

# Using Assessment Tools with New Patients

- Sarah Potts, Ph.D.



Screenings

EMR Scrub

Initial Consult – Life Context

Initial Consult – Functional Analysis/Assessment

## Screenings (examples, not exhaustive list)

- Depression, such as PHQ-9
- Anxiety, such as GAD-7
- Trauma/PTSD, such as PC-PCTD-5
- SDOH, such as [PRAPARE](#)
- DV/IPV, such as [HITS](#)
- Substance, such as [AUDIT C +2](#) or [CRAFFT](#)
- Child Behavior, such as [PSC-17](#)
- *Screenings can be a trigger for a WHO (warm hand-off)/Initial Consult with Behavioral Health Clinician/Consultant (BHC)*

## Electronic Medical Record (EMR) Scrub – Pre WHO request

- Where can behavioral health intervention be helpful?
- Can we suggest areas for support with care team (PCP, MA, etc.)?
- Examples:
  - Patient struggles interpersonally, often wants to switch to new PCPs (“nobody gets me”), has nightmares and consistent anxiety symptoms even with SSRIs, says growing up was hard (“I never got to be a kid”)
- *EMR Scrubs can be a trigger for a WHO/Initial Consult with BHC*

## Electronic Medical Record (EMR) Scrub – Post WHO request

- What else might be affecting the person's functioning?
- What helps us better understand the patient's experience prior to meeting with them?
- How can we move from asking questions for 2<sup>nd</sup>, 3<sup>rd</sup> time to confirming?
- *EMR Scrubs can be a trigger for a WHO/Initial Consult with BHC*

# Initial Consult – Life Context

- Family
- *Social*
- *Work/Academic*
- *Recreation/Enjoyment*
- *Self-Care*

# Initial Consult – Functional Analysis/Assessment

- *IBH/PCBH : Functional Assessment*
- *Specialty BH/MH : Diagnostic Assessment*
- FA=Reviewing how behaviors serve a purpose in person's overall functioning
  - *Example: interpersonal skill deficits + concerns for how other perceive me result in me not wanting to go to work, not wanting to have transparent conversations in relationship, might result in me not having consistent jobs/life satisfaction.*
  - *Might also not ask questions to care team*
  - *Reinforcers/Conditions: social exchanges may be uncomfortable, there may be perceived judgment → avoid*

# Initial Consult – Functional Analysis/Assessment

- 1) *problem specification → target for the initial consult*
- 2) *problem conceptualization → finding a working hypothesis*
- 3) *identifying/teaching alternative behaviors → skills, modeling, psychoed*



# Initial Consult – Functional Analysis/Assessment

- 1) *problem specification* → *target for the initial consult*

*What's the link between the referral and the functioning?*

*Working with referrals – “headache and sleep” versus “depression?”*

*Example: “depression” looks like = irritability toward partner, avoidance of social outings, late for work, general lack of motivation for valued activities*

# Initial Consult – Functional Analysis/Assessment

- 2) *problem conceptualization* → *finding a working hypothesis*
- *irritability toward partner, avoidance of social outings, late for work, general lack of motivation for valued activities*
- When did these things start? What makes things better/worse?
- What are you doing when things feel better/worse?
- How often does it feel like a problem? How much of a problem is this for you (1-10)?
- Is there anything you've done that helps, even just a little? What did you do? How did that help in the short-term/long-term?
- Do you see these challenges affecting anything else?
- Why do you think you want to try some new things now? (why now?)

# Initial Consult – Functional Analysis/Assessment

- 2) *problem conceptualization* → *finding a working hypothesis*
- *irritability toward partner, avoidance of social outings, late for work, general lack of motivation for valued activities*
- When did these things start? What makes things better/worse? **3 months ago, when money is tight it's worse, when pay day comes I feel better, my job is terrible and I'm unhappy but I have never been the kind of person to speak up**
- What are you doing when things feel better/worse? **I am pacing, I avoid – worse, I take a shower and go to work and spend time with my wife – better, I can't really talk to anyone about how stressful my job is**
- How often does it feel like a problem? How much of a problem is this for you (1-10)? **Problem daily, 8-10/10**
- Is there anything you've done that helps, even just a little? What did you do? How did that help in the short-term/long-term? **I have looked for new jobs and that feels a little freeing, makes me feel like I have some choice in all of this. Looking for jobs helps for the time being, but once I close my laptop, it all comes back. Nothing has helped for long-term, that's why I came here today.**
- Do you see these challenges affecting anything else? **It's hard to be the mom I want to be when I am so focused on my job, money, making sure we don't lose our house... I am afraid of losing our housing.**
- Why do you think you want to try some new things now? (why now?) **I have never done therapy stuff and my wife has and she found it helpful. I figured why not and I know it's private. I also can't get any sleep.**

# Initial Consult – Functional Analysis/Assessment

- *3) identifying/teaching alternative behaviors → skills, modeling, psychoed*
- *It sounds like your fears about what might happen if you speak up/share concerns make it really hard to talk to your boss, talk to your wife, and it's left you feeling pretty isolated. It's gotten to the point that your mind is almost always thinking about work stuff – you aren't able to fall asleep.*
- *I'd like for us to focus on some skills you can practice when you can't turn your mind off – or you notice your mind spinning, as you said. How does that sound?*

# Initial Consult – Functional Analysis/Assessment

- 1) *problem specification → target for the initial consult*
- 2) *problem conceptualization → finding a working hypothesis*
- 3) *identifying/teaching alternative behaviors → skills, modeling, psychoed*
  
- *Questions are focused on the referral problem/the problem that is specified.*
- *There may be related topics that need attention (e.g., pt shares something that would change the suitability of a current medication, pt shares S/I risk).*
- *We can accomplish a lot when we stay targeted*
- *We don't accomplish as much if we prioritize diagnostic assessment over functional assessment during initial consult*

## Resources

your colleagues 😊

<https://www.mtpca.org/programs/ibh/>

<https://www.cfha.net/>

