

Name \_\_\_\_\_

Date \_\_\_\_\_



**TREATMENT ENGAGEMENT PROFILE**

Please respond to the statements below with the appropriate response to the right.

**Please also circle any words or phrases within the statements that you find especially appropriate.**

Strongly Agree      Agree      Not Sure      Disagree      Strongly Disagree

1. I don't believe mental illness is real      SA      A      NS      D      SD

If you don't believe mental illness is real, do you know where that belief came from? \_\_\_\_\_

2. I believe mental illness is probably real, but I don't think there is anything you can really do about it      SA      A      NS      D      SD

Do you know what previous experience you've had that supports this belief? \_\_\_\_\_

3. Even if mental illness is real, it would be very difficult for me to have other people know that I or a family member have a mental illness      SA      A      NS      D      SD

Who would you be most afraid of finding out? \_\_\_\_\_

4. If I or a loved one have a mental illness, I'm afraid of what that might say about me:      SA      A      NS      D      SD

Can you be more specific and try to pinpoint what you would be most afraid of here? \_\_\_\_\_

5. Mental illness may or may not be real, but it doesn't matter because my cultural, spiritual or religious beliefs prevent me from seeking treatment      SA      A      NS      D      SD

Can you be more specific in telling us why this is so? \_\_\_\_\_

6. I believe mental illness is real, but I believe that I can manage it on my own      SA      A      NS      D      SD

Can you tell us what you are currently doing to manage it on your own? \_\_\_\_\_

7. I believe mental illness is real, but I object to the use of medications      SA      A      NS      D      SD

Are you aware that mental illness can often be effectively managed without the use of medication? \_\_\_\_\_

8. I believe mental illness is real, but I am satisfied with my current program of treatment that I or my family member already receive      SA      A      NS      D      SD

Can you tell us about your current treatment program and what you like about it? \_\_\_\_\_

9. I have practical limitations to treatment such as time, money or transportation      SA      A      NS      D      SD

Can you be as specific as possible about what this means? \_\_\_\_\_