**Home Safety and Beautification**

**Therapist Prompting List**

Initial Session

Client ID#: \_\_\_\_\_\_\_\_\_ Clinician: \_\_\_\_\_\_\_\_\_\_\_ Session #: \_\_\_\_\_\_\_\_\_\_\_ Session Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**Materials Required:**

* HSB Checklist for all rooms and exterior of home

**Begin Time:** \_\_\_\_\_\_\_\_\_ am / pm

 **Present Rationale for Home Safety and Beautification to Client and adult significant other(s)**

\_\_\_a. Households contain many potential hazards that are overlooked.

\_\_\_b. Hazards are situations in which someone may get hurt.

\_\_\_c. Home accidents are a leading cause of death and injury for young children.

\_\_\_d. Home safety and beautification tours are aimed at making the home safe and beautiful.

\_\_\_e. With the caregiver's permission, the clinician and entire family will tour the home.

\_\_\_f. Room(s) may be excluded from the tour if the caregiver wishes, although it is recommended that all

 rooms be examined.

**Motivate the client and her significant others for this intervention**

\_\_\_a. Ask family why it would be important to perform safety and beautification tours.

\_\_\_b. Ask caregiver if there are any rooms in the house that should be "off-limits."

\_\_\_c. Ask caregiver if the safety tour should be implemented immediately or during the next session.

**Complete the Home Safety and Beautification Form**

\_\_\_a. Use HSB checklists for exterior of home and all rooms that are present in the home.

* *Do not include rooms that the caregiver wants to have excluded from the tours.*

**Conduct the tour of the home**

\_\_\_a. Upon entering each room, show checklist for the room, and mutually decide with client & family

the following for each Safety and Appearance item:

\_\_\_1. Obtain a treatment priority rating (0=not present, 4=present/high priority).

* Record each priority rating in checklist.
* Provide rationales when clients do not agree with hazards identified by therapist.
* Query clients how items may be hazardous or not contribute to child development.

\_\_\_2. Assist in brainstorming plans to fix items rated 2.

* Record agreed upon plans in “Notes” section for each item.
* Praise suggestions that are consistent with a clean, safe and beautiful home.
* Provide solutions.

 \_\_\_3. Assist in fixing items rated 3 or above.

* Praise solutions and efforts in fixing items to be clean, safe, and beautiful.
* Make suggestions in fixing items to be clean, safe and beautiful.
* If item not fixed completely brainstorm method of fixing completely.
* Help family implement solutions.
* Record method of fixing item completely in “Notes” section of item.

\_\_\_b. Assign family task of completing the safety and beautification plans outlined in “Notes” section.

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| **Client’s Assessment of Helpfulness of the Intervention*** 1. After stating client should not feel obligated to provide high scores, as an honest assessment helps better address client needs, solicit how helpful client thought intervention was using the following 7-point rating scale:

**7** = extremely helpful, **6** = very helpful, **5** = somewhat helpful, **4** = not sure, **3** = somewhat unhelpful, **2** = very unhelpful, **1** = extremely unhelpful  * **Record Client’s Rating Here:**\_\_\_\_\_\_
	1. Solicit how rating was derived, and methods of improving intervention in future.

**Therapist’s Rating of Client’s Compliance With Intervention*** + - * 1. Disclose therapist’s rating of client’s compliance using 7-point rating scale:

**7** = extremely compliant, **6** = very compliant, **5** = somewhat compliant, **4** = neutral, **3** = somewhat noncompliant, **2** = very noncompliant, **1** = extremely noncompliant * Factors that contribute to compliance ratings are:
	+ Attendance
	+ Participation and conduct in session
	+ Homework completion
	+ **Record Therapist’s Rating of Client’s Compliance Here:**\_\_\_\_\_\_
		- * 1. Disclose client’s compliance rating.
				2. Explain how rating was derived, and methods of improving performance in future.
 |

**End Time:** \_\_\_\_\_\_\_\_\_ am / pm

**Home Safety and Beautification**

**Therapist Prompting List**

Future Session

Client ID#: \_\_\_\_\_\_\_\_\_ Clinician: \_\_\_\_\_\_\_\_\_\_\_ Session #: \_\_\_\_\_\_\_\_\_\_\_ Session Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**Materials Required:**

* Completed HSB Checklist from Initial Session

**Begin Time:** \_\_\_\_\_\_\_\_\_ am / pm

**Review tour with Client and adult significant other(s)**

\_\_\_a. Review each assignment family had in improving safety and appearance of home.

* + See **“Notes”** section for each item in each room.

\_\_\_b. Praise improvements or intentions to improve the home’s safety and appearance.

\_\_\_c. Assist in generating methods /performing activities that improve home’s safety and appearance.

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| **Client’s Assessment of Helpfulness of the Intervention*** 1. After stating client should not feel obligated to provide high scores, as an honest assessment helps better address client needs, solicit how helpful client thought intervention was using the following 7-point rating scale:

**7** = extremely helpful, **6** = very helpful, **5** = somewhat helpful, **4** = not sure, **3** = somewhat unhelpful, **2** = very unhelpful, **1** = extremely unhelpful  * **Record Client’s Rating Here:**\_\_\_\_\_\_
	1. Solicit how rating was derived, and methods of improving intervention in future.

**Therapist’s Rating of Client’s Compliance With Intervention*** + - * 1. Disclose therapist’s rating of client’s compliance using 7-point rating scale:

**7** = extremely compliant, **6** = very compliant, **5** = somewhat compliant, **4** = neutral, **3** = somewhat noncompliant, **2** = very noncompliant, **1** = extremely noncompliant * Factors that contribute to compliance ratings are:
	+ Attendance
	+ Participation and conduct in session
	+ Homework completion
	+ **Record Therapist’s Rating of Client’s Compliance Here:**\_\_\_\_\_\_
		- * 1. Disclose client’s compliance rating.
				2. Explain how rating was derived, and methods of improving performance in future.
 |

**End Time:** \_\_\_\_\_\_\_\_\_ am / pm

**Kitchen**  Rated Not Rated Self-Report Not Applicable **Name/ID:\_\_\_\_\_\_\_\_**

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| ***Treatment Priority Ratings:*****Safety (S): 0** = not present, **1** = present, no priority, **2** = present, minimal priority, **3** = present, moderate priority, **4** = present, high priority**Appearance (A): 0** = not present, **1** = present, no priority, **2** = present, minimal priority, **3** = present, moderate priority, **4** = present, high priority |
| **Toxins** | **S** | **Notes** | **Heavy/Tipsy Objects** | **S** | **Notes** | **Needs Clean Up** | **A** | **Notes** |
| 1. Medications |  |  | 25. Furniture |  |  | 41. Clothes |  |  |
| 2. Cleaning supplies |  | 26. Boxes |  | 42. Counters/Tables |  |
| 3. Detergents |  | 27. Appliances (blender) |  | 43. Floor/Wall/Ceiling |  |
| 4. Paint, solvents |  | 28. Artwork |  | 44. Dog feces |  |
| 5. Alcohol or Drugs |  | 29. Other: |  | 45. Bug infestation |  |
| 6. Pesticides |  |  |  | 46. Food left out |  |
| 7. Other: |  |  |  | 47. Clutter |  |
| **Electrical Hazards** | **S** | **Notes** |  |  | 48. Dishes in sink |  |
| 8. Outlets exposed |  |  |  |  | 49. Other: |  |
| 9. Appliances and tools |  | **Small Objects**  | **S** | **Notes** |  |  |
| 10. Empty light sockets |  | 30. List: |  |  | **Aesthetic Needs** | **A** | **Notes** |
| 11. Exposed/frayed wires |  |  |  | 50. Furniture is worn/torn |  |  |
| 12. Other: |  |  |  | 51. Appliances are malfunctioning |  |
|  |  | **Probs. w/ Air Quality** | **S** | **Notes** | 52. Carpet, Rug, or floor worn |  |
| **Sharp Objects** | **S** | **Notes** | 31. Poor ventilation |  |  | 53. Light bulbs missing or burnt out |  |
| 13. Knives/skewers, pins, scissors, needles |  |  | 32. Too hot |  | 54. Décor absent |  |
| 14. Corners |  | 33. Too Cold |  | 55. Walls unpainted |  |
| 15. Tools |  | 34. Mildew/mold |  | 56. Other: |  |
| 16. Nails/splinters |  | 35. Doors/windows drafty |  |  |  |
| 17. Other: |  | 36. Other: |  |  |  |
| **Food & Nutrition Needs** | **S** | **Notes** |  |  |  |
| 18. 4 food groups absent |  |  |  |  |
| 19. Food is spoiled |  | **Other Risks** | **S** | **Notes** |
| 20. Junk food accessible |  | 37. Floor/wall/ceiling in disrepair/holes |  |  |
| 21. Other: |  | 38. Weapons (gun, p.spray) |  |
| **Home Access/Security** | **S** | **Notes** | 39. Porn or sex toys |  |
| 22. Windows won’t lock/ broken |  |  | 40. Other: |  |
| 23. Doors won’t lock/broken |  |  |  |
| 24. Other: |  |  |  |
| **Overall Room Ratings** |
| #57. **Safety (S)** | #58. **Appearance (A)** |  |
| **0 1 2 3 4** | **0 1 2 3 4** |
| **Bathroom: Description\_\_\_\_\_\_\_\_\_\_\_**  Rated Not Rated Self-Report Not Applicable **Name/ID:\_\_\_\_\_\_\_\_** |
| ***Treatment Priority Ratings:*****Safety (S): 0** = not present, **1** = present, no priority, **2** = present, minimal priority, **3** = present, moderate priority, **4** = present, high priority**Appearance (A): 0** = not present, **1** = present, no priority, **2** = present, minimal priority, **3** = present, moderate priority, **4** = present, high priority |
| **Toxins** | **S** | **Notes** | **Heavy/Tipsy Objects** | **S** | **Notes** | **Needs Clean Up** | **A** | **Notes** |
| 1. Medications |  |  | 21. Furniture |  |  | 38. Tub/shower/toilet |  |  |
| 2. Cleaning supplies |  | 22. Boxes |  | 39. Clothes |  |
| 3. Detergents |  | 23. Appliances (iron) |  | 40. Counters/Tables |  |
| 4. Paint, solvents |  | 24. Artwork |  | 41. Floor/Wall/Ceiling |  |
| 5. Alcohol or Drugs |  | 25. Other: |  | 42. Dog feces |  |
| 6. Pesticides |  |  |  | 43. Bug infestation |  |
| 7. Other: |  |  |  | 44. Food left out |  |
|  |  |  |  | 45. Clutter |  |
| **Electrical Hazards** | **S** | **Notes** |  |  | 46. Other: |  |
| 8. Outlets |  |  | **Small Objects** | **S** | **Notes** |  |  |
| 9. Appliances (blow dryer, curling iron, radio) |  | 26. List: |  |  | **Aesthetic Needs** | **A** | **Notes** |
| 10. Empty light sockets |  |  |  | 47. Furniture is worn/torn |  |  |
| 11. Exposed/frayed wires |  |  |  | 48. Appliances are malfunctioning |  |
| 12. Other: |  | **Air Quality** | **S** | **Notes** | 49. Carpet, Rug, or floor worn |  |
|  |  | 27. Poor ventilation |  |  | 50. Light bulbs missing or burnt out |  |
|  |  | 28. Too hot |  | 51. Décor absent |  |
| **Sharp Objects** | **S** | **Notes** | 29. Too Cold |  | 52. Walls unpainted |  |
| 13. Razors, hair pins, scissors, needles |  |  | 30. Mildew/mold |  | 53. Other: |  |
| 14. Corners |  | 31. Doors/windows drafty |  |  |  |
| 15. Tools |  | 32. Other: |  |  |  |
| 16. Nails/splinters |  |  |  |  |
| 17. Other: |  | **Other Risks** | **S** | **Notes** |
|  |  | 33. Floor/wall/ceiling in disrepair/holes |  |  |
| **Home Access/Security** | **S** | **Notes** | 34. Weapons (gun, p.spray) |  |
| 18. Windows won’t lock/ broken |  |  | 35. Porn or sex toys |  |
| 19. Doors won’t lock/broken |  | 36. Plumbing (problem) |  |
| 20. Other: |  | 37. Other: |  |
| **Overall Room Ratings** |
| #54. **Safety (S)** | #55. **Appearance (A)** |  |
| **0 1 2 3 4** | **0 1 2 3 4** |  |
| **Family Room: Description\_\_\_\_\_\_\_\_\_\_\_**  Rated Not Rated Self-Report Not Applicable **Name/ID:\_\_\_\_\_\_\_\_** |
| ***Treatment Priority Ratings:*****Safety (S): 0** = not present, **1** = present, no priority, **2** = present, minimal priority, **3** = present, moderate priority, **4** = present, high priority**Appearance (A): 0** = not present, **1** = present, no priority, **2** = present, minimal priority, **3** = present, moderate priority, **4** = present, high priority |
| **Toxins** | **S** | **Notes** | **Heavy/Tipsy Objects** | **S** | **Notes** | **Needs Clean Up** | **A** | **Notes** |
| 1. Medications |  |  | 25. Furniture |  |  | 41. Clothes |  |  |
| 2. Cleaning supplies |  | 26. Boxes |  | 42. Counters/Tables |  |
| 3. Detergents |  | 27. Appliances (stereo) |  | 43. Floor/Wall/Ceiling |  |
| 4. Paint, solvents |  | 28. Artwork |  | 44. Dog feces |  |
| 5. Alcohol or Drugs |  | 29. Other: |  | 45. Bug infestation |  |
| 6. Pesticides |  |  |  | 46. Clutter |  |
| 7. Other: |  |  |  | 47. Other: |  |
| **Electrical Hazards** | **S** | **Notes** |  |  |  |  |
| 8. Outlets exposed |  |  | **Small Objects**  | **S** | **Notes** | **Aesthetic Needs** | **A** | **Notes** |
| 9. Appliances & tools |  | 30. List: |  |  | 48. Furniture is worn/torn |  |  |
| 10. Empty light sockets |  |  |  | 49. Appliances are malfunctioning |  |
| 11. Exposed/frayed wires |  |  |  | 50. Carpet, Rug, or floor worn |  |
| 12. Other: |  | **Probs. w/ Air Quality** | **S** | **Notes** | 51. Light bulbs missing or burnt out |  |
| **Sharp Objects** | **S** | **Notes** | 31. Poor ventilation |  |  | 52. Décor absent |  |
| 13. Knives, pins, scissors, needles |  |  | 32. Too hot |  | 53. Walls unpainted |  |
| 14. Corners |  | 33. Too Cold |  | 54. Other: |  |
| 15. Tools |  | 34. Mildew/mold |  |  |  |
| 16. Nails/splinters |  | 35. Doors/windows drafty |  |  |  |
| 17. Other: |  | 36. Other: |  |  |
| **Food & Nutrition Needs** | **S** | **Notes** |  |  |
| 18. 4 food groups absent |  |  | **Other Risks** | **S** | **Notes** |
| 19. Food is spoiled |  | 37. Floor/wall/ceiling in disrepair/holes |  |  |
| 20. Junk food accessible |  | 38. Weapons (gun, p.spray) |  |
| 21. Other: |  | 39. Porn or sex toys |  |
| **Home Access/Security** | **S** | **Notes** | 40. Other: |  |
| 22. Windows won’t lock/ broken |  |  |  |  |
| 23. Doors won’t lock/broken |  |  |  |
| 24. Other: |  |  |  |
| **Overall Room Ratings** |
| #55. **Safety (S)** | #56. **Appearance (A)** |  |
| **0 1 2 3 4** | **0 1 2 3 4** |  |
| **Child’s Bedroom: Description\_\_\_\_\_\_\_\_\_\_**  Rated Not Rated Self-Report Not Applicable **Name/ID:\_\_\_\_\_\_\_\_** |
| ***Treatment Priority Ratings:*****Safety (S): 0** = not present, **1** = present, no priority, **2** = present, minimal priority, **3** = present, moderate priority, **4** = present, high priority**Appearance (A): 0** = not present, **1** = present, no priority, **2** = present, minimal priority, **3** = present, moderate priority, **4** = present, high priority |
| **Toxins** | **S** | **Notes** | **Heavy/Tipsy Objects** | **S** | **Notes** | **Needs Clean Up** | **A** | **Notes** |
| 1. Medications |  |  | 25. Furniture |  |  | 41. Clothes |  |  |
| 2. Cleaning supplies |  | 26. Boxes |  | 42. Counters/Tables |  |
| 3. Detergents |  | 27. Appliances (stereo) |  | 43. Floor/Wall/Ceiling |  |
| 4. Paint, solvents |  | 28. Artwork |  | 44. Dog feces |  |
| 5. Alcohol or Drugs |  | 29. Other: |  | 45. Bug infestation |  |
| 6. Pesticides |  |  |  | 46. Clutter |  |
| 7. Other: |  |  |  | 47. Other: |  |
| **Electrical Hazards** | **S** | **Notes** |  |  |  |  |
| 8. Outlets exposed |  |  |  |  |  |  |
| 9. Appliances & tools |  | **Small Objects**  | **S** | **Notes** | **Aesthetic Needs** | **A** | **Notes** |
| 10. Empty light sockets |  | 30. List: |  |  | 48. Furniture is worn/torn |  |  |
| 11. Exposed/frayed wires |  |  |  | 49. Appliances malfunction |  |
| 12. Other: |  |  |  | 50. Carpet, Rug, or floor worn |  |
| **Sharp Objects** | **S** | **Notes** | **Probs. w/ Air Quality** | **S** | **Notes** | 51. Light bulbs missing or burnt out |  |
| 13. Knives, pins, scissors, needles |  |  | 31. Poor ventilation |  |  | 52. Décor absent |  |
| 14. Corners  |  | 32. Too hot |  | 53. Walls unpainted |  |
| 15. Tools |  | 33. Too Cold |  | 54. Other: |  |
| 16. Nails/splinters |  | 34. Mildew/mold |  |  |  |
| 17. Other: |  | 35. Doors/windows drafty |  |  |  |
| **Food & Nutrition Needs** | **S** | **Notes** | 36. Other: |  |  |
| 18. 4 food groups absent |  |  |  |  |
| 19. Food is spoiled |  | **Other Risks** | **S** | **Notes** |
| 20. Junk food accessible |  | 37. Floor/wall/ceiling in disrepair/holes |  |  |
| 21. Other: |  | 38. Weapons (gun, p.spray) |  |
| **Home Access/Security** | **S** | **Notes** | 39. Porn or sex toys |  |
| 22. Windows won’t lock/ broken |  |  | 40. Other: |  |
| 23. Doors won’t lock/broken |  |  |  |  |
| 24. Other: |  |  |  |  |
| **Overall Room Ratings** |
| #55. **Safety (S)** | #56. **Appearance (A)** |  |
| **0 1 2 3 4** | **0 1 2 3 4** |