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On the Front Lines: Building Skills for Reentry and Diversion

March 31, 2010

Screening and Assessment for Adults in Discharge Planning

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Overview

- Difference between screening and assessment
- Current research recommendations for screening co-occurring disorders in justice settings
- Use of standardized screening instruments
- Use of family mapping tools
- Integrating tools into practice

... over 70 percent of offenders have substance use disorders, and as many as 15 percent have major mental disorders—rates that greatly exceed those found in the general population.

The Problem

(Ditton, 1999; National GAINS Center, 2004; Peters, Greenbaum, Edens, Carter, & Ortiz, 1998)

Difference between Screening and Assessment

Screening

Brief, routine process designed to identify indicators, or "red flags" of mental health and/or substance use issues

Informs advocacy, treatment recommendations

May include a brief interview

Use of self-report instruments

Review of archival records

Screening Goals

- Detection of current mental health and substance use symptoms and behavior
- Determination as to whether current symptoms or behaviors are influenced by co-occurring disorder
- Examination of cognitive deficits
- Identification of violent tendencies or severe medical problems that may need immediate attention
- Determination of eligibility and suitability for specialized co-occurring disorders treatment services

Difference between Screening and Assessment

Assessment

Typically conducted through a clinical interview

Compilation of collateral information from family, friends, and others close to the individual

Comprehensive examination of psychosocial needs and problems

Ongoing process

Engagement

Identification of strengths and weaknesses

Examination of motivation and readiness for change

Assessment, cont'd

Review of cultural issues

Review of other environmental needs

Diagnosis

Determination of the appropriate setting and intensity/scope of services necessary

Assessment Goals

- Examination of the scope and severity of mental and substance use disorders, and conditions associated with the occurrence and maintenance of these disorders
- Development of diagnoses according to formal classification systems (e.g., DSM-IV-TR)
- Identification of the full spectrum of psychosocial problems that may need to be addressed in treatment
- Determination of the level of service needs related to mental and substance abuse problems

Assessment Goals cont'd

- Identification of the level of motivation and readiness for treatment
- Examination of individual strengths, areas of functional impairment, cultural and linguistic needs, and other environmental supports that are needed
- Evaluation of risk for behavioral problems, violence, or recidivism that may affect placement in various institutional or community settings
- Provision of a foundation for treatment planning

Screening Recommendations

- Screen as early as possible in the criminal justice process
- Universal screening for co-occurring disorders
- Use standardized and efficient instruments, whenever possible

Standardized Instruments

- Validity
- Reliability
- Validated for use in criminal justice settings

Screening Recommendations, cont'd

- Use a blended approach: combine mental health and substance abuse screening instruments

Screening Instruments Mental Health

- Mental Health Screening Form III (MHSF III)
- Global Appraisal of Individual Needs (GAIN-SS)

Screening Recommendations, cont'd

- Use a blended approach: combine mental health and substance abuse screening instruments

Screening Instruments Substance Abuse

- Texas Christian University Drug Screen II (TCU-II)
- Simple Screening Instrument (SSI)

Screening Recommendations, cont'd

- **Trauma and Abuse**
  Universal Screening is recommended

TAPA Center Study N=1,251 / 21 Sites

WOMEN	MEN
96% lifetime trauma	92% lifetime trauma
65% current trauma	58% current trauma

Differences between genders is minimal

Trauma is not past, but ongoing

Trauma Screening Instruments

- Impact of Events Scale – Revised (IES-R)
- D.C. Trauma Collaboration Study Violence and Trauma Screening
- Posttraumatic Stress Disorder Checklist (PCL-C)

Screening Recommendation, cont'd

- Screen for motivation for treatment and suicidality, whenever possible

Motivation Instrument

- Circumstances, Motivation, Readiness and Suitability Scale (CMRS)

Suicidality Instrument

- Beck Hopelessness Scale (BHS)

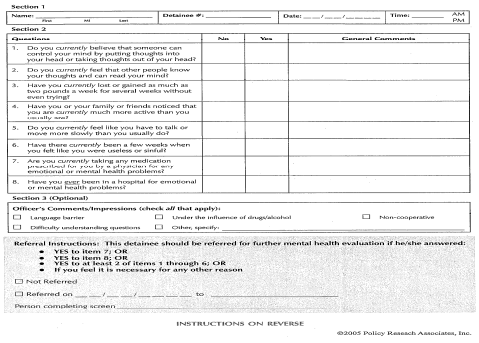
Screening Recommendation, cont'd

- Cultural Competence

Primary Language version of instruments
Cultural interpretations and norms

- **Screening should be an ongoing process**

Brief Jail Mental Health Screen



BRIEF JAIL MENTAL HEALTH SCREEN

Section 1

Name: _____ Detainee #: _____ Date: ___/___/___ Time: _____ AM PM

Section 2

Questions	No	Yes	General Comments
1. Do you currently believe that someone can control your mind by putting thoughts into your head or taking thoughts out of your head?			
2. Do you currently feel that other people know your thoughts and can read your mind?			
3. Have you currently lost or gained as much as two pounds a week for several weeks without even trying?			
4. Have you or your family or friends noticed that you are currently much more active than you usually are?			
5. Do you currently feel like you have to talk or move more slowly than you usually do?			
6. Have there currently been a few weeks when you felt like you were useless or sinful?			
7. Are you currently taking any medication prescribed by a doctor for a problem with emotional or mental health problems?			
8. Have you ever been in a hospital for emotional or mental health problems?			

Section 3 (Optional)

Officer's Comments/Impressions (check all that apply):

☐ Language barrier ☐ Under the influence of drugs/alcohol ☐ Non-cooperative

☐ Difficulty understanding questions ☐ Other, specify: _____

Referral Instructions: This detainee should be referred for further mental health evaluation if he/she answered:

- YES to item 7; OR
- YES to item 8; OR
- YES to at least 2 of items 1 through 6; OR
- If you feel it is necessary for any other reason

☐ Not Referred

☐ Referred on ___/___/___ to _____

Person completing screen _____

INSTRUCTIONS ON REVERSE

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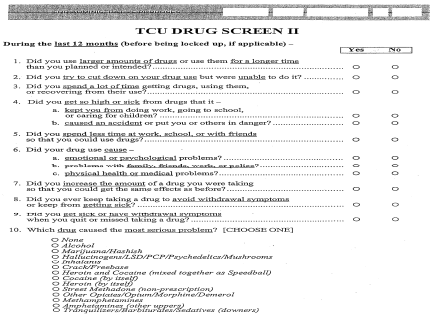
Texas Christian University Drug Screen II



TCU DRUG SCREEN II

During the last 12 months (before being locked up, if applicable) –

	Yes	No
1. Did you use larger amounts of drugs or use them for a longer time than you planned or intended?	○	○
2. Did you try to cut down on your drug use but were unable to do it?	○	○
3. Did you spend a lot of time getting drugs, using them, or recovering from their use?	○	○
4. Did you get so high or sick from drugs that it –		
a. kept you from doing work, going to school, or caring for children?	○	○
b. caused an accident or put you or others in danger?	○	○
5. Did you spend less time at work, school, or with friends so that you could use drugs?	○	○
6. Did your drug use cause –		
a. emotional or psychological problems?	○	○
b. problems with family, friends, work, or police?	○	○
c. physical health or medical problems?	○	○
7. Did you increase the amount of a drug you were taking so that you could get the same effects as before?	○	○
8. Did you ever keep taking a drug to avoid withdrawal symptoms or keep from getting sick?	○	○
9. Did you get sick or have withdrawal symptoms when you quit or missed taking a drug?	○	○

10. Which drug caused the most serious problem? [CHOOSE ONE]

○ None
○ Alcohol
○ Marijuana/Hashish
○ Hallucinogens/LSD/PCP/Psychedelics/Mushrooms
○ Inhalants
○ Crack/Freebase
○ Heroin and Cocaine (mixed together as Speedball)
○ Cocaine (by itself)
○ Heroin (by itself)
○ Street Methadone (non-prescription)
○ Other Opiates/Opium/Morphine/Demerol
○ Methamphetamines
○ Amphetamines (other uppers)
○ Tranquilizers/Barbiturates/Sedatives (downers)

TCU FORMS/TCUDS/TCUDS2-V3 (3/06) 1 of 2
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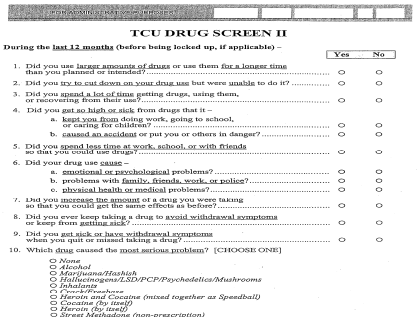
TCU Drug Screen II cont'd



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3. Did you spend a lot of time getting drugs, using them, or recovering from their use?	○	○
4. Did you get so high or sick from drugs that it –		
a. kept you from doing work, going to school, or caring for children?	○	○
b. caused an accident or put you or others in danger?	○	○
5. Did you spend less time at work, school, or with friends so that you could use drugs?	○	○
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a. emotional or psychological problems?	○	○
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○ Amphetamines (other uppers)
○ Tranquilizers/Barbiturates/Sedatives (downers)

TCU FORMS/TCUDS/TCUDS2-V3 (3/06) 1 of 2
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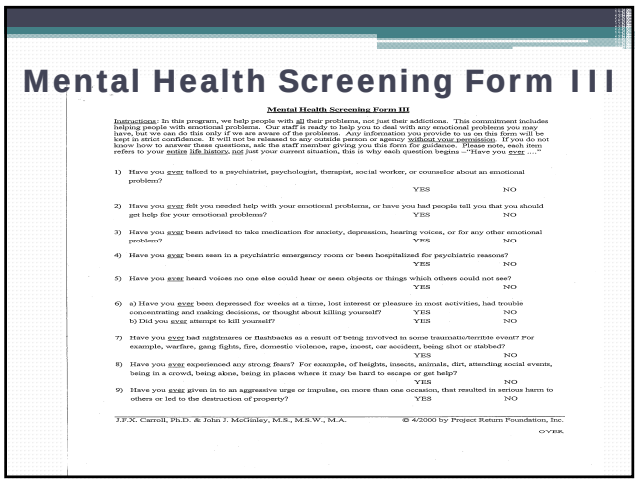
Mental Health Screening Form III



Mental Health Screening Form III

Instructions: In this program, we help people with all their problems, not just their addictions. This commitment includes helping people with emotional problems. Our staff is ready to help you to deal with any emotional problems you may have, but we can do this only if we are aware of the problems. Any information you provide to us on this form will be kept in strict confidence. It will not be released to any outside person or agency without your permission. If you do not know how to answer these questions, ask the staff member giving you this form for guidance. Please note, each item refers to your entire life history, not just your current situation, this is why each question begins –"Have you ever …"

1) Have you ever talked to a psychiatrist, psychologist, therapist, social worker, or counselor about an emotional problem? YES NO

2) Have you ever felt you needed help with your emotional problems, or have you had people tell you that you should get help for your emotional problems? YES NO

3) Have you ever been advised to take medication for anxiety, depression, hearing voices, or for any other emotional problem? YES NO

4) Have you ever been seen in a psychiatric emergency room or been hospitalized for psychiatric reasons? YES NO

5) Have you ever heard voices no one else could hear or seen objects or things which others could not see? YES NO

6) a) Have you ever been depressed for weeks at a time, lost interest or pleasure in most activities, had trouble concentrating and making decisions, or thought about killing yourself? YES NO
b) Did you ever attempt to kill yourself? YES NO

7) Have you ever had nightmares or flashbacks as a result of being involved in some traumatic/terrible event? For example, warfare, gang fights, fire, domestic violence, rape, incest, car accident, being shot or stabbed? YES NO

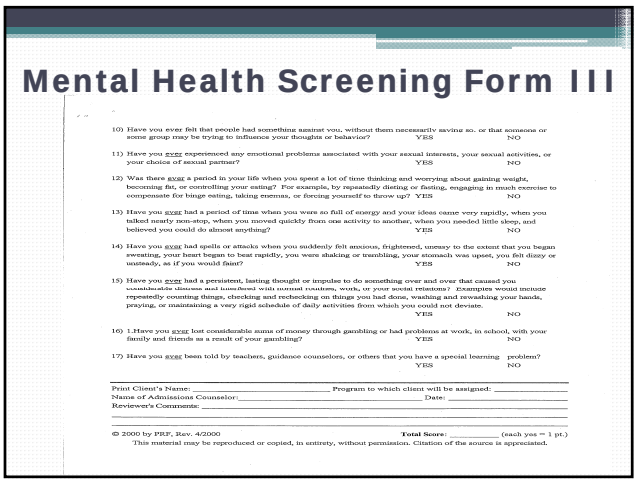
8) Have you ever experienced any strong fears? For example, of heights, insects, animals, dirt, attending social events, being in a crowd, being alone, being in places where it may be hard to escape or get help? YES NO

9) Have you ever given in to an aggressive urge or impulse, on more than one occasion, that resulted in serious harm to others or led to the destruction of property? YES NO

J.F.X. Carroll, Ph.D. & John J. McGinley, M.S., M.S.W., M.A. © 4/2000 by Project Return Foundation, Inc.

OVER

Mental Health Screening Form III



10) Have you ever felt that people had something against you, without them necessarily saying so, or that someone or some group may be trying to influence your thoughts or behavior? YES NO

11) Have you ever experienced any emotional problems associated with your sexual interests, your sexual activities, or your choice of sexual partner? YES NO

12) Was there ever a period in your life when you spent a lot of time thinking and worrying about gaining weight, becoming fat, or controlling your eating? For example, by repeatedly dieting or fasting, engaging in much exercise to compensate for binge eating, taking enemas, or forcing yourself to throw up? YES NO

13) Have you ever had a period of time when you were so full of energy and your ideas came very rapidly, when you talked nearly non-stop, when you moved quickly from one activity to another, when you needed little sleep, and believed you could do almost anything? YES NO

14) Have you ever had spells or attacks when you suddenly felt anxious, frightened, uneasy to the extent that you began sweating, your heart began to beat rapidly, you were shaking or trembling, your stomach was upset, you felt dizzy or unsteady, as if you would faint? YES NO

15) Have you ever had a persistent, lasting thought or impulse to do something over and over that caused you considerable distress and interfered with normal routines, work, or your social relations? Examples would include repeatedly counting things, checking and rechecking on things you had done, washing and rewashing your hands, praying, or maintaining a very rigid schedule of daily activities from which you could not deviate. YES NO

16) 1.Have you ever lost considerable sums of money through gambling or had problems at work, in school, with your family and friends as a result of your gambling? YES NO

17) Have you ever been told by teachers, guidance counselors, or others that you have a special learning problem? YES NO

Print Client's Name: _____ Program to which client will be assigned: _____
Name of Admissions Counselor: _____ Date: _____
Reviewer's Comments: _____

© 2000 by PRF, Rev. 4/2000 **Total Score:** _____ (each yes = 1 pt.)
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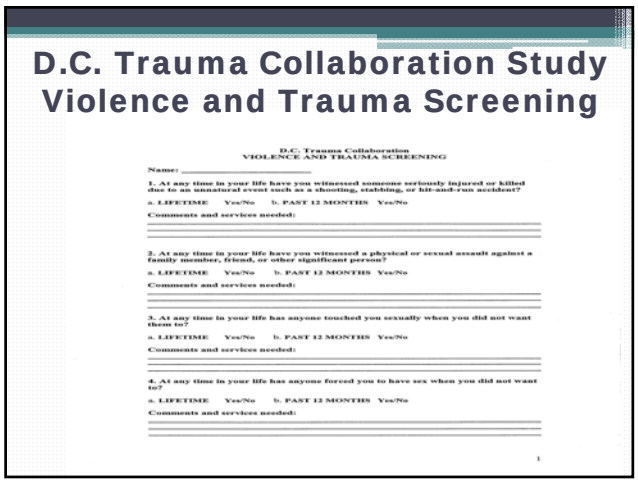
D.C. Trauma Collaboration Study Violence and Trauma Screening



D.C. Trauma Collaboration
VIOLENCE AND TRAUMA SCREENING

Name: _____

1. At any time in your life have you witnessed someone seriously injured or killed due to an unnatural event such as a shooting, stabbing, or hit-and-run accident?
a. LIFETIME Yes/No **b. PAST 12 MONTHS** Yes/No
Comments and services needed:

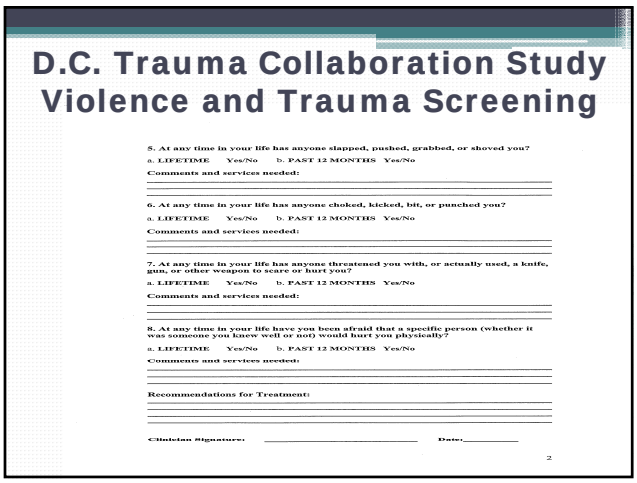
2. At any time in your life have you witnessed a physical or sexual assault against a family member, friend, or other significant person?
a. LIFETIME Yes/No **b. PAST 12 MONTHS** Yes/No
Comments and services needed:

3. At any time in your life has anyone touched you sexually when you did not want them to?
a. LIFETIME Yes/No **b. PAST 12 MONTHS** Yes/No
Comments and services needed:

4. At any time in your life has anyone forced you to have sex when you did not want to?
a. LIFETIME Yes/No **b. PAST 12 MONTHS** Yes/No
Comments and services needed:

1

D.C. Trauma Collaboration Study Violence and Trauma Screening



5. At any time in your life has anyone slapped, pushed, grabbed, or shoved you?
a. LIFETIME Yes/No **b. PAST 12 MONTHS** Yes/No
Comments and services needed:

6. At any time in your life has anyone choked, kicked, bit, or punched you?
a. LIFETIME Yes/No **b. PAST 12 MONTHS** Yes/No
Comments and services needed:

7. At any time in your life has anyone threatened you with, or actually used, a knife, gun, or other weapon to scare or hurt you?
a. LIFETIME Yes/No **b. PAST 12 MONTHS** Yes/No
Comments and services needed:

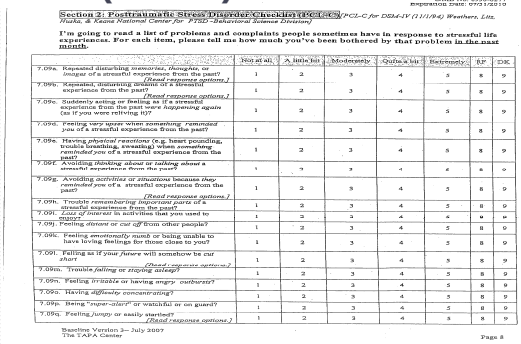
8. At any time in your life have you been afraid that a specific person (whether it was someone you knew well or not) would hurt you physically?
a. LIFETIME Yes/No **b. PAST 12 MONTHS** Yes/No
Comments and services needed:

Recommendations for Treatment:

Clinician Signature: _____ **Date:**_____

2

Posttraumatic Stress Disorder Checklist (PCL-C)



OMB No. 0930-0377
expiration date: 07/31/2010

Section 2: Posttraumatic Stress Disorder Checklist (PCL-C) *(PCL-C for DSM-IV (1/1/94) Weathers, Litz, Huska, & Keane National Center for PTSD -Behavioral Science Division)*

I'm going to read a list of problems and complaints people sometimes have in response to stressful life experiences. For each item, please tell me how much you've been bothered by that problem in the past month:

	Not at all	A little bit	Moderately	Quite a bit	Extremely	RF	DK
7.09a. Repeated disturbing *memories, thoughts,* or *images* of a stressful experience from the past? *(Read response options.)*	1	2	3	4	5	8	9
7.09b. Repeated, disturbing dreams of a stressful experience from the past? *(Read response options.)*	1	2	3	4	5	8	9
7.09c. Suddenly acting or feeling as if a stressful experience from the past were *happening again* (as if you were reliving it)?	1	2	3	4	5	8	9
7.09d. Feeling very upset when *something reminded* you of a stressful experience from the past?	1	2	3	4	5	8	9
7.09e. Having *physical reactions* (e.g. heart pounding, trouble breathing, sweating) when *something reminded* you of a stressful experience from the past?	1	2	3	4	5	8	9
7.09f. Avoiding thinking about or talking about a stressful experience from the past?	1	2	3	4	5	8	9
7.09g. Avoiding *activities or situations* because they *reminded* you of a stressful experience from the past? *(Read response options.)*	1	2	3	4	5	8	9
7.09h. Trouble *remembering important parts* of a stressful experience from the past?	1	2	3	4	5	8	9
7.09i. Loss of *interest* in activities that you used to enjoy?	1	2	3	4	5	8	9
7.09j. Feeling *distant* or *cut off* from other people?	1	2	3	4	5	8	9
7.09k. Feeling *emotionally numb* or being unable to have loving feelings for those close to you?	1	2	3	4	5	8	9
7.09l. Feeling as if your *future* will somehow be *cut short*? *(Read response options.)*	1	2	3	4	5	8	9
7.09m. Trouble *falling* or *staying asleep*?	1	2	3	4	5	8	9
7.09n. Feeling *irritable* or having *angry outbursts*?	1	2	3	4	5	8	9
7.09o. Having *difficulty concentrating*?	1	2	3	4	5	8	9
7.09p. Being *"hyper-alert"* or watchful or on guard?	1	2	3	4	5	8	9
7.09q. Feeling *jumpy* or easily startled? *(Read response options.)*	1	2	3	4	5	8	9

Baseline Version 3– July 2007
The TAPA Center

Page 8

Screening: Lessons Learned

- Importance of standardized instruments
- Screening to inform advocacy and treatment recommendations
- Importance of collateral information to supplement the self-report

Useful Resources

- National GAINS Center
www.gainscenter.samhsa.gov/html

- Screening & Assessment for Co-Occurring Disorders in the Justice System
www.gainscenter.samhsa.gov/pdfs/disorders/ScreeningAndAssessment.pdf

- Council of State Governments Justice Center
justicecenter.csg.org

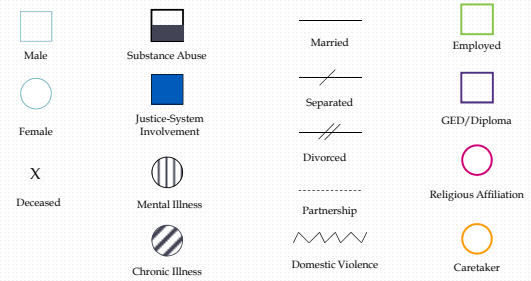
Family Mapping

- Provides valuable information at a glance
- Shows hidden resources
- Reinforces our commitment to a systems perspective
- Builds relationships through a collaborative process
- Provides an opportunity for families to tell their stories

Genogram

- Graphic representation of family
- Patterns, history, and events
- Subjective, interactive tool
- Only one part of a comprehensive assessment
- Should be updated regularly

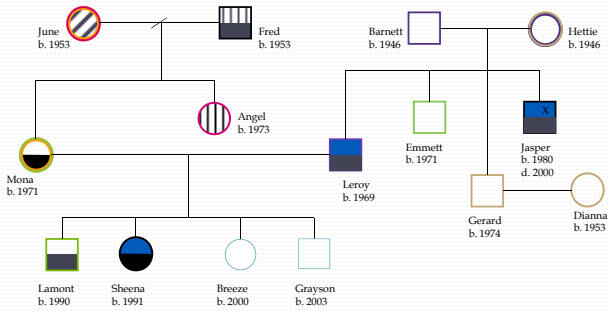
Basic Symbols



Tips for Making Genograms

- Try to get a sense of the family structure before starting so you can plan ahead.
- Make notes of relevant information that does not fit exactly into diagram (parking lot).
- Note date of birth; age changes, but DOB does not.

Hall Family Genogram



The Ecomap

Ecomap: The Big Picture

- Family in center—not just individual
- Direction of interaction
- Relationships among providers and others

Creating Ecomaps: Questions to Get Started

- Think about a week in your life. Where do you go?
- What kinds of activities are you involved with?
- Who do you interact with?
- Who are you closest to?
- Who do you help? Who helps you?
- Who picks up your children from school?

Creating Ecomaps: Identifying Strengths and Assets

- Which relationships would the family like to keep?
- Which relationships would the family like to change?
- In what groups do family members participate?
- Which resources can family members reach easily? What obstacles exist (such as location, transportation)?

Contact Information

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- Eric Kolb, *Clinical Supervisor*, Adolescent Portable Therapy, Vera Institute of Justice
  - ekolb@vera.org
- Margaret diZerega, *Director*, Family Justice Program, Vera Institute of Justice
  - mdizerega@vera.org