|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Participant’s Name** |  | DOB |  | Medicaid # |  |

**Agency: Location where services were provided:**

**Stages in Problem Solving Worksheet**

|  |  |  |  |
| --- | --- | --- | --- |
| **Step 1** – Have client list problems. Date completed |  | Staff Signature |  |

|  |  |  |
| --- | --- | --- |
| Problems: | Rank | Tackle 1st |
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| **Step 2** | Date completed |  | Staff Signature |  |

When all problems have been identified and written down, encourage the mother to rank them in order of importance for her.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |  |  |  |  |
| **Step 3** | Date completed |  | Staff Signature |  |

Mother needs to decide for herself which problem she would like to tackle first.

(Note – this may not be the problem she ranked first.)

**Step 4**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| My Problem is: | |  | | | | |
| Options/possible solutions: | | | Advantages/Pros: | | Disadvantages/Cons: | |
| Preferred Option: | | | | Worst Case Scenario: | | |
| Steps required: | | | |  | | |
| Action plan: | A. | | | B. (backup) | | |
| Outcome: | | | | | | |
| Staff Signature | | | | | | Date |