



Mid-America (HHS Region 7)

MHTTC

Mental Health Technology Transfer Center Network
Funded by Substance Abuse and Mental Health Services Administration

Assessments: A brief overview for Assertive Community Treatment Teams in Kansas

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MUNROE-MEYER
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At the time of this publication, Miriam Delphin-Rittmon served as Assistant Secretary for Mental Health and Substance Use and Administrator of SAMHSA. The opinions expressed herein are the views of the speakers and do not reflect the official position of the Department of Health and Human Services (DHHS), or SAMHSA. No official support or endorsement of DHHS, SAMHSA, for the opinions described in this presentation is intended or should be inferred.

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The MHTTC Network uses affirming, respectful and recovery-oriented language in all activities. That language is:

STRENGTHS-BASED
AND HOPEFUL

INCLUSIVE AND
ACCEPTING OF
DIVERSE CULTURES,
GENDERS,
PERSPECTIVES,
AND EXPERIENCES

HEALING-CENTERED/
TRAUMA-RESPONSIVE

INVITING TO INDIVIDUALS
PARTICIPATING IN THEIR
OWN JOURNEYS

PERSON-FIRST AND
FREE OF LABELS

NON-JUDGMENTAL AND
AVOIDING ASSUMPTIONS

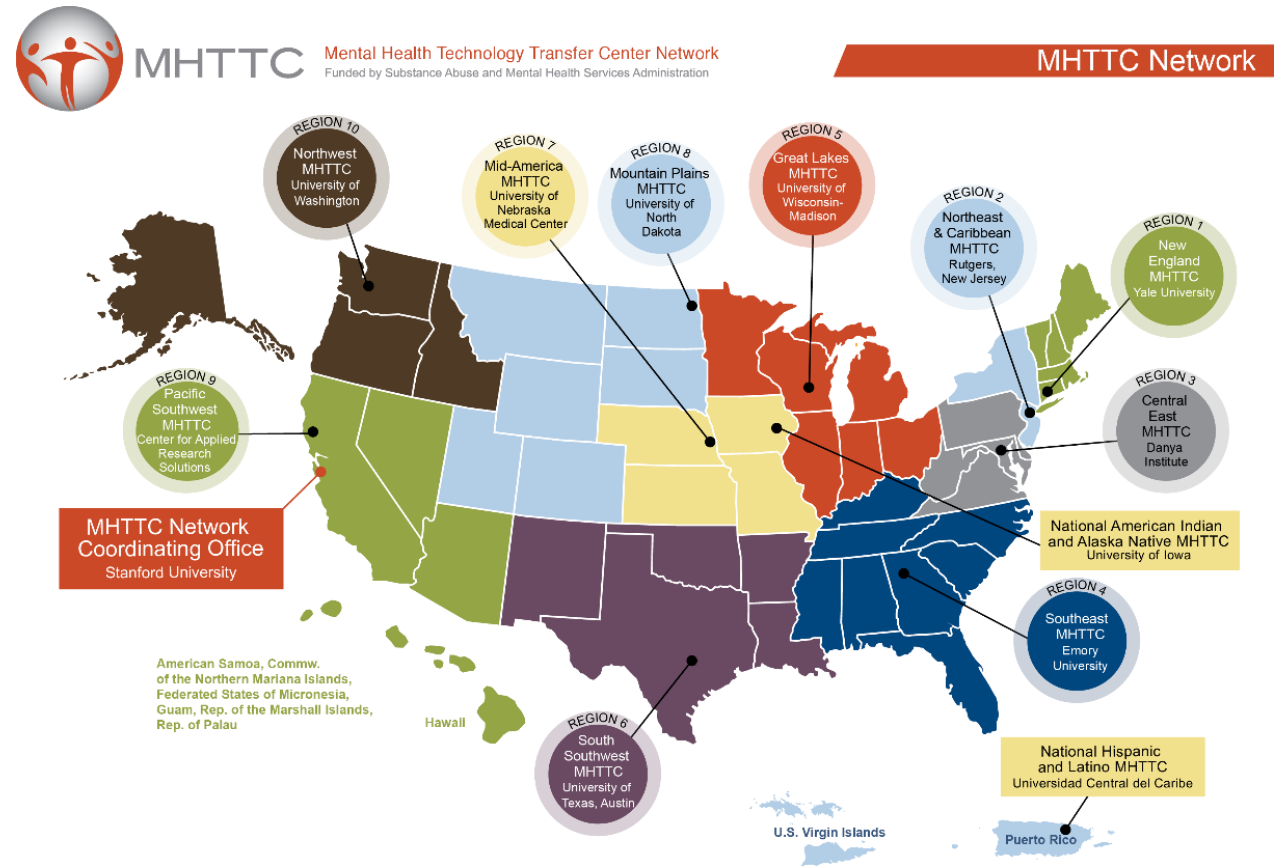
RESPECTFUL, CLEAR
AND UNDERSTANDABLE

CONSISTENT WITH
OUR ACTIONS,
POLICIES, AND PRODUCTS

Mid-America Mental Health Technology Transfer Center

Established to increase utilization of evidence-based mental health practices.

- Missouri, Iowa, Nebraska, and Kansas.
- Free training and technical assistance.
- SAMHSA grant awarded to the Behavioral Health Education Center of Nebraska at University of Nebraska Medical Center.
(5 years, \$3.7 million, grant number: H79SM081769)



Agenda

- Comprehensive Assessment
- Psychiatric/ Social Functioning History Timeline
- Brief Psychiatric Rating Scale (BPRS)
- Adult Needs and Strengths Assessment (ANSA)
- Activities of Daily Assessment (DLA-20)
- Integrated Dual Disorder Treatment Scales

Comprehensive Assessment

- Completed 30 days after intake
- Team approach
- Completed while working with clients around initial needs
- Intensive report on clients' initial needs



Comprehensive Assessment

- Detailed psychiatric history
 - Nature of current/past symptoms
 - Previous Hospitalizations and/or treatment and response
 - Relapse symptoms
 - Diagnostic workup
 - Mental Status Exam



Comprehensive Assessment

- Detailed physical health history
 - Current and past medical conditions
 - Risk factors
 - Current medications
 - Any supports or medical services needed

Comprehensive Assessment



Current or past substance use history

Any prior treatments

Current goals



Social development

Relationships with others

How has their illness impacted their relationship

How has their cultural background impacted them

History of trauma

Comprehensive Assessment

Ability to perform their activities of daily living (ADL)

Educational/Occupational Functioning

- How has their illness impacted their functioning
- Do they have income now
- Includes any military history

Trauma and Risk Assessment

- Summary of trauma history
- Current Risk Assessment
- Safety

Other Things to Consider...

- Client's Description of Happy Life goal
- Strengths
- Legal History
- Motivation to Change
- Recommendations for Treatment Plan

Psychiatric & Social Functioning History Timeline

- Detailed overview of life including
 - Significant events
 - Experiences with mental illness
 - Treatment history
- Can help see how events in life are related
 - Relationship between different treatments and symptoms and functioning
 - Events that precede increase in symptoms



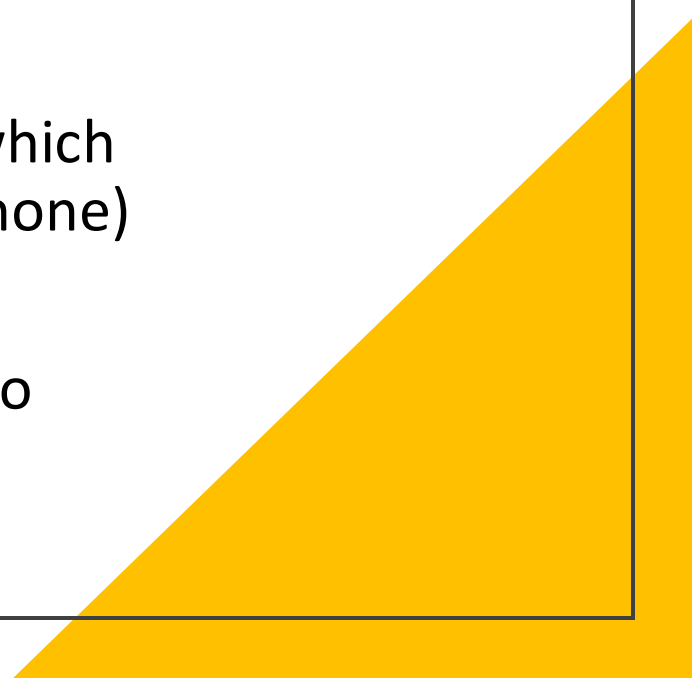
Brief Psychiatric Rating Scale (BPRS)

- Measures psychiatric symptoms such as anxiety, depression and psychosis
- Assesses the level of 18 symptom constructs
 - Ex. Hostility, suspiciousness, hallucinations and grandiosity
- Measures the efficacy of treatment of those who have moderate to severe psychosis
- <https://cdn.sanity.io/files/0vv8moc6/psychtimes/685845afc5dcf7058b340eea897eed10cc4f0b1c.pdf/bprsform.pdf>

Adult Need and Strengths Assessment (ANSA)

- Designed to provide a profile of needs and strengths of the individual and family
- Supports decision making including level of care and service planning, facilitate quality improvement initiatives and allow for monitoring of outcomes of services
- Ratings help provider, individual, or family understand where immediate action is most needed while identifying strengths that could be a major part of treatment plan
- https://praedfoundation.org/wp-content/uploads/2020/12/2020.09.21_RATING-SHEET_Standard-Comprehensive-ANSA_FINAL.pdf

How to use the ANSA

- Assessment Strategy
 - Ensuring all information required is gathered
 - “Questions to consider” is available as suggestions which can be useful during initial sessions (in person/via phone)
 - Guides Care and Treatment Service Planning
 - When an item is scored as 2 or 3, identified as area to attempt to work on
- 
- A large yellow triangle is positioned in the bottom right corner of the slide, pointing towards the top right.

How to use the ANSA

- Facilitates Outcome Measurement
 - Often completed every 6 months to measure change and transformation
- Communication Tool
 - When client leaves program, can provide a picture of how much progress has been made, allows for recommendations, allows for shared language to talk about clients and creates opportunities for collaboration

DLA-20 Functional Assessment

- Clinician administered functional assessment proven to reliably estimate client's functioning in 20 different areas of daily living
- 30-day snapshot of the big picture, a summary of strengths of needs
- Recovery oriented tool that shows improved functioning over time
- Justifies medical necessity, determining level of care, driving treatment goals and demonstrating outcomes over time

DLA-20 as a Tool



Initial engagement and to gather comprehensive information



To determine appropriate service types and whether services make sense



Assess present functioning but also to develop a plan of service transparently



Measure concrete progress on goals/service plan



Aggregate measure across the whole program

Domains of DLA-20


- Health Practices
- Housing Stability
- Communication
- Safety
- Managing Time
- Managing Money
- Nutrition
- Problem Solving
- Family Relationships
- Alcohol/Drug Use
- Leisure
- Community Resources
- Social Network
- Sexuality
- Productivity
- Coping Skills
- Behavior Norms
- Personal Hygiene
- Grooming
- Dress

An example

1	2	3	4	5 (WNL)	6 (WNL)	7 (WNL)			
None of the time; extremely severe impairment of problems in functioning; pervasive level of continuous paid supports needed	A little of the time; severe impairment or problems in functioning; extensive level of continuous paid supports needed	Occasionally; moderately severe impairment or problems in functioning; moderate level of continuous paid supports needed	Some of the time; moderate impairment or problems in functioning; low level of continuous paid supports needed	A good bit of the time; mild impairment or problems in functioning; moderate level of intermittent paid supports needed	Most of the time; very mild impairment or problems in functioning; low level of intermittent paid supports needed	All of the time; independently managed DLA in community; no impairment or problem in functioning requiring paid supports			
ACTIVITIES	Examples of scoring strengths as WNL behaviors (Scores 5-7)			Dates:	Eval	R2	R3	R4	R5
1. Health Practices	Takes care of health issues (includes diabetes, weight, physical ailments), manages moods, infections; takes medication as prescribed; follows up on medical appointments.								
2. Housing Stability, Maintenance	Maintains stable housing; organizes possessions, cleans, abides by rules and contributes to maintenance if living with others								
3. Communication	Listens to people, expresses opinions/feelings; makes wishes known effectively.								
4. Safety	Safely moves about community – adequate vision, hearing, makes safe decisions. Safely uses small appliances, ovens/burners, matches, knives, razors, other tools.								
5. Managing Time	Follows regular schedule for bedtime, wake-up, meal times, rarely tardy or absent for work, day programs, appointments, scheduled activities.								
Scoring Instructions: Ratings for all 20 DLAs can be added then divided in half to estimate mGAF or: If any ADLs are missing scores, Step 1. Add scores from applicable column. Step 2. Divide sum by number of activities actually rated. This is the <u>average DLA</u> score. Step 3. To estimate GAF or mGAF, multiply the average DLA by 10. Compare to DSMIV Axis V GAF description on back and compare to calculated DLA+3 points. Step 4. +/- Change Outcome Score: subtract GAF/mGAF, column R1 from most recent rating R2 to R5.				Sum (max.140)					
				Average/ DLA					
				Est. mGAF					
				Change Score					

Sample taken from the National Council for Behavioral Health

<https://www.apofla.com/dl/tx/ModifiedGlobalAssesmentofFunctioningmGAFScale.pdf>



Integrated Dual Disorder Treatment (IDDT)

Evidence-based model that provides mental health and substance abuse interventions in a coordinated fashion

Multiple formats for services are available including individual, group, self-help and family

Basic Characteristics

- Multidisciplinary teams
- Integrated treatment specialists
- Stage-wise interventions
- Access to comprehensive services
- Time-unlimited services
- Outreach
- Motivational interventions
- Substance abuse counseling
- Group treatment for co-occurring disorders
- Family interventions for co-occurring disorders
- Alcohol and drug self-help groups
- Pharmacological treatment
- Interventions to improve health
- Secondary interventions for nonresponders

Stages of Treatment

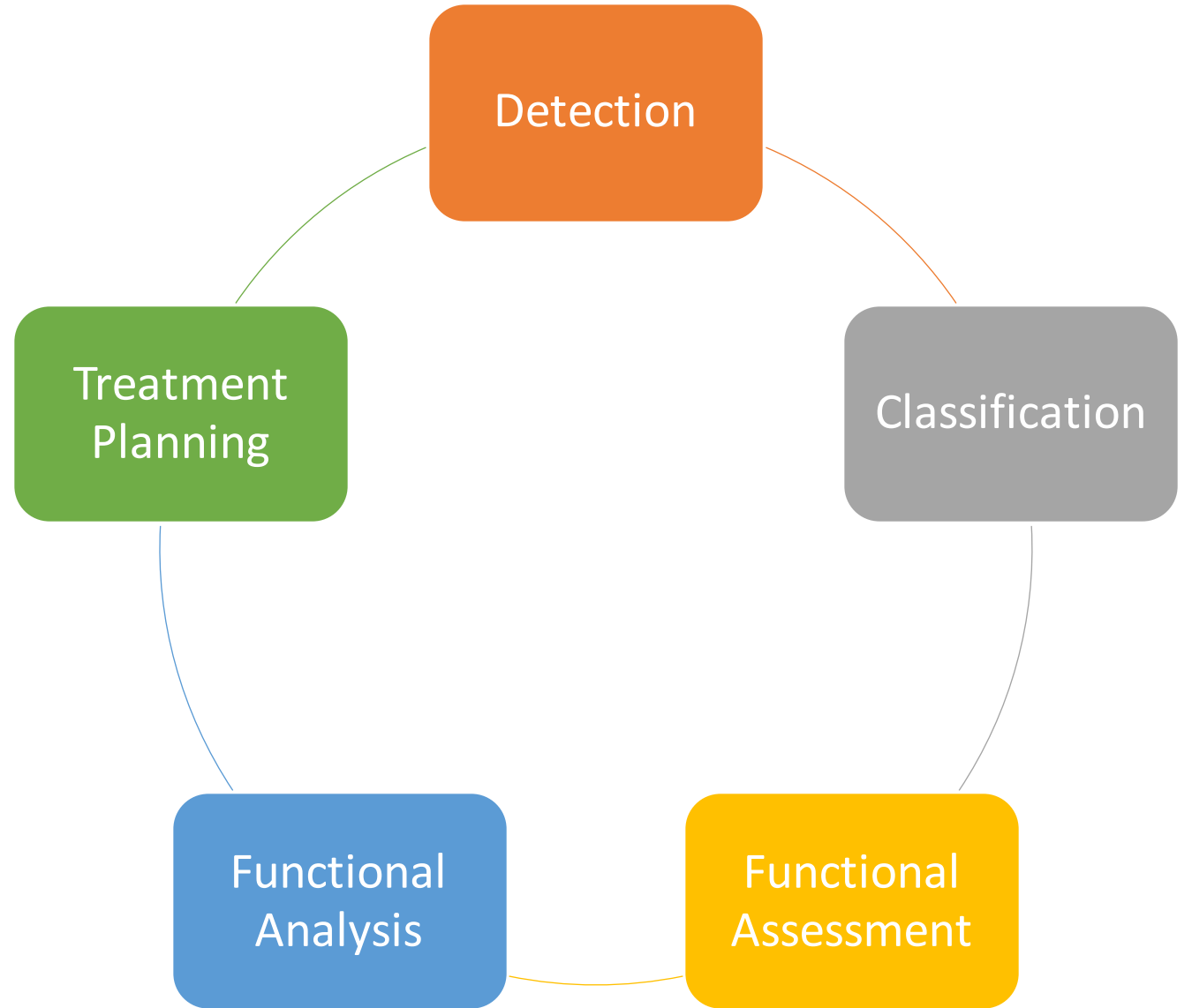
Stages of Change

- Precontemplation
- Contemplation
- Preparation
- Action
- Maintenance

Stages of Treatment

- Pre-engagement
- Engagement
- Persuasion (early and late)
- Active treatment (early and late)
- Relapse prevention
- Remission

IDDT Assessment Process



IDDT- Detection

Identify clients who may be experiencing problems related to substance use

Assessment- Dartmouth Assessment of Lifestyle Instrument (DALI)

<http://www.thecarlatcmeinstitute.com/complete/html/assess/DALI08.pdf>

IDDT- Classification

Determine which, if any DSM diagnoses apply to the client

Alcohol Use Scale

Drug Use Scale

<https://uwspiritlab.org/wp-content/uploads/2020/10/Alcohol-Use-Scale.pdf>

IDDT- Functional Assessment

Gather information about the client's adjustment across different domains of functioning and their pattern of substance use

Functional Assessment

Drug/Alcohol Time-Line

IDDT- Functional Analysis

Identify factors that maintain substance abuse, interfere with sobriety, or pose a risk of relapse

Payoff Matrix

Functional Analysis Summary

Payoff Matrix

	Using Substances	Not using Substance
Advantages		
Dis-Advantages		

IDDT- Treatment Planning

- Develop an integrated treatment plan that addresses substance abuse and mental illness through concurrent treatment
- Substance Abuse Treatment Scale
- Individual Dual Disorder Treatment Plan
- Individual Treatment Review

Client Name _____
Date of Rating _____

Substance Abuse Treatment Scale (SATS)

In s t r u c t i o n s: This scale is for assessing a person's stage of substance abuse treatment, not for determining diagnosis. The reporting interval is the last **six months**. If the person is in an institution, the reporting interval is the time period prior to institutionalization

1. Pre-engagement

- The person (*not client*) does not have contact with a case manager, mental health counselor, or substance abuse counselor, and meets criteria for substance abuse or dependence, and does not identify substance use as a problem.

2. Engagement

- The client has had only irregular contact with an assigned case manager or counselor, meets criteria for substance abuse or dependence, and does not identify substance use as a problem.

3. Early Persuasion

- The client has regular contacts with a case manager or counselor, continues to use the same amount of substances or has reduced substance use for less than 2 weeks.

4. Late Persuasion

- The client has regular contacts with a case manager or counselor, shows evidence of reduction in use for the past 2-4 weeks (fewer substances, smaller quantities, or both).

5. Early Active Treatment

- The client is engaged in treatment and has reduced substance use for more than the past month.

6. Late Active Treatment

- The person is engaged in treatment and has not used substances for the past 1-5 months.

7. Relapse Prevention

- The client is engaged in treatment and has not used substances for the past 6-12 months.

8. In Remission or Recovery

- The client has not used substances more than the past year.



Takeaways

- What are your takeaways from today's training?

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