Virtual Assessment and Client Plan Development

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STRENGTHS

• Augments **access** and promotes **health equity**
• **Connect** with clients in more comfortable settings
• Offers a ‘window’ into our clients’ lives
CHALLENGES

- Therapeutic alliance, ‘joining’ or empathy
- Access to non-verbal
- Telehealth and equity
- Technological
- Privacy and confidentiality
- Safety or risk assessment
Apply Three R’s (Perry, 2003) in your assessment and care planning.
CLIENT-CENTERED VIRTUAL ASSESSMENT

- Narrow the **focus** of assessment
- **Trauma-informed**
- Include impact of COVID-19
- Systematic Observation (Greenspan, 2003)
- Multiple sessions
ASSESS FOR RISKS AND CRISIS

• COVID-19 impact
• Cultural Risk
• Increase clinical contact
• Identify individuals who can uphold client’s safety
SAFETY PLANNING

• Virtually-adapt (e.g. apps)
• Identify **strengths**
• Virtual **social contacts**
ASSESS FOR OTHER RISKS

- Child Maltreatment
- Intimate Partner Violence
- Family Violence
CLIENT-CENTERED VIRTUAL ASSESSMENT

• Assessment is intervention and intervention is assessment

• Adopt principles of Therapeutic Assessment (TA; Finn, 2007) or Collaborative Assessment (Fisher, 2000)
VIRTUAL ASSESSMENT TIPS

• Use of bibliotherapy as assessment
VIRTUAL ASSESSMENT TIPS

Consider non-verbal, **expressive**, experiential activities:

1. Visual analogues
2. Expressive arts
3. Play family genograms (McGoldrick), sandtray stories, puppetry
VIRTUAL ASSESSMENT TIPS

Affirm **Strengths** in your assessment

- Self-Introduction Collage
- The **Resilience Score** vis-à-vis the ACES Score
COLLABORATIVE CARE PLANNING

- Be **mindful** about worksheets

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**Goal Exploration**

Meaningful goals can give direction to your life, highlight your most important values, and give a sense of purpose. In this activity, you will think about your goals in seven different areas. Begin by writing a 5-year goal, followed by more specific 1-year and 1-month goals.

- Write goals that are measurable. For example, instead of “get healthy” make a goal of “exercising 5 days a week and eating vegetables with every meal”.
- Choose goals that are within your control. For example, “get a promotion at work” requires others to act. However, “take courses to improve my professional skills” is in your control.
- When thinking of 5-year goals, ask yourself how you would like your life to look in 5 years. Then, think of your 1-year and 1-month goals as stepping stones to that 5-year goal.

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**CANS-SF Case Formulation & Treatment Planning Worksheet**

<table>
<thead>
<tr>
<th>Reason for Referral</th>
</tr>
</thead>
<tbody>
<tr>
<td>This includes symptoms and behaviors, and their onset, duration, severity, and family response.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Background Needs</th>
</tr>
</thead>
<tbody>
<tr>
<td>What factors are contributing to the client's problem behaviors, symptoms, and impairments?</td>
</tr>
<tr>
<td>What are the precipitating, predisposing, and perpetuating factors?</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Priority of Treatment Needs</th>
</tr>
</thead>
<tbody>
<tr>
<td>(Life Functioning Domain)</td>
</tr>
<tr>
<td>What areas of a child/youth's life are impacted (e.g. family, social, community, academic) as a result of the client's behaviors and symptoms?</td>
</tr>
<tr>
<td>What areas are going well?</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Priority of Treatment Needs</th>
</tr>
</thead>
<tbody>
<tr>
<td>(Behavioral/Emotional Needs; Risk Behaviors)</td>
</tr>
<tr>
<td>What is the client's current presentation in terms of behaviors and symptoms?</td>
</tr>
<tr>
<td>What is the onset, frequency, duration, and intensity of these symptoms?</td>
</tr>
<tr>
<td>Are there risk behaviors in the client that might need crisis intervention?</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Strengths to Use</th>
</tr>
</thead>
<tbody>
<tr>
<td>(Life Functioning Domain)</td>
</tr>
<tr>
<td>What strengths in the child/youth (or caregiver) help inform a strengths-based approach?</td>
</tr>
<tr>
<td>Think of protective factors</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Strengths to Build</th>
</tr>
</thead>
<tbody>
<tr>
<td>What areas need strengths-building?</td>
</tr>
<tr>
<td>What are areas where no strengths exist?</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Anticipated Outcomes</th>
</tr>
</thead>
<tbody>
<tr>
<td>What needs and/or strengths are expected to change as a result of working with the client?</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Interventions and Activities</th>
</tr>
</thead>
</table>
COLLABORATIVE CARE PLANNING

- Clients can make **choices** from core elements of intervention
- **Modeling** (e.g., bibliotherapy)

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**FIRST**
- Feeling Calm
- Increasing Motivation
- Repairing Thoughts
- Solving Problems
- Trying the Opposite

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**Principle-Guided Psychotherapy for Children and Adolescents**
The **FIRST** Program for Behavioral and Emotional Problems

John R. Weisz
Sarah Kate Bearman
COLLABORATIVE CARE PLANNING

• **Solution-Focused Brief Therapy** (SFBT) questions: Miracle, Coping, Exception

• Non-verbal **expressive** care planning (e.g. journey sticks, Narrative Exposure Therapy [NET] lifeline)
COLLABORATIVE CARE PLANNING

• Mental health **Apps**
• Narratives (e.g. Fables, Cuento, Sandtray)
I want to be less stressed about this pandemic.
I want to be closer to my Dad

I want to stop my nightmares

I want to stop being too angry
REGULATE, THEN RELATE, THEN REASON.

Bruce D. Perry

ASSESSMENT AND CARE PLANNING WITH A TRAUMA-INFORMED LENS
ADDITIONAL RESOURCES


• Suicide Prevention Resource Center’s Resources to Support Mental Health and Coping with the Coronavirus (COVID-19): [https://www.sprc.org/covid19](https://www.sprc.org/covid19)

• TelePlay Therapy: [https://www.sfbayplaytherapy.com/trainings-for-therapists.html](https://www.sfbayplaytherapy.com/trainings-for-therapists.html); Tammi Van Hollander & Meyleen Velasquez YouTube channels; TelePlay Group: [https://www.facebook.com/groups/2377497079019547/](https://www.facebook.com/groups/2377497079019547/)

• PsyberGuide app guide: [https://www.psyberguide.org/apps/](https://www.psyberguide.org/apps/)
Minimizing Disruption:
Behavioral Telehealth & Telephone
Virtual Assessment and Plan Development

JENNIFER HALLMAN, LCSW/MPA
QUALITY ASSURANCE UNIT
LOS ANGELES COUNTY DEPARTMENT OF MENTAL HEALTH
Overview

- **Safety**
  - Establish emergency protocol for potential crisis situations such as:
    - Client reveals suicidal or homicidal ideation (and turns off monitor)
    - Practitioner witnesses harm to a client on video
    - Medical crisis occurs during the telehealth session

- **Technology / Technical**
  - Back-up plan
  - Platform set up
  - Space / Privacy: lighting, turn off notifications, remove distractions

- **Administrative**
  - Intake forms / financials

- **Assessment & Treatment Plans**
  - Preparation / Key required elements / Documentation
Safety

- Plan for handling emergencies & protecting clients:
  - Emergency contact information (in-home or nearby)
  - Location / address of client
  - Local urgent resources (e.g., mobile crisis teams)
- Safety Plan
  - *Telehealth Tips of Suicidal Clients:*
  - DHCS IN 20-009 - Conducting 5150 via telehealth is allowable
- Reporting requirements: abuse / duty to warn
Technology

- Providers can use any non-public facing remote communication product for telehealth
  - US Department of Health and Human Services Office of Civil Rights (HHS-OCR) will not impose penalties for noncompliance with HIPAA rules when done in good faith
    
  
- Make sure the client knows how to use and has the means to access the technology

- Have a back-up plan if technology fails or have technical assistance available to clients
Coordinating the completion of administrative forms:

- Consent for Services
  - DHCS IN 20-009: Not expected to get required signatures

- Notice of Privacy Practices or Release of Information
  - DHCS IN 20-009: Document client consent in "other ways"

- Informed Consent for Telehealth
  - Governor's Executive Order N-43-20: verbal or written consent no longer required

- Financial forms
  - Work with financial staff: least amount of guidance issued
Pre-Session: Assessment

- Knowing what is needed and what is required
  - Allows focus on the client and having a pointed conversation
  - What is relevant to the assessment at this time?
  - Consider collaborative documentation
    - Strength: client can follow along
    - Challenge: split screen – client and documentation
Specialty Mental Health Services

1. **Presenting problem(s):** Chief complaint, history of presenting problem(s), current level of functioning, relevant family history and current family history

2. **Relevant conditions and psychosocial factors affecting the client’s physical and mental health**

3. **Mental Health History:** previous treatment, including providers, therapeutic modality and response, inpatient admissions

4. **Medical History:** Relevant physical health conditions, for children – developmental history

5. **Medications:** medications received/receiving, duration, allergies or adverse reactions

6. **Substance Exposure/Substance Use:** past and present use of tobacco, alcohol, caffeine, complementary and alternative medications, and over the counter and illicit drugs

7. **Client Strengths:** strengths in achieving client plan goals

8. **Risks**

9. **Mental Status Exam**

10. **Diagnosis**

Drug Medi-Cal ODS

1. **Drug/Alcohol Use History**

2. **Medical History**

3. **Family History**

4. **Psychiatric/Psychological History**

5. **Social/Recreational History**

6. **Financial Status/History**

7. **Educational History**

8. **Employment History**

9. **Criminal History, Legal Status**

10. **Previous SUD Treatment History**

11. **ASAM Criteria**

[Links to relevant documents]


- DMC ODS Contract: [DMC-ODS_Waiver/DMC-ODS_ExhibitA_AttachmentI_Boilerplate.pdf](https://www.dhcs.ca.gov/provgovpart/Document/DMC-ODS_Waiver/DMC-ODS_ExhibitA_AttachmentI_Boilerplate.pdf)
Assessment Session

- Focus on what is relevant to start treatment, address immediate needs, and determine an initial diagnosis.

- Additional assessment information can always be gathered later.
  - Diagnosis can always be refined at a later time.

- Be sure to document assessment was done via telehealth/telephone due to COVID-19.

Template Suggestion:

Due to recommendations from public health agencies regarding social distancing guidelines related to COVID-19, this assessment was provided via telehealth. The plan for dealing with an emergency during the session will depend on the nature of the situation (e.g., practitioner will: call 911, contact an identified emergency contact, contact PMRT, etc.). Client is aware and agrees to this plan.
Assessment Session

- If you are not able to gather certain information, particularly mental status exam, document why:
  - “Due to telephone method of assessment, unable to observe client's eye contact.”

- Make sure to document where information is coming from (consider asking information of other significant particularly if doing telephone assessments)
  - "Per mother, client appears to be more withdrawn and isolated in the last 3 weeks…"

Recommendation – schedule a separate session after the assessment to develop the treatment plan to reduce the amount of time
Pre-Session: Treatment Plan

- Have a sense of the client’s needs and what interventions may be beneficial
- Know what interventions can be offered (e.g., are groups still available?)
- Know staff availability and how often staff can meet with the client?
- Know what is needed and required on a treatment plan
Pre-Session: Treatment Plan
(State Requirements)

**Specialty Mental Health Services**
1. Specific observable and/or specific quantifiable goals/treatment objectives
2. Proposed type(s) of intervention/modality including a detailed description of the intervention to be provided
3. Proposed frequency and duration of intervention(s)
4. Interventions that focus and address the identified functional impairment
5. Be signed by the person providing the services or representing the team/provider
6. Include documentation of the client's participation in and agreement with the client plan

**Drug Medi-Cal ODS**
Attempt to engage the beneficiary to meaningfully participate in the preparation of
1. Statement of problems
2. Goals to be reached which addresses each problem
3. Action steps that will be taken by the provider and/or client to accomplish the goals
4. Target dates for the accomplishment
5. Description of services, including the type of counseling, to be provided and the frequency
6. Assignment of a primary therapist or counselor
7. Diagnosis
8. Goal to have a physical examination (if no exam within 12 months)
9. Goal to obtain appropriate treatment for illness (if physical exam within 12 months indicates a significant medical illness)

MHP Specialty Mental Health Contract -

DMC ODS Contract -
https://www.dnics.ca.gov/provgovpart/Documents/DMC-ODS_Waiver/DMC-ODS_ExhibitA_AttachmentI_Boilerplate.pdf
Treatment Plan Session

- Review assessment information with client

- Keep the treatment plan simple
  - Treatment planning is about having a shared vision for what you are going to do to help the client.
  - Keep in mind - treatment plan can be updated at a later time as services become available

- Client signatures
  - Focus on client participation and agreement, not actual signature
  - DHCS IN 20-009: Not expected to get signatures, must document reason why client is unavailable
    - Template suggestion:
      "Client understands and verbally agreed to the plan but is not able/available to sign due to procedures in place in response to COVID-19 public health emergency."

- Offering a copy of the plan
  - How to get it to the client if they want a copy? Secure email, mail, client portal