Here you can find some templates based on Positive Psychiatry you can adapt and integrate into your practice.

I tend to use templates in order to empower patients/ clients by providing them with a copy of their reports and progress notes whenever possible (typically by the time they leave the meeting).

Templates allow me to include the common factors I usually include or ask about in most encounters and I am able to tailor to their specific circumstances *during the encounter* which has been tremendously well-received and reported to be empowering by patients. I do this with both Progress and Consult Notes.

Research shows that what we ask and repeatedly talk about creates a shift in selective attention, it changes what the listener focuses on, even outside of the interaction.

When we repeatedly ask about meditation, gratitude, exercise, diet, sleep, etc., it increases the chances clients/ patients think of doing these things. It also increases accountability and their understanding of why things are not getting better when they repeatedly answer no to those questions.

Of note, the format used includes characters such as [ | ] because if copied and pasted into *Accuro,* an Electronic Medical Records program, it can be used as a clickable list. If you do not have this program, just delete those characters.

Please note, asking these questions is based on the principles of Positive Psychiatry, however there is not yet a “tested” ideal way to ask or talk about these, there is only insurmountable evidence showing that encouraging people to engage with these behaviors changes health outcomes (both physical and mental health). Consequently, feel free to adapt as needed and view this as a starting point.

If you have an especially effective way of doing this, please feel free to share and I may add it to this section.

*This is one that I use as part of my consult templates.*

APPENDIX #

THERAPY OPTIONS AND CONCEPTS

They are encouraged to review the STAMP WELLNESS MODEL which identifies the 5 Things We Need to Be Well, and for them to take steps towards any areas where they may be lacking:

1. SAFETY- Emotional (we feel able to share our opinions, ask for what we need and set healthy boundaries); Physical (we feel protected from violence or physical threat, this includes needing to have stable housing); Financial (we feel confident in our ability to secure our basic needs for food, shelter, health for ourselves and our dependents).

2. TEAM - we all need a healthy social group who we can connect with around ideas and areas we are passionate about as well as the things that matter to us, and with whom we feel emotionally safe (see above).

3. AIM & ABILITY (aka purpose & mastery)- We need to have something to do, a reason to get up and to not go back to bed. We also need a sense of independence and feel capable in at least one sphere that is important to us.

4. MEANING/ LEGACY- As humans, we need to feel like we are contributing to something greater than ourselves, leaving some sort of legacy. For some this happens through children, others through work or art etc.

5. PLAY- this requires curiosity, creativity and challenge. It is our intelligence at play. We are one of the only species who when our brains are not stimulated we become ill. Creativity may be expressed through writing, music, art, curriculum or program development, creative problem solving, organizing, decorating, gardening, cooking etc.

Medication may be necessary in order to do the required work to get better. Medication can increase their energy and reactivity to some extent, and may help with building distress tolerance and to get unstuck from negative thoughts, with sleep and appetite. However, they will need to address the maladaptive coping mechanisms outlined under Defenses, at the beginning of this report, when they are ready. They may benefit from watching the “Do I need Medication?” video (and the related Wellness Series videos) on YouTube or on the website [www.InspiredLivingMedical.com](http://www.InspiredLivingMedical.com).

1. Helpful therapy options for this patient include: [Motivational Interviewing (MI)|Intensive Short Term Dynamic Therapy (ISTDP) or an alternative form of Emotion Focused Therapy|Acceptance and Commitment Therapy (ACT)|Cognitive Behavior Therapy (CBT)|Dialectic Behavior Therapy (DBT)|Eye Movement Desensitization & Reprocessing Therapy (EMDR)| Interpersonal Therapy (IPT)].
2. {[This patient was also encouraged to read "The 5 Things We Need to Be Well", a self-help workbook available on Amazon, which may also help them develop a language to recognize and ask for what they need in order to be well.|
3. Should they opt to pursue DBT, there is some helpful and relatable self-help material available at http://www.getselfhelp.co.uk/docs/DealingwithDistress.pdf should they wish to pursue this on their own. This is based on Dialectic Behavior Therapy however is applicable to the general population and is not diagnosis specific. |
4. This patient may also consider purchasing or loaning "The OCD Workbook: Your Guide to Breaking Free from Obsessive-Compulsive Disorder", by Bruce M. Hyman & Cherlene Pedrick. This can be a helpful option for motivated patients.|
5. Cognitive Behavior Therapy and/ or Behavioral activation may be a helpful therapeutic option for this patient. <PATFIRSTNAME> can self-refer to a private psychologist to pursue this further or look into the availability of support through work benefits package (i.e. VA, EAP) for coverage options.|
6. They may also benefit from loaning or purchasing "The Anxiety & Phobia Workbook", a self-help book based on Cognitive Behavior Therapy that is quite helpful and empowering for motivated patients.|
7. There are two respected internet sites that offer free Cognitive Behavior Therapy; www.livinglifetothefull.com and www.moodgym.anu.edu.au. These sites are listed as resources in the Canadian Network for Mood and Anxiety Treatments, who provide clinical guidelines for the management of Depression and Anxiety.|
8. This patient would also benefit from investigating Alanon, a support service offered for free to family members of alcoholics (current or past). They do a fair bit of work around assertiveness skills and learning to set healthy boundaries which would likely be helpful for this patient.|
9. I have also encouraged this patient to consider joining social clubs that share their interests, like book clubs or walking clubs and to consider joining an organization like Toastmasters. Biologically, we have a need to form a community where we feel we belong. They may also find at social groups that are aligned with their interests through www.meet.up.com. (This is NOT a dating site).
10. This family may benefit from using "ourfamilywizard.com", a program that can be purchased to facilitate a "neutral zone" for parent communication. It is often used in situations where there is high conflict or hostility.|
11. I strongly encourage this patient to find a sense of purpose and meaning and develop a routine and schedule of activities that matter to them. Boredom can be a trigger for worsening mental health, and we know that we all need a reason to get up in the morning and feel like we are doing something that matters, contributing to something greater than ourselves. They may even consider volunteering as a first step.|
12. As this patient learned to connect their sense of worth and safety to conditions, they functionally learned they only matter conditionally, for example, when they are successful, when people are happy with them, when they look a certain way, etc. Consequently, they learned to have limited belief in their inherent and unconditional value as a person, making self-compassion and self-worth a very high yield therapeutic focus and helping them separate and pass emotions about past messages where they may have learned otherwise and treated themselves in kind.|
13. This person may also benefit from reviewing the information available on the Fountain of Health website, [www.fountainofhealth.ca](http://www.fountainofhealth.ca) (for people aged 50 yo or older). }

*This is part of my Progress Note Template for Medication Follow Ups:*

ACCOUNTABILITY & NEUROPLASTICITY

* GRATITUDE: [no| not lately|occasionally|regularly]
* EXERCISE: [no| not lately|occasionally|regularly]
* SLEEP HYGIENE: [good|variable|poor|improving]
* MEDITATION/ PRAYER/ NATURE: [no|not lately|occasionally|regularly]
* DIET: Eating [irregularly|regularly], [relatively healthy|variable|poor|improving]

SOCIAL CONNECTION: socializing [more|less|about the same|limited]

* [Feels emotionally safe with at least one person| Does not feel emotionally safe with at least one person] . [Work in progress- taking active steps| Avoiding lately- reviewed importance, work in progress]

SAFETY: Financial Stability [yes|no]

* Physical Safety [able to do what they want to physically most days| no threat of violence| not able to do what they want to physically most days| threat of violence]

FUNCTION:

* Eating- see above
* Hygiene- [poor|worse than usual but not too bad|variable|at baseline]
* Cooking- [rarely|sporadically|weekly|regularly]
* Basic Housekeeping- [rarely|intermittently|weekly|regularly]
* Working- [yes|GRTW (gradual return to work)|reduced hours or modified duties|no|LTD]
* Grocery shopping- [rarely|intermittently|weekly|regularly] [with support]
* Paying Bills- [yes|no|yes with support]
* Managing meds- [yes- no issues|yes but missing doses|no- needs support]
* Driving- [yes|no|n/a]
* Leaving house- [rarely|intermittently|weekly|regularly], [appointments|tending to pet(s)|other] (Se Social connection section above for details)
* [Reported|Denied] currently having PURPOSE
* [Reported|Denied] currently having MASTERY
* [Reported|Denied] currently having MEANING
* [Reported|Denied] currently having CREATIVITY
* [Reported|Denied] currently having CHALLENGE

Feel free to contact me with any further questions about incorporation of templates into your practice and how these can be used as a simple tool to incorporate Positive Psychiatry into your work.