Building Engagement & Understanding through Comprehensive Assessment Within ACT

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National ACT Consultation Meet-Up
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Northwest (HHS Region 10) MHTTC
Mental Health Technology Transfer Center Network

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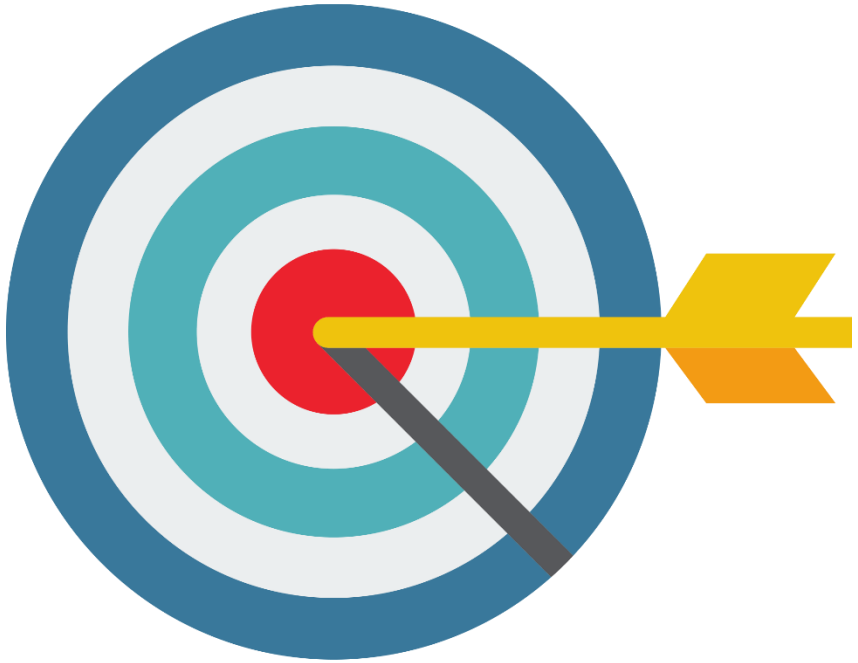
Objectives



To understand the case for assessment as a foundational tool for ***engagement***

To learn more about the structure and process of ***ACT Comprehensive Assessment***

To apply what you learn in that assessment toward a more ***integrated, team-based understanding*** of the people you serve

In the future, to ***better align treatment*** because of that more holistic understanding of the individual

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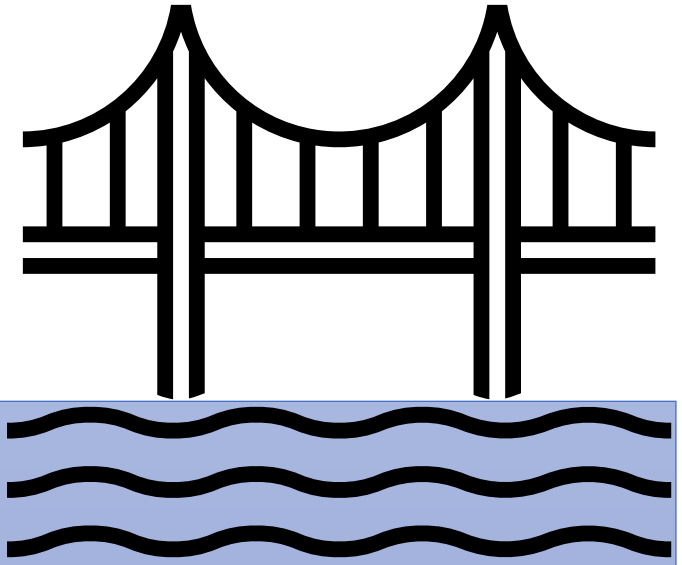
The Problem

- Many people served by ACT have been failed by the system
- Negative impact on engagement with the team
- Integrated, team-based bi-directional understanding of the client can be challenging

One Solution:
Build a Bridge Between Assessment & Engagement

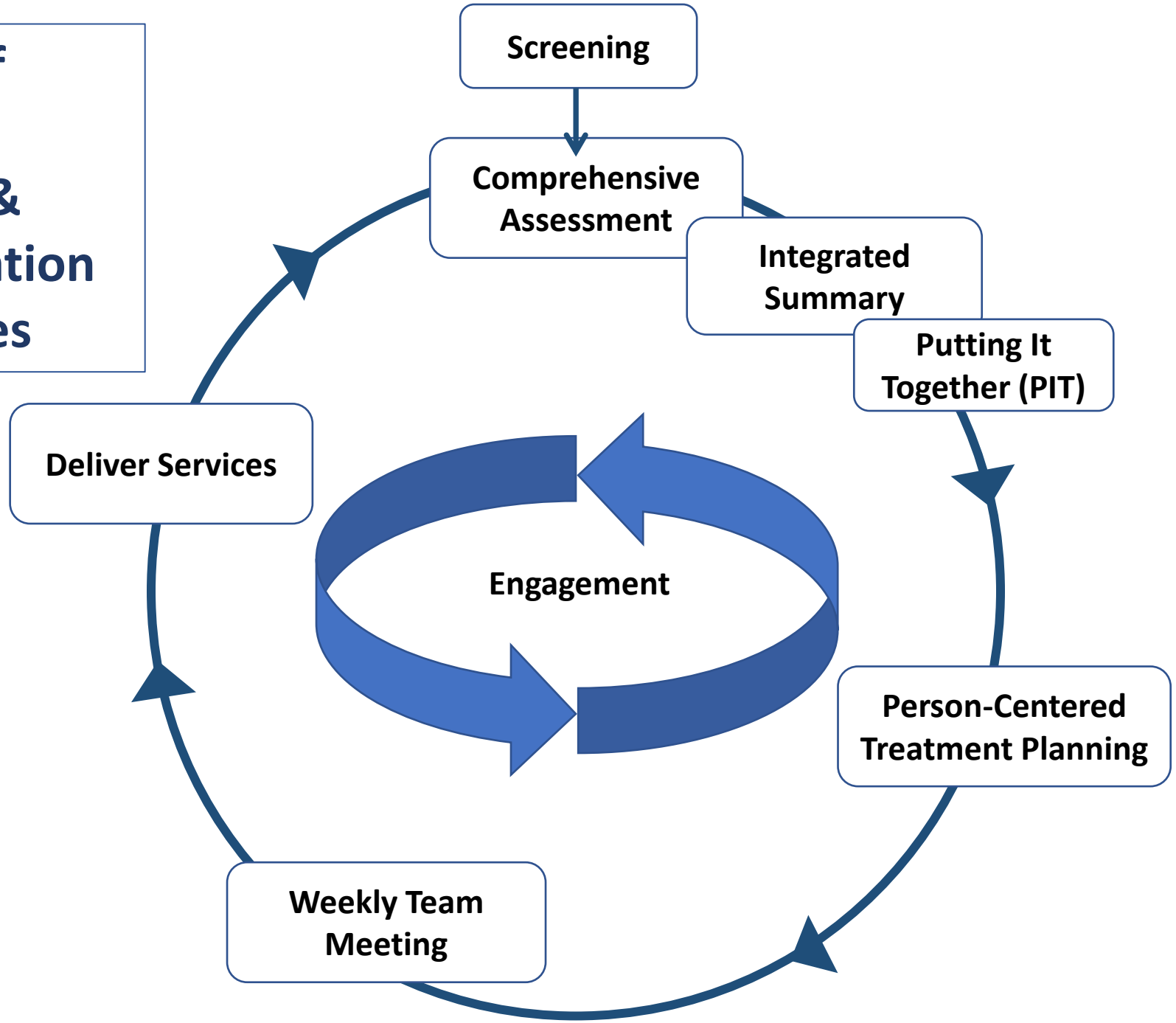


It's all about the relationship!

"It can take years to develop the kind of relationship in which the (person) is known, understood, and accepted… so that (he/she/they and) the team can notice and celebrate even the small steps along the long road to recovery."

- Salyers & Tsemberis, 2007

Flow of ACT Clinical & Communication Processes



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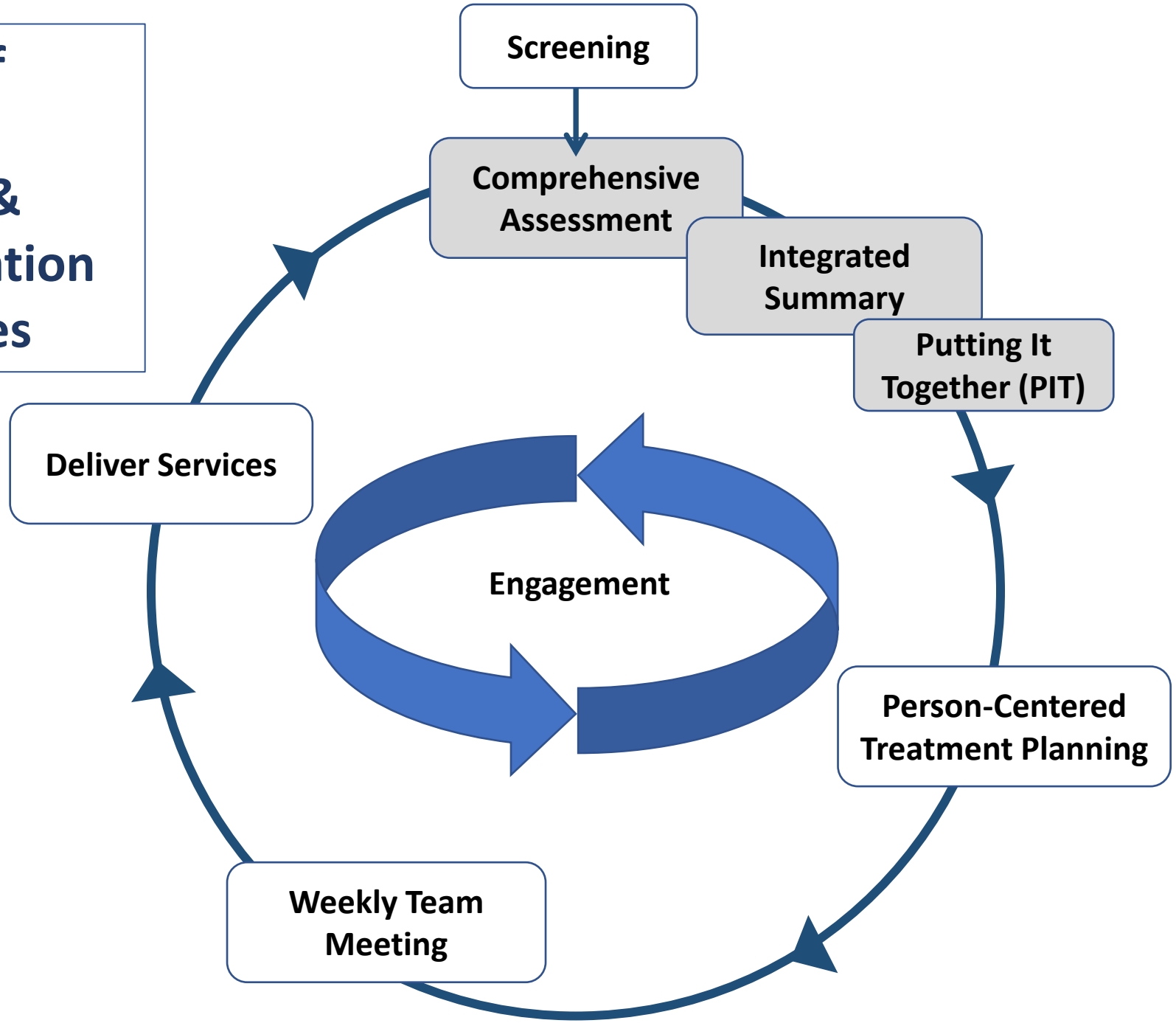
Flow of ACT Clinical & Communication Processes



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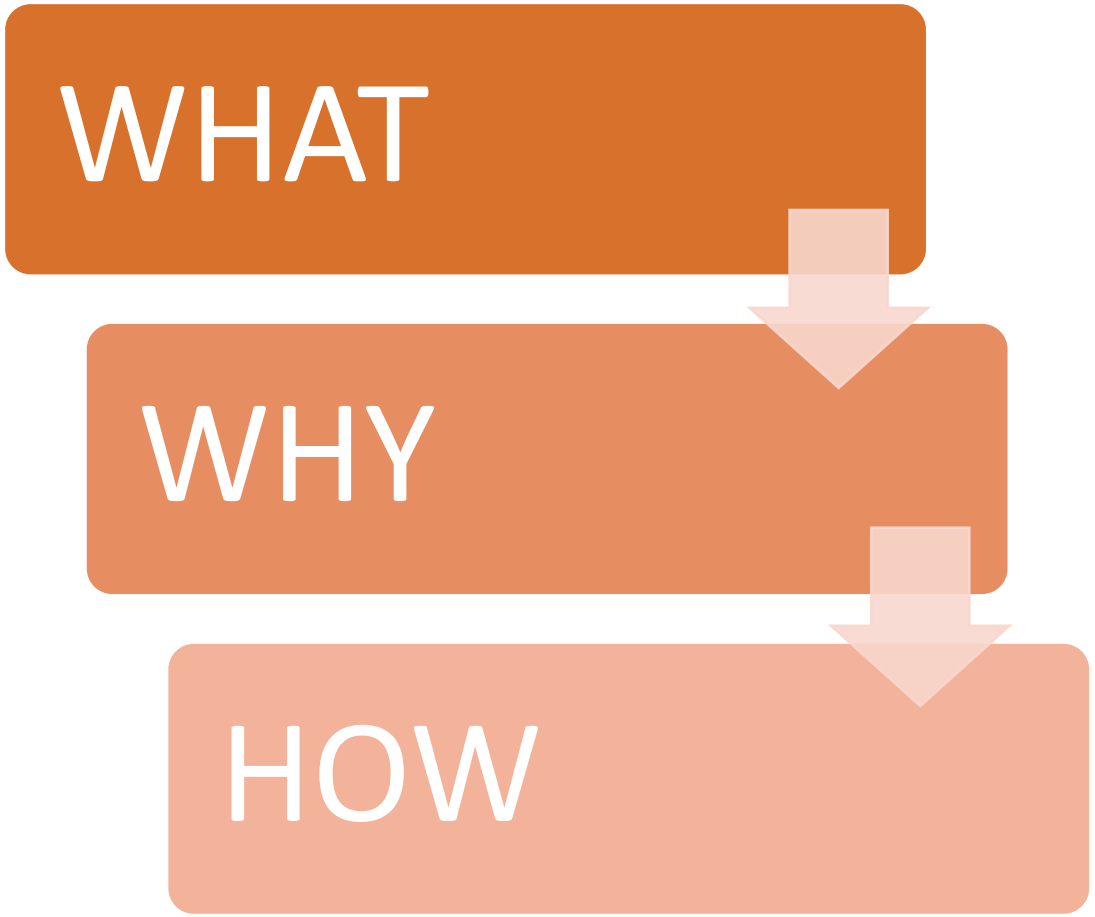

- **The data/facts about the person**
  - reason for referral
  - "presenting problem(s)"

- **The essence of truly understanding the person:**
  - What contributes to the presentation of these challenges?
  - What do these challenges look like day-to-day
  - What is their understanding of these challenges?
  - What helps? Strengths, resources, skills

- **What can be done about it?**
  - How the team can help (treatment, services)
  - How others can help
  - How they can help themselves

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Getting from WHAT to WHY informs HOW

WHAT: Not taking medication

WHY  **HOW (interventions)**

1. Meds aren't working well
2. Side effects
3. Paranoia
4. Disorganization

- Lower dosage
- Assess for changing medications
- Add med for side effects
- Psychoeducation
- CBTp skills (cognitive restructuring)
- Medi-set/bubble packs
- Behavioral tailoring

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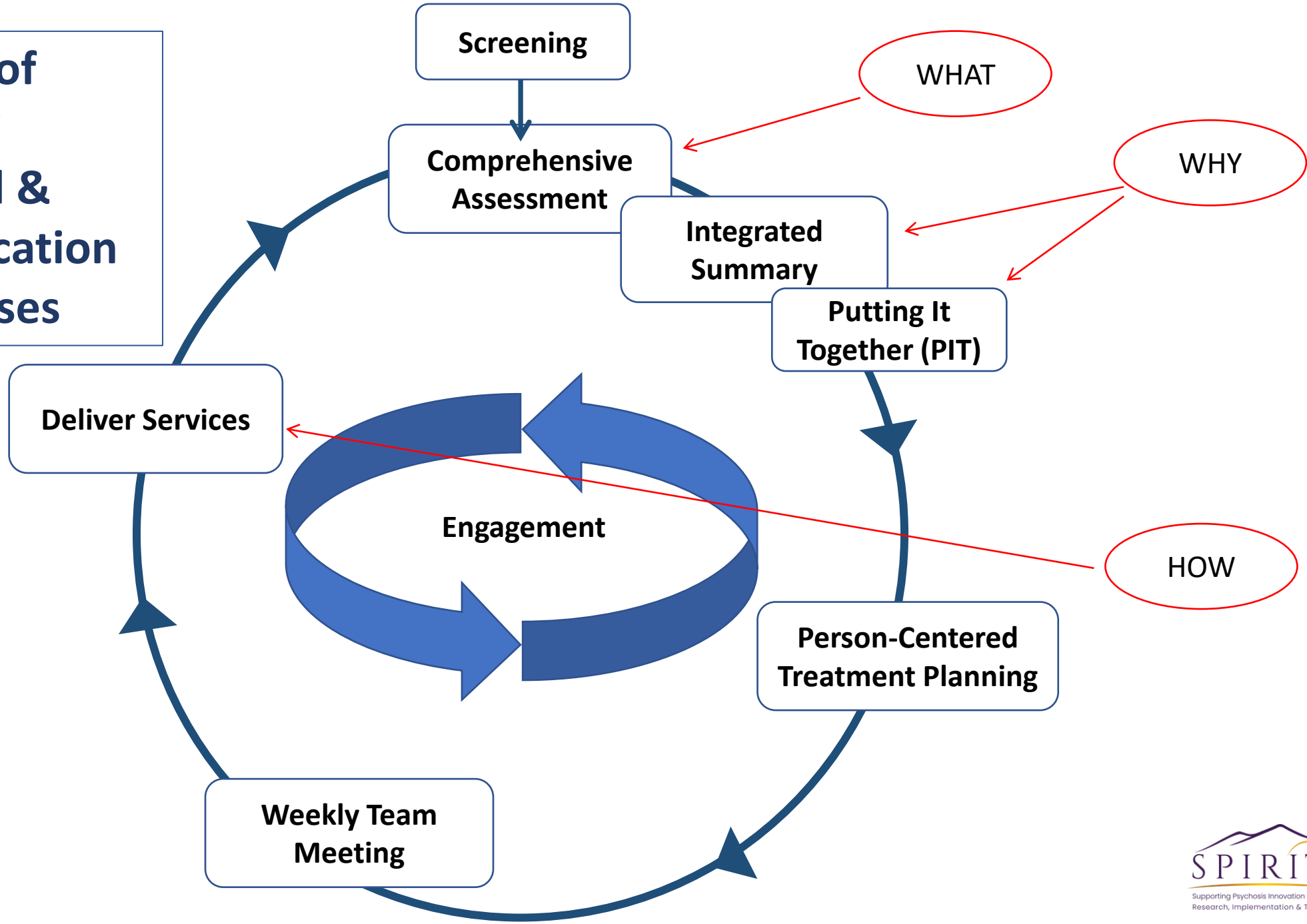
Flow of ACT Clinical & Communication Processes



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Comprehensive Assessment Guide for Washington State Program for Assertive Community Treatment (PACT)

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See attachment in your materials uploaded in chat.
Also available on the [UW SPIRIT Lab](#) website.

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Who does what within the CA?

Domain	Team Member
Mental Health	Psychiatric Care Provider, MA-level clinician
Personal Strengths	Any team member, Peer Specialist
Physical Health	Nurse
Substance Use	COD Specialist
Sociocultural	Any team member
Psychosocial	Any team member
Employment & Education	Employment Specialist
Assessment of Functioning/Psychiatric Rehabilitation needs is integrated within each module	

See Table 1. Elements of Comprehensive Assessment, pp. 9-11 in CA Interview Guide

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Sources of Information

Interviews

Person receiving services

Family & natural supports

State-, agency-required assessments

Medical records

Direct observation

Triangulate

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Basic Elements of the CA Interview Guide

Tip Sheets:

- **Orientation to section**
- **Points to keep in mind**

Interview Templates:

- **Sample Questions**
  Regular block script
- **Clinician Notes:**
  Text boxes, in *Italics*
  Lightening bolt icon
- **Rationale for questions:**
  [brackets after the question]

Areas for Further Assessment:

Tools to guide more screening & assessment:

Flag icon

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What are your current sources of income?

What are your current sources of health insurance?

Do you know if anyone in your household receives any disability benefits?

We can work with other professionals to get accurate information about various work incentive programs and how your disability benefits, or the disability benefits of people in your household, might be affected by employment income. One thing I can tell you is that you would have greater monthly income by working, even a few hours, than on disability benefits alone. Would you be interested in learning more about this?

How do you feel about the state of your finances? What are your sources of income? Are you satisfied with your income? Are you able to meet your needs and have money left over for wants? What would you be able to do with an extra bit of money each week? (*Insert dollar amounts, e.g., $50 more per week? $100 more per week? Etc.)*

Clinician Note: Some individuals may feel cautious about providing detailed information about their finances. This should be validated and the rationale for the questions below (and the individual's right not to answer) should be explained.

p. 15

Have you been feeling worried or nervous lately? (*If yes*…) Just how nervous have you been feeling? What happens in your body when you feel anxious/worried/on edge (*use client's language*)? Have you ever taken medication or seen a therapist for your worry? [assessing anxiety] *If anxiety is endorsed add:* Is this something you would like to work on with the PACT team?

How is your ability to concentrate on something? Do you ever feel spacy or out of it? How long can you follow along when reading a book or watching a TV show? What happens that breaks or stops your concentration? [assessing cognitive and social attentiveness] *If endorsed add:* Is this something you would like help to change?

Are there times when you lie or sit around most of the day? Does this ever last longer than one day? [assessing physical anergia] *If endorsed add:* Is this something you would like help to change?

Basic Elements of the CA Interview Guide

Tip Sheets:

- **Orientation to section**
- **Points to keep in mind**

Interview Templates:

- **Sample Questions**
  Regular block script
- **Team Member Notes:**
  Text boxes, in *Italics*
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- **Rationale for questions:**
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How upsetting do you find your thoughts to be? How often have you felt that your thoughts were being controlled by someone or something? How often have you felt that thoughts were put into your head that were not your own? Have you ever had the experience that others were able to read or hear your thoughts? [assessing for threat/control-override] *If endorsed:* These thoughts sound pretty upsetting. Would you be willing to work with someone from our PACT team to help you feel less distressed?

Clinician Note: Delusions of Threat and Control-Override, targeted and persistent paranoia, and command hallucinations elevate an individual's risk for violence toward others, particularly when a history of violence is present. If indicated on these bases, document the need for a detailed risk assessment in ***Areas for Further Assessment****, alert the team, and devise a risk assessment, management, and treatment strategy.*

Areas for Further Assessment:

pp. 53-54

	Domain for Further Assessment	Optional Tools for Assessment	Team Member to Follow Up	Date Completed
	Posttraumatic Stress Symptoms	*-Posttraumatic Checklist-Civilian Version (PCL-C)*		
	Suicide Risk	*-Collaborative Assessment and Management of Suicidality (CAMS); Suicide Status Form*		
		-Columbia Suicide Severity Rating Scale (C-SSRS)		
	Violence Toward Person or Property	*-Violence Risk Appraisal Guide (VRAG)*		
	Alcohol Use Disorder	*-Alcohol Use Scale*		
	Substance Use Disorder	*-Drug Use Scale*		
		-IDDT Functional Assessment		
	Client Ambivalence Around Change	*-Payoff Matrix*		
		-Importance/confidence rulers (1 to 10)		
	Recovery Beliefs	*-Recovery Assessment Scale*		
		-Self-Stigmatizing Beliefs Scale		
	Strengths Assessment	*-Brief Strengths Test*		

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Comprehensive Assessment Tips

Get to know “your” questions

Tailor what/how you ask based on:

- Other assessments you already do/info you already have
- Your interpersonal style (make it your own)

Customize the order based on initial impressions and/or the individual’s stated preferences

Often not sequential; Can be done in parallel with other team members who are also meeting with the participant during same time-frame

Can be done while delivering initial services

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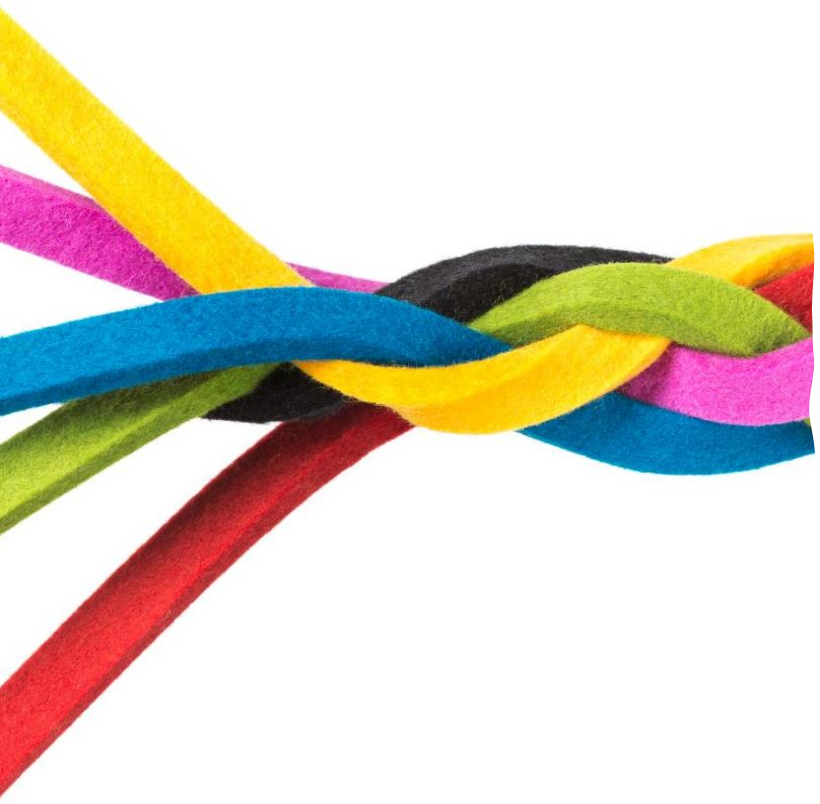
Integrated Summary



- Created from the information gathered through the Comprehensive Assessment (CA)
- Team members who complete each section (domain) of the CA write up a brief summary of that section
- Pulled into one integrated document
- Discussed, edited by team before finalized

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Comprehensive Assessment – Robert's Case Example

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Recovery Plan ..... PAGE 9 –12

Weekly Consumer Schedule ..... PAGE 13

See attachment in your materials uploaded in chat.
Also available on the UW SPIRIT Lab website.

Putting it Together (PIT)

A way of analyzing and synthesizing the data collected in the integrated assessment (*team-based clinical formulation*)

A snapshot that facilitates an easy view of the data together that can serve as the basis for *mutual understanding when treatment planning*

A means of *keeping the assessment current*, as it can be continually revised and updated while the client remains in treatment with the team

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Putting It Together

Client's wants and needs: "I want to live with my family." "I want to earn more money."	**Client's Preferences for Treatment:** Will meet with COD Specialist to talk. "Okay with PACT staff providing med management."	**Strengths:** Intelligent Creative / writing and drawing Strong support from mom
Biopsychosocial predisposing factors (Vulnerabilities): Possible history of mental illness on dad's side. "Sensitive" type.	**Precipitating Factors (What started it):** Drug / ETOH Use Moving home from Alaska	**Perpetuating Factors (What keeps it going):** Meth Use Homelessness Family stressors
Client's Understanding of their Mental Health Status: "Spiritual Problem" (Does not endorse a psychiatric condition)	**Sociocultural Factors:** Lack of social supports Exploitative relationships Family conflict	**Physical Factors:** Meth (smoking) Tobacco (smoking)

Client Needs Based on Team's Analysis

SA Treatment (meth), Stable Housing, Family Support, Support vocational interests and creativity

Stages of Treatment: *Please see the definition of each stage on the Stages of Treatment document (Click or check appropriate box):*

Mental Health:	☐ Engagement	☐ Motivation	☐ Active Treatment	☐ Wellness Planning	
Physical Health:	☐ Engagement	☐ Motivation	☐ Active Treatment	☐ Wellness Planning	☐ Not Applicable
Substance Use:	☐ Engagement	☐ Motivation	☐ Active Treatment	☐ Wellness Planning	☐ Not Applicable
Psychiatric Disability:	☐ Engagement	☐ Motivation	☐ Active Treatment	☐ Wellness Planning	☐ Not Applicable

Evidence-Based Interventions to Address Client Goals and Needs *(Click or check appropriate box):*

☐CBT: For Anxiety, Depression, Psychosis, Trauma, or other EB Psychotherapy	☐ Motivational Interviewing	☐ Substance Use Treatment (IDDT)
☐Family Psychoeducation	☐ Outreach	☐ Supported Employment
☐Illness Management and Recovery (IMR)	☐ Health Intervention (specify)_____	☐ Other (specify)_____
☐Medications/Psychopharmacology	☐ Psychiatric Rehabilitation	☐ Other (specify)_____
☐Medications/Behavioral Tailoring	☐ Wellness Planning /Crisis Mgmt	☐ Other (specify)_____
	☐ Social Skills Training	

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[Turn over to complete Summary of Shared Understanding for Treatment Planning]

Stages of Change

	Pre-Contemplation	Contemplation & Preparation	Action	Maintenance
Stage of Change Readiness	Does not recognize that their behavior is causing a problem or have no interest in changing it at this time.	Recognizes that their behavior is causing some problems and is considering a change. <u>Contemplation stage:</u> More awareness of pros & cons, still some ambivalence about change. <u>Preparation stage:</u> Planning for change.	Committed to making change.	Has maintained positive changes for at least 6 months.

Adapted from Prochaska & DiClemente (1983). Transtheoretical model of behavior change.

Stages of Change/Stages of Treatment				
Stage of Change Readiness	**Pre-Contemplation**	**Contemplation & Preparation**	**Action**	**Maintenance**
Stage of Treatment	**Engagement**	**Motivation**	**Active Treatment**	**Wellness Planning**
	Outreach, assessment, engagement, and building a working alliance. Services are provided regardless of ongoing use, and include harm reduction strategies & motivational interviewing (MI)	Education, harm reduction, MI: • Express empathy • Reflective listening • Goal-setting • Develop discrepancy between goals & use • Decisional balance • Roll with ambivalence • Emphasize personal choice	Help to make change & sustain it with continued harm reduction. Other strategies: • CBT, MI • Managing social environments • Managing triggers & cravings • Coping skills • $ management • Problem solving • Self-help groups	Focus on maintaining abstinence. Specific techniques: • Relapse prevention • Self-help groups • Build social supports • Maintain awareness of relapse • CBT, MI • Help expand recovery to other areas of life

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[Turn over to complete Summary of Shared Understanding for Treatment Planning]

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Robert's Shared Understanding of Treatment Planning

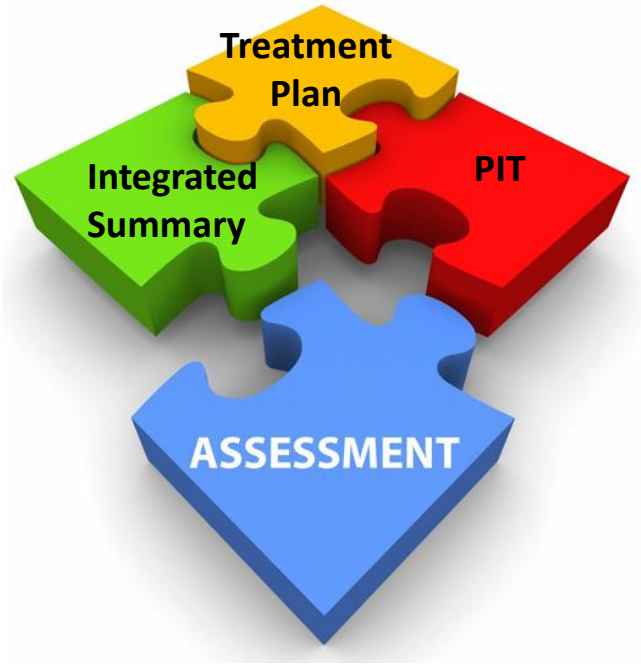
Robert is an intelligent and creative 28-year-old White male with a strong interest in artistic expression through his writing and drawing. Robert has an interest in work and a brief history of working prior to his first onset of psychiatric symptoms. Robert acknowledges a strained relationship with some family members related to an incident where he posed a risk to his family members by setting a fire in his family's home. He currently experiences a strong desire to live with his family again. PACT staff wish to support Robert by offering psychoeducation to family members and provide support to his mother, with whom Robert has maintained positive, albeit strained at times relations, due to the various challenges Robert faces. While PACT staff cannot change his family's wishes that he no longer lives with them, they will offer support in finding stable housing and teaching Robert the skills to maintain it.

Robert does not endorse a psychiatric condition, referring to his disturbing experience as "a spiritual issue." He denies the need for mental health treatment. The PACT team respects this point of view and will support Robert in ways that he finds most helpful. PACT staff would like to help Robert in achieving his goal of earning more money through supported employment and to assist him finding positive outlets and expression of his creative interests. Robert endorses a history of substance use, most currently methamphetamine and cannabis. Robert shows some beginning insight into the problematic nature of his use of methamphetamine, although denies that his use of cannabis has caused problems. The PACT staff would like to support Robert in finding ways to reduce the harm caused by substance use, enhance motivation to engage in healthy behaviors, and provide education on the interaction between his substance use and personal challenges, with particular focus on the link between suicidal ideation and methamphetamine withdrawal

ACT Comprehensive Assessment:

How the Pieces Fit Together

1. Each designated team member collects & summarizes assessment information for their section (domain)
2. Designate one team member who brings all the assessment information together into the ***Integrated Summary***
3. Team meets to discuss, synthesize, and finalize ***Integrated Summary***



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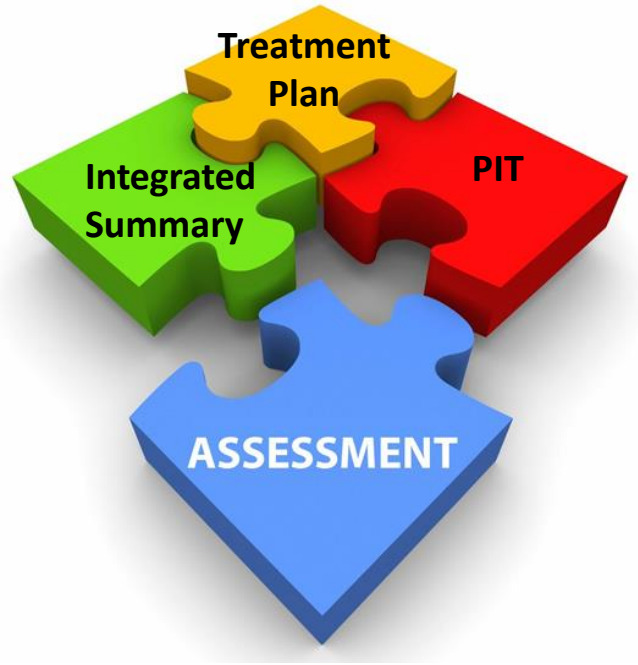
Comprehensive Assessment:

How the Pieces Fit Together

4. Primary clinician *fills out the **PIT** based on Integrated Summary info and participant input*
5. Utilize PIT as a guide for person-centered treatment planning
6. Update the ***PIT*** annually



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Questions? Thoughts?

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Thank you!

Reach out anytime!

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https://uwspiritlab.org/assertive-community-treatment-act-3/

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