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The Psychosocial Occupational Therapy Competency Assessment (POT-CA): Development and Implementation in a Level I Fieldwork Course

Abstract

A competency assessment was developed to assess students' skills at the culmination of courses relating to mental health, including a Psychosocial Level I Fieldwork course. The intention of the assessment, titled the Psychosocial Occupational Therapy Competency Assessment (POT-CA), was to engage students in a practical skill demonstration and use of clinical reasoning in relation to brief case studies. Key skills assessed included: administration of the ACLS-5, establishing and maintaining therapeutic rapport, defining OT in client centered language, and use of clinical reasoning to identify additional assessment, intervention, and discharge recommendations. The purpose of this article is to present the tool and results from its preliminary use in a Level I psychosocial fieldwork course, in order to share a creative approach for assessing the development of clinical skills competence for mental health practice.

Keywords

Competency assessment, level I psychosocial fieldwork, Allen Cognitive Level Screen - 5

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The Psychosocial Occupational Therapy Competency Assessment (POT-CA): Development and Implementation in a Level I Fieldwork Course

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ABSTRACT

A competency assessment was developed to assess students' skills at the culmination of courses relating to mental health, including a Psychosocial Level I Fieldwork course. The intention of the assessment, titled the Psychosocial Occupational Therapy Competency Assessment (POT-CA), was to engage students in a practical skill demonstration and use of clinical reasoning in relation to brief case studies. Key skills assessed included: administration of the ACLS-5, establishing and maintaining therapeutic rapport, defining OT in client centered language, and use of clinical reasoning to identify additional assessment, intervention, and discharge recommendations. The purpose of this article is to present the tool and results from its preliminary use in a Level I psychosocial fieldwork course, in order to share a creative approach for assessing the development of clinical skills competence for mental health practice.

BACKGROUND

Fieldwork is considered to be a vital aspect of professional education which facilitates the development of occupational therapy practitioners through the process of establishing their professional identities and gaining the requisite knowledge, skills and attitudes needed to practice (American Occupational Therapy Association [AOTA], 2009). Fieldwork is also considered a primary method for students to develop and demonstrate competencies by providing them the opportunity to apply classroom knowledge and theory in real settings (Haynes, 2011; Holmes et al., 2010; James & Prigg, 2004; Mulholland & Derdall, 2007; Rodger et al., 2014).

While the Accreditation Council for Occupational Therapy Education (ACOTE) (2012) does not explicitly require Level I fieldwork in a mental health setting, it is noted that “at least one fieldwork experience (Level I or II) should have as its focus, psychological and

social factors that influence engagement in occupation" (p. S61). It has also been observed that mental health fieldwork supports the development of skills considered foundational and preparatory to address aspects of psychological and social well-being crucial for health and recovery across populations (Costa, Molinsky, Kent, & Sauerwald, 2011; Kannenberg, Amini, & Hartman, 2010), including the psychosocial issues of individuals in physical rehabilitation settings (Ikiugu, 2010). In addition, mental health fieldwork has been found to facilitate active learners who are confident, competent and reflective regarding the role of occupational therapy and to enhance student confidence in articulating and conceptualizing the professional role of occupational therapy (Bagatell, Lawrence, Schwartz, & Vuernick, 2013).

However, it has been noted that the diminished number of occupational therapists practicing in mental health settings and the lack of mental health fieldwork placements may hinder students from developing mental health competencies during fieldwork education (Costa et al., 2011). Without these competencies, graduates may encounter challenges gaining entry into mental health settings (Costa et al., 2011). More importantly, occupational therapists entering practice may lack the skills required for treating the psychosocial needs of all patient groups across a variety of settings.

One factor that arises in the development and assessment of competencies during fieldwork placement is the variety of settings in which occupational therapists work. Holmes et al. (2010) suggested that, because students have to experience numerous settings in order to understand the different roles of occupational therapists, they are unable to develop specific needed competencies during the allotted time. Also, because fieldwork placements may occur in a variety of settings, it is challenging to develop and implement a standardized method for evaluating fieldwork competency that is effective across all practice settings (Miller, Bossers, Polatajko, & Hartley, 2001). Additionally, the diminished number of occupational therapists practicing in mental health settings and the lack of mental health fieldwork placements may hinder students from developing mental health competencies during fieldwork education (Costa et al., 2011).

There is limited research regarding Level I occupational therapy fieldwork experiences (Mulholland & Derdall, 2007), yet the development of clinical skills competence is a topic of increasing importance in occupational therapy education. Occupational therapy programs encourage students to develop competence through introspective activities, such as reflective journaling (Costa et al., 2011; Maloney & Griffith, 2013) and the use of setting-specific skills checklists (Haynes, 2011). In one university program, faculty have developed a Psychosocial Occupational Therapy Competency Assessment (POT-CA) to structure and assess the development of skills considered to be fundamental to mental health practice. The purpose of this article is to present the tool and results from its preliminary use in a Level I psychosocial fieldwork course, in order to share a creative approach for assessing the development of clinical skills competence for mental health practice.

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DESCRIPTION

In one occupational therapy education program, students take courses specific to mental health clinical practice, including *Principles of Psychosocial Occupational Therapy Practice* and *Psychosocial Level I Fieldwork*. The two courses are taken concurrently and are integrated to provide students with knowledge and skills pertinent to mental health promotion, prevention and intervention consistent with AOTA recommendations (2010; 2015) and ACOTE standards (2012). Learning objectives for the fieldwork course serve to meet ACOTE standards B.2.8, B.4.5, B.4.8, B.5.1, B.5.20 and B.5.25 (2012) and include:

- clarification of roles of occupational therapists and occupational therapy assistants in mental health settings
- collaboration with health care team members
- development of therapeutic use of self
- use of professional, culturally relevant and effective oral and written communication
- demonstration of professional behaviors, including self-reflexive practice and acceptance of feedback
- gathering and synthesis of information through standardized and interview-based assessment for completion of an occupational profile that is contextually and culturally relevant
- creation and implementation of a contextually relevant and evidence-based intervention plan
- assurance of patient safety and confidentiality.

Classroom and laboratory experiences are supplemented by a minimum of 32-36 hours of Level I fieldwork completed under the direct supervision of an occupational therapist or occupational therapy assistant at various inpatient and community mental health settings. At the conclusion of the semester, students are evaluated in terms of their academic performance on exams and quizzes, written assignments, classroom presentations, and laboratory activities. Successful completion of the fieldwork component is determined by achieving satisfactory ratings on the Philadelphia Region Fieldwork Consortium Level I Fieldwork Student Evaluation, used with permission (Koenig, Johnson, Morano, & Ducette, 2003). Students are required to pass both the academic classroom assignments and the fieldwork component in order to pass the course.

These assignments and activities have served as useful assessments of content knowledge and successful predictors of eventual success on Level II fieldwork and the National Board for Certification in Occupational Therapy certification exam (NBCOT, 2017). Yet, instructors were interested in developing an outcome assessment that evaluated aspects of students' practical clinical skills and ability to engage in "on the spot" clinical reasoning without the reliance on print and electronic resources that are typically available for written assignments. We observed the physical disability course instructors engaged in the ritual each semester of testing students in a live scenario, where students were required to demonstrate discrete skills, including manual muscle testing (MMT), and the use of goniometry for testing range of motion. This semiannual

event was marked by the line of students anxiously awaiting their turns outside of the closed classroom door, and practicing MMT and goniometry on each other in every spare moment between classes.

Our observations caused us to reflect on the possible applicability of practical skills testing in the mental health courses, and the potential benefits of presenting this practice area as comprising a set of discernable skills. We postulated that the determination of an explicit set of skills associated with mental health practice might give these skills more weight in the minds of our students and help to concretize the notion that addressing mental health needs constitutes a specific skill set. Thus, a small task group, including faculty and the academic fieldwork coordinator, reviewed the literature and related standards in order to develop and implement a practical oral exam protocol that evaluated discrete skills for mental health practice at the completion of the associated coursework and the Level I mental health fieldwork.

The Psychosocial Occupational Therapy Competency Assessment (POT-CA) (Appendix A) was developed to actively engage students in demonstrating clinical skills and reasoning in the classroom setting as a final outcome measure of their preparation for subsequent Level I and II fieldwork in other practice areas and eventual practice. Consistent with the domain and process of occupational therapy as articulated by the Occupational Therapy Practice Framework (OTPF) (AOTA, 2014), it was determined that the key skills to be evaluated would include: administration of a standardized assessment, the ability to establish and maintain therapeutic rapport, provision of a definition of occupational therapy in client centered language, and the use of appropriate clinical reasoning (Boyt-Schell & Schell, 2008) to articulate assessment, intervention and discharge recommendations in regards to a brief mental health case study. The model of clinical reasoning used in the course is that articulated by Boyt-Schell and Schell (2008). Readings and classroom discussions orient students to the importance of employing a model to conceptualize and articulate clinical decision making in mental health and other practice contexts.

Following identification of the key skills, it was determined that a role play scenario would provide students the opportunity to demonstrate the ability to establish elements of positive rapport, to articulate a client-friendly definition of occupational therapy, and to administer a performance-based assessment. A Likert scale rating was developed to provide an objective scoring system for each of the skills. To give the competency testing weight and to establish it as a significant and important part of the assessment of student learning following the semester, the score/rating comprised 15% of the final course grade. Students were provided with the rating form and testing protocol at the beginning of the course so that they could focus on developing and practicing the required skills by the end of the semester.

Following a review of assessments used in mental health practice, the Allen Cognitive Level Screen-5 (ACLS-5) (Allen et al., 2007) was selected to represent a distinct and practical assessment skill to evaluate student competence. The ACLS-5 is a standardized assessment designed to be used as a screen of functional cognition and

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"offer[s] a performance context to view a person's available cognitive abilities as they are applied to the activity demands of three leather-lacing tasks of increasing difficulty" (Allen et al., 2007, p. 8). Functional cognition includes the ways in which an individual is aware of, integrates, and performs their thinking and processing skills in every day occupations, such as activities of daily living (ADLs) and more complex instrumental ADLs (IADLs). Occupational therapy provides a unique role in the assessment of functional cognition through the emphasis on 'doing' over the emphasis on discrete cognitive skills, such as memory and processing speed. The ACLS-5 provides a quick screening of functional cognition and its impact on performance, through the identification of precise cognitive levels. It has been observed that the ACLS-5 "gives us the profession's [occupational therapy] most precise guidelines for utilizing a client's remaining ability to maximize function" (Cole, 2012, p. 194). It is this unique and important aspect of the ACLS-5 that provides the instructors with rationale for the use of this assessment as a practical skills testing competency for the mental health fieldwork course.

The ability to use one's self therapeutically has been described as an integral aspect of the occupational therapy process that is based on the ability to establish and maintain a collaborative relationship with the client (AOTA, 2014; Taylor & Van Puymbroeck, 2013). Therapeutic use of self includes the ability to establish and maintain rapport through the effective use of interactive, and other types of clinical reasoning (Boyt-Schell & Schell, 2008) to engage clients in the therapeutic process. The POT-CA provides the opportunity to evaluate and provide feedback on aspects of therapeutic interaction skills within the limitations of a simulated experience. Observations of the students' interpersonal communication style are observed and written feedback is provided regarding effective use of eye contact, voice volume, rate and intonation, as well as overall ability to engage the simulated client. Students are also required to provide a client centered definition of occupational therapy in the mental health context. This skill requires that they integrate their knowledge about the domain and process of occupational therapy to develop a brief description that would be appropriate to deliver to a client.

Thus, it was determined that students would be required to administer the ACLS-5 to a student peer, following the established standardized protocol, with minor adaptations for the classroom role-playing context (Allen et al., 2007). Next, the student is provided with a brief written case study of a client receiving occupational therapy services in a mental health setting (Appendix B). The student is given five minutes to review the case and to take notes if desired. After five minutes, the student is asked to respond to the following prompts:

1. Identify additional assessments that would be indicated for this individual and explain your rationale.
2. Identify three interventions that you would recommend, including one individual and two group interventions. Discuss your rationale for each.
3. Identify three community resources that you would recommend following discharge, and discuss your rationale.

During the administration of the ACLS-5 (Allen et al., 2007) and the oral responses to the above prompts, the instructor takes detailed notes on the recommendations in order to score and provide specific written feedback regarding the reasoning and the recommendations. No feedback, nonverbal or verbal, is provided during the exam, to maintain a consistent exam context across students and to avoid students sharing responses with others in their class who are scheduled for later exam times. Following completion of all of the exams, written feedback is given to the students on the competency evaluation form and a grade is assigned. Scoring of the competency exam responses is based on the degree to which students are able to demonstrate the integration of knowledge gained throughout the semester, including evidence of the application of appropriate clinical reasoning.

This tool has been piloted over several semesters, with adaptations following each administration based on instructor observations of effectiveness and student feedback about the process. Initially, instructors participated in the role play and attempted to simulate client behaviors during the administration of the ACLS-5 (Allen et al., 2007). This was found to limit the ability of the instructor to observe and provide meaningful feedback to students regarding their performance, leading to the subsequent use of role play by peers. In addition, the initial version of the tool did not require students to identify appropriate additional assessments based on the case information, therefore, this skill was added in order to facilitate student clinical reasoning regarding client-centered occupational therapy evaluation. The most recent version presented here was conducted during the spring 2017 semester with a section of 20 students taking the Psychosocial Level I Fieldwork course. The results were compiled and are presented here as a sample of the outcomes in relation to student grading for the course.

ASSESSMENT

As noted in Table 1, aggregate mean scores on the six skill items ranged from 87%-100%, representing relatively high grade outcomes for the class as a whole. However, individual scores depicted a wider range of performance, with the lowest score on four of six skills, at or below 75%, and one student achieving a score of 60% on one skill. Thus, quantitative scores achieved on the POT-CA reflected a high level of performance on the skills for the class as a whole, with some individual students demonstrating substantially lower scores. Means for the individual skills indicate that students had the best performance in the area of establishing and maintaining rapport, and the lowest aggregate mean for identification of appropriate community resources. The use of clinical reasoning for identification of appropriate interventions and community resources yielded aggregate means lower than 90%, indicating that students have room for improvement in these skill areas.

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Table 1

POT-CA Scores for Spring 2017 Semester

Sample N = 20			
Behavior/Skill	2017 Range of Scores	2017 Mean	2017 Median
Demonstrate Professional Behavior Consistently in classroom, on field trips, and fieldwork P/F – no score but must = P to pass	100% = P	N/A	N/A
Explain Rationale for Assessment, Establish and Maintain Rapport	4.25-5.0 (85%-100%)	4.7 (94%)	4.75 (95%)
Appropriately Define Occupational Therapy	4.25-5.0 (85%-100%)	4.41 (88%)	4.5 (90%)
Administration of the ACLS-5	3.5–5.0 (70%-100%)	4.5 (90%)	4.5 (90%)
Rationale for Additional Assessments	3.5-5.0 (70%-100%)	4.53 (91%)	4.5 (90%)
Identify and Provide Clinical Reasoning Rationale for 3 Appropriate Interventions	3.75-5.0 (75%-100%)	4.45 (89%)	4.25 (85%)
Identify and Provide Clinical Reasoning Rationale for 3 Appropriate D/C Recommendations	3.0-5.0 (60%-100%)	4.33 (87%)	4.25 (85%)

Review of the instructor comments provided on the assessment and presented on the following page in Table 2 reveals that student responses reflected varying levels of clinical reasoning and provided the instructor with an opportunity to evaluate and provide specific feedback on this skill.

Table 2

Sample Instructor Feedback on POT-CA

Behavior/Skill	Sample Instructor Comments
Demonstrate Professional Behavior Consistently in classroom, on field trips, and fieldwork P/F – no score but must = P to pass	N/A
Explain Rationale for Assessment, Establish and Maintain Rapport	You were clearly nervous and talked very quickly. Nice use of humor while remaining professional. You adopted a condescending tone with your simulated client. Reflect on your assumptions about clients in this setting and practice adopting a respectful tone. You were confident, professional and engaging – rapport is one of your strengths.
Appropriately Define Occupational Therapy	Avoid lingo that is not client friendly – "OT will help you identify barriers to your meaningful activities" Your tone of voice was quite low and it was hard to hear you, it is important to project confidence to encourage client engagement with the OT process.
Administration of the ACLS-5	Avoid "chatting" about personal details during administration of the ACLS-5. Clients should focus on your instructions and completing the task. Avoid describing the ACLS-5 as a "fun little activity" - this minimizes your professionalism as an OT and the validity of the tool.
Rationale for Additional Assessments	There is no clear rationale for recommending two additional cognitive assessments in addition to the ACLS-5 already performed. Consider a functional assessment to identify needs in ADLS or IADLs. Assessing the issues impacting med compliance would be a priority for this client.

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Identify and Provide Clinical Reasoning Rationale for 3 Appropriate Interventions	Good reasoning but you need to manage anxiety to speak more slowly and clearly so that team members of clients could follow what you are saying. There is not sufficient justification for prescribing an Emotional Regulation and a Coping Skills group intervention. OT does not perform “group therapy” – we do facilitate group interventions. Cognitive Task group is often a good choice to address cognitive and social goals to support eventual participation in a vocational readiness setting.
Identify and Provide Clinical Reasoning Rationale for 3 Appropriate D/C Recommendations	If substance abuse is a primary problem, we would always recommend a community support for recovery, such as AA or NA. If the case notes that an individual is homeless, it is imperative that the OT investigate and recommend supports for shelter or housing, as well as other resources to get basic safety and ADL needs met. A college student with a first episode of depression would most likely return to college with supports identified versus your recommendation for a group home and a psychosocial rehabilitation program. Consider premorbid functioning and what you have learned about prognosis for affective disorders. You recommended weekly check-ins, who would do this and what would be the focus? Good job identifying appropriate supports for someone at this ACLS-5 level.

The final aspect of this pilot included asking students to submit qualitative comments regarding their experience of participation in the POT-CA process, after obtaining their feedback and final grade in the course. Their observations reflected a positive experience with the exam, and indicated that students did find that the activity represented an opportunity to integrate knowledge and skills gained in the classroom and through their Level I fieldwork. Sample comments included:

"I think the competency exams were a nice way of pulling together the information we learned throughout the semester."

"I thought the format [of the POT-CA] was effective. I really appreciate having the opportunity to role-play and use case studies."

"During the competency, I appreciated that our case study had a lot of details in it, making it easier to think of methods to help treat the patient. I also liked that we had a couple of minutes to read over the case study and think of our plan."

DISCUSSION

Data collected during the piloted use of the POT-CA revealed that most students were successful in performing the required skills, including establishing and maintaining therapeutic rapport, defining occupational therapy in client-friendly language, standardized administration of the ACLS-5 (Allen et al., 2007), and the use of clinical reasoning applied to a case study. However, the tool did appear to be useful in identifying several students who performed substantially below the average for this class in some areas. Therefore, this tool may provide an additional opportunity to identify students who are not meeting the targeted competencies. In addition, relatively lower scores achieved in any skill, such as those reported in this pilot for the ability to identify appropriate community supports, may provide helpful feedback for the instructor regarding topic areas that warrant further instruction and discussion in subsequent semesters. It was observed that the use of a performance-based tool combined with on-the-spot clinical reasoning provided the instructor the opportunity to give specific feedback to students about aspects of their ability to perform a discrete list of skills. Finally, student qualitative comments in relation to the piloted use of the tool were positive and indicated that they found the experience of value.

IMPLICATIONS FOR OCCUPATIONAL THERAPY AND RECOMMENDATIONS

Performance-based assessments, including those based on written case studies, have been lauded in terms of their focus on practical and real-world application or content knowledge in the preparation of students entering the health professions (Swanson, Norman, & Linn, 1995). Competency-based assessments have been developed to support skill development and clinical reasoning in response to perceived concerns about challenges for health care graduates entering mental health environments (Delaney, Carlson-Sabelli, Shephard, & Ridge, 2011). Paper cases and simulations have also been specifically praised in relation to the development of skills in clinical reasoning in occupational therapy (Neistadt, Wight, & Mulligan, 1998).

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The results of these initial student outcomes indicate that the POT-CA demonstrates potential as a practice-based tool to assess student skills relevant to mental health, including those that are considered foundational across populations. Consistent with the literature (Delaney et al., 2011; Neistadt et al.,1998; Swanson et al.,1995), the provision of mini case studies to elicit oral responses in a culminating final competency exam in an occupational therapy curriculum was found to be a helpful adjunct to more traditional outcome measures, such as exams and written assignments. In addition to the written case study, POT-CA invokes a performance element with the requirement that students demonstrate the specific skill of administering the ACLS-5. Specifically, it was observed that the demand for students to engage in "on the spot" reasoning without access to resources engaged them in a practical demonstration of skills needed for effective reasoning in future clinical settings. Finally, the tool integrates assessment of student competence in appropriately defining occupational therapy per the context (Costa et al, 2011) and skills in therapeutic use of self, reported as foundational for practice in all settings (AOTA, 2014; Taylor & Van Puymbroeck, 2013).

It is recommended that research be conducted to investigate the relation of this tool to other course outcome measures to begin to establish its validity. In addition, by gathering data across sections instructors may begin to establish a foundation for reliability in the use of the tool. Investigating the reported experiences of students and instructors using this tool would provide a helpful qualitative perspective in the continued development of the process. It would also be pertinent to explore the use of more formalized simulated subjects for the administration of the ACLS-5 element. University students majoring in acting have previously been used in this course to provide opportunities for occupational therapy students to practice establishing rapport and managing problematic behaviors, suggesting the potential for reestablishing that relationship with the theater department. Recommendations also include adding an opportunity for debriefing discussions with students to review feedback in order to facilitate integration and application of the experience. In conclusion, the POT-CA represents a promising model for assessing student competencies for occupational therapy students in the context of a Level I mental health course, with further refinement of the tool, including the use of more formal simulated clients.

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Appendix A

Psychosocial OT Competency Assessment – POT-CA

Competency Level/ Comments 1-5*	Competency Objective
	Professional Behaviors
P/F (no score but must = P to pass)	Demonstrate Professional Behavior consistently in classroom, field trips, & FW
	Therapeutic Use of Self
	Explain Rationale, Establish and Maintain Appropriate Rapport with "Client"
	Appropriately Define OT
	Clinical Reasoning
	Administration of ACL
	Identification and Rationale for Additional Assessment for Case Study Client
	Intervention
	Identify 3 Appropriate Interventions Based on ACL Score and Case Information
	Discharge Planning
	Identify 3 Appropriate D/C Recommendations Based on ACL Scoring and Case Information
	Total

* Competency Levels
  - 5 (100%) = beyond expectations
  - 4.5 (90%) = solidly meets expectations
  - 4.25 (85%) = conditionally meets expectations – minimal cueing or adaptation
  - 4.0 (80%) = marginally meets expectations – moderate cueing or adaptations
  - 3.75 (75%) = below expectations – moderate/significant cueing/adaptations
  - 3.5 (70%) = significantly below expectations – significant cueing/adaptations
  - 3.0 (60%) = needs instructor assistance
  - 0 – 2.75 = does not complete the task or meet the expectations

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Appendix B

Sample Case Studies

Scott is a 19 year old white male with a history of Bipolar Disorder, Type 1. Recently while away at college in another state, he was taken to a local ER by the campus police following reports of him acting in a bizarre manner and loudly reporting paranoid claims about being persecuted by students and staff on campus. He was admitted to the inpatient unit and after 1 week, he was discharged home to his parents in his home state. His parents brought him to the ER after 1 week at home because he stopped taking his medication and his behavior had continued to be erratic. His parents report that he has been in treatment since he was 15 years old, and has had periods of depression and anxiety, and other periods of grandiosity and hypomanic behavior. Scott was previously prescribed Lithium to address symptoms of Bipolar disorder, but he reports that he stopped taking it after a month because he did not like it. Upon admission and interview, he was noted to be in an elated mood, complimenting staff and saying that everything was awesome and perfect. He smiles continuously and thanks staff repeatedly for each small interaction. He denies use of ETOH but admits to having used LSD and "molly" in the past, and that he smokes marijuana on a daily basis. His ACLS score is 4.4 and he is currently hospitalized in a short term inpatient setting.

Andrew is a 24 year old single African American male presenting to the ER for his first hospitalization for complaints of depression and suicidal ideation following inability to get accepted to a drug and alcohol recovery program. He is homeless and reports that he drinks ETOH through most of the day. He most recently pointed a gun at his head at a friend's house and pulled the trigger but the gun was not loaded. He also reports a history of trying to hang himself and of cutting his wrists. He presents as intellectually limited and reports that he has had "a terrible hard life and it depresses me." He also reports that he was born after his mother became pregnant following rape and that he was subsequently put up for adoption. He reports that his birth mother and his adoptive parents have passed away. His educational history is unclear but he states that he was always in "special ed" and that he cannot read or write. He also says that he was made fun of in school all the time and was eventually expelled in 9th grade. He reports that he "met a woman" and moved in with her but that he was recently "thrown out" of that living situation due to his drinking and that he cannot return there. He has never held a job. His ACLS score is 4.2 and he is currently hospitalized in a short term inpatient setting.