. She indicated that because Leonard used to hit her in the head she now experiences frequent headaches. XX reported that she would like to see a doctor because of her headaches. She also indicated that she has difficulty falling asleep and at times wakes up in the middle of the night.

XX reported that she has 14 siblings, three of which reside in Colorado while the rest live in XX. She reported that her mother still resides in XX, while her father died when she was five years old.

XX attended XX High School in XX but dropped out because she "did not want to go back to school." XX stated that she was not in special education classes, but reported that in Micronesia there is "no such thing as special education." XX first learned English after she moved to the United States five years ago. She indicated that learning English has been difficult for her and that she "received D's in English classes." XX said that she "remembers things well" and "sometimes" can concentrate on tasks. XX stated that she can "sometimes understand" what she reads and reported that she "is able to understand a newspaper." XX also identified that she is "not a good speller, but she did report that she "can do math."

XX indicated that she was employed from 1999-2005 as a cashier at 7-11 but had to leave when the store closed. She also indicated that she was employed as a waitress from 1996-1999. She indicated that she had to leave this job because she was pregnant at the time and the “smells” from the kitchen made her sick. XX stated that she would like to get her GED so that she can “find a job.” Regarding vocational training, XX stated that she would like to work in customer service, accounting or as a cashier. In reference to this goal, XX stated, “I can count money pretty well.”

**Behavioral Observations:** XX arrived early for her appointment. She was casually dressed and well groomed. She seemed open and attentive during the interview and asked questions about the screening process. XX appeared to put good effort into the tasks she was required to complete and the test results are felt to be valid.

**Results and Discussion:** The Woodcock Johnson III, Tests of Achievement was administered. Scores from all test batteries administered follow:

**Woodcock-Johnson III Tests of Achievement**

<u>CLUSTER/Test</u>	<u>Norms based on age 35</u>		
	<u>Percentile</u>	<u>Standard Score</u>	<u>Grade Equiv.</u>
BASIC READING	22	88	5.1
BASIC WRITING SKILLS	11	82	4.0
ACADEMIC SKILLS	26	90	6.7
PHON/GRAPH	.4	60	1.2
Letter-Word Identification	28	91	7.5
Calculation	41	96	8.0
Spelling	22	88	5.0
Passage Comprehension	10	81	2.6
Applied Problems	9	80	5.1
Word Attack	11	81	2.7
Editing	7	78	3.1
Spelling of Sounds	-	-	<K.1
Punctuation & Capitals	2	68	1.6

XX’s academic profile was evenly developed within the Low Average range. Because XX learned English as a second language and specifically did not learn the phonetics of the language, she exhibited difficulties with skills that have to do with sounds. This was evident in the gaps between her language-based skills and non-language based skills such as reading comprehension and mathematics calculation. XX showed a strength in math calculation which was at a eighth grade level, while her ability to solve math related word problems was lower at a fifth grade level. XX’s overall reading ability was at a fifth grade level. Both her ability to decode new words and her ability to understand what she reads were at a mid-second grade level. XX also showed a weakness in her punctuation and capitalization skills, which were at a mid-first grade level.

**Summary & Recommendations:** XX is a 35-year-old female mother with five children. XX did not report any chronic medical concerns but indicated that she has frequent headaches. She did not indicate any substance abuse or mental health concerns. XX reported that she dropped out of school after the tenth grade and did not indicate that she was in special education. XX has worked as a cashier and waiter and reported that she would like to work in the fields of accounting, customer service back as a cashier. She also identified that she would like to get her GED. XX's profile scores suggest that her weaknesses are due to learning English as a second language and specifically not learning the phonetics of the English language. Many of XX's reading and comprehension difficulties may be attributed to this as she exhibits deficiencies in language based skills and strengths in skills that do not have a language base such as mathematics calculation.

1. XX may be a slower learner with a learning disability that affects language-based processing activities. XX would benefit from further psychological evaluation to identify the underlying causes of her difficulties and the extent of a possible learning disability. Without adequate English skills it is difficult for XX to participate in tests administered in English, and therefore, difficult to evaluate XX's cognitive strengths, weaknesses, and potential.
2. Since moving to the United States, XX has experienced difficulties in subject-matter courses in her English as a Second Language (ESL) classes. If XX is willing to participate in ESL classes to improve her reading comprehension, vocabulary, and writing skills, she should be referred to Emily Griffith Opportunity School or one of the other ESL program contractors. English as a Second Language classes for learners who have been in the United States for a number of years, but have failed to acquire the proficient reading and writing skill levels would be an ideal ESL program for XX.
3. XX stated that she wanted to attain a GED. Two approaches are possible. One approach would be to ask XX to take the five practice GED subtests to determine how close she is to the minimum passing score of 410. An individualized program for subtest-specific vocabulary development, writing, and math skills can be developed for her if her pretest/practice scores indicate an ability to benefit from scores between a 390-450 would suggest that XX might benefit from additional GED instruction. DWD could direct XX away from the GED goal if her scores fell under 360, especially in the subtests of literature/arts, social studies, science, and writing skills. Low scores would suggest that the gaps in XX's English skills are far too great for her to complete a GED within the time frame allowed for TANF participants. Another approach would involve 'English immersion' in an employment and training program with a GED component. A full-day program in which XX learns much needed basic employability and computer skills in English and has the opportunity to build her Pre-GED vocabulary, reading, writing, and math skills gives her the best chance at attempting a GED and building functional English skills for the workforce.
4. XX should be encouraged to seek medical attention for her frequent headaches.
5. XX should be encouraged to receive an eye examination.

6. If there are any questions regarding the content or conclusions in this report, please do not hesitate to contact Mary Costa, Gary Macdonald, or me at 303-573-0839, extension 103 or [shana@lifelongaes.com](mailto:shana@lifelongaes.com).

Gary C. Macdonald, Ph.D.  
Licensed Clinical Psychologist

Shana Cohen, MSSA, LSW



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**Cognitive Domains:** Mr. XX described his memory, attention, and organizational skills as “very bad.” Mr. XX does not have a special education history.

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**Substance Abuse Hx:** Mr. XX has a significant history of alcohol and drug abuse, including methamphetamines. Mr. XX reported using meth “daily” from 2003-05. Mental health records indicated difficulty in accurately diagnosing and treating Mr. XX when he was actively using.

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**Domestic Violence Hx:** Mr. XX was convicted on domestic violence charges in 1997 and was sentenced to one year in the Denver County Jail for not complying with his probation.

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**Legal Hx:** Mr. XX has an open case with DDHS-Child Protection Services after the mother of his children committed first-degree assault by stabbing another woman. In-home family therapy is to begin, but the start date is yet to be determined.

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**Other Barriers (Housing, SES):**

Unemployed. Mr. XX is renting an apartment from his mother.

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**Records Requested:** Denver Health, Lakewood Medical Center, MHCD, University Hospital, St. Joseph Hospital, St. Anthony’s Hospital.

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**Summary:** Mr. XX is a 39-year-old father of five with a significant history of medical, mental health, and substance abuse history. He is seeking SSI for both his medical and mental health conditions. He has not worked since 2007 due to his mental health and medical conditions. Due to the severity of his medical conditions and his mental health, including three documented suicide attempts, he may be suitable candidate for SSI. He applied for SSI for the first time in 05/08 and is waiting to hear on the results. His most recent DWD-A and DWD-B state that he is able to participate in activities 10-20 hours per week.

**1 = Likely**

**2 = Need More Information**

**3 = Unlikely**

# LIFELONG

## Adult Education Services, Inc.

1175 Osage, Suite 201  
Denver, Colorado 80204  
(303) 573-0839 Voice  
(303) 573-0849 Fax

### *Confidential Psychological Report*

This report should not be re-released without permission from the client and should not be released to the client without permission from the author.

Name: XX XX

Social Security:

Age: 43

Date of Birth:

Referral Source: XX

Dates of Evaluation: 7/29, 8/5, and 8/12/2008

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**Referral Information:** XX was referred for evaluation of her cognitive, academic, and emotional functioning by XX of the Denver Department of Human Services (DDHS). XX commented that this evaluation would be used in her application for benefits based on disability through the Social Security Administration (SSA).

**Background Information:** According to XX, she was born without complications following a full term pregnancy. She said her tonsils were removed because of chronic ear infections as a child. She stated that she had surgery for a torn rotator cuff in her right shoulder at age 22 after a violent incident with her ex-husband. She said that, because of chronic shoulder pain, she abused prescription pain medications, Valium, and Xanax between 2002 and 2005. She said she cannot carry a gallon of milk, drive, or swim because her right arm muscles have “atrophied.” She indicated that she had an eye examination two weeks ago and needs bifocals. She said she was not wearing her seatbelt when she was hit by a car and rolled down an embankment in 2001. She was unsure if she lost consciousness, but she hit her head “all over the place” and there was “smashed glass everywhere.” She saw her physician a couple days later for “bad” headaches. That same year, she was in a scooter accident and “destroyed” her face. She indicated that she did not lose consciousness but had cuts on her arms, a broken nose, and was “black and blue for a month.” She stated that in 2003, she swerved to avoid hitting an animal and rolled her car several times. She indicated that she was not wearing her seatbelt. She said she was not sure how long she lost consciousness, but she “woke up” after hitting a tree. She reported that she did not receive medical treatment because she had no insurance. She stated that she has asthma and had a lumpectomy in her left breast in May 2007. She is reportedly prescribed Abilify, Klonopin, Lithium, Trazodone, Vicodin, and Soma. She commented that she is trying to adjust to Abilify and Lithium, as she has only been taking the medication for three weeks. Because she abused Vicodin in the past, she said, “It’s taken me a long time to earn the trust of a doctor” in order to be prescribed Vicodin again. She said she used marijuana “heavily” on a daily basis between ages 13 and 25, but not while she was pregnant. She commented that she also used alcohol and tried “everything except for ecstasy.” She stated that she sold “speed” at age 16. She said she smoked marijuana about a month ago.

XX reported that she was verbally abused as a child and was thrown down the stairs by her father a couple times. She said she frequently ran away as a teenager and lived in various group and foster homes and spent “a lot” of time in juvenile detention. She commented that she left home at age 14 or 15. XX stated that her sister and brother have “disowned” her because she is bisexual and the “worst mother in the world.” She said she has a “pretty good” relationship with her parents now but has “a lot of hard feelings.” DDHS records indicated that XX is on probation for a DUI (i.e., driving after taking several pain pills).

According to XX, she divorced her husband of 15 years and father of her four children about 11 years ago. She commented that her ex-husband has been in and out of jail for selling meth. Her children are ages ZZ. She reported that she lost custody of her children in 2004 because she “could not take care of them,” and the children lived with her parents and then with their father. She wears a wedding ring and said she has been married to her female partner, xx, for 10 years, but they do not live together because she “cannot live with anyone.” She commented that she took domestic violence classes in 2001 because xx accidentally broke her foot during an argument. She said XX receives benefits based on psychiatric disability from SSA. It was noted in XX’s medical records in July 2007 that her parents and children disapprove of her relationship with XX, as she and XX have used drugs together. At the outset of testing, she was living with ZZxx, but by the end of the evaluation, ZZxx had moved out following a major argument. She said her relationship with ZZ is strained because he does not believe in mental illness or chronic pain and thinks she is a “pill popper.” She also said her children are angry with her for leaving them when she lost custody in 2004, which required xx to drop out of school and work full-time to support ZZ. She tearfully mentioned that CC has had multiple spinal surgeries since age 15 and receives disability benefits from SSA.

XX reported numerous psychological problems and has been in psychotherapy since age 14. She said she has been diagnosed with “recurrent” depression, Posttraumatic Stress Disorder (PTSD), Obsessive-Compulsive Disorder, and Bipolar Disorder with Psychotic Features. She indicated that she is currently in individual therapy and “Bipolar” group therapy at the Mental Health Corporation of Denver (MHCD). MHCD records noted that she began treatment in May 2008 and was diagnosed with severe Bipolar I Disorder with her most recent episode mixed (i.e., the criteria for both a Manic Episode and Major Depressive Episode were met; DSM-IV, 296.63) and Polysubstance Dependence (304.80). She said she was “really homicidal and suicidal” in 2000 and received inpatient and intensive outpatient treatment at Presbyterian/St. Luke’s Hospital (P/SL). She commented that she never actually attempted suicide, but she “tox’ed [her] liver” five times abusing Vicodin. She mentioned that she was hospitalized numerous times for psychiatric reasons at Porter Hospital in 2004 and at Denver Health Medical Center (DHMC) in 2005 and 2006. She reported that she spent 30 days at Arapahoe House in 2004. Records from P/SL indicated that she was admitted for about three weeks for depression in 2001 and was diagnosed with “Depression Not Otherwise Specified,” Polysubstance Abuse, and “Atypical Personality Disorder.” The records noted that she was “self-medicating” with Valium and using methamphetamines, and she tested positive for marijuana. It was also noted that her paternal grandfather committed suicide. Porter Hospital records stated that XX was hospitalized on the psychiatric unit for three days in 2004 following a stay in the ICU related to a pain medication overdose. Three days later, she was re-admitted for eight days and diagnosed with “Narcotic and Soma dependency, Major depression, and Probable mixed personality disorder.” It was noted that she had a history of using alcohol while under the influence of painkillers. According to

DHMC records, XX did not follow through with a recommendation to find a primary care physician to help manage her chronic pain as of June 2008. Following an MRI of her shoulder, she was instructed to begin physical therapy and told that narcotic medication would no longer be prescribed. Her records indicated that she was hospitalized in October 2007 and diagnosed with Polysubstance Dependence (opiates), Mood Disorder Not Otherwise Specified, and “rule out” Personality Disorder. In November 2007, the diagnosis of PTSD was noted, as was her participation in a Relapse Prevention group. She was in “detox” and the psychiatric unit at DHMC for several days in February 2007 and again in March 2007 for overdose of benzodiazepines and opiates. A CT scan of her head in March 2007 after complaints of confusion and weakness was normal.

XX said she was at her “best” between 1995 and 2000 after her divorce and college graduation and starting a full-time career. However, her emotional problems began at the onset of her daughter Nikki’s spinal problems in 2000. She indicated that her eyes began to twitch and she started biting her lip. She also said, “I chomp my teeth so hard, I have broken most of my teeth.” She indicated that when she is depressed, she cancels “lots” of appointments because she “just can’t go.” She often feels “too overwhelmed” and cannot get up to shower. She said she does not feel like walking her dogs, has no appetite, and recently lost 20 pounds. She said she is weepy, stays in bed, and beats herself up, thinking, “I’m falling behind,” and “I’m letting people down.” She said she also has “terrible mood swings,” within the same day at times, and she goes “way so overboard” with anger. She reportedly screams and yells, which recently prompted her neighbor to call the police. She commented, “Dealing with the kids, my life...is killing me.” When experiencing a manic episode, which can last a few days, she reportedly feels “in control” and “happy” and has “extra energy.” She commented, “I go off in an extreme way, even at age ten.” She said, “Nothing bothers me,” and she has “impulsive” sex, spends money she does not have, stays up “all night,” and agrees to things that she would normally not do. XX’s mental health problems were reportedly undiagnosed and untreated for many years because she did not have health insurance.

XX reported that her obsessive-compulsive symptoms, including excessive cleanliness, began in childhood. She said, “If anything was cluttered, my brain was so cluttered, I couldn’t think.” She reportedly cleans “constantly,” spending hours a day keeping her house in order. She commented that she screams and has a “mental breakdown” if her house becomes messy. If there is turmoil in her relationships, she ruminates about it and talks aloud to herself and paces for hours. She said, “I can’t stop myself from analyzing.” She said about a year ago, she began clenching her jaws as she walked, counting and avoiding the lines in the sidewalk. She commented that often by 4 p.m., she cannot chew from clenching her teeth, and she has been diagnosed with TMJ syndrome.

XX explained that she was diagnosed with PTSD because of experiences with her father and her ex-husband. She said her father used her bedroom for a dressing room for nude women he photographed when she was in elementary school. She also stated that her husband “always had freaky sexual requests” and “flashed” people. In addition, she commented that she has flashbacks of the “bugs” she believed were on her sister’s side of the bedroom in foster care. She stated that she was sexually abused at age 13 or 14 by her 35-year-old uncle, but she said, “I think I’m way over that.” She reported that she has been “psychotic” since age 35. She said she

cannot decipher what is said, but she frequently hears a radio playing in her head and often hears her phone ringing.

According to XX, she did not receive special education services in school. She said, however, she repeated ninth grade because she “came and went” during school. She commented, “You can’t go to school when you’re running away.” She reportedly dropped out of Gateway High School prior to tenth grade. Her academic records indicated that her grade point average after her second year of ninth grade was .68 (an “F” average). She said she earned her GED at age 18 at Hinckley High School and went to college at age 25. She indicated that at age 30 in 1995, she graduated from the Community College of Aurora with an associate’s degree in Computer Information Systems and from Metropolitan State College of Denver with an associate’s degree in General Education. Currently, she reported that her memory problems, which she has had since childhood, have worsened. She stated that she loses things and “live[s] by her Daytimer,” as her memory is “shot.” She also commented that she can watch a television program one day and cannot recall the next day if it is the same episode. She said that she used to read “constantly,” but now she “cannot get [herself] to sit down and read” and does not remember what she has read. She described her attention and concentration as “horrible.” She said her writing and spelling are “okay,” but she is “the spell-check queen.” She stated that she has difficulty articulating herself. XX indicated that she loves math and “used to be great” at it. She does not have any educational goals at this time.

XX reported that she worked in various jobs as a computer programmer between 1995 and 2000. She worked for X Insurance Company, which was bought out by Pacificare, which was then bought out by XX Consulting, and she was “climbing the ladder.” She stated that she worked in a high-level position for the Department of Defense between 2001 and 2003 writing initiatives to track reservists and their family members and filing health claims. She commented, however, that her co-workers were “threatened by [her] anger” on the job. She reported that she worked less than three months in Information Systems at VV in an analyst position that was “as high-tech as you can get” until her mental illness worsened. She indicated that she also waited tables, and her last job was stocking shelves at Target about two years ago, but she could not maintain these jobs because they “killed” her right shoulder. XX reported that she does not have any vocational goals, as she is reapplying for benefits from the Social Security Administration based on disability. She said she is not working with an attorney to appeal the denial of her initial application. Because XX has not worked as a computer programmer in five years, she commented, “If I don’t get SSI, I’ll have to go back to college. Everything’s changed.” However, she also stated, “There is absolutely no way I could get up and go to work everyday.”

**Behavioral Observations:** XX arrived early or on time for her appointments. She wore makeup and her hair was combed, but her hair looked unclean on at least one occasion, and her fingernails were dirty. Her clothing was casual and appropriate. She was talkative, personable, and cooperative, and rapport was easily established. She appeared to be invested in being considered “disabled,” and she made sure she described the extent and severity of her symptoms in detail. She looked depressed, but when she cried, she did not shed tears. She seemed confused and unable to remember information at times, and she needed test items repeated on occasion. During an applied, practical math task, she commented, “I can understand it when you read it to me, but when I read it to myself, I can’t comprehend it.” She also read quietly to

herself to facilitate her understanding of reading comprehension test items and talked aloud while working on other tasks. She made various comments about her apparent cognitive difficulties, including: “I’m addicted to spell-check,” “I live out of my Daytimer,” and “In my profession, you have to be so detail-oriented, and now I’m not.” She missed some of the easiest items on a task tapping attention to visual detail and said, “These start off easy? God, I must be stupid!” After a visual processing speed task, she commented, “I can’t function like I used to. I would have been able to fly through something like this in the past.” Other comments included, “I can’t remember anything from the previous pages. Is that bad?” and “I knew I was slow, but I used to feel smart until now.” After a visual scanning task, she said, “Doing stuff like this makes my shoulder hurt so bad, and I just had cortisone shots yesterday.” She seemed to give up easily at times and needed to be encouraged to continue. The test results were generally considered a valid and accurate reflection of XX’s current skills, abilities, and emotional functioning; however, it seemed that she may have underperformed on some tests.

***Results and Discussion:*** XX attained a Full Scale IQ of 74 on the Wechsler Adult Intelligence Scale-Third Edition, placing her within the Borderline range of overall intellectual abilities at approximately the 4<sup>th</sup> percentile compared with other adults her age. XX’s Verbal IQ of 83 was in the Low Average range at the 13<sup>th</sup> percentile, while her Performance IQ of 68 fell at the 2<sup>nd</sup> percentile in the Extremely Low range. The 15-point discrepancy between XX’s Verbal IQ (verbal abilities) and Performance IQ (nonverbal or visual-spatial abilities) was significant and suggested that her verbal abilities are much better developed than her visual-spatial abilities. A similar discrepancy existed between XX’s verbal reasoning abilities, which were measured by the Verbal Comprehension Index and fell in the Low Average range, and her nonverbal reasoning abilities, which were measured by the Perceptual Organization Index and fell in the Borderline range. XX’s verbal reasoning abilities were also significantly better than her visual processing speed. As measured by the Processing Speed Index, XX’s visual processing speed was similarly developed to her nonverbal reasoning abilities in the Borderline range. Moreover, the Working Memory Index, which measured XX’s ability to hold auditory information in short-term memory while performing a simultaneous and competing mental operation, was consistent with her nonverbal reasoning abilities and visual processing speed in the Borderline range. XX’s scores on the tests administered were as follows:

**Wechsler Adult Intelligence Scale-Third Edition**

	<u>Standard Score</u>	<u>Percentile Rank</u>	<u>Classification</u>
Verbal IQ:	83	13	Low Average
Performance IQ:	68	2	Extremely Low
Full Scale IQ:	74	4	Borderline
Verbal Comprehension Index:	84	14	Low Average
Perceptual Organization Index:	72	3	Borderline
Working Memory Index:	75	5	Borderline
Processing Speed Index:	71	3	Borderline
<u>Verbal Subtests</u>		<u>Performance Subtests</u>	
Vocabulary	9	Picture Completion	3
Similarities	7	Digit Symbol-Coding	3
Arithmetic	8	Block Design	6
Digit Span	5	Matrix Reasoning	7

**Wechsler Adult Intelligence Scale-Third Edition (continued)**

<u>Verbal Subtests</u>		<u>Performance Subtests</u>	
Information	5	Picture Arrangement	5
Comprehension	9	Symbol Search	6
Letter-Number Sequencing	5		

**Woodcock-Johnson III Tests of Achievement**

Norms based on age 43

<u>CLUSTER/Test</u>	<u>Percentile</u>	<u>Standard Score</u>	<u>Grade Equiv.</u>
BASIC READING SKILLS	39	96	11.2
BASIC WRITING SKILLS	33	93	9.3
ACADEMIC SKILLS	32	93	9.1
PHON/GRAPH. KNOWLEDGE	36	95	7.2
Letter-Word Identification	45	98	13.0
Calculation	8	79	5.1
Spelling	35	94	10.2
Passage Comprehension	27	91	7.0
Applied Problems	20	87	7.8
Word Attack	35	94	6.8
Editing	30	92	8.5
Spelling of Sounds	40	96	7.8
Punctuation & Capitals	19	87	5.9

XX's cognitive abilities fell in the Borderline to Average range. Vocabulary, common sense reasoning, and social problem were her strongest verbal abilities in the Average range at the 37<sup>th</sup> percentile relative to her same-aged peers. Also in the Average range, her ability to complete arithmetic problems in her head without using pencil and paper (i.e., mental math) fell at the 25<sup>th</sup> percentile. Verbal abstract reasoning was in the Low Average range, which suggested that she is better with divergent reasoning (i.e., where there is not a single "correct" answer) than with convergent reasoning (i.e., arriving at a single answer). Her fund of factual knowledge about the world was one of her weaknesses in the Borderline range, as were two tasks that required auditory working memory. Her ability to retain and order verbally presented letters and numbers and her ability to memorize digit sequences forward and backward were weak at only the 5<sup>th</sup> percentile. Consistent with her self-reported memory problems, XX may have difficulty remembering some types of verbal information (e.g., taking telephone messages and following instructions).

XX's visual-spatial ability scores were lower than her verbal ability scores and fell between the Extremely Low and Low Average ranges. Her nonverbal reasoning, ability to analyze and reproduce abstract visual designs, and discrimination between stimuli on a visual scanning task were in the Low Average range between the 9<sup>th</sup> and 16<sup>th</sup> percentiles. Her accuracy was perfect on the visual scanning task, but she worked slowly. She had somewhat more difficulty with visual sequencing and planning, which fell in the Borderline range. Her attention to visual detail was impaired in the Extremely Low range, however, her ability in this area was probably underestimated to some degree because of effort seemed less than adequate on this

task. Her visual short-term memory and visual-motor speed also fell in the Extremely Low range at the 1<sup>st</sup> percentile. If XX must work, she will likely have some difficulty with hands on, visually oriented jobs, but tasks requiring the transfer of information from one source to another (e.g., data entry) would be particularly difficult and slow for her. Given the significant discrepancy between XX's stronger verbal abilities and weaker visual-spatial abilities, her general verbal abilities in the Low Average range are probably the best estimate of her cognitive potential.

As measured by the Woodcock-Johnson III Tests of Achievement, XX's academic skills fell between the Borderline and Average ranges and the fifth grade level to the college level. XX's reading skills in the Average range were her strongest academic area. Word recognition was at the beginning college level, while reading comprehension was at the beginning seventh grade level. Phonetic decoding and phonetic encoding fell in the sixth to seventh grade level. XX's spelling and editing skills (i.e., the identification of errors in written text) were also in the Average range at the early tenth grade and mid-eighth grade levels, respectively, while her use of punctuation and capitalization was somewhat weaker at the end of the fifth grade level in the Low Average range. Math was XX's weakest area with scores in the beginning fifth grade to end of seventh grade range. Her written math skills were at the high end of the Borderline range, but her applied, practical math on word problems was somewhat better developed in the Low Average range. There were no learning disabilities apparent in XX's profile of academic skills and cognitive abilities.

XX's responses on the Minnesota Multiphasic Personality Inventory-2 (MMPI-2) were valid and indicative of significant psychological distress. Consistent with her presentation during this evaluation, XX's MMPI-2 profile revealed that she may draw attention to her psychological problems, which she discussed in a frank and open manner, because they seem overwhelming and unmanageable. She endorsed items suggesting that she is quite depressed, tense, and anxious. She feels lethargic and inefficient and lacks interest in life. She may feel hopeless and regretful about the past but also very worried about the future. She tends to envision the "worst-case scenario," and she may perceive even neutral situations in a negative way. She may also view her relationships negatively, and she chronically withdraws and isolates herself. She feels lonely and misunderstood; however, she tends to alienate people because of her competitive, uncooperative, and critical nature. Consumed with feeling guilty and unworthy, she may believe that she deserves to be punished for her wrongdoings. Life may be drudgery for her, as her energy is focused on merely surviving, and her potential for suicide is high. She also reported many physical problems and views her health as deteriorating. She endorsed items indicative of underachievement and ineffectiveness in her career. Her profile also suggested that unlike most women, she has unusually masculine interests.

XX's relationship difficulties seem to be a considerable problem in her life. She tends to feel distrustful and insecure in her relationships and may never develop close, satisfying relationships. Even her ten-year marriage to her partner, XX, may be unfulfilling and problematic. She may feel things have gone wrong and will continue to go wrong in her marriage. Consistent with her self-report, XX's profile suggested that she has the potential for intense anger and might physically or verbally attack others. She harbors hostility and resentment and would like to get back at people in her life. She considers her home situation

unpleasant and devoid of love and understanding. She does not see her home life as improving and would like to leave the situation.

Lastly, XX's MMPI-2 profile suggested that she may be disinhibited and may exhibit impulsive, risky behavior. Her propensity toward addiction was also evident in her profile. Compared to others, her actions are probably less driven by moral standards. She acknowledged a history of behaviors and beliefs that run contrary to societal norms. She could be described as "high-strung" and her thinking may be obsessive and indecisive. She seems to believe that she feels things more intensely than other people do. She exhibited signs of a thought disorder and seems to feel she is losing control of her thoughts. She may be struggling to concentrate on tasks.

**Summary & Recommendations:** XX's test results indicated that her overall intellectual functioning is in the Borderline range relative to her same-aged peers. However, given the significant discrepancy between her Low Average verbal abilities and Extremely Low visual-spatial abilities in the present evaluation, the Full Scale IQ was probably not the best estimate of her intellectual potential. Based on her test scores alone, the best estimate of her overall cognitive functioning is probably in the Low Average range, but even that seems to be an underestimation of her cognitive potential given the level of success she reportedly achieved in her career. XX was probably functioning in at least the Average range from a cognitive perspective prior to the worsening of her mental health symptoms in 2000, but her chronic right shoulder pain and weakness, and her deficits in memory, attention, and concentration have likely undermined her cognitive functioning. Furthermore, she suffered multiple blows to the head in three motor vehicle accidents between 2001 and 2003, one of which reportedly caused loss of consciousness, and she appeared to meet the criteria for Cognitive Disorder Not Otherwise Specified (DSM-IV-TR, 294.9).

XX has a long history of physical and verbal abuse, substance abuse, and significant mental illness. Beginning in 2000, she experienced difficulty on the job related to her worsening psychiatric symptoms and right shoulder pain and weakness, and she has been unable to work for about two years. Her previous diagnosis of Bipolar I Disorder with Psychotic Features was supported in the present evaluation, as she reported episodes of severe depression, mood swings, impulsivity, excessive spending, and sleeplessness, and she said she frequently hears a radio playing or a telephone ringing in her head. She was in the midst of a Major Depressive episode in the present evaluation (296.54). In addition, XX's symptoms of teeth grinding, ruminating, and pacing when anxious, counting, and avoiding lines in the sidewalk met the criteria for Obsessive-Compulsive Disorder (300.3). Moreover, her long-standing, maladaptive personality characteristics (e.g., poor anger management, exaggerated expression of emotion, excessive cleanliness, and poor interpersonal boundaries) supported her prior diagnosis of a Personality Disorder, and specifically in the present evaluation, she met the criteria for a "mixed personality" (DSM-IV-TR, Personality Disorder Not Otherwise Specified, 301.9). Given her history of substance dependence and recent relapse about a month ago with marijuana, she also met the criteria for Polysubstance Dependence in Early Partial Remission (304.80). Lastly, XX endorsed posttraumatic symptoms (e.g., flashbacks of traumatic events in her past), but the full criteria for Posttraumatic Stress Disorder were not met in the present evaluation. It appeared that any difficulties XX has had with faulty decision-making and judgment probably result from her psychiatric problems, which have likely been exacerbated by drug abuse in the past, as she

demonstrated average common sense reasoning and social problem solving from a cognitive perspective. In light of these results, the following recommendations for XX are made:

1. Continued psychotherapy is strongly recommended to help XX effectively manage her depression, mania, anxiety, and psychotic symptoms. Given the severity of her prior depressive episodes, history of suicide attempts, and family history of suicide, her risk for suicide is high and should be monitored closely. Given her long history of substance abuse and addiction proneness, it is strongly suggested that her therapist help her build her coping skills and help her maintain sobriety. XX could also benefit from support and practical guidance in dealing with her wife and daughter's disabilities. Any unresolved issues related to her history of domestic violence, sexual abuse, and verbal abuse could also be addressed in therapy. Family therapy could help XX improve her relationships with her children and learn healthy conflict resolution and anger management skills. Marital therapy may also be beneficial to address the lack of fulfillment and trust in her relationship with XX. XX's therapist should keep in mind that XX may have difficulty developing trust and may be terminate therapy prematurely.
2. XX is unlikely to be able to obtain and retain gainful employment in the near future given her significant mental health symptoms, and I strongly support her application for benefits from the Social Security Administration (i.e., SSI or SSDI) based on disability.
3. XX should follow through with the recommendation made at Denver Health Medical Center that she consult with her physician about chronic pain management. Her physician could determine how her chronic right shoulder pain and weakness affect her employability.

If there are any questions regarding the content or conclusions in this report, please do not hesitate to contact me at 303-573-0839, extension 108 or [danagrote@lifelongaes.com](mailto:danagrote@lifelongaes.com). Thank you.

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# LIFELONG

## Adult Education Services, Inc.

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### *Confidential Psychological Report*

This report should not be re-released without permission from the client and should not be released to the client without permission from the author

Name: XX XX

Social Security:

Age: 39

Date of Birth:

Referral Source:

Date of Evaluation: 04/22/2008

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**Referral Information:** XX was originally referred for screening of her cognitive, academic, and emotional functioning by XX of the Contextual Basic Skills Lab at the Denver Department of Human Services. Screening revealed the possibility that XX might have some cognitive limitations that need to be checked out, and so a referral for full evaluation was requested and approved by Arcelia Mozée.

**Background Information:** XX said she was born without complications following a full term pregnancy. Spanish was her mother's primary language but XX said she and her siblings all primarily spoke English. She said that she was healthy as a child although she had asthma. She occasionally still needs to use a nebulizer. XX said that she thinks she needs glasses; she has difficulty seeing at night and has not had her eyes checked in a long time. At age 14, her mother hit her in the head and knocked her out. She was taken to the hospital where she received stitches. She did not report any reduced function or ability following the incident. XX currently takes Percocet for pain following surgery to her kidneys. It was unclear why she needed the surgery, but said she had kidney infections. While in prison recently for smuggling an alien across the border with Mexico, XX was apparently diagnosed with depression, saw a therapist, and was prescribed Prozac and Zoloft. She said she sometimes has anxiety attacks in which she "starts stressin'" and has hot flashes. She said she has difficulty breathing and has pain in her chest. These attacks are triggered, she said, when someone "puts me down." XX said she deals with her anxiety and depression by "walking it off." XX reported that she has never had any problems with drugs or alcohol, but said she drinks about a six-pack each weekend.

XX has a twelve-year old girl and a ten-year old boy at home, with 24, 19 and 17 year old daughters and a 21 year-old son outside the home. She said she relies heavily on the four older children for help, and said they "watch out for me." The father of the two youngest is not helping her raise them. She said, "I am homeless and nervous about it. I lose my memory when I am stressed out."

XX said she dropped out of school after the ninth grade when she became pregnant. She recalled having been placed into special education classes in kindergarten. Her school record indicated frequent moves and school changes; she attended 12 different schools before reaching seventh grade. According to the record she was evaluated when she first entered school and was initially placed into the PCD (learning disability) classroom then was transferred to the SLIC, or Significantly Limited Intellectual Capacity classroom. She repeated first grade. She was “a major cause of disruption” in her classes and was “defiant of adult authority.” She was transferred to yet another special educational placement for children with behavior problems (Significant Identifiable Emotional or Behavioral Disorders or SIEBD).

XX said she has poor memory and difficulty staying focused sometimes. She said she can read her horoscope in the newspaper but has trouble with most reading. She said she can write, spell, and do math “only a little.” She relies on her children to read her mail and let her know what it says. She last worked as a home health aide until she was arrested and charged with a felony. She could not name any of the companies she worked for as a health aide. In the early 1990’s she worked for three years at Denver Health as a housekeeper. She has tried to take cosmetology classes at Emily Griffith Opportunity School but her scores were too low and she ended up in the janitorial program. She also has tried to study without success for her GED. She does not know what she wants to do next, but felt she was capable of working with computers or of becoming a social services caseworker.

***Behavioral Observations:*** XX was on time and cooperative during her appointments. She often laughed or smiled. She appeared to try hard to answer the examiner’s questions about her history, but she may not have been an accurate source of information because of her difficulty remembering details and dates. She also tried hard during test procedures. She did not give up easily and kept working even when test items were difficult for her. Test results were felt to be accurate reflections of her current abilities and skills.

***Results and Discussion:*** XX attained a Full Scale IQ of 66 on the Wechsler Adult Intelligence Scale-Third Edition, placing her within the Extremely Low range of overall intellectual abilities at approximately the 1<sup>st</sup> percentile compared with other adults her age. XX’s Verbal IQ of 64 was in the Extremely Low range at the 1<sup>st</sup> percentile, while her Performance IQ of 76 was somewhat higher and fell at the 5<sup>th</sup> percentile within the Borderline range. Index scores were similar in that verbal abilities were much lower than nonverbal abilities and both areas remained well below the levels expected of someone in her age group. Her Verbal Comprehension Index of 63 indicated very low, verbal reasoning and problem solving while her Perceptual Organization Index of 78 indicated nonverbal reasoning was much higher but still in the Borderline range. XX’s Working Memory Index of 69 also fell into the Extremely Low range while her Processing Speed Index of 84 was much higher and in the Low Average range relative to her peers. Scores on measures from both domains indicated she is a much slower learner than her peers are. Slow learners tend to acquire new information and skills at a slower rate and to reach peaks of skill acquisition at lower levels than their peers do. Scores from all test batteries administered follow:

### Wechsler Adult Intelligence Scale-Third Edition

	<u>Standard Score</u>	<u>Percentile Rank</u>	<u>Classification</u>
Verbal IQ:	64	01	Extremely Low
Performance IQ:	76	05	Borderline
Full Scale IQ:	66	01	Extremely Low
Verbal Comprehension Index:	63	01	Extremely Low
Perceptual Organization Index:	78	07	Borderline
Working Memory Index:	69	02	Extremely Low
Processing Speed Index:	84	14	Low Average
<u>Verbal Subtests</u>		<u>Performance Subtests</u>	
Vocabulary	03	Picture Completion	04
Similarities	03	Digit Symbol-Coding	06
Arithmetic	05	Block Design	09
Digit Span	05	Matrix Reasoning	06
Information	04	Picture Arrangement	06
Comprehension	03	Symbol Search	08
Letter-Number Sequencing	05		

### Woodcock-Johnson III Tests of Achievement

Norms based on age 39

<u>CLUSTER/Test</u>	<u>Percentile</u>	<u>Standard Score</u>	<u>Grade Equiv.</u>
BASIC READING	08	79	4.0
BASIC WRITING SKILLS	05	76	2.9
ACADEMIC SKILLS	07	78	4.3
PHON/GRAPH	05	76	2.3
Letter-Word Identification	13	83	5.1
Calculation	01	65	3.8
Spelling	06	76	3.7
Passage Comprehension	04	74	2.3
Applied Problems	04	73	3.8
Word Attack	09	80	2.8
Editing	04	73	2.5
Spelling of Sounds	03	71	1.4
Punctuation & Capitals	0.5	61	1.7

XX's verbal abilities fell into the Extremely Low to Borderline ranges and were generally even in their development. Significant weaknesses relative to her peers were apparent in most areas measured. Vocabulary development was impaired relative to her peers and her fund of information about the world was low. Abstract verbal reasoning was similarly low and her social reasoning or common sense reasoning abilities were impaired. Measures of auditory short-term memory were consistently Borderline range and well below expected ranges.

Nonverbal abilities were better developed, and fell into the Borderline to low end of the Average ranges. Attention to visual detail was lowest among her skills in this area. Visual planning and visual short-term memory were somewhat higher in the low end of the Low Average range while visual discrimination was a strength for her in the low end of the Average range. Also strong for her was XX's ability to analyze and synthesize visual forms, which fell into the low end of the Average range. Visual problem solving was somewhat lower, however, and her overall profile was consistent with other adults felt to be slower learners than their peers are.

Academic skill development fell at the first to fifth grade levels and were generally commensurate with her estimated Borderline range cognitive potential. Reading comprehension fell at the beginning second grade level, while word recognition and word attack or phonetic decoding skills were somewhat higher. She would, nonetheless, be considered illiterate in most contexts and would be expected to have difficulty reading correspondence from, for example, the Denver Department of Human Services. Written language skills were also quite low at the first to second grade levels. Her writing sample indicated, however, that she can express herself on paper, albeit at relatively low levels and without punctuation or capitalization. Math skills were similarly low, at the third grade level. She probably has some difficulty with budgeting and money management without assistance.

**Summary & Recommendations:** XX's test results suggested Extremely Low range overall cognitive functioning relative to her peers. Although she had better developed nonverbal than verbal abilities, her Full Scale IQ was probably representative of her functioning at home and in the community. She relies heavily on family members to help her with her with academic tasks and she has had difficulty holding a job in part because she has difficulty making decisions and problem solving. School records indicated early placement into classrooms for children with significantly limited intellectual capacity. She meets the DSM-IV criteria for Mild Mental Retardation (DSM-IV 317: Mild Mental Retardation). XX also reported symptoms of anxiety and panic attack that, she said, are triggered when somebody is critical of her. Her symptoms include shortness of breath, "hot flashes" and extreme anxiety over what will happen next. These panic attacks do not happen frequently. While she was in prison for smuggling illegal aliens over the Mexican border, she apparently saw a therapist and was prescribed both anti-depressant and anti-anxiety medications. It was unclear whether she is still taking these medications. She did not at the time of this report meet the criteria of the DSM-IV for either a depressive or anxiety disorder. Regarding both the depressive and anxious symptoms she reported, she said, "Lately I have just been walking it off." She has not seen a therapist since her release from prison but she believes it would be helpful.

Given a diagnosis of Mild Mental Retardation and a continued need to rule out both panic and depressive disorders, the following recommendations are made:

1. Psychotherapy/life skills behavioral therapy is strongly recommended for XX. She needs a therapist familiar with the needs of people with developmental disorders who can help her to: a) understand her weaknesses and strengths, b) learn better ways to cope with her poor problem solving skills, c) learn ways to manage her anxiety so that she can prevent

panic attacks from occurring, d) learn to appropriately express her feelings, and e) to document her difficulties so that she is more likely to get approved for other sources of assistance.

2. It is unlikely that XX will ever be able to obtain and hold onto gainful employment that will provide her with adequate resources to support herself and her children. Part time work would be best for her and I believe she could handle up to 20 hours without too much difficulty. I would recommend that XX apply for SSI from the Social Security Administration.
3. XX's counselors, supervisors and case managers need to remember that she has impaired verbal cognitive abilities. She will have significant difficulty understanding lengthy directions or instructions, and multi-step tasks will cause her considerable difficulty. She will never be good at multitasking, and she should not be expected to engage easily in on-the-spot decision making. Training should focus on demonstration followed by supervised practice.
4. XX may benefit from a referral to Denver Options, Inc., as she is likely to have a need for support services throughout her lifetime.
5. XX will need assistance with budgeting and money management, and if she is approved for SSI, she may not be a good choice to be payee. Budgeting and other life skills should be provided by a therapist familiar with the needs of people with mild mental retardation.
6. If there are any questions regarding the contents or conclusions of this report, please do not hesitate to contact David Kalis, LCSW or me at 303/573-0839 or garymac@lifelongaes.com.

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## **Attachment B: Building Blocks Group Outline**

*Outline can be adapted to meet program and client needs*

BUILDING BLOCKS FOR SUCCESS  
A Structured Psychotherapeutic Group

GROUP OUTLINE

- Week 1 Understanding Stress
  - What is stress?
  - Good vs. bad stress
  - Effects of stress on health/daily life
  
- Week 2 Stress Management
  - Relaxation exercises
  - Behavioral tips for reducing stress
  - Positive self-talk/letting goes of worry
  
- Week 3 Effective Communication
  - Aggressive, passive, and assertive styles
  - Verbal and non-verbal cues
  - Navigating social/work environments
  
- Week 4 Emotional Sabotage
  - Redirecting anger
  - Reducing emotional reactivity/impulsivity
  - Calming anxiety
  
- Week 5 Boundaries
  - Personal rights and responsibilities
  - Who, where, and when to talk about what
  - Consequences of crossing the line
  
- Week 6 Problem Solving
  - Defining the problem
  - Exploring options
  - Taking action
  
- Week 7 Conflict Resolution
  - Choosing battles
  - Separating person from problem
  - Keys to compromise/resolution
  
- Week 8 Tools for Selling Yourself
  - Personal disclosure
  - Effective interviewing
  - Attitude

The purpose of this group for TANF participants is to develop and reinforce essential life skills across a variety of areas through participation in exercises, discussion, and social exposure in a supportive group environment aimed at enhancing self-sufficiency, vocational stability, and personal success. The modular design of this group allows for entry into the group to occur during any week, as each session is a separate and complete unit. This outline is a general guide for the group. Content will be adapted based on the group composition.