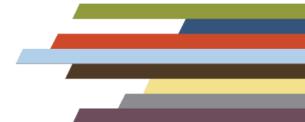
Conducting Mental Health Assessments:

A Trauma Informed, Cultural Humility Framework

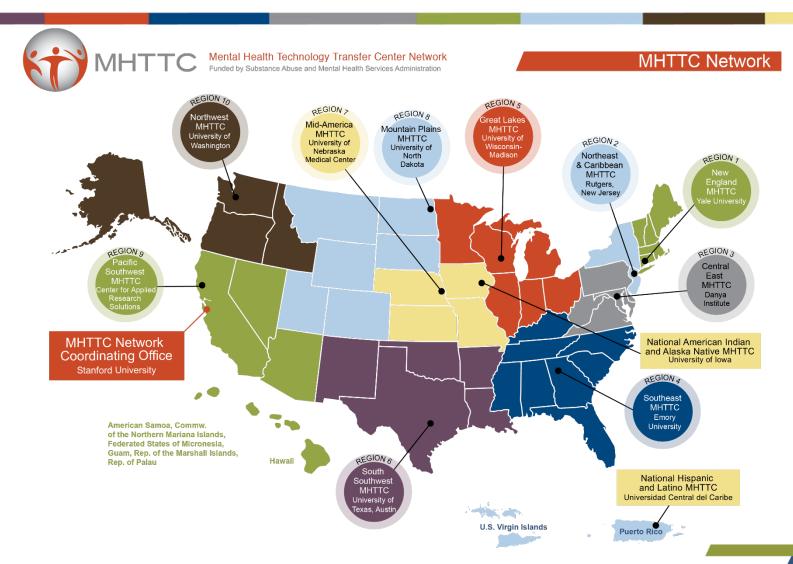
Kate Bishop, MSSA







MHTTC Network





Central East MHTTC Goals

Funded by SAMHSA

- Improve skills of providers to recruit & retain the BH workforce
- Improve knowledge of BH workforce in recognizing cooccurring substance use disorders
- Provide T/TA on factors contributing to suicide and strategies for prevention
- Educate BH workforce and other public health practitioners on evidence-based smoking cessation strategies
- Increase the cultural and linguistic competencies of the BH workforce and other public health practitioners





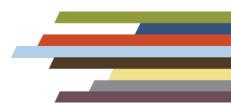
Central East Region

HHS REGION 3

Delaware
District of Columbia
Maryland
Pennsylvania
Virginia
West Virginia







Treatment Referral Routing Service

SAMHSA's free, confidential, 24/7, 365-day-a-year treatment referral and information service

(in English and Spanish)

for individuals and families facing mental and/or substance use disorders.



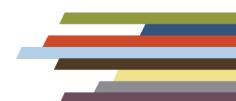
TTY: 1-800-487-4889

This service routes callers to state specific resources for referral to local treatment facilities, support groups, and community-based organizations.

Learning Objectives:

- Review commonly used evidence-based assessment instruments.
- Operationalize a cultural humility framework in connecting with and serving clients from a broad diversity of populations.
- Explore best practices in engaging clients to conduct screenings and assessments respectfully and effectively.
- Examine the principles and practices of trauma-informed care in an assessment context.





Assessment Instruments



Poll # 1: Where are you doing mental health assessments?

- Vote in the box that appears on your screen
- Click the circle next to the answer you want
- There is NO submit button





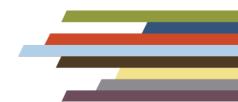




Purposes of Mental Health Assessments

- Gather personal data to inform client care
- Explore acuity of distress
- Screen for safety
- Establish baseline findings (functioning score)
- Examine condition/behavior change over time
- Witness the client's story
- Help client clarify their own needs and hopes
- Explore appropriate resource referrals





Common Assessment Targets

MENTAL HEALTH

- Substance Use
- Depression
- Anxiety Disorders
- Bipolar Disorder
- Schizophrenia & Psychosis
- Eating Disorders
- ADHD/Learning Differences
- Social Support and Coping
- Health Conditions and Habits
 - Sexual Risk Taking and HIV
 - Smoking
 - Nutrition and Activity Level

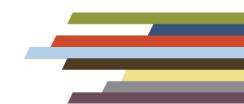
SAFETY

- Suicide Risk
- Homicide Risk
- Trauma
 - ACES
 - Sexual Trauma
 - Intimate Partner Violence
 - PTSD
- Fall Risk (Older Adults)

Establish:

- History
- Current Risk
- Lethality (Danger Level)





Free Quick Assessment Instruments

Measure	Number of Items	
Anxiety		
The Clinically Useful Anxiety Outcome Scale (CUXOS)	2Q	
Generalized Anxiety Disorder Screener (GAD-7)	7	
Hamilton Rating Scale for Anxiety (HAM-A)	15	
Liebowitz Social Anxiety Scale Clinician-Report (LSAS-CR)	24	
Panic Disorder Severity Scale (PDSS)	7	
Fear Questionnaire (FQ)	24	
Penn State Worry Questionnaire (PSWQ)	16	
Social Phobia Inventory (SPIN)	17	
Worry and Anxiety Questionnaire (WAQ)	11	
Depression		
The Clinically Useful Depression Outcome Scale (CUDOS)	18	
Hamilton Rating Scale for Depression (HAM-D)	17	
The Inventory of Depressive Symptoms (IDS)	30	
The Quick Inventory of Depressive Symptoms (QIDS)	16	
Patient Health Questionnaire-9 (PHQ-9)	9	

Free Quick Assessment Instruments

Measure	Number of Items	
Eating Disorders		
Eating Disorder Diagnostic Scale (EDDS)	22	
Sick, Control, One, Fat, Food Screening Tool (SCOFF)	5	
Mania		
Altman Self-Rating Mania Scale (ASRM)	5	
Bech-Rafaelsen Mania Scale (MAS)	11	
Young Mania Rating Scale (YMRS)	11	
Overall Mental Health		
National Institutes of Health Patient Reported Outcomes Measurement Information System (PROMIS)	4-30	
Patient Health Questionnaires (PHQ)	11	
Recovery Assessment Scale (RAS)	41	

Free Quick Safety Assessments

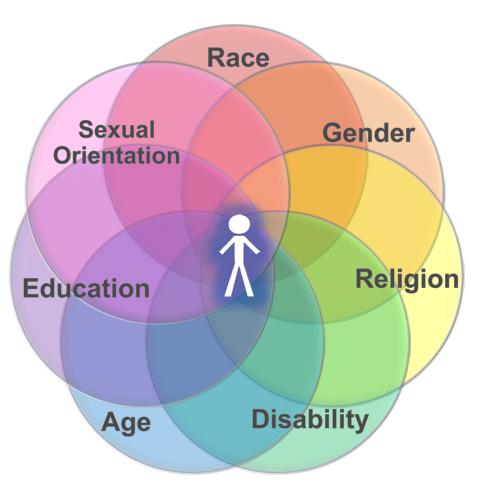
Measure	Number of Items	
Suicidality		
Columbia-Suicide Severity Rating Scale (C-SSRS)	20	
The Suicide Behaviors Questionnaire - Revised (SBQ-R)	4	
Trauma		
Impact of Event Scale-Revised (IES-R)	22	
Los Angeles Symptom Checklist (LASC)	43	
The Post-Traumatic Stress Disorder Checklist - Civilian Version (PCL-C)	17	
The Trauma History Screen (THS)	14	
The Trauma History Questionnaire (THQ)	24	

Danger Danger Danger	
Campbell's Intimate Partner Violence Danger Assessment	20
Lethality Assessment Program – Maryland Model (LAP)	11
Suicide Assessment Five-step Evaluation and Triage (SAF-T)	5
Assault & Homicidal Danger Assessment Tool (CDC)	5

Cultural Humility



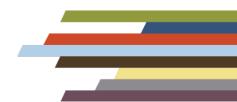
Intersectional Lives, Intersectional Needs



"Intersectionality"

- Dr. Kimberle Crenshaw, 1989
- "We live at the crossroads of our identities."
- Multiple marginalization = compound discrimination
- Cultural Humility approach can help bridge rapport across power dynamics





What is Cultural Humility?

- Other-centered interpersonal approach
- Ethical orientation of service delivery
- Requires us to take responsibility for our interactions
- A commitment to examining power dynamics
- Acknowledges the limitations of our own cultural perspective
- "Borrow the client's glasses"







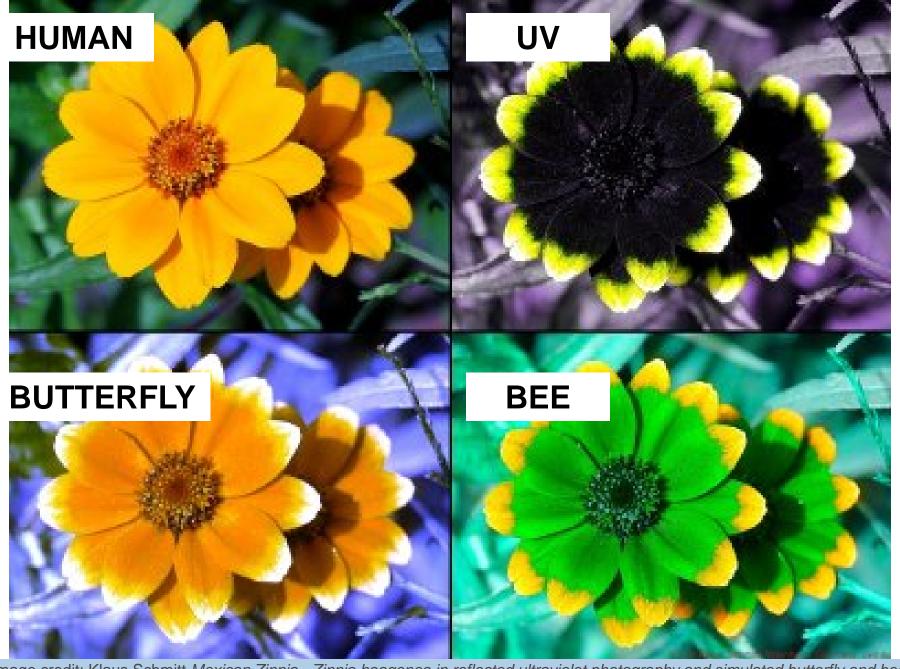


Image credit: Klaus Schmitt *Mexican Zinnia - Zinnia haagenea in reflected ultraviolet photography and simulated butterfly and bee vision XXI*, Photography Of The Invisible World blog, 6/26/14. Retrieved from http://photographyoftheinvisibleworld.blogspot.com/2014/06/mexican-zinnia-rinnia-haagenea-in_4762.html 2/4/16

Minority Stress

- Damaging physical and mental health effects of being stigmatized and/or the focus of prejudice and discrimination
- "Bad vibes", hostile environments, anticipated threat, and continual micro-aggressions cause:
 - Anxiety disorders
 - Depression
 - Substance abuse
 - High blood pressure
 - Heart disease
 - Cancer



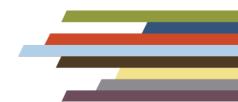


Image credit: Emoji Corazon Roto Clipart Emoji Broken Heart - Go Red For Women , SeekPNG.com, Retrieved at https://www.seekpng.com/ipng/u2r5w7y3e6o0t4i1_download-emoji-corazon-roto-clipart-emoji-broken-heart/" 2/4/16

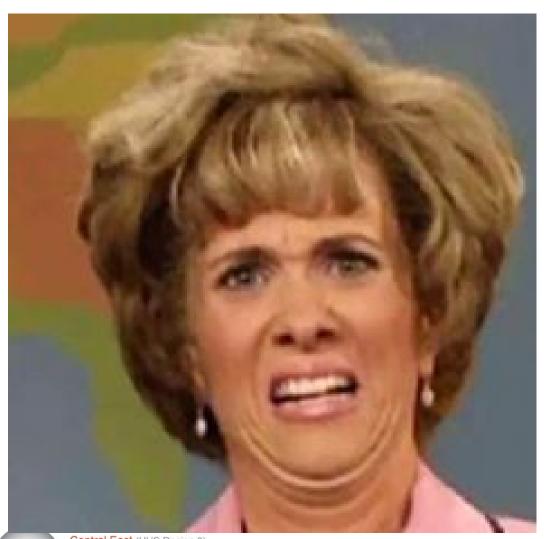
How Does Cultural Humility Operate?

- Ask respectful, appreciative questions
- Use radical empathy to borrow the client's lens
- Try on their perspective with compassionate curiousity
- Honor what is most important to them
- Validate their priorities, values, needs, goals
- Center the unique fingerprint of their experiences when co-creating treatment plans





Bias is Already in Your Brain



We cannot eliminate bias by pretending not to have any.

Find your "Yucks" and fix your face!



Conducting the Assessment

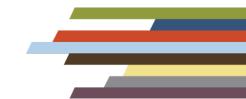


Poll 2: Which assessment instruments do you use with clients?

- Vote in the box that appears on your screen
- Click the circle next to the answer you want
- There is NO submit button





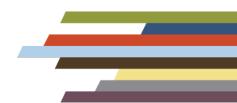


Rapport Boosters

- Noticing client's communication style and adjusting accordingly
- Putting client at ease
- Balancing authority
- Acknowledging and responding to cultural differences
- Responding to anger, hostility, "attitude"
- Active listening, paraphrasing
- Exploring client's key words (i.e. echoing)
- Summarizing at appropriate times

- Using silence at appropriate times
- Identifying and amplifying client strengths
- Maintaining a position of not knowing
- Formulating next question from interviewee's last question
- Giving affirmations
- Mirroring appropriate nonverbal communication behaviors
- Praising/complimenting interviewee
- Inviting questions from interviewee





Assessment Interview Flow Chart

Make introductions, explain role

Communicate purpose of interview

Explain confidentiality

Address interviewee's concerns

Follow interview template or assessment instrument

Gather information, Communicate information

Keep the interview on track, refocus

Determine if interview goals have been accomplished

Summarize interview

Review agreed upon tasks/goals

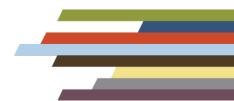


Opening Questions

- "May I talk with you for a few minutes?" ("with" rather than "to")
- "Where would you be most comfortable meeting with me?"
- "Maybe you'd like to ask me some questions before I ask you mine?"
- "Do you have any concerns about our agency? Or about me? I'd be glad to answer them"
- "I know this is hard for you. I'll try to make it as comfortable as I can."
- "Where would you like to begin?"
- "Please let me know if I say things you don't understand, or that bother you."

Adapted from Child Welfare League of America, Field Guide to Child Welfare, Volume II e

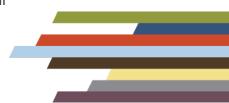




Open-Ended Questions

- "What brought you here today?"
- "What have you tried so far to solve this problem?"
- "What do you do when you start feeling anxious?"
- "How does this situation make you feel?"
- "You said you feel sad. Are there certain events that make you feel sad?"
- "Can you tell me a little more about that? What makes you feel uncomfortable when you're at interacting with her?"
- "Can you tell me in your own words what your condition means?"
- Social Work Interviewing Techniques, Ellie Williams; June 29, 2018
- Retrieved 6/20/19 from https://work.chron.com/social-work-interviewing-techniques-15937.html



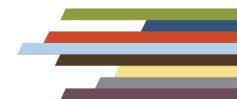


Clarifying Questions

- "I think I understand; but would you tell me again, so I can be sure?"
- "Sounds like you're saying that your mother is a real problem for you. Can you tell me more about that?"
- "You sound like you feel really defeated. Seems like you don't have a lot of confidence that anything can change."
- "Sometimes people are afraid to fail. I'm hearing you express lots of concerns about trying this. Are you worried you won't be able do it?"
- "You've mentioned your ex-husband three times. It sounds like he may still be important to you."

Adapted from Child Welfare League of America, Field Guide to Child Welfare, Volume II



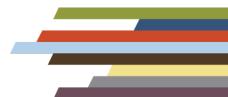


Connecting With Your Client

- "You've been through quite a lot these past months. It's no wonder you're so tired!"
- "I think you're doing fine, considering you just learned how to do it. You'll improve with practice."
- "You may feel very alone at the moment, but I want you to know that we're here to help as you need us."
- 'You're not the only one who feels that way. I know of many people who have shared your experience."
- "I know it feels overwhelming. Let's try it a little at a time."
- "You can't scare me away just by being angry. If I understand why you're angry, I can handle it."
- "How long has it been since you've had an hour to yourself?"

Interviewing Skill Development & Practice, Georgia Department of Behavioral Health and Developmental Disabilities, March 2007. http://dbhdd.georgia.gov retrieved 6/20/19





Question Traps to Avoid

- "WHY?" Can have the impact of challenging, blaming or asking the other person to justify or defend his/her actions or position.
- **LEADING** a disguised statement of the interviewer's opinion. For example, "Don't you think you would be better off allowing your sister to care for your son temporarily?"
- MULTIPLE two or more questions are asked immediately following one another without adequate time for response. For example, "Have you been attending meetings, did you get a call from your sponsor?"
- CLOSE-ENDED invites a one or two word answer, with responses often limited to "yes" or "no."

Interviewing Skill Development & Practice, Georgia Department of Behavioral Health and Developmental Disabilities, March 2007. Adapted from Child Welfare League of America, Field Guide to Child Welfare, Volume II http://dbhdd.georgia.gov retrieved 6/20/19





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Funding for this presentation was made possible by SAMHSA grant no. 3H79SM081785. The views expressed by speakers and moderators do not necessarily reflect the official policies of HHS; nor does mention of trade names, commercial practices, or organizations imply endorsement by the U.S. Government.



