



**PSYCH TECHNICIAN  
SKILLS INVENTORY**



NAME: \_\_\_\_\_

DATE: \_\_\_\_\_

Please indicate the amount of experience you have with the following procedures by circling the appropriate number.

	None	Minimal	Occasional	Frequent
<b><u>WORKING IN MENTAL HEALTH</u></b>				
Confidentiality	0	1	2	3
Patient Rights	0	1	2	3
Behavior Modification	0	1	2	3
Adults	0	1	2	3
Adolescents	0	1	2	3
Forensic	0	1	2	3
<b><u>PRECAUTIONS</u></b>				
Suicide	0	1	2	3
Elopement	0	1	2	3
Seizure	0	1	2	3
DTs	0	1	2	3
<b><u>MANAGEMENT &amp; VERBAL INTERVENTION</u></b>				
Self Destructive Behavior	0	1	2	3
Manipulative Behavior	0	1	2	3
Aggressive behavior	0	1	2	3
<b><u>PHYSICAL INTERVENTION</u></b>				
Escorting	0	1	2	3
Physical Contact Restraint	0	1	2	3
4-Point Restraint	0	1	2	3
<b><u>SPECIAL OBSERVATION</u></b>				
One-To-One	0	1	2	3
Seclusion	0	1	2	3
Restraints	0	1	2	3
Chemical/Alcohol Detox	0	1	2	3
Electroconvulsive Therapy Recovery	0	1	2	3

	None	Minimal	Occasional	Frequent
<b><u>PATIENT ASSESSMENT</u></b>				
Temperature, Pulse, Respiration	0	1	2	3
Manual blood pressure	0	1	2	3
Electronic vital signs monitoring	0	1	2	3
Height and Weight	0	1	2	3
<b><u>DOCUMENTATION</u></b>				
Graphic/flow sheets	0	1	2	3
Admission forms	0	1	2	3
Narrative charting	0	1	2	3
Admission/Transfer/Discharge	0	1	2	3
<b><u>PERSONAL CARE</u></b>				
Assist to toilet	0	1	2	3
Assist with bathing	0	1	2	3
Shave	0	1	2	3
<b><u>NUTRITION</u></b>				
Feeding the patient	0	1	2	3
Measuring & recording Intake	0	1	2	3
Recording output	0	1	2	3
<b><u>RESTRAINTS</u></b>				
Applying posey vest	0	1	2	3
Applying wrist restraints	0	1	2	3
Applying leather restraints	0	1	2	3