

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

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Introduction to Revised PACT Comprehensive Assessment

The revised PACT Comprehensive Assessment (R-CA) has two primary aims: (1) to provide a method for integrated assessment and person-centered treatment planning, and (2) to facilitate engagement of the client with the PACT team while developing a shared understanding of the client.

The PACT assessment has traditionally utilized eight domains; (1) Psychiatric History, Mental Status, and Diagnosis; (2) Physical Health; (3) Use of Drugs and Alcohol; (4) Education and Employment; (5) Social Development and Functioning; (6) Activities of Daily Living; (7) Family Structure and Relationships; and (8) Strengths and Resources. While the standard template of assessment provides a comprehensive “snapshot” of the client assessed, many teams find that they struggle with formulating the information gathered into a coherent and integrated source for effective treatment planning. As the PACT practice model continues to evolve, teams are encouraged to adopt assessment and treatment strategies that emphasize and facilitate an *integrated* as well as *comprehensive* approach. Without a sound approach and framework for assessment, key pieces of information are neglected, lost, or misunderstood, resulting in ineffective or even harmful treatment plans¹. The revised PACT Comprehensive Assessment restructures the original assessment, and includes the following interview sections:

Mental Health and Personal Strengths
Physical Health
Substance Use

Sociocultural
Psychosocial
Employment and Education

The new sections are not numbered, reflecting that assessment is a fluid process and *can be completed in any order*. The sections of the R-CA can be completed in parallel (i.e., multiple team members may be working on it at the same time) rather than sequentially. Teams should use clinical judgment about the order of the interview.


Assessment should be viewed as an initial and ongoing clinical intervention and conducted with person-centered, recovery-oriented principles. The primary aim is to remain empathic and non-judgmental while working toward a shared understanding and supportive environment². This approach does not follow a set script of questioning. Instead, the team uses the interview templates as a general guide in an exploration of the domains of assessment. Together, the client and PACT team members explore the client’s values, preferences, and strengths as well as current challenges and the precipitating and maintaining factors that will guide the selection and delivery of PACT interventions. The information gathered is formulated into summaries intended to capture the shared understanding of the client and PACT team for the final **Integrated Summary of Assessment**.

A second step is case conceptualization by using the **Putting It Together** worksheet that serves as the template for treatment planning.

Areas that seem to require further evaluation, such as self-harm or suicidality, posttraumatic stress symptoms, or substance withdrawal, are documented on the **Areas for Further Assessment worksheet** found on pages 55-56. These areas are highlighted for team members during the interview by the

¹ Gambrill, E. (1997). *Social work practice: A critical thinker's guide*. New York: Oxford University Press.

² Adams, N., & Grieder, D. (2014). *Treatment Planning for Person-Centered Care Shared Decision Making for Whole Health* (2nd ed.). London: Academic Press.

following symbol:  The team is encouraged to discuss their concerns and assign follow up to the appropriate team member.

Finally, the Tool for Measurement of Assertive Community Treatment (TMACT) specifies that at least 90% of clients need or will benefit from psychiatric rehabilitation. Questions aimed at assessing disability and readiness and formulating psychiatric rehabilitation goals can be found in the mental health, physical health, sociocultural, psychosocial, and employment and education domains. Many of the types of questions that lend themselves to formulating psychiatric rehabilitation goals will be specifically highlighted in these sections by *italicized text* in [brackets]. Selection of areas for rehabilitation readiness development, skills training and/or provision of supports should be based on a client's stage of treatment, preferences for skill building and supports as well as the relevant areas of functional deficits identified by the team during the assessment process, broadly categorized as follows:

Living includes things like understanding and communicating, getting around, maintaining or sustaining housing, and performing the essential tasks of community living (shopping, cooking, cleaning, budgeting and so forth).

Learning includes things you might like to do in furthering your education like basic adult literacy, getting a GED, getting into a college or a training program, or taking a course to explore a new hobby.

Working refers to any goal of working and earning money either part or full time.

Socializing includes things like enhancing your social and/or romantic life, more and better recreational and leisure pursuits, and better relationships with the people that matter to you and with new people who may come along.

There are at least **29** questions in the R-CA that identify areas where there may be functional deficits or disability in living, learning, working, socializing (LLWS). These same questions invite further discussion with the consumer and will serve as the foundation for one or more PsyR goals. That further discussion can and should assess BOTH for the details of what roles/tasks a consumer is finding difficult to perform AND the consumer's readiness to engage in rehabilitation services. The desired disposition will be to create a consensual goal to either develop consumer readiness for PsyR OR to deliver domain specific skills teaching and supports to improve or accommodate role and/or task functioning.

As these highlighted (*in bold italics*) questions get asked in the various sections of the R-CA, the interviewer should follow up by inquiring more deeply:

- Inquire into and inventory any/all deficits in role, skill and/or task performance in living, learning, working and/or social domains (LLWS).
- If functional problems are identified by the client, ask: "what gets in the way of performing this role, skill or task?" and "would you like help to work on these challenges? or "would you like some help with that?"
- Adding "we know how to help" can help with engagement and an honest dialogue about disability.
- This helps in assessing BOTH the functional deficits AND the stages of treatment in rehabilitation readiness. Record both as you move through your respective portion of the assessment.
- Think about and identify which domain (LLWS) a question is querying.

- It may be helpful to identify consumer responses to these questions with a highlighted “**D**” (for disability) or “**PsyR**” to enable easy retrieval of these findings from notes for use in the IS, PIT and/or treatment planning.

Readiness development activities include increasing developing awareness, mobilizing environmental supports and personalizing accomplishments. Skill building goals in these areas usually include identifying the area targeted for psychiatric rehabilitation, breaking a large goal or task down into smaller tasks, demonstrating the skill to be learned, role playing the skill with the client, providing feedback, and providing side by side support while the client “practices” the skill in a real-world setting.

Summarizing the process of assessment and a clarification of terms:

The assessment process involves several interrelated aims, including:

1. Mutual engagement of the client and team members in service of the client’s personal vision of recovery
2. Identifying client’s strengths, resources, and preferences in treatment
3. Identifying current challenges and the precipitating and maintaining factors related to those challenges
4. Developing a biopsychosocial contextual understanding of the client and his or her environment
5. Assessing internal motivation and self-efficacy to affect personal change
6. Clinical interpretation and integration of the data collected
7. Establishing a baseline to measure change
8. Identifying triggers for substance use and/or increased psychiatric symptoms
9. Formulation of individualized treatment plan
10. Matching treatment plan objectives to current best practices identified for PACT teams and appropriate for the client’s stages of treatment

The prospects of a comprehensive assessment can appear to be daunting, tedious, and time consuming. In practice, however, the assessment process can be quite straightforward, rewarding for clinicians and clients, and ultimately time- and cost-efficient by establishing a sound treatment plan based on the most accurate information. In this case, our efforts are “front loaded” with the old adage in mind that “an ounce of prevention is worth a pound of cure.”

Often there is confusion around what constitutes an “assessment.” The revised **PACT Comprehensive Assessment** is intended to designate the comprehensive, integrated, and ongoing collection and integration of multiple data points in order to inform effective treatment planning. In this context, it produces both a final product (i.e., the **Integrated Summary of Assessment**, the **Putting It Together** worksheet, **Areas for Further Assessment**, and the person-centered treatment plan) as well as the

process of gathering, compiling and analyzing relevant data sources intended to guide PACT treatment planning (see figure 1). Assessment should be *comprehensive* in terms of examining client adjustment across a broad scope of life domains, *integrated* in terms of analyzing areas in which various domains of strengths and challenges intersect (i.e. substance use affecting mental illness or social functioning), *ongoing* to reflect where the client is currently rather than an arbitrary point, and *collaborative* with the client and team members. This is distinguished from intake, mental health diagnosis, relapse prevention plans, clinical interviews, standardized assessment instruments such as LOCUS, DLA-20, BPRS, and so on. Such tools can all generate useful data points, however, quantitative tools do not replace the need for a comprehensive, integrated assessment, the main goal of which is establishing a shared understanding between client and team regarding the team's role in facilitating recovery³. When used as part of the PACT assessment, findings from other forms of assessment should be interpreted and integrated into the PACT **Integrated Summary of Assessment**.

Gathering the data:

Clinicians employ multiple sources (i.e. family members and other natural supports, team members' observations, previous medical records, former case managers and medical providers) for the assessment process, allowing for several data points to complete the clinical picture. This approach also allows for assessment to continue for clients who are initially less engaged with the team. Team members have discretion in selecting relevant questions and the conversational approach to gathering the information also facilitates engagement. Finally, this approach maximizes and streamlines the team's efforts in conducting a thorough, timely assessment by providing a guide for translating the assessments into an individualized treatment plan.

Data sources typically include, but are not limited to, interviews with the client, client's family or other natural or paid support, team observations, and previous medical records (including current mental health or physical health diagnoses). While much information can be collected in formal interviews, the team should not feel limited to this as a data source since any and all interactions with the client and the client's natural or paid support can provide valuable information. In some cases, these sources of information become a primary source when clients are not engaged or when a more trusting relationships with the team needs a longer timeframe to be established. In this case, the assessment can be updated once the client becomes more actively engaged.

Formal interviews can be conducted in a way that meets the needs of both the client and the PACT team and does not need a rigid approach. Clients are often willing to share information in the context of an empathic, warm, and reflective listener. Under such conditions, many clients will feel like they are genuinely being heard for the first time by a mental health practitioner and this can be a profoundly healing and corrective experience in and of itself³.

Information can also be gathered during more informal times together such as when grocery shopping together, going to the Department of Motor Vehicles, social security administration, food bank, or other opportunities where casual conversation occurs. Here, the clinician is mindful of the information needed, however does not force the issue outside of the normal conventions of friendly, curious interaction. Similar approaches can be used with family members. It should be kept in mind that missteps by team

³ Kingdon, D., & Turkington, D. (2005). *Cognitive therapy of schizophrenia*. New York: Guilford Press.

members where clients become agitated or irritable are not uncommon, especially during the engagement process. When missteps do occur, repair work is recommended before proceeding.

Although some timeliness is needed for the completion of the initial assessment summary, this should not be a rigid guideline that compromises the client-team relationship.

The team may wish to break up the interviews among various specialties. Time is then designated for clinicians to conjointly prepare the **Integrated Summary of Assessment** and **Putting It Together** worksheet. Alternatively, one team member could take the lead in conducting the interviews and report his/her understanding back to the full team or Individual Treatment Team for feedback and further team observations. While ultimately it will be the client's primary clinician who will be responsible for making sure that the assessment is completed, it is important that the assessment process initiates a collaborative exchange among team members and creates a forum where integration of PACT specialties reliably occurs. An example of how to do so follows.

Team members shall complete their assigned part(s) of the R-CA, including the questions about psychiatric disability and rehabilitation readiness in their respective section(s).

Team members shall, either live in a meeting, or electronically, share the findings of their respective R-CA section(s) for the integrated summary, highlighting the answers to the questions about psychiatric disability and rehabilitation readiness, **thus contributing to a (seventh) section in the integrated summary on psychiatric disability/rehabilitation.**

Team Leader, primary clinician or his/her designee shall collect the various findings on psychiatric disability and rehabilitation readiness from the team members' sections of the R-CA and develop the sentences or paragraph on psychiatric disability/rehabilitation to be included in the integrated summary.

Completed integrated summary, inclusive of the now developed (seventh) section on psychiatric disability/rehabilitation drives the development of the PIT, treatment planning discussion(s), ITT and subsequent services.

Flow of Core ACT Clinical Processes

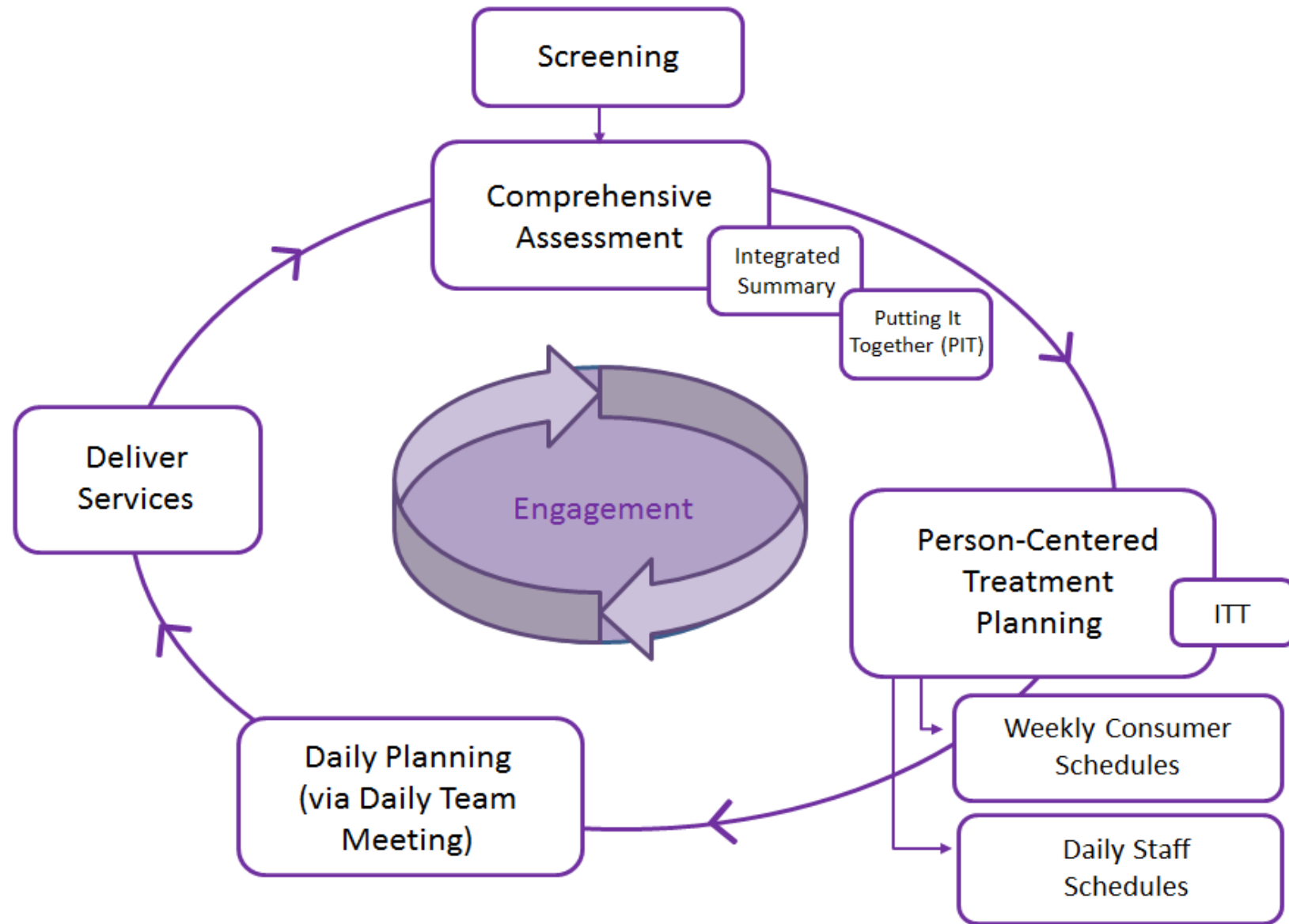


Figure 1

Assessment	Purpose	Suggested Team Member(s)	Sources of Information	Timeframe
Mental Health and Personal Strengths	<ul style="list-style-type: none"> • Ensure accuracy of diagnosis • Inform plans that will be made with the client for developing recovery-oriented treatment goals • Assess for strengths, resources, and resiliency • Determine where continued assessment is needed • Assess readiness for change • Inform selection of EBPs • Inform biopsychosocial conceptualization • Advance symptom management and wellness • Understand individual vulnerabilities to relapse 	Psychiatric Care Provider/ Prescriber/ Mental Health Professional		
Physical Health	<ul style="list-style-type: none"> • Identify current medical conditions and ensure proper treatment, follow-up, and support • Determine health risk factors • Determine medical history • Determine client’s perspective on health status • Inform selection of health monitoring & interventions • Assess readiness for change • Assess overlap between psychiatric and physical ailments • Inform biopsychosocial conceptualization 	Registered Nurse	Person receiving services Family Natural supports Medical records Direct observation	<u>Initial assessment:</u> First day of admission – brief and based on screening & referral info <u>Comprehensive Assessment:</u> 4-8 weeks (approximate) <u>Follow-up assessment:</u> At least annually & as needed to guide ongoing service provision
Substance Use	<ul style="list-style-type: none"> • Assess for current substance use disorder • Document history of substance use • Establish perceptions of past substance use treatment • Develop appropriate substance use interventions to be integrated into the comprehensive treatment plan • Determine where continued assessment is needed • Assess readiness for change • Inform selection of EBPs • Inform biopsychosocial conceptualization 	Substance Abuse Specialist		

INTEGRATED SUMMARY OF ASSESSMENT

Assessment	Purpose	Suggested Team Member(s)	Sources of Information	Timeframe
Sociocultural	<ul style="list-style-type: none"> • Provide culturally competent services • Understand the client's lived experience through his/her cultural lens. • Understand the role of spirituality/religion • Identify personally meaningful values & goals • Understand how the individual's membership with a particular culture may affect help-seeking • Assess leisure interests and activities for engagement and goal-setting • Inform selection of EBPs • Assess extent to which psychiatric disability has impaired sociocultural functioning. • Inform biopsychosocial conceptualization 	Mental Health Professional/ Peer Specialist	Person receiving services Family Natural supports Medical records Direct observation	<p><u>Initial assessment:</u> First day of admission – brief and based on screening & referral info</p> <p><u>Comprehensive Assessment:</u> 4-8 weeks (approximate)</p> <p><u>Follow-up assessment:</u> At least annually & as needed to guide ongoing service provision</p>
Psychosocial	<ul style="list-style-type: none"> • Assess current living situation • Assess developmental history, early and current attachments • Identify sources of social stressors and supports • Ascertain level of involvement in the legal system • Inform selection of EBPs • Assess extent to which symptoms have impaired psychosocial functioning • Inform biopsychosocial conceptualization 	Mental Health Professional/ Peer Specialist		<p><u>Initial assessment:</u> First day of admission – brief and based on screening & referral info</p> <p><u>Comprehensive Assessment:</u> 4-8 weeks (approximate)</p> <p><u>Follow-up assessment:</u> At least annually & as needed to guide ongoing service provision</p>
Employment and Education	<ul style="list-style-type: none"> • Assess current activity and structure • Assess current school/employment status • Assess school and educational history (including learning challenges) • Assess work and/or military history • Assess effect of symptoms on school & employment • Assess vocational/educational interests, preferences • Available and needed supports for employment • Source(s) of income • Assess readiness for change • Inform selection of EBPs • Inform biopsychosocial conceptualization 	Vocational Specialist		<p><u>Initial assessment:</u> First day of admission – brief and based on screening & referral info</p> <p><u>Comprehensive Assessment:</u> 4-8 weeks (approximate)</p> <p><u>Follow-up assessment:</u> At least annually & as needed to guide ongoing service provision</p>
Psychiatric Rehabilitation	<ul style="list-style-type: none"> • Assess disability in role and/or task performance in living, learning, working and socializing domains 	Each Team Member conducting their assigned domain of the assessment		<p><u>Initial assessment:</u> First day of admission – brief and based on screening & referral info</p> <p><u>Comprehensive Assessment:</u> 4-8 weeks (approximate)</p> <p><u>Follow-up assessment:</u> At least annually & as needed to guide ongoing service provision</p>

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Assessment	Purpose	Suggested Team Member(s)	Sources of Information	Timeframe
	<ul style="list-style-type: none">• Assess readiness (stages of treatment) for rehabilitation services			

Adapted from the ACT Clinician Workbook (SAMHSA, 2003). Based on *The PACT Model of Community-Based Treatment for Persons with Severe and Persistent Mental Illnesses: A Manual for PACT Start-Up* by Deborah J. Allness and William H. Knoedler (NAMI, 2003).

Tip Sheet for Mental Health and Personal Strengths

Consistent with other approaches, the information used to inform a conceptualization of the consumer's psychiatric status, mental health needs, personal strengths and resources will be based on client self-report, clinical observation by the PACT team, and collateral information from record reviews as well as interviews with natural and clinical supports. Questions that the client cannot or is unwilling to answer may be redirected to the natural support. Issues of timing and sensitivity should be primary concerns given the content and amount of material to be discussed, along with information gathering. However, one should try to be direct and forthright, while "testing the waters" on more sensitive subjects. If the client is not willing to answer questions, acknowledge and affirm the right to skip questions, which may be revisited later, and move onto the next set of questions. Mental health professionals should prepare for the interview by reviewing relevant documentation and conducting collateral interviews in advance. Gathering information relevant to mental health and personal strengths will likely take the most time and should be paced according to the needs and preferences of the client. Always review the rationale for asking these questions with the client. Some language is suggested below as a starting point.

Some points to keep in mind for this section:

- *Customize the order in which this section is administered based on initial impressions of the client and/or the client's stated preference.* Clients who are, for a myriad of reasons, more difficult to engage, may be more willing to discuss their personal strengths and resources. The interview can later proceed to the mental health section.
- Try to establish as clear and definitive of a diagnosis as possible. This is understandably difficult to do when there are several comorbid factors at play, particularly those of substance use disorder and trauma. These comorbid factors should be included in the summary for a complete picture of the client's mental health condition. Previous diagnoses by mental health professionals should always be checked against team observations and the client's (or other collateral information) report. Be sure to assess the timeline of psychotic symptoms, drug intoxication, and withdrawal as well as biomedical conditions that may be precipitating, perpetuating and exacerbating mental health symptoms.
- Whenever possible, questions should be open-ended.
- In preparing for the interview consider how the client processes information and adapt accordingly. For example, is English a secondary language for the client? Also consider possible sources of distractions for the client (both internal in terms of possible hallucinations and external in terms of the environment where you will be conducting the interview.
- In this section, as with all others, be sure to listen for and inquire further about any/all skills and tasks of community living that are difficult for the client to perform because of having a serious mental illness. These **functional deficits** in the areas of living, learning, working and socializing should be identified and inventoried, along with capturing a sense of the client's interest in making changes to address those deficits. Particularly in the area of clear functional deficits, team observations are invaluable and will be essential to the development of psychiatric rehabilitation

goals. These observations should be included in the Integrated Summary of Assessment and discussed as a team when formulating the Putting It Together case conceptualization.


- Notes to the interviewer appear in *italics*. Suggested language for the interviewer appears in block script. Rationale for the question(s) appear after like sets of questions within brackets “[]” and are intended to assist with the **Integrated Summary of Assessment**. While it can be helpful to have clinical terminology, preference is given to using the client’s language to describe his/her experience.

Mental Health Interview Template

Introduction: We are going to spend some time talking about you and your experiences so that the PACT team can start to understand how to best help you. Generally, this takes about an hour or two, but we can break up the questions into different sessions if you are more comfortable that way. I hope to learn more about you as a person including your strengths and abilities as well as some of the challenges you have experienced.

I'd like for you to answer these questions as best as you can. Keep in mind that the information from this interview is protected and confidential, meaning that it's only shared with your treatment providers. I also want you to know that I did familiarize myself with your chart before we met, so I may ask you questions that you think I should know the answer to already. The reason I'm asking you is to make sure I fully understand your experience—not just what the medical records or others say. It's also important to the team that your treatment helps you achieve what you want; that you feel heard and understood. One way we do that is by getting to know you as a person and getting to know how your experiences have shaped who you are today. Does this sound okay to you?

If it is okay with you, I would like to write down some notes while we are talking so I can remember what you say accurately. If you do not understand any of the questions please let me know. What questions or concerns do you have before we begin?

 *Clinician Note: Use clinical judgment and consideration of the client's preference (if known) to determine whether to lead with the strengths (page 15) or mental health section of this interview.*

Questions/Prompts Aimed at Assessing Insight and Awareness:

Begin interview with about 5 minutes of open dialogue around the prompting question below to build rapport and permit an assessment of mental status and current concerns.


Why don't we start by having you tell me a bit about yourself?

What things do you enjoy doing the most?

What types of problems or challenges have you had lately? ***{inquire into and inventory any/all deficits in role and task functioning in living, learning, working and/or social domains. If functional problems are identified by the client, ask: "what gets in the way of performing this role or task?" and "would you like help to work on these challenges?" or "would you like some help with that?" (assessing stages of treatment in functional deficits/PsyR}}***

Has anyone ever told you that you have a mental health diagnosis?

If YES: What do you think about that diagnosis? What does it mean to you? What do you think about how well that diagnosis fits you? [assessing insight and/or perception of symptoms/experiences]

 *Clinician Note: Based on consumer's reported understanding of his/her diagnosis, note need for psychoeducation around diagnosis, prognosis, and recovery.*

Review of Symptoms and Impact on Functioning:

Overall, how have things been going for you? What things have been bothering you lately? What types of challenges or problems have you been having? What types of challenges have you had with work or school? What has been challenging about getting along with others? ***{inquire into and inventory any/all deficits in role and task functioning in living, learning, working and/or social domains. If functional problems are identified by the client, ask: “what gets in the way of performing this role or task?” and “would you like help to work on these challenges? or “would you like some help with that?” (assessing stages of treatment in functional deficits/PsyR)}***

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?*

What types of things do you enjoy doing now? What are some things you used to enjoy in the past? How has your interest been with these things lately? Have you experienced times where you are sitting around for extended periods of time without doing anything interesting? How are your relationships with other people? [assessing apathy/avolition] ***{inquire into and inventory any/all deficits in role and task functioning in living, learning, working and/or social domains. If functional problems are identified by the client, ask: “what gets in the way of performing this role or task?” and “would you like help to work on these challenges? or “would you like some help with that?” (assessing stages of treatment in functional deficits/PsyR)}***


Who do you feel close with? Who are the people that are supportive to you? How is your satisfaction level with your support system? How would you feel about getting to see or talk to your family more often? Who are your friends? Do you prefer to spend time alone or with others? [assessing social connectedness versus isolation] *If isolation is endorsed ask: Is connecting more with others something you’d like to work on?* ***{inquire into and inventory any/all deficits in role and task functioning in living, learning, working and/or social domains. If functional problems are identified by the client, ask: “what gets in the way of performing this role or task?” and “would you like help to work on these challenges? or “would you like some help with that?” (assessing stages of treatment in functional deficits/PsyR)}***

How do you feel about most people? Are there some people who you don’t like? Are there some people who you don’t trust? Do other people like you? Are you concerned about others talking about you? Are you concerned about other people harming you? Do you currently feel that you are in danger? What steps have you taken when you have felt this way in the past? Were they helpful? Have you ever taken matters into your own hands? *(If yes currently or in the past, assure the client that this is exactly the type of*

concern that the PACT team can assist with and that the team would like to help him/her feel safe.)
[assessing interpersonal trust vs mistrust; level of vigilance, suspiciousness, and paranoia]

 *Clinician Note: Cultural mistrust refers to a mild set of paranoid or suspicious beliefs and behaviors that facilitate coping with experiences of racial injustice and discrimination among racial minorities. Care should be taken to avoid pathologizing cultural mistrust. The degree to which cultural mistrust is present will inform the team's need to be particularly mindful of the relationship with the client.*


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 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.*

What is very special or unique about you? Have you ever thought that you have special talents? Abilities? Powers? Do you consider yourself to be gifted in ways that other people are not? Why do you think so? Are you very wealthy? What do you think is your purpose in life? Who assigned you this purpose? Do you have a special/important status? [assessing grandiosity, excepting sense of purpose that makes sense within the client's cultural context]

Sometimes people hear noises or voices that other people can't hear. Has something like that happened to you? Where do you think these voices come from? What have you done when this happens? What sorts of things do they say that you find upsetting? What things have helped with this? What sorts of things do they say that you don't find upsetting? Have you discovered anything that makes the voices better or worse?

Some people experience seeing things that other people can't see, such as visions, distortions, or objects in shadows. Have you had this experience? What have you done when this happens? What things have helped with this? (*Assess for same characteristics as for AH, above. Also, assess for olfactory hallucinations (e.g., do you sometimes smell things that are unusual that other people don't smell?) and tactile hallucinations (do you get strange or unusual sensations from your body?).*)

 *Clinician Note: Ensure that hallucinatory experiences are occurring in the absence of drug/alcohol intoxication and withdrawal.*

In thinking about the past 2 weeks, have you had any difficulties expressing what you want to say to other people? How often has that happened in the past 2 weeks? What types of challenges have you had

in organizing your thoughts? What have you done when this happens? What has been helpful?
[assessing for cognitive disorganization, alogia]

How would you describe your mood in the past two weeks? (*If prompting is needed...*) Mostly Good? (If so, what is a good mood for you?) Mostly bad? (If so, what is a bad mood for you?) Somewhere in between? Have you had any days in the past two weeks when you felt so sad that you had trouble taking care of yourself, like getting out of bed, taking a shower, going to appointments, or following through on things? Please tell me about the worst day you had in the past two weeks. [assessing depressed mood. If depressed mood is endorsed, also assess for hopelessness, anhedonia, guilt, and suicidality (see below).]

I would like to ask about your grooming and hygiene. In the past 2 weeks, have you been living in a place where you can shower or clean your clothes? How often have you bathed? How often have you changed clothes? How often would you like to do these things? [assessing grooming/hygiene; differentiate between environmental/resource impediments (e.g., no funds for or access to a laundry) vs. apathy/avolition (e.g., no interest in self-care) vs. depression (insufficient energy for self-care)] ***{inquire into and inventory any/all deficits in role and task functioning in living, learning, working and/or social domains. If functional problems are identified by the client, ask: “what gets in the way of performing this role or task?” and “would you like help to work on these challenges? or “would you like some help with that?” (assessing stages of treatment in functional deficits/PsyR)}***

Sometimes people tell me that they feel so depressed that they wish they were no longer alive. When have you felt that way? When was the most recent time that you felt that way? How often do you feel that way? When that happens, what do you usually do? What helps when you feel that way?

People also sometimes have thoughts about ending their lives. When was the last time you felt so depressed that you thought about ending your life? What did you do? What helps when you feel that way?




Clinician Note: It can be helpful to normalize suicidal thoughts. For instance, lifetime prevalence of suicidal ideation has been estimated at between 10-20% in the general population. Open communication of suicidal ideation is intended to facilitate effective responses.

What have you done to hurt yourself or to attempt to end your life? What happened? What things help when you feel that way? (*Try to elicit details of number of attempts, dates of attempts, methods, whether person was referred for medical or psychiatric care, reaction to surviving the attempt(s). Be sure to understand whether the act was nonsuicidal self-injury versus a suicide attempt by determining whether the person wanted to die as a result of the act.*)

When was the last time you wished you were dead? What did you do?

When was the last time you thought about doing something to end your life? What did you do? (*Assess for plan, intent*)

The PACT team is here to help keep you safe and to help you work on creating a life worth living in the community. Our hope is that you'll continue to let us know how you're doing and how you're feeling so that we can help you reach your life worth living goals.

 **Clinician Note:** *If suicide screening questions are positive for active suicidal ideation and/or the client has a history of past attempts, consider following up with a structured assessment to better assess and document level of risk. See document titled **Areas for Further Assessment**. Communicate risk for suicide and self-injury with the team, feature self-injury and/or suicide risk in **Putting It Together**, and engage consumer early on with a collaborative suicide risk management plan.*

I'd like to talk about your experiences with mental health services.

First, please tell me about how many times you have been in a hospital for mental health reasons? It would be helpful if we could make a list of those hospital stays, would you be willing to work on that with me now? *(Draw longitudinal timeline for client to see and then ask about time frames, i.e. we'll start with the first hospitalization and put it over here on the left. How old were you then? How long were you there? When was the next hospitalization that you can remember? (You might prompt the client based on prior knowledge of documented hospitalizations. Attempt to determine whether or how drugs and/or alcohol were being used when symptoms were active.)*

What was being in the hospital like for you? What has been helpful to you when you have been in the hospital? What has not been helpful when you were in the hospital?

What are the ways that you can tell you need to go to a hospital? What are the ways that someone else might know that you need to be in the hospital?

What are the other places where you have received mental health services? What types of services have you received? What was helpful about those services? What was not helpful about those services?


Please tell me about your experiences if you worked with a counselor or therapist? *(If yes...)* Did you meet with the counselor or therapist one-on-one, or did you meet in a group setting with others? What was that like for you? What was helpful about that? What was not helpful about that for you? What did you discuss/learn? Might you be interested in talking to someone one-on-one?

Questions/Prompts Aimed at Assessing Illness Risks and Vulnerabilities to Establish Biopsychosocial Conceptualization:

Let's talk a bit about your history. Please tell me about the first time you remember hearing voices, feeling depressed or having troubling thoughts? About how old were you? What was going on in your life at that time? When did these symptoms/experiences start causing problems for you? Can you remember what you were thinking or feeling when all of this started happening? Tell me about that. Was there anything stressful happening at the time? When you were that age, what types of drugs or alcohol were you using *(Note that substance abuse specialist will attempt to elicit details around drug use in substance use section)?*

Some people have been hurt physically or emotionally by other people. Have you been hurt or abused by others? Please tell me about those times. Who was involved? Have you ever been pressured or forced into having sex with someone? Have you ever been touched by someone without your permission in a

way that made you feel uncomfortable? Have you ever discussed this with anyone? *(If the client indicates a history of abuse)* I appreciate you talking about these difficult things with me. I would like to ask a few more questions to help me understand you better. Have you experienced thoughts or distressing memories about these events? If so, what do you do when that happens? What has been helpful? Have you thought about hurting yourself when this happens? Do you worry for your safety? Has there been a time when you thought you or someone you love will be seriously hurt or even killed? Would it be okay if we talk more about that sometime?



*Clinician Note: If trauma questions are endorsed, consider assessing for PTSD (see **Areas for Further Assessment** document). Ensure that the team is aware of trauma(s) and triggers.*

In thinking about the things we talked about today, what else would be important for me to know that I did not ask you about?

Personal Strengths Interview Template

Introduction:

I want to thank you for the information that we have talked about so far. I understand that some of this stuff may be difficult to talk about. I want to remind you that we are getting this information to learn about how we can be most helpful to you.

I want to check out my understanding of what we have discussed so far, please tell me if this sounds right to you. (Briefly summarize some of the client's strengths that you have learned about so far, then summarize some of the clients preferences (e.g. taking medications has helped sometimes, or talking with a therapist has helped) and then list some of the identified problems/challenges the client is experiencing right now.) How does that sound to you? What did I miss?

I want to talk a bit about things that have worked well in your life in the past and things that may be going well for you now. I'd also like to get an idea of some of the things that are important to you, what you value, and how you see your life going if you could see your hopes and dreams for your life come true. We can also talk about what in your life is helping you toward that, like family, friends, maybe life goals, or interests so that we can put them in the forefront of your treatment.

When some people are having a bad day or feel overwhelmed, they sometimes find it helpful to talk with or spend time with other people who are supportive of them. Who do you get support from? Who can you count on? [assessing existing social and familial support system] What do they do that is helpful to you? ***{inquire into and inventory any/all deficits in role and task functioning in living, learning, working and/or social domains. If functional problems are identified by the client, ask: "what gets in the way of performing this role or task?" and "would you like help to work on these challenges? or "would you like some help with that?" (assessing stages of treatment in functional deficits/PsyR)}***

We all need ways to cope with stress. For example, some people might take a walk when they are feeling stressed out. What are some things that you do to manage stress? What is helpful when you feel stressed? What is not helpful when you feel stressed? ***{inquire into and inventory any/all deficits in role and task functioning in living, learning, working and/or social domains. If functional problems are identified by the client, ask: "what gets in the way of performing this role or task?" and "would you like help to work on these challenges? or "would you like some help with that?" (assessing stages of treatment in functional deficits/PsyR)}***

We have talked about some things that are challenging to deal with at times, what are some of the things that you do to help cope with those things? What things help you feel more relaxed when you are stressed? [assessing existing repertoire of coping skills] ***{inquire into and inventory any/all deficits in role and task functioning in living, learning, working and/or social domains. If functional problems are identified by the client, ask: "what gets in the way of performing this role or task?" and "would you like help to work on these challenges? or "would you like some help with that?" (assessing stages of treatment in functional deficits/PsyR)}***

I would like to talk a bit about medications. I am not a doctor, but it is important for us all to know about your experiences with medications so we can be as helpful as possible. What medications are you taking right now? How much do those medications help with managing stress?

I would like to go back in time a bit again. When you were younger, what did you want to be? What do you like about that? What did you think you would be doing when you were (insert client's age)? What do you think about that now? What would you like to be doing in the next 6 months? The next 2 years? What do you feel grateful for or appreciate? When do you feel you are at your best? What are you doing then? [assessing for future orientation, self-stigmatizing beliefs, goals, hopes, and optimism]

What are some of the things that you think you do well? What are some of the things that other people might say you do well? What are the things about yourself that you like the most? What are some of the things that other people might say they like about you? [assessing self-concept]

Who are some of the people that you admire or respect? What are the qualities those people have that are important to you?

We will be working together to identify some things that you might want to change or improve in your life. I know it is difficult to identify things we want to change quickly, so I would like to ask about a few areas in your life to see if there are some things you want to change. Let's start with what you do with your free time, is there anything you want to change in how you spend your free time? What things would you like to change regarding work or school? What things would you want to change with your living situation? What would you like to change about your friendships or relationships? [assessing for existing goals/priming for goal setting] ***{inquire into and inventory any/all deficits in role and task functioning in living, learning, working and/or social domains. If functional problems are identified by the client, ask: "what gets in the way of performing this role or task?" and "would you like help to work on these challenges? or "would you like some help with that?" (assessing stages of treatment in functional deficits/PsyR})}***



Clinician Note: If client identifies the absence of a stressor (e.g., symptoms, lack of money), be sure to ask for additional information to better formulate recovery goals (e.g., "what would be good about not hearing voices? How would your life be different? What would you do differently?")

I'm so glad you told me about _____ (e.g., your goal to open your own business/your love of baking/your struggles with your family/how much your voices have been tormenting you). Now that I have this information, we can all start putting the pieces together to come up with the best action plan for you. Again, our goal is to include you in your treatment planning and this interview was a great first step. Thank you!

Tip Sheet for Physical Health Interview

The Physical Health assessment process should be focused on nonjudgmental exploration of the client's perceptions, behaviors, and attitudes regarding aspects of physical health, followed by a more thorough assessment of the client's history and physical examination. The suggested questions in this section aim to provide the team with greater insight into opportunities for change by exploring attitudes and behaviors that contribute to physical health and well-being or may be a barrier to greater physical health and well-being. They also provide an opportunity to talk with the client about his or her health and wellness before delving into a more comprehensive detailing of their physical health status and family health history. Further, understanding the factors that underlie an attitude or behavior can have dramatic effects on the team's ability to effectively intervene.

Based on the conversation initiated in this section and relevant findings from the physical examination, subsequent interactions may transition to education on the link between health behaviors like sleep, diet, and physical activity to drug and alcohol cravings, affective dysregulation, cognitive dysregulation, behavioral dysregulation, paranoia, depression, anxiety, concentration, judgment, and tolerance for stress and frustration. Take cues from the client to assess his/her tolerance for such information. Some clients may be eager to learn about these links, whereas others may feel lectured to. While we strive to provide information to the consumers so that they can make informed choices, we also must be mindful of how and when this information is presented. During the assessment phase, it may be sufficient to simply thank the client for being open and honest with you and ask whether you could revisit the topic later to provide some information that can be reviewed collaboratively.

The information used to inform a conceptualization of the consumer's physical health needs will be based on the client's report, clinical observation, available medical records, and other collateral information. A nurse from the team who has prepared by reviewing all relevant documentation and information in advance should complete this interview. As with all sections of this document, the questions in this section are offered as suggestions.

In this section, as with all others, be sure to listen for and inquire further about any/all skills and tasks of community living that are difficult for the client to perform because of having a serious mental illness. These **functional deficits** in the areas of living, learning, working and socializing should be identified and inventoried, along with capturing a sense of the client's interest in making changes to address those deficits. Particularly in the area of clear functional deficits, team observations are invaluable and will be essential to the development of psychiatric rehabilitation goals. These observations should be included in the Integrated Summary of Assessment and discussed as a team when formulating the Putting It Together case conceptualization.

Finally, notes to the interviewer appear in *italics*. Suggested language for the interviewer appears in block script. The interviewer should use his/her discretion in the selection of appropriate questions. Clinician Notes appear in grey text boxes and are intended to provide additional guidance for the interview and/or integration of data.

Physical Health Interview Template

Introduction: We'll be spending some time together talking more about your health and wellness. Often, we find that when we don't feel very well physically, it can have an impact on our mental health – and vice versa. I want you to know there is a lot we can do to connect you with the resources you need to feel better physically if you're not feeling well. It's also helpful for us to know if you are feeling physically well and what has been helpful for you to achieve that.

We'll start with some questions and then toward the end I'd like your help in collecting some physical health information by measuring your height and weight, taking your blood pressure, and those kinds of things.

Questions/Prompts Aimed at Assessing Physical Health Concerns


How have you been feeling lately in terms of your health overall? Are there any parts of your body that are concerning to you (*can guide them; e.g., your head? Your heart? Your stomach?*).

Have you seen a doctor for any physical problems or ailments? How do these ailments affect your life? What about your teeth – are you experiencing any discomfort? Do you have a dentist?

Primary Care Physician: _____	Clinic/Location: _____	Date last seen: _____
Dentist: _____	Clinic/Location: _____	Date last seen: _____
Other/Specialist(s): _____	Clinic/Location: _____	Date last seen: _____

How many hours of sleep are you getting at night? (*Make this question more specific if client has difficulty reporting; e.g., "how many hours of sleep did you get last night? Is this pretty typical for you?"*). What time do you usually go to bed? How long does it take you to fall asleep? How many times do you wake up during the night? What time do you usually wake up? What time do you usually get out of bed? When you wake up, do you feel well rested or tired? What things help you sleep better? What things make it difficult for you to sleep? Are there medications that affect your sleep? Does alcohol or caffeine affect your sleep? Is there anything else that you think is important for me to know about your sleep?

Tell me about your physical activity during a typical day. Are you satisfied with the amount of physical activity you're getting now? What are some benefits of increasing physical activity? Can you think of any other benefits? What types of activities have you done in the past that you enjoyed? What gets in the way of getting or staying active?

 *Clinician Note: Self disclosure may help facilitate this conversation. Try talking about activities that you enjoy and things that get in the way of physical activity in your own life.*

What changes would you like to make to feel healthier? What would you gain if you made this change?

(*If not identified or discussed in the context of the above questions...*) Tell me about your smoking habits, if you smoke. When did you start smoking? How many cigarettes do you smoke in a day? Do you notice any physical problems you think may be caused by your smoking? Is your smoking habit something you would like to talk with someone about possibly reducing or stopping?

Are you using any birth control at the present time? Would you like any information on birth control?

Are you aware of signs and symptoms of sexually transmitted diseases? Have you ever experienced or been concerned about having a sexually transmitted disease? Do you know and/or use measures (e.g., condoms) to prevent sexually transmitted diseases? Would it be helpful to learn ways to manage your sexual health?

Let's talk more about any other illnesses you are currently experiencing or have experienced in the past.

<input type="checkbox"/> Heart disease	<input type="checkbox"/> Gallstones	<input type="checkbox"/> Diabetes Specify Type:
<input type="checkbox"/> High blood pressure	<input type="checkbox"/> Kidney infections	<input type="checkbox"/> Arthritis
<input type="checkbox"/> Respiratory diseases (e.g., asthma, emphysema, COPD) Specify Type:	<input type="checkbox"/> Kidney stones	<input type="checkbox"/> Glaucoma
<input type="checkbox"/> Liver disease (e.g., Hepatitis, Cirrhosis) Specify Type:	<input type="checkbox"/> Stomach ulcers	<input type="checkbox"/> Gout
<input type="checkbox"/> Injuries, head trauma Specify Type:	<input type="checkbox"/> Thyroid disorder Specify Type:	<input type="checkbox"/> Cancer Specify Type:
<input type="checkbox"/> Illness with a high temperature	<input type="checkbox"/> Anemia	<input type="checkbox"/> HIV / AIDS
<input type="checkbox"/> GI problems (other) Specify Type:	<input type="checkbox"/> Rheumatic fever	<input type="checkbox"/> Other:

Have you ever experienced seizures, or do you experience them now? *(If yes, assess for frequency, duration, type and last seizure).*

Have you experienced any time in the hospital for medical issues?

Do you have any known allergies? *(If yes, prompt for medication-related, food-related, or environmental such as hay fever).*

Let's talk a bit about your family's health. Have you had any disease or illnesses in your family?

Disease in Your Family	Relation of Family Member
<input type="checkbox"/> Heart Disease	_____
<input type="checkbox"/> Diabetes	_____
<input type="checkbox"/> Glaucoma	_____
<input type="checkbox"/> Cancer	_____
<input type="checkbox"/> Thyroid problems	_____
<input type="checkbox"/> High Blood Pressure	_____
<input type="checkbox"/> Mental Illness	_____
<input type="checkbox"/> Substance Abuse	_____
<input type="checkbox"/> Other	_____

Tell me more about any physical exams you've had.

	Date	Ordering Physician
Physical Exam	_____	_____
Chest X-Ray	_____	_____
Hearing Exam	_____	_____
Pelvic Exam/Pap Smear	_____	_____
Mammogram	_____	_____
Colonoscopy	_____	_____
Lab Work		
Blood Chemistry	_____	_____
CBC	_____	_____
Hepatitis Antibody Screen	_____	_____
Urinalysis	_____	_____
HIV Assay	_____	_____

TB Skin Test _____ Negative Positive

Do you know whether your vaccinations are up to date?

Influenza (Flu shot: yearly):

TDAP (every 10 years):

Varicella (chickenpox):

HPV (3 doses):

Zoster (shingles: 60+):

MMR:

Pneumonia:

Meningococcal:

Hep A:

Hep B:

Ht. _____ Wt. _____ Usual Wt. _____ BMI _____ Waist circumference _____

Recent increase or decrease in weight _____

T. _____ P. _____ RR _____ BP. _____

Hearing: Adequate Impaired Partial Impaired Complete

Hearing Aid/s? _____

Eyes:

Vision: Adequate Yes Impaired Partial Impaired Complete

Vision Corrected: Yes No Glasses Contact Lenses Used Not Used
 Teeth: Natural Good Condition Poor Condition
 Dentures: Upper Lower Partial Orthodontic Appliance _____ Used/Not
 Condition of appliance _____
 MSK problems Ambulation: Unassisted Assisted Specify _____ Prosthesis:
 Skin: Condition _____
 Notable features (e.g., scars, bruises, tattoos, birthmarks) and location:
 Bowel Habits: Regular Irregular

Questions for Women Only:

Are you having your menstrual periods? Yes No
 Do you have any concerns with your periods? Yes No
 Do you examine your breasts regularly? Yes No
 Have you ever been pregnant? Yes No
 Number of pregnancies _____ Live Births _____ Living Children _____
 Do you presently have any noticeable vaginal discharge or discomfort? _____

The PACT team will be thinking through ways that we can support you in working toward both mental and physical health, since we know how much these two types of health work hand in hand. Having this conversation today is a great start.

What things about your physical health should we know that I did not ask you about?

Questions/Prompts Aimed at Assessing Self-Care Concerns

I would like to ask a couple questions about your nutrition and eating habits. First, would you please tell me where you eat most often? What choices do you have about food? How often do you eat meals? *(If not identified or discussed in the context of the above questions...)* Do you have any special nutritional needs (e.g., diabetic diet, lactose intolerance, malabsorption)? Tell me a bit about your eating habits. Would you like help making changes to your eating habits? Are there any barriers to changing your eating habits if you wanted to change them? ***{inquire into and inventory any/all deficits in role and task functioning in living, learning, working and/or social domains. If functional problems are identified by the client, ask: “what gets in the way of performing this role or task?” and “would you like help to work on these challenges? or “would you like some help with that?” (assessing stages of treatment in functional deficits/PsyR)}***

Do you have any concerns about or difficulty with getting yourself ready each day? For example, do you have any concerns about bathing or showering? Washing your hair? Brushing your teeth? (If there are concerns, prompt for why. Does it have to do with understanding what is needed? Access to supplies [e.g., soap, shampoo, toothbrush, toothpaste])? Any barriers? ***{inquire into and inventory any/all deficits in role and task functioning in living, learning, working and/or social domains. If functional problems are identified by the client, ask: “what gets in the way of performing this role or task?” and “would you like help to work on these challenges? or “would you like some help with that?” (assessing stages of treatment in functional deficits/PsyR)}***

What about concerns about or difficulty with getting dressed each day? Washing your clothes on a regular basis? Would you like help in these areas? Are there any barriers to making those changes? ***{inquire into and inventory any/all deficits in role and task functioning in living, learning, working and/or social domains. If functional problems are identified by the client, ask: “what gets in the way of performing this role or task?” and “would you like help to work on these challenges? or “would you like some help with that?” (assessing stages of treatment in functional deficits/PsyR)}***

Let me see if I have this right: (present summary of physical strengths and challenges, for example, you are not a smoker, you like to watch your weight, and you walk every day. You have high blood pressure and you have back pain occasionally). In thinking about these things right now, what are some ways we can help you to manage your physical health?

Tip Sheet for Substance Use Interview

Substance abuse is the most common and clinically significant comorbid disorder among adults with severe mental illness. PACT teams in Washington State generally report that up to 60% of their clients struggle with substance use (and lifetime history may be much higher). Substance use may create numerous challenges and problems for clients in many ways, including financial, health, legal, and symptom management. It is critical to take a careful and non-judgmental/non-blaming approach when interviewing clients about substance use. Before beginning any interview with a client about substance use it is important that you review any substance use reporting requirements that you might have while working with the client (e.g. client is on parole and you are legally required to report substance use to their parole officer).

As clinicians, our first conversations about the use of substances can have a dramatic impact on our success in helping clients reduce the harm related to substance use and in assisting clients with reducing or abstaining from drug use over time. The assessment should be the beginning of your collaborative work with the client to develop a shared understanding of both the pros and cons of substance use, developing a partnership to work on reducing harm, and creating a plan for a healthier, more satisfying future.

Substance use is an area where there is typically high ambivalence and reluctance to speak to mental health workers. Gentle persistence is recommended for keeping substance use treatment “on the table” and not letting assessment and treatment be derailed due to client ambivalence, while, at the same time, rolling with ambivalence and client non-engagement. Where the client is unwilling or unable to talk about their use of substances, assessors might first remind the person that you are gathering this information, not to blame the client, but instead to find ways to be as helpful to the person as is possible. In some cases, the team member will need to gather enough information through collateral sources and direct team observations to make an initial case conceptualization in a timely manner, with the understanding that important missing information will be obtained after further engagement.

Consistent with other assessment interview approaches, the information used to inform a conceptualization of the consumer’s substance use will be based on the client’s report, clinical observation, available medical records, and other collateral data. It is strongly suggested that this interview be conducted by the substance abuse specialist who has prepared before the interview by reviewing relevant documentation. As with all sections of this document, the questions in this section are offered as suggestions.

Finally, notes to the interviewer appear in *italics*. Suggested language for the interviewer appears in block script. The interviewer should use his/her discretion in the selection of appropriate questions. Clinician Notes appear in grey text boxes and are intended to provide additional guidance for the interview and/or integration of data.

Substance Use Interview Template

Introduction: We are going to be spending some time talking a little bit about alcohol and drug use. As a team, we are committed to helping you achieve your recovery goals and so we want to look at the things that can either help or hinder you reaching your goals. It will be important for us to understand how it fits into the larger picture of your overall recovery. Do you have any questions about that before we get any further? Okay, first, I'd like to ask if you have any questions or concerns about your use of alcohol or drugs?

Suggested Questions/Prompts for Drugs Used, Frequency, Onset, and Duration

The first thing that we want to do is talk about what drugs you are currently using or have used in the past. We are going to circle back around and talk in more detail about what might be causing more problems, but for right now, let's just get a list of the drugs you have used, when you started using them and how much, and how often you used them, okay? What drug, including alcohol, would you say is your drug of choice or is the drug that is causing you the most problems?

Clinician Notes:

- *Do not start out by listing drugs; have the client think through this by him or herself and then ask about other drugs if it seems to be useful. Probe for when the client first started using, what the circumstances were around the beginning of use and the pattern of use over time including frequency and duration.*
- *Using a timeline can be extremely helpful here. Draw a line across a piece of paper. On the far left side of the page, write the age of first substance use and on the far right side of the page, write present. Work with the client in filling out the timeline for the progression of drug use, initially filling in with frequency and duration and then you can go back and add further notation regarding the consequences, including substance use precipitating any acute mental health events.*
- *Get this basic info for all drugs used and then begin to collect more detail about the consequences of use for substance use using DSM criteria for a possible SUD diagnosis.*

Let's go back and talk a little bit about 'x' so we can see a little more about what's going on here.


Clinician Notes:

- *Questions regarding the impairment and distress related to substance use should remain open, curious and conversational. Often this portion can be "softened" by preceding it with a "payoff matrix" which begins with an exploration of the advantages of using substances before proceeding to the disadvantages. Areas to include in this part of the assessment conversation include: impact on relationships, expressions of concern about use by others, health, legal problems like a DUI or drug possession charge, fights or arguments where substance use was involved, exploitation, risky or "out of character" behavior, loss of control and social/occupational impairment.*

What do you see happening with (specific to client mental health symptoms: paranoia, delusions, agitation, depression, anxiety...) when you are using 'x'? What pattern do you see with (mental health symptom) because you are using 'x'? Did any of your current (mental health symptoms) after you first used 'x'? Do they get worse... better? [assessing the impact of substance use on mental health]

Have you ever ended up using more of 'x' than you intended? What were the consequences? Did it make you sick? Lose control? Cause troubling experiences? Require medical attention? Cause any ongoing problems (*e.g., cognitive, mental, physical*)? [assessing for acute intoxication]

Have you needed to use more in order to feel the effects of 'x'? What about the opposite? That it actually takes less for you to feel the effect? What happens when you can't use? If you go for a while without using, do you feel anxious? Depressed? Sick? [assessing for tolerance and withdrawal]

 *Acute intoxication and withdrawal syndromes increase greatly the risk of the client harming oneself or others. PAWS (Protracted Acute Withdrawal Syndrome) can last for many months or in rare cases, years. Where withdrawal syndrome is suspected, document the need for a detailed risk assessment in **Areas for Further Assessment**, alert the team, and devise a risk assessment and management strategy.*

 **Clinician Notes:**

- *"Cast a wide net": For many SMI adults, even lower amounts of use may cause significant impairment.*
- *Use DSM criteria as a basis for probing, but keep in mind that questions regarding impairment are also impacted by severe mental illness.*
- *Make sure to focus questions on interplay of mental health and substance use.*

Questions About Motivation to Change and Self-Efficacy

I appreciate how much information about substance use you have been sharing with me. I know it is sometimes difficult for people to talk about and this is useful so we can understand the best ways to be helpful to you. I would like to ask you a few more questions to help me understand a bit more.

Sometimes we use a scale, like 1 to 10 to measure things. For example, if you go to an emergency room with pain in your leg, they might ask you, on a scale of 1 to 10, with 10 being the worst pain you have ever felt, and 1 being the least pain, how bad is the pain right now? Does that make sense? I am wondering if you would be willing to use a 1 to 10 scale with me now regarding substance use.

So, my first question is, on a scale of 1 to 10, how important is it for you to reduce your substance use right now? 10 is extremely important, 1 is not important at all. So, I am wondering, you said it is a (insert client number here), what makes it a (same client number) instead of (use a lower number here)?

Thanks, that is helpful, I am wondering what would it take to move that number from (insert client number here) up to a (add 2 points here)?

That is very helpful.

I have another similar question. Using the same 1 to 10 scale, I am wondering, how much confidence do you have that you can reduce your substance use? This time a 10 means that you are completely confident that you can reduce your substance use and a 1 means you have very little confidence that you can reduce your substance use. Where would you say you are on this scale?

So, I am wondering, you said it is a (insert client number here), what makes it a (same client number) instead of (use a lower number here)?

Thanks, that is helpful, I am wondering what would it take to move that number from (insert client number here) up to a (add 2 points here)?

This is very helpful.

In thinking about your substance use right now, how do you think it affects your life? If you don't change, how do you think things will be?

Questions About Sober Social Support and Environmental Triggers

Next, let's talk about the people in your life that might use substances. Is there any history of drug or alcohol use in your family? How did you see the use of 'x' affect your family? On you? Were there any problems that you saw it created? *(Follow up with questions probing for possible abuse where appropriate)*. Do you associate 'x' with having good family experiences? Who first introduced you to using 'x'? Do you have friends that are using right now? How does that affect your relationship with them? What about any friends that don't use? Do you find these friendships supportive? Not supportive? How so? Do people in your support system believe you have a problem with drugs or alcohol? What sorts of concerns do they have? Would you like to find friends that are more supportive of the kind of life that you'd like to be living? Are you currently living with someone who is using? What sorts of situations come up that make you more likely to use? *(Probe for persons, places and things)*.

Questions About Previous Substance Use Treatment

Have you ever been in a substance abuse treatment? What did you find helpful about treatment? Was there anything that you thought wasn't as helpful? Do you or have you ever participated in any AA/NA or Recovery Self-Help Programs? Have you ever attended substance use groups for people with a mental illness like Dual Recovery Anonymous? What was helpful about any of these? What was not helpful?

Questions About Periods of Sobriety

Have you ever abstained from using drugs or alcohol? What has been your longest period of abstinence? When? What did you do to maintain abstinence? Do you have any people who support your recovery? What is your relationship like with them?

Thank you for sharing all that you have. Is there anything else that you think I should know related to your use of substances?

Tip Sheet for Sociocultural Interview

The sociocultural interview is consistent with the mission of the Comprehensive Assessment to better understand the client's lived experience so that interventions may be tailored to the individual's needs. Despite having its own section, culture is highly relevant to the entire assessment and intervention process. Cultural competence includes cultural sensitivity, cultural knowledge, cultural empathy, and cultural guidance. As such, it requires not only an awareness and understanding of the client's cultural identities, but an awareness of the clinician's own attitudes toward and knowledge of cultural differences. This does not suggest that team members must be knowledgeable about all cultures with which we interact—this is an admirable but unrealistic goal. Instead, the team is encouraged to openly check their knowledge of the client's reference groups and to acknowledge deficiencies in this knowledge base to better connect with the client. Some suggested language is provided in this section.

Addressing culture—and cultural discrepancies in particular—can be a difficult skill to master and a potentially uncomfortable experience initially. Just as the clinician must demonstrate an ability to discuss other potentially uncomfortable topics in a straightforward, earnest, and empathic manner, the same manner is recommended here.

Understanding an individual's cultural identity is crucial to both the assessment and treatment phases. Open dialogues about cultural identities, discrimination faced based on one's reference groups, and the cultural or demographic incongruence between the team member(s) and client serves many functions. First, these conversations demonstrate to the client that no topic is off-limits. Second, it demonstrates a desire to know the client as a person, rather than as a "client." Third, it ensures that diagnoses/problem lists are accurate (that is, that they are both maladaptive and outside of culturally normative behavior). Fourth, a thorough cultural assessment increases the likelihood of providing culturally responsive practice. Finally, the questions below may generate potential new goals that can be explored more with the client. Particularly relevant are areas that have the potential to build connections within the client's communities (e.g., faith community, neighborhood community, family, school community).

Leisure questions are intended to engage, activate, and stress the value of pleasurable activities in recovery. Omitting these questions in the interest of time is not advised. In fact, it may be helpful to administer the leisure questions first if the client is particularly difficult to engage.

The information used to inform a cultural formulation will be based on the client's report. This interview can be conducted by anyone on the team; the Peer Specialist may be particularly helpful in eliciting this information. As with all other portions of the Comprehensive Assessment, the questions in this section are offered as suggestions.

In this section, as with all others, be sure to listen for and inquire further about any/all skills and tasks of community living that are difficult for the client to perform because of having a serious mental illness. These **functional deficits** in the areas of living, learning, working and socializing should be identified and inventoried, along with capturing a sense of the client's interest in making changes to address those deficits. Particularly in the area of clear functional deficits, team observations are invaluable and will be essential to the development of psychiatric rehabilitation goals. These observations should be included in the Integrated Summary of Assessment and discussed as a team when formulating the Putting It Together case conceptualization.


Finally, notes to the interviewer appear in *italics*. Suggested language for the interviewer appears in block script. Clinician Notes appear in grey text boxes and are intended to provide additional guidance during the interview. The interviewer should use his/her discretion in the selection of appropriate questions.

Sociocultural Interview Template

Introduction: Today I would like to spend some time talking about other parts of your identity. We all have many parts to us—our gender, our race, our spiritual beliefs—that help shape who we are. The PACT team thinks that these aspects of you are as important to your recovery as any other, so we would like to get to know you better by talking about your cultural identities. As always, if there are questions that you would prefer not to answer, that’s completely fine. Let me know that and we will move on. First, do you have any questions for me?

Questions/Prompts Aimed at Eliciting Reference Groups

With what race(s) do you identify? What is your family’s nationality? How long have you or your family lived in the US? When did your family come to the US? What language do/did you speak at home? [assessing generational/migration/refugee status and level of cultural assimilation]

 *Clinician Note: The following levels of acculturation may be helpful in crudely approximating the client’s level of acculturation with the dominant culture: Monocultural = new immigrant, Bicultural = balancing and integrating nondominant culture; Unicultural = assimilated to the point of no longer identifying with ethnic background.*

Are you spiritual? Do you believe in a higher power? Do you practice a religion? Belong to a spiritual community? How much is faith, spirituality, or religion a part of your life? Are you as involved with your faith as you would like to be? Who do you pray/meditate/observe with? What family traditions do you still practice? Are there other family traditions around the holidays that you would like to practice? Do you have any concerns about how much or how well you’ve been able to join in spiritual or religious activities with others? Is this something you’d like help with? Are there barriers to your joining in these activities? ***{inquire into and inventory any/all deficits in role and task functioning in living, learning, working and/or social domains. If functional problems are identified by the client, ask: “what gets in the way of performing this role or task?” and “would you like help to work on these challenges? or “would you like some help with that?” (assessing stages of treatment in functional deficits/PsyR)}***

With what sexual orientation do you identify? Are you currently sexually active? Are you currently in a romantic relationship? *(If the client does not identify as heterosexual or identifies as a heterosexual who also engages in same-sex intercourse, explore the client’s experiences with his/her family and larger communities around acceptance and discrimination.)*

Questions Aimed at Eliciting Personal and Cultural Values

What does your culture/family say about education? What do they say about work? Family and child-rearing practices? What are your thoughts on the value of education? Is working important to you? Do you think about having a family? What does that family look like? What else is important/meaningful to you? In your family, what are the roles of the mom? What are the roles of the dad?

Questions/Prompts Aimed at Cultural Factors Affecting Help-Seeking

Who do you feel close with? Who provides support to you? When you were growing up, who was your main source of support? What does your family think about your mental health needs? Is your family

involved in your treatment (now or in the past)? Would you like them to be (more) involved? Do you know of anyone in your family who has or had a mental illness? [assessing social barriers, familial support versus estrangement from family, and stigma]

Do you feel you or your family have ever been misunderstood by mental health providers because of differences in culture, language, or worldview?

 *Clinician Note: Demonstrate your earnest effort to better understand the client and acknowledge differences in lived experience.*

So far during your time on the PACT team, has there been a time when you felt misunderstood? There may be times when you feel like we're not understanding you or like we don't really get your experience. When that happens, we would appreciate you letting us know.

Have you experienced discrimination because of some aspect of your identity (e.g., race, culture, religion, sexual orientation, or ethnic background)? If so, how? How much of a problem did you have living with dignity because of the attitudes and actions of others?

For you, what is the most important aspect of your background or identity? Are there any aspects of your background or identity that make a difference to your mental health? Are there any aspects of your background or identity that are causing other concerns or difficulties for you? [assessing perceived role of cultural identity on mental health and wellbeing]

Questions Aimed at Assessing Leisure Interests and Activities

What is a typical day like for you? Please walk me through it from the time that you get up, until you go to bed.

What things do you do during the day that you must do?

What things do you do that you enjoy?

Tell me about the last time you remember having fun. When was the last time you laughed? Felt carefree? What do you do to relax?

What sports are you into? What teams? Do you play an instrument? What music gets you going? Do you enjoy spending time outdoors? What type of movies do you enjoy? Books? TV shows? How often do you read/watch TV/see a movie just for fun? Are you able to enjoy yourself when you do these things? If not, what seems to get in the way? Do you know other people who also enjoy (*fill in the blank*)? How often do you do these fun things with others?

Is there anything else you do for fun? Any hobbies? What about hobbies that you used to enjoy?

Do you have any creative interests? (*provide examples as needed; e.g., drawing, painting, writing, rapping, doing hair, painting nails, cooking, sewing, scrapbooking, etc.*)

Do you have any concerns about how much or how well you've been able to participate in team or group activities that you enjoy in the community (e.g., spiritual, religious, social, recreational, leisure activities identified above)? Is this something you'd like help with? Are there barriers to your joining in these activities?

Do you have any concerns about how much or how well you've been able to do things by yourself for relaxation or fun? Are there barriers to your doing these activities? Is this something you'd like help with? ***{inquire into and inventory any/all deficits in role and task functioning in living, learning, working and/or social domains. If functional problems are identified by the client, ask: "what gets in the way of performing this role or task?" and "would you like help to work on these challenges? or "would you like some help with that?" (assessing stages of treatment in functional deficits/PsyR)}***

Have you had any challenges in making or planning meals lately? How have you been doing in shopping for the things you want or need? Can you tell me about your use of public transportation? If you've had any challenges in shopping for yourself, planning or making meals, or getting around town, would you like the PACT team to work with you on these things? ***{inquire into and inventory any/all deficits in role and task functioning in living, learning, working and/or social domains. If functional problems are identified by the client, ask: "what gets in the way of performing this role or task?" and "would you like help to work on these challenges? or "would you like some help with that?" (assessing stages of treatment in functional deficits/PsyR)}***

Is there anything else about you, your culture, or your interests that is helpful for me to know?

Tip Sheet for Psychosocial Interview

The information used to inform a conceptualization of psychosocial factors most relevant to the consumer's treatment and recovery will be based primarily on his or her perceptions and beliefs. In addition, the team should integrate other information known to the team, such as police reports, hospital discharge summaries, and collateral interviews. Time constraints may limit the amount of data that can be reasonably acquired, and preference is given to the client's perceptions and the client's here-and-now experiences. The client's family history and perceptions of his or her childhood experiences should also be prioritized, although a review of this information with the client will be likely be peripheral, at least during the initial assessment process. Preference is given to adverse and traumatic experiences as well as to factors underlying resiliency, such as protective relationships and/or hobbies.

Disclosing historical and even recent information may be difficult for clients for a variety of reasons. As with all components of the Comprehensive Assessment, interviews should always be preceded by a rationale for questions with an opportunity for the client to ask questions or raise concerns. Be responsive to verbal and nonverbal cues of fatigue, suspiciousness, anxiety, and irritation so that the therapeutic alliance both with the team as a whole and the team member(s) gathering the data is not jeopardized. As with other components, an attitude of benevolent curiosity administered with gentle persistence is recommended.

Prior to meeting with the client to acquire information relevant to psychosocial considerations, review any known information from collateral sources, clinical observation, or previous reports from the client so that the interview can be streamlined. As with each section, questions are offered as suggestions. It is not advised to ask each question; rather, the questions are intended to launch a conversation that will help the team to better understand relevant factors to the client's illness and recovery.

In this section, as with all others, be sure to listen for and inquire further about any/all skills and tasks of community living that are difficult for the client to perform because of having a serious mental illness. These **functional deficits** in the areas of living, learning, working and socializing should be identified and inventoried, along with capturing a sense of the client's interest in making changes to address those deficits. Particularly in the area of clear functional deficits, team observations are invaluable and will be essential to the development of psychiatric rehabilitation goals. These observations should be included in the Integrated Summary of Assessment and discussed as a team when formulating the Putting It Together case conceptualization.

Notes to the interviewer appear in *italics*. Suggested language for the interviewer appears in block script. Rationale for the question(s) appear after each set of questions within brackets "[]" and are intended to assist with the **Integrated Summary of Assessment**. While it can be helpful to have clinical terminology, preference is given to using the client's language to describe his/her experience. Clinician Notes appear in grey text boxes and are intended to provide additional guidance during the interview. The interviewer should use his/her discretion in the selection of appropriate questions.

Psychosocial Interview Template

Introduction: I'd like to devote some time to getting to know a bit about your upbringing as well as what things are going on in your current life that might be affecting your health, wellness, and life satisfaction. This would mean spending some time talking about things related to your family and your current natural supports—meaning the people who you enjoy spending time with, feel comfortable with, and/or who you want to be a part of your life. We know that supportive family, friends and others can be a real help in moving toward recovery. We also know that relationships—even positive ones—can be stressful at times. My hope is that we can explore these relationships a bit over time and help you to get the most out of them.

One thing that may also be helpful is to learn more about what your life was like when you were younger and what it's like now. Please let me know if you prefer to not answer a question; that's perfectly fine. Also let me know if you feel like I'm misunderstanding something. I want to be sure I really understand your experience. The team and I believe that the better we understand your experience, the better job we can do in helping you work toward making positive changes in your life.

You'll see me taking notes while we talk—that's to help me make sure I'm remembering our conversation accurately. Do you have any questions for me before we begin?

Questions Aimed at Eliciting Perceptions of Current Living Situation

Tell me a bit about where you're living now? Who else lives there with you? What is the neighborhood like? How do you feel about your current living situation? How long have you lived there?

How are things going there? Have you had any recent changes/stresses in your living situation? How do you get along with roommates/neighbors/landlord? What are the rules where you live? Have there been any issues related to these rules or restrictions? Do you feel safe there? Do you feel comfortable? What would you change about your living situation? What do you value/like about it? Have you thought about where you would like to be living (X) years from now?

Do you have any concerns about the appearance or cleanliness of your home? Is this something you'd like help with? Are there any barriers to improving the appearance or cleanliness of your home? ***{inquire into and inventory any/all deficits in role and task functioning in living, learning, working and/or social domains. If functional problems are identified by the client, ask: "what gets in the way of performing this role or task?" and "would you like help to work on these challenges? or "would you like some help with that?" (assessing stages of treatment in functional deficits/PsyR)}***

Questions Aimed at Assessing Quality of Family Relations

How would you describe your childhood? Who raised you? What was your relationship like with your parents? Are your parents still living? How much contact do you have with your parents? How do you feel after speaking with your parents? Did you have another family member (e.g., grandparent) or trusted person who had a big influence on your life?

How many siblings do you have? (*Elicit birth order.*) Are they still living? How much contact do you have with your siblings? How would you describe your relationship with your siblings now? How do you see yourself in the family? [assessing current natural supports]

When you were growing up, was your family active in some ways in your community? In what ways? [assessing for potential value-consistent community immersion goals]

Did you have many friends growing up? What did you like/value about those relationships? Do you have friends you can trust or depend on now? What concerns do you have about forming new friendships with others? [assessing relational development goals]

Have you had romantic relationships in the past? What have you liked/valued about those relationships? What was stressful about past relationships? How satisfied are you with your dating life now? What would be good about meeting new people? Is there anything we can do to help you in this area? What would be hard about that? [assessing future orientation] ***{inquire into and inventory any/all deficits in role and task functioning in living, learning, working and/or social domains. If functional problems are identified by the client, ask: “what gets in the way of performing this role or task?” and “would you like help to work on these challenges? or “would you like some help with that?” (assessing stages of treatment in functional deficits/PsyR)}***

Who are the most important people in your life now? Who believes in you? Who can you depend on? Are there people who depend on you? Who do you care about? Who cares about you? How satisfied are you with your relationships with the people who support you now? Is there anything we can do to help you in this area? What are the barriers to making changes in this area, if that’s something you’re wanting? [assessing current natural supports] ***{inquire into and inventory any/all deficits in role and task functioning in living, learning, working and/or social domains. If functional problems are identified by the client, ask: “what gets in the way of performing this role or task?” and “would you like help to work on these challenges? or “would you like some help with that?” (assessing stages of treatment in functional deficits/PsyR)}***

Questions Aimed at Eliciting Sources of Social Stressors and Supports

Are there any kinds of support that seem to make your (problems/symptoms/ experiences/stress) better, like support from family, friends, co-workers, religious leaders, or others? ***{inquire into and inventory any/all deficits in role and task functioning in living, learning, working and/or social domains. If functional problems are identified by the client, ask: “what gets in the way of performing this role or task?” and “would you like help to work on these challenges? or “would you like some help with that?” (assessing stages of treatment in functional deficits/PsyR)}***

Are there any kinds of stresses that seem to make your (problems/symptoms/ experiences/stress) worse, like difficulties with money, family problems, relationship problems, discrimination, or others? ***{inquire into and inventory any/all deficits in role and task functioning in living, learning, working and/or social domains. If functional problems are identified by the client, ask: “what gets in the way of performing this role or task?” and “would you like help to work on these challenges? or “would you like some help with that?” (assessing stages of treatment in functional deficits/PsyR)}***

Are there areas of getting along with others you have concerns about? What about with people you know? What about dealing with others you don’t know? Do you feel like you can be assertive and make

your needs known if you need to? Is this something you would like help with? What are the barriers to making such changes if you're wanting to make them? ***{inquire into and inventory any/all deficits in role and task functioning in living, learning, working and/or social domains. If functional problems are identified by the client, ask: "what gets in the way of performing this role or task?" and "would you like help to work on these challenges? or "would you like some help with that?" (assessing stages of treatment in functional deficits/PsyR)}***

Questions Aimed at Eliciting Legal History

Many of the clients we work with have been involved in some ways with the criminal justice system. Have you ever been arrested? How would you describe your interactions with police (and/or correctional officers, parole officers)? Have you been convicted? Do you have any pending charges now? Have you been held in a jail before? Have you spent time in prison? How many years have you spent behind bars? What did you go in for? What were your convictions? Were you ever assaulted, either physically or sexually, while in jail or prison? What struggles did you face when you left jail/prison? Do you still struggle with these problems? How likely do you think it is that you will go back to prison or jail?



*Clinician Note: An attempt should be made to better understand the circumstances surrounding past offenses, particularly offenses including substances, aggressive or assaultive behaviors, or offenses involving victimization of a family member. Such an understanding will substantially contribute to the **Integrated Summary of Assessment**.*

Tip Sheet for Employment and Education Interview

This section of the PACT Comprehensive Assessment is intended to start a discussion regarding employment, education and finances. The goal is to have a conversation with the client to gather relevant information and to let the client know that the team has services to help the client with his/her employment and educational goals. It is important for the interviewer to be genuinely hopeful and engaging while completing this section. Before starting this interview, the clinician should review previous information including who is in the client's family, who is working, who is in school, and where the client is currently living, as well as the client's own history regarding education and employment.

The interviewer should make note of the consumer's existing resources as well as opportunities to expand their skillset to advance vocational, volunteer, and educational goals. As with all other sections of the Comprehensive Assessment, use of collateral data will be helpful in acquiring historical information.

Consistent with other assessment interview approaches, the information used to inform a conceptualization of the consumer's vocational and/or educational needs will be based on client's report, clinical observation by the PACT team, and collateral data from both a record review and interviews with natural and clinical supports. Questions that the client cannot or is unwilling to answer at the time of the assessment may be asked of natural support if the client has consented. Issues of timing and sensitivity should be primary concerns given the material to be discussed along with information gathering.

While conducting this interview several things are important to remember. First, many people with a mental illness have been told by professionals, family members and others that they are "disabled" and therefore unable to work or be employed. Additionally, many people have also applied for, and may be receiving some types of public assistance, like Social Security that is based on a formal assessment where they applied for "disability" income or insurance. As a result, many clients may be starting this conversation with a strongly developed sense that they are unemployable and unable to participate in further education. They have been exposed to external stigma that may have led to a strong internal stigma and lack of appreciation for their own capabilities regarding work or school.

Research indicates that one of the largest fears of people with a mental illness when thinking about employment is not the fear of failure on the job, but rather the fear of losing their eligibility for disability income (e.g. SSI or SSDI) or disability insurance (e.g. Medicaid, Medicare). Many people who apply for disability benefits who are denied choose to appeal those decisions. If you are working with a person who is appealing their disability benefits, it is important to know if they have an attorney handling their appeal. In many of these cases, the attorney will strongly advise the client to do nothing regarding work until the appeal is settled, even when many appeals take years to resolve.

As with other areas of the comprehensive assessment, if the client indicates that they are not willing to answer questions, acknowledge and affirm the right to not answer and simply move to the next set of questions. It is strongly suggested that this interview be conducted by a team member who has prepared before the interview by reviewing relevant documentation and conducting collateral interviews. Always review the rationale for questions. The language suggested below is a starting point.

Some points to keep in mind for this section:

- The first disability that many people with a mental illness experience is poverty. While supported employment and supported education services might help a person to obtain employment to escape from poverty, many clients may not have much initial hope for that when they start talking about employment or education.
- Supported employment and supported education services are also recovery focused and hope inspiring. It is important to offer supported education and supported employment services and supports to clients often and in a genuinely hopeful way. Helping to elicit and restore hope when working on employment/education with clients is a crucial function. The demonstrated economic, medical and social benefits of employment can help in communicating and generating hope.
- Some clients may not have a “goal” of being employed or attending school, but they may have other goals that are related to work or education, therefore it is important not to simply dismiss the idea of work / school with a client who initially states they do not have such a goal. Remember, many people work, not just for the intrinsic rewards of their job, but for what the income from their job allows them to do. For example, a client who initially states that they do not have an interest in employment services might have a goal of living in a nice apartment or buying a home. When discussing their goals of a better place to live, you might ask the person if employment income might help them achieve their residential goal.
- It is also important for team members to listen carefully for opportunities to gently raise or revisit the question about employment. Many clients struggle with feeling lonely, isolated and sometimes bored. If a client brings up a concern, it may be helpful to gently ask, “Have you ever thought if going to school/ having a job might help with that?”
- Working with clients to build hope for a better future through employment or education requires a team approach. Imagine what happens to a client who starts conversations about finding a part-time job and begins to feel, for the first time in years, that maybe they can work. In their enthusiasm about going to work, they share their employment goal with another team member who says, “What are you thinking about that for now, you need to be free of symptoms first.” The chain of hope for employment requires many links (team members) and breaking just one link can shatter the whole chain quickly.
- Many clients may have the misunderstanding that everyone who is employed or in school is completely free of mental health symptoms or struggles. It is useful to share stories that help to break this myth, perhaps through a peer support worker, or sharing stories about strategies that people have used to manage symptoms while working.
- It is critical to understand the past experiences of clients when they have been offered help with “work” in the past. For too many people in mental health services, help with “work” might have meant that they were placed in a sheltered workshop, or they were doing an undesirable job in an “agency work crew” where they were paid a substandard minimum wage. Several people may have been placed in a series of “vocational assessments” where they were not paid but were told after several weeks that the “assessment” determined they need further assessment or they were

not employable. So, for many clients the ideas of choice, fair wages, and hope are not consistent with their previous experiences with “employment programs.”

- Remember some clients may have had traumatic experiences either in the workplace or at school and those experiences might significantly influence their hope for work or school and be a barrier in them developing education or employment goals with you. For example, a person might have barricaded him/herself in a dorm at college and the police were called to break into the room and escorted the person out of the dorm with a crowd of classmates watching.
- Using collateral sources for information about employment / education history and learning about the client’s strengths, talents, and abilities regarding work /school is an important strategy, this might include previous, or current, teachers, school counselors, employers, work colleagues, or family members. Of course, all these contacts should be made with the client’s consent.
- For clients with military experience (please thank them), it is sometimes very challenging to translate their military assignments to civilian jobs. There are some very useful websites designed just for this purpose, for example: <http://www.military.com/veteran-jobs/skills-translator/>
- In this section, as with all others, be sure to listen for and inquire further about any/all skills and tasks of community living that are difficult for the client to perform because of having a serious mental illness. These **functional deficits** in the areas of living, learning, working and socializing should be identified and inventoried, along with capturing a sense of the client’s interest in making changes to address those deficits. Particularly in the area of clear functional deficits, team observations are invaluable and will be essential to the development of psychiatric rehabilitation goals. These observations should be included in the Integrated Summary of Assessment and discussed as a team when formulating the Putting It Together case conceptualization.
- Notes to the interviewer appear in *italics*. Suggested language for the interviewer appears in block script. Rationale for the question(s) appear after each set of questions within brackets “[]” and are intended to assist with the Integrated Summary of Assessment. While it can be helpful to have clinical terminology, preference is given to using the client’s language to describe his/her experience. Clinician Notes appear in grey text boxes and are intended to provide additional guidance during the interview. The interviewer should use his/her discretion in the selection of appropriate questions.
- Finally, should the client indicate interest in supported employment/education services, offer (and make) immediate referral to the team’s employment specialist for additional assessment and concurrent provision of SEE services.

Employment and Education Interview Template

Introduction:

I would like to talk with you about things that you might want to do in the future, such as find a job, work on your career, take a class, or increase your education. Even though many people think, and sometimes mistakenly believe that people with a mental illness do not make good employees or good students, we know that is simply not true. We know there are thousands of college students and employees in our country who live with a mental illness.

We understand that for many people who have a mental illness going to school or going to work is a very important goal for them, so we provide specialized services to help clients get and keep jobs or take a class. These services are called supported employment and supported education.

It might be important for you to know that when you use our employment and education services, we help you to get a job or find a school that matches with what you want to do. For example, you might want to work only 6 hours a week, or you might want to take a class to get a driver's license, or you might want to do both at the same time.

In our supported employment and education services what you want to do is most important. We do have some ideas and services to help you be successful with finding a job or a school, and we are committed to helping you to be successful after that too with your work or your education.

Questions/Prompts Aimed at Assessing Education History/Interest


Before we get started, I would like to remind you that this information is important to help us to know you better so that we can help you find a job or school that matches with you and what is important to you.

It would be helpful if we could start with school. Would you please tell me about the schools that you have attended? What things did you like most about school? What things did you do well in school? What things did you not like about school? What things were most challenging for you in school? While in school did you have a specialized education program such as an IEP (Individual Education Plan)? Did you get a diploma or certificate of completion from any schools? In thinking about school now, what things help you learn best? What things make it more difficult for you to learn? ***{inquire into and inventory any/all deficits in role and task functioning in living, learning, working and/or social domains. If functional problems are identified by the client, ask: "what gets in the way of performing this role or task?" and "would you like help to work on these challenges? or "would you like some help with that?" (assessing stages of treatment in functional deficits/PsyR)}***

You may not have any goals for school right now, but if you do, I would be very interested in learning about them now. If you don't, we can work on this at any time with you in the future if you like.

The PACT team has experience helping our clients return to school, take classes for fun or work towards a certificate or degree. Is that something that might interest you? *(If so, probe for ideas, aspirations, previous attempts to engage in educational opportunities, and perceived barriers.)* ***{inquire into and inventory any/all deficits in role and task functioning in living, learning, working and/or social***

domains. If functional problems are identified by the client, ask: “what gets in the way of performing this role or task?” and “would you like help to work on these challenges? or “would you like some help with that?” (assessing stages of treatment in functional deficits/PsyR)}

 **Clinician Note: Instill hope in the individual’s ability to achieve personally valued goals. Share stories of recovery and workforce or academic reentry with clients to promote a message of hope.**

Questions/Prompts Aimed at Assessing Employment History/Interest

It would be helpful to talk about your employment history now.

What types of jobs have you held in the past? **{inquire into and inventory any/all deficits in role and task functioning in living, learning, working and/or social domains. If functional problems are identified by the client, ask: “what gets in the way of performing this role or task?” and “would you like help to work on these challenges? or “would you like some help with that?” (assessing stages of treatment in functional deficits/PsyR)}**

It might be helpful if we can create a timeline that includes your jobs, that might help with you remembering some things and it might help us think about the future too. *(You can draw a simple timeline with the client and add jobs in. When doing this it is sometimes valuable to add other things to the timeline that might prompt them to remember employment. For example, a client might remember a summer job in a year when they remember that was their summer vacation from their first year at college, or when they lived in Oregon.)*

Let’s look at each of the jobs. What did you do at each of these jobs? What did you like most about each job? What did you do well at each job? What did you dislike the most about each job? What was most challenging or difficult about each job? **{inquire into and inventory any/all deficits in role and task functioning in living, learning, working and/or social domains. If functional problems are identified by the client, ask: “what gets in the way of performing this role or task?” and “would you like help to work on these challenges? or “would you like some help with that?” (assessing stages of treatment in functional deficits/PsyR)}**

What type of job or career you would like to have? Another way to think about this is “What would you like to be doing in 5 years in terms of work? Or in 10 years?” What is interesting to you about this type of job or career? What would you enjoy about this job or career? What would be the good things about it? What things would you like to learn more about this type of job? **{inquire into and inventory any/all deficits in role and task functioning in living, learning, working and/or social domains. If functional problems are identified by the client, ask: “what gets in the way of performing this role or task?” and “would you like help to work on these challenges? or “would you like some help with that?” (assessing stages of treatment in functional deficits/PsyR)}**

For some people the type of job is very important. You might not have thought about all these things yet, but it would be helpful to know if you have. What do you think about working indoors or outdoors? What do you think about working with customers? What do you think about a job where you work by yourself or with a team of people? About how many hours do you think you might like to work? **{inquire into and**

inventory any/all deficits in role and task functioning in living, learning, working and/or social domains. If functional problems are identified by the client, ask: “what gets in the way of performing this role or task?” and “would you like help to work on these challenges? or “would you like some help with that?” (assessing stages of treatment in functional deficits/PsyR)}

Some people look for jobs based on what they like to do with their free time. For example, someone who spends lots of free time on computers might think about a job selling computers. What are some things you do in your free time that might interest you regarding work?

(Cross reference with strengths and leisure sections, if already administered.) In reviewing some of the things we have learned about you, I have noticed the following strengths that might help with employment (list a few strengths like, you are easy to talk with, you like to read, you know how to change the oil in cars)

(If the client has military experience) What were your assignments in the military? What types of things did you have to do for those assignments? (Remember to consider using a military skills translator website.) What did you like about those assignments? What did you dislike about those assignments? What types of benefits, if any do you receive from the military?

We know that for some people who receive disability benefits, understanding how their benefits might be affected by work, or even how their benefits might help them obtain work, is very important. Have you applied for disability benefits? What have you heard about this application? If you have been denied disability benefits, have you appealed? If so, do you have an attorney for this? What disability benefits, if any, do you currently receive? Do you have a representative payee who manages income from your disability benefits? Do you have a guardian or other person who manages your finances for you?


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.*

The PACT team will be thinking through ways we can support you in working toward these goals of (*list each of the educational-, volunteer-, and employment-related goals identified during this interview*), but let me also ask you about how we can support you?



Sharing the proven economic, social and medical benefits of employment is suggested here. Also, please share that the services of the Team's Employment Specialist help make it happen. We know how to help!

Tip Sheet for Putting It Together Worksheet

The **Putting It Together** worksheet functions as:

1. a way of analyzing and synthesizing the data collected in the integrated assessment for a team case conceptualization,
2. a way for the team and the client to look at the data together in a simple format that can serve as the basis for mutual understanding when treatment planning, and
3. a means to keep the assessment current, as it can be continually revised and updated while the client remains in treatment with the team.

The **Putting It Together** worksheet should be used along with the **Integrated Summary of Assessment** in formulating a shared strategy and approach between the client and team. As the assessments are being worked on, the team can use this worksheet by filling it out with the client so that the assessment process is seen as collaborative, resulting in a treatment approach that both parties can sign off on in a shared decision-making process. However, even when the client is in pre-contemplative stages of treatment, this worksheet can be used by the team to formulate a common, unified and integrated strategy based on the team's best understanding of the presenting issues discovered in the assessment process. Look at the **Putting It Together** worksheet as you read the bulleted list below to better understand how to fill it out:

- **Client's recovery goals:** what goals does the client identify for living a satisfying, meaningful, and contributing life? Use the client's own words.
- **Client's preferences for treatment:** what are the client's current expectations or reservations regarding treatment? Does the team understand the client's current motivation as being external (driven by an outside agenda) or internal (from the client's own values or goals)? How does the client see the team in terms of capable of helping or conversely to be avoided or resisted? What sort of help is the client seeking?
- **Strengths:** client's protective factors and resources (intelligence, supportive relationships, interests' aptitudes, etc.).
- **Vulnerabilities:** these are the clients biological and historical predisposing factors, such as a family history of mental illness or a history of significant trauma.
- **Precipitating factors:** the events immediately preceding the first onset of the presenting psychiatric issue. As a general guide, this will include events roughly within 6 months of symptom onset.
- **Perpetuating factors:** factors that are stressors or interfere with recovery (substance use, loss of housing, poor treatment compliance, isolation or problematic relationships, etc.).
- **Client's understanding of mental health status:** in their own words, what is the client's understanding of her/his mental health status? Are they aware or do they acknowledge their mental health diagnosis? If so, what is their understanding of that diagnosis? If not, how do they understand their current experience?
- **Social, Cultural and Physical factors:** brief summary of social, cultural/demographic, or physical issues that will be relevant to treatment.
- **Psychiatric Rehabilitation Goals:** Psychiatric Rehabilitation goals based on client's assessed stage of treatment, preferences, and areas of functional deficits in the domains of Living, Learning, Working, and Social.
- **Client's needs based on team's analysis:** following a formulation of the client factors, the team should assess the most pressing areas for treatment as well as areas where the team feels they can apply the most clinical leverage.
- **Evidence based practices:** following the assessment of needs for treatment, the team should select which evidence-based practices will be used to address those needs.

- **Stages of treatment:** based on the assessment, where does the team see the client's stage of treatment for each of these areas of substance use, mental health, physical health and psychiatric disability related areas of concern? Are treatment planning interventions consistent with these stages? (see definitions on p. 54)
- **Summary of shared understanding for treatment planning:** final summary of the shared understanding of common goals for treatment planning.

Putting It Together

Clients Recovery Goals:	Clients Preferences for Treatment:	Strengths:
Vulnerabilities:	Precipitating Factors (What started it):	Perpetuating Factors (What keeps it going):
Client's Understanding of their Mental Health Status:	Sociocultural Factors:	Physical Factors:
Psychiatric Rehabilitation Goals:		Clients Needs Based on Team's Analysis:

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

- | | | | | | |
|-----------------------------------|-------------------------------------|-------------------------------------|---------------------------------|---|---|
| Mental Health: | <input type="checkbox"/> Engagement | <input type="checkbox"/> Motivation | <input type="checkbox"/> Active | <input type="checkbox"/> Relapse Prevention | |
| Physical Health: | <input type="checkbox"/> Engagement | <input type="checkbox"/> Motivation | <input type="checkbox"/> Active | <input type="checkbox"/> Relapse Prevention | <input type="checkbox"/> Not Applicable |
| Substance Use: | <input type="checkbox"/> Engagement | <input type="checkbox"/> Motivation | <input type="checkbox"/> Active | <input type="checkbox"/> Relapse Prevention | <input type="checkbox"/> Not Applicable |
| Psychiatric Rehabilitation | <input type="checkbox"/> Engagement | <input type="checkbox"/> Motivation | <input type="checkbox"/> Active | <input type="checkbox"/> Relapse Prevention | <input type="checkbox"/> Not Applicable |

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

- | | | |
|---|--|---|
| <input type="checkbox"/> CBT: For Anxiety, Depression, Psychosis, Trauma, or other EB Psychotherapy | <input type="checkbox"/> Motivational Interviewing | <input type="checkbox"/> Substance Use Treatment (IDDT) |
| <input type="checkbox"/> Family Psychoeducation | <input type="checkbox"/> Outreach | <input type="checkbox"/> Supported Employment/Education |
| <input type="checkbox"/> Illness Management and Recovery (IMR) | <input type="checkbox"/> Health Intervention (specify) _____ | <input type="checkbox"/> Other (specify) _____ |
| <input type="checkbox"/> Medications/Psychopharmacology | <input type="checkbox"/> Psychiatric Rehabilitation | <input type="checkbox"/> Other (specify) _____ |
| <input type="checkbox"/> Medications/Behavioral Tailoring | <input type="checkbox"/> Relapse Prevention/Crisis Mgmt. | <input type="checkbox"/> Other (specify) _____ |
| | <input type="checkbox"/> Social Skills Training | |

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

Summary of Shared Understanding for Treatment Planning:

Changes to Shared Understanding for Treatment:	DATE: _____

Changes to Shared Understanding for Treatment:	DATE: _____

Stages of Treatment

- ✓ **Engagement:** Outreach, assessment, engagement, and building a working alliance. Services are provided regardless of ongoing use.
- ✓ **Motivation⁴:** Education about substances, mental illness, and their interactions, and identifying pros & cons of use. Motivational interviewing techniques are essential and include the following:
 - Express empathy
 - Offer reflective listening
 - Assist with goal setting
 - Develop discrepancy between goals and substance use
 - Conduct decision balance (pros & cons)
 - Roll with ambivalence to change
 - Emphasize personal choice
- ✓ **Active:** Helping to make change & sustaining it. Specific techniques include the following:
 - Cognitive-behavioral therapy
 - Managing social environments
 - Identifying & managing triggers and cravings
 - Relaxation/coping skills
 - \$ management to avoid using
 - Problem solving to reduce stress
- ✓ **Relapse Prevention:** Maintaining abstinence. Specific techniques include the following:
 - Develop a relapse prevention plan
 - Help consumer attend self-help groups
 - Help build and maintain social supports for sobriety
 - Maintain awareness of vulnerability to relapse
 - Help expand recovery to other areas of life (parent group, vocational supports)

⁴ It should be noted that motivational interviewing (MI) theory has evolved since the integrated dual disorder treatment model was conceptualized. Current MI theory suggests that MI strategies can be used with people at any stage of treatment.



Areas for Further Assessment:

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

	Domain for Further Assessment	Optional Tools for Assessment	Team Member to Follow Up	Date Completed
	Nicotine Dependence	<i>-Fagerstrom Test for Nicotine Dependence</i>		
	Employment and Education	<i>Individual Placement and Support Model</i>		
		<i>-Educational Assessment</i>		
		<i>-Vocational Assessment</i>		