

# Assessment and diagnosis



# CoCM screening versus assessment

**Screening** is the process of identifying patients who might be appropriate for Collaborative Care.

**Assessment** is a structured interview conducted by the BHCM to confirm if the patient is appropriate for Collaborative Care.

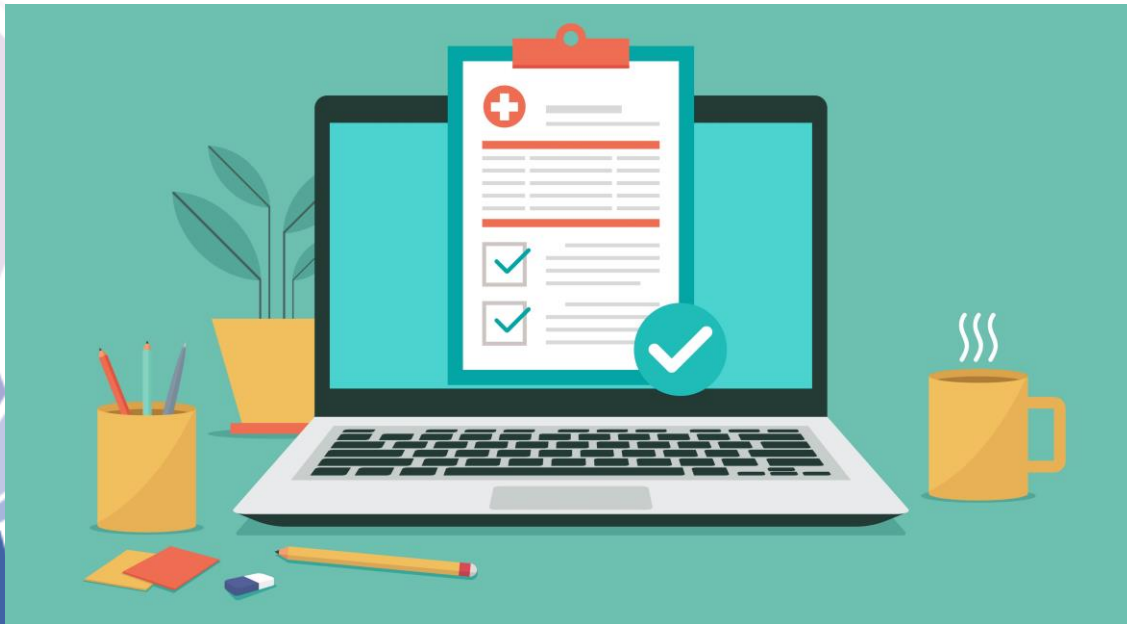
# Sources of information

- Chart review
- Screening tools
- Patient interview
- Collateral contacts
- Consultation with referring provider
- Consultation with psychiatric consultant



# Completing the structured assessment

- Can be completed in person or virtually
  - For patients with Michigan Medicaid, video and audio must **both** be included
- 30-45 minutes on average
- Typically occurs over multiple contacts



# Components of structured assessment

Presenting concerns

Risk assessment

Behavioral health history

Medications

Substance use

Coping strategies and supports

Psychosocial information

Health and medical information

Trauma history

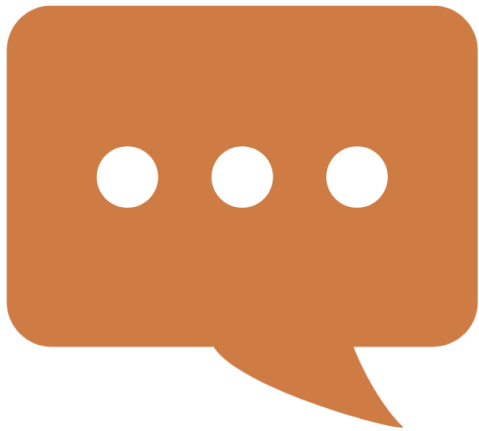
Preliminary goal setting

# Presenting concerns

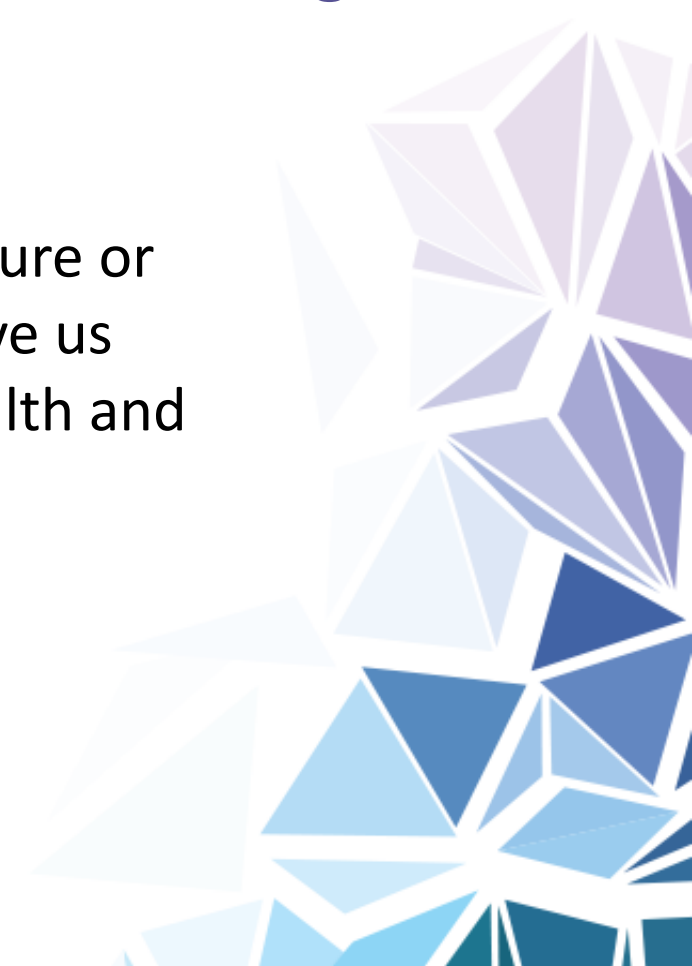
- **Current symptoms:** How would you describe your mood? What are the thoughts, feelings, or behaviors that have been bothering you lately?
- **Onset and course of illness:** When did these symptoms start for you? Have the symptoms gotten worse, gotten better, or been consistent over time?
- **Impact on functioning:** How are these problems affecting your everyday life?
- **Triggers:** What are things that make you feel worse or trigger your symptoms?
- **Acute stressors:** Are there any current stressors in your life? How have these impacted your mood?

# PHQ-9 and GAD-7

**Commonly used and validated tools for screening and monitoring depression and anxiety in adults**



“Much like taking your blood pressure or temperature, this screening will give us information about your overall health and well-being over the past 2 weeks.”



# CIDI-Based Bipolar Disorder Screening Scale

## Assesses for signs of bipolar vs. unipolar depression

Stem questions:

1. Some people have periods lasting several days or longer when they feel much more excited and full of energy than usual. Their minds go too fast. They talk a lot. They are very restless or unable to sit still and they sometimes do things that are unusual for them, such as driving too fast or spending too much money. Have you ever had a period like this lasting several days or longer?
2. Have you ever had a period lasting several days or longer when most of the time you were so irritable or grouchy that you either started arguments, shouted at people, or hit people?



# Risk assessment

- Completed if:
  - Patient's response to Question #9 on the PHQ-9 "Thoughts that you would be better off dead or hurting yourself in some way" is a **1 or higher**
  - Patient endorses any suicidal or homicidal thoughts during the assessment
- Remain calm and non-judgmental
- Determine **thought vs. plan vs. intent** and **assess access to lethal means**
- Know your clinic's suicide risk protocol
- Create a safety plan



# Columbia Suicide Severity Rating Scale (C-SSRS)

In the past month:	Yes	No
1) Have you wish you were dead or wished you could go to sleep and not wake up?		
2) Have you actually had any thoughts of killing yourself?		
If <b>YES</b> to question 2, answer questions 3, 4, 5, and 6. If <b>NO</b> to question 2, go directly to question 6.		
3) Have you been thinking about how you might do this?		
4) Have you had these thoughts and had some intention of acting on them?		
5) Have you started to work out or worked out the details of how to kill yourself? Do you intend to carry out this plan?		
6) Have you ever done anything, started to do anything, or prepared to do anything to end your life?		
<b>IF YES</b> , was this within the past three months?		

# Stanley-Brown Safety Planning Intervention

**Step 1:** Warning signs

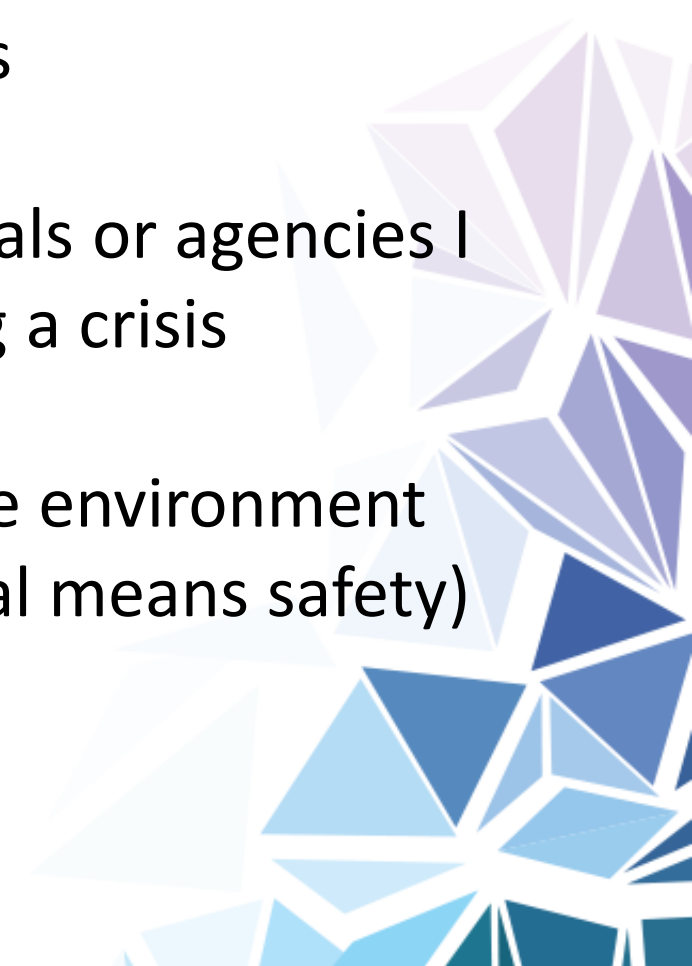
**Step 2:** Internal coping strategies – things I can do to take my mind off my problems without contacting another person

**Step 3:** People and social settings that can provide safe distraction

**Step 4:** People whom I can ask for help during a crisis

**Step 5:** Professionals or agencies I can contact during a crisis

**Step 6:** Making the environment safe (plan for lethal means safety)



# Behavioral health history (1 of 3)

Diagnostic history

Treatment history

Family history

- Do you have any previous mental health diagnoses?
- What were the diagnoses?
- When and by whom were these given?
- Have you ever experienced psychosis?
  - *Sometimes people who are going through a lot have unusual experiences, such as seeing or hearing things that others don't see or hear, or feeling like things around them are not real. Has anything like this happened to you before?*

# Behavioral health history (2 of 3)

Diagnostic history

Treatment history

Family history

- Have you received any mental health treatment before?
- What type of treatment? When did this occur and how long were you involved with it?
- How effective was the treatment at helping you feel better?

# Behavioral health history (3 of 3)

Diagnostic history

Treatment history

Family history

- Are you aware of any family history of mental health issues?
- If so, who and what was their diagnosis?

# Medications

## **Current and past psychotropic medications**

- What medications, if any, are you currently taking for your mental health?
- Which ones have you taken in the past? What was the dosage?
- Who prescribed the medication?
- When did you start taking the medication and for how long?

## **Effectiveness and side effects**

- How effective was the medication at relieving your symptoms?
- Did you have any side effects, and if so, what were they?

## **Beliefs and perceptions about medication**

- Are you interested in exploring medication to help with mental health?



# Substance use

## Current and past substance use

- Are you currently using any substances, including alcohol, tobacco, or other drugs?
- How much? How often?

## Treatment history

- Have you had any previous treatment for substance abuse problems?
- What type of treatment, when, where?
- How effective was this for you?





# Alcohol Use Disorders Identification Test (AUDIT-C)

## 1. How often do you have a drink containing alcohol?

- (0) Never (Skip questions 2 & 3)
- (1) Monthly or less
- (2) 2 to 4 times a month
- (3) 2 to 3 times a week
- (4) 4 or more times a week

## 2. How many drinks containing alcohol do you have on a typical day when you are drinking?

- (0) 1 or 2
- (1) 3 or 4
- (2) 5 or 6
- (3) 7, 8, or 9
- (4) 10 or more

## 3. How often do you have six or more drinks on one occasion?

- (0) Never
- (1) Less than monthly
- (2) Monthly
- (3) Weekly
- (4) Daily or almost daily

- In **men**, a score of **4 points or more** is considered positive for alcohol misuse
- In **women**, a score of **3 points or more** is considered positive.
- Generally, the higher the AUDIT-C score, the more likely it is that the patient's drinking is affecting their health and safety.

# Other substance use screening tools

## **Drug Abuse Screening Test (DAST)**

- Ages 16+
- Screens for multiple drugs including cannabis, cocaine, heroin, narcotic pain medications, sedatives, and stimulants

## **CRAFFT Questionnaire**

- Ages 12-18
- Screens for both alcohol and drug use

## **CAGE-AID Substance Abuse Screening Tool**

- Ages 16+
- Screens for both alcohol and drug use



# Coping strategies and supports



## Coping strategies

- What are you doing now to manage your symptoms?
- What have you tried before?
- How have these strategies worked for you?

## Current supports

- Are there people you can turn to for support when you need it?
- Who are those people for you?
- How do they help you?

# Psychosocial information

Support  
system

Financial  
issues

Disability and  
work status

Transportation

Living  
situation

Access to  
phone or  
computer

# Health and medical information



**PHYSICAL  
HEALTH HISTORY**



**SLEEP**



**FUNCTIONING  
STATUS**

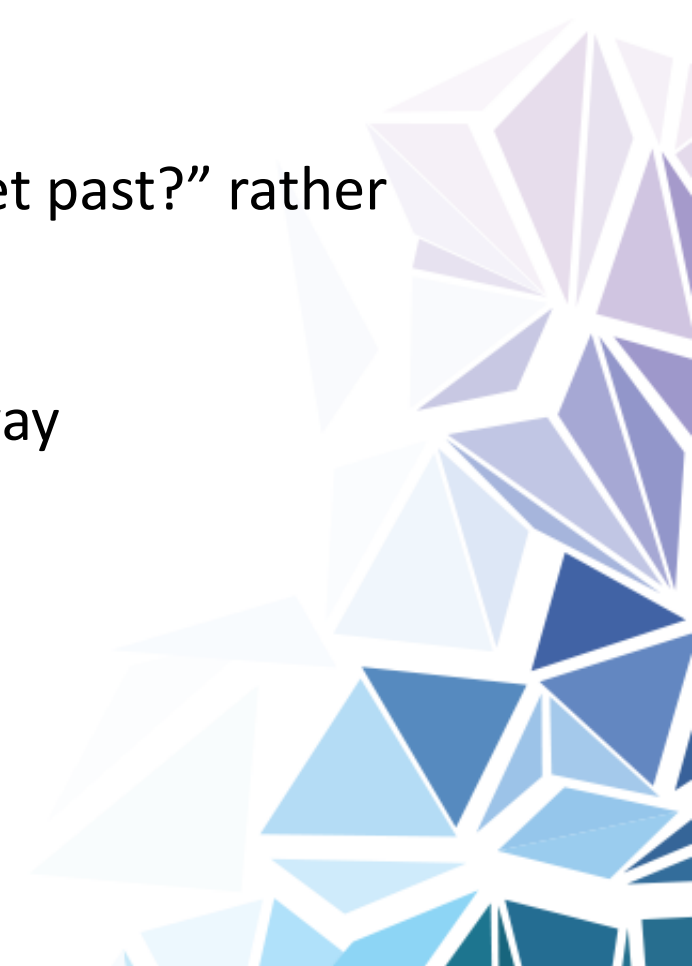


**ACTIVITY LEVEL  
OR EXERCISE**



# Trauma history

- May not be appropriate to assess at first contact
- Gently inquire and **focus on impact over specific details**
  - “Has something happened to you that you can’t seem to get past?” rather than “Have you ever had any traumatic experiences?”
- **Utilize screening tools** to gather information in less intrusive way
  - Adverse Childhood Experiences Scale (ACES)
  - Primary Care PTSD Screen (PC-PTSD)
  - PTSD Checklist (PCL-5)

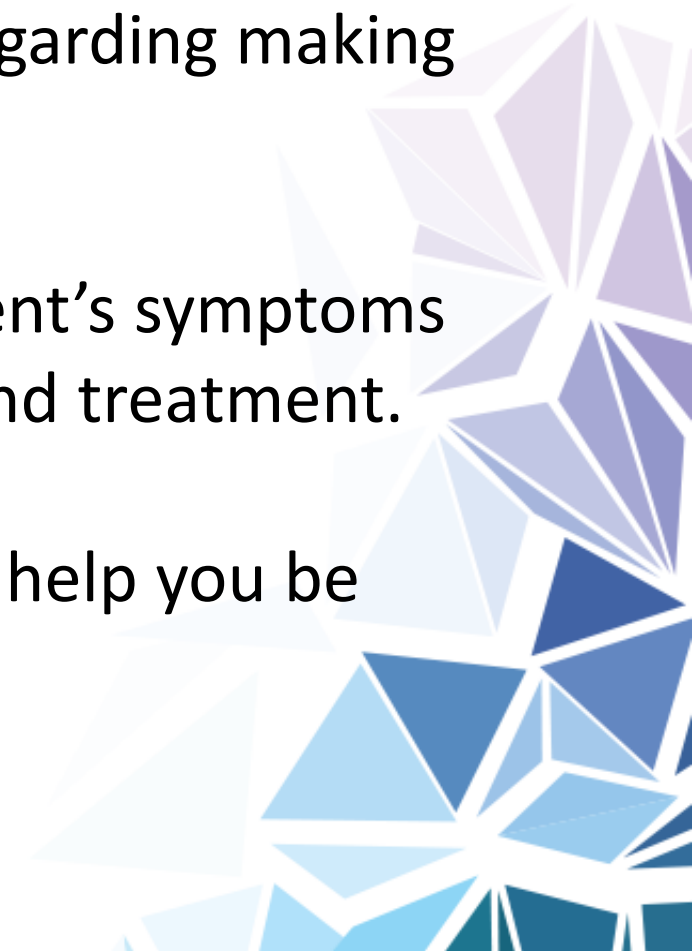


# Preliminary goal setting



- Begin discussing the patient's goals: elicit their ideas of the main problems and what they want to address first
- Explain that you will work together to develop a self-management plan
- Confirm a time and date for the next meeting and remind them you'll be getting treatment recommendations from the psychiatric consultant

# Common diagnoses in CoCM

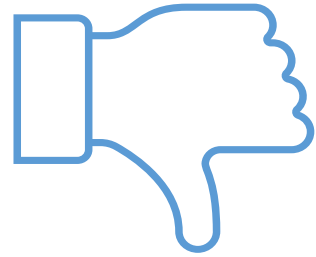
- Diagnosis may be outside the scope of practice depending on the BHCM's training and licensure and clinic workflows regarding making diagnoses.
  - The psychiatric consultant will want to know the patient's symptoms and what this may be pointing toward for diagnosis and treatment.
  - Understanding common mental health diagnoses will help you be better prepared for systematic case review.
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# Major Depressive Disorder (MDD)



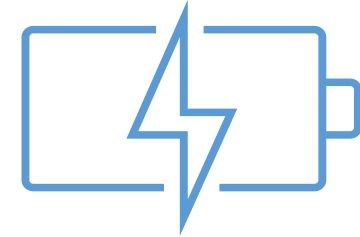
**Sleep:** sleeping too much or too little



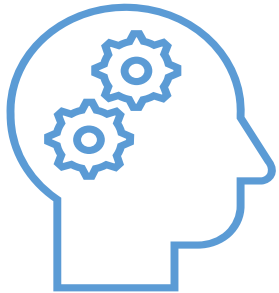
**Interest:** less interest in usual activities



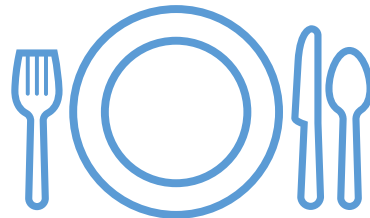
**Guilt:** excessive guilt or feelings of worthlessness



**Energy:** fatigue, loss of motivation



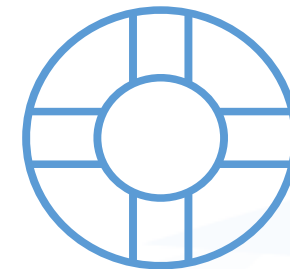
**Concentration:** difficult focusing or making decisions



**Appetite:** overeating or loss of appetite



**Psychomotor:** agitation or slowing down



**Suicidal thoughts:** thoughts of death or suicide

# PHQ-9 example

Over the last 2 weeks, how often have you been bothered by any of the following problems?	Not at all	Several days	More than half the days	Nearly every day
1. Little interest or pleasure in doing things	0	1	2	3
2. Feeling down, depressed, or hopeless	0	1	2	3
3. Trouble falling or staying asleep, or sleeping too much	0	1	2	3
4. Feeling tired or having little energy	0	1	2	3
5. Poor appetite or overeating	0	1	2	3
6. Feeling bad about yourself or that you are a failure or have let yourself or your family down	0	1	2	3
7. Trouble concentrating on things, such as reading the newspaper or watching television	0	1	2	3
8. Moving or speaking so slowly that other people could have noticed. Or the opposite being so fidgety or restless that you have been moving around a lot more than usual	0	1	2	3
9. Thoughts that you would be better off dead, or of hurting yourself	0	1	2	3

# Other depressive disorders

- Persistent depressive disorder (PDD)
- Premenstrual dysphoric disorder (PMDD)
- Disruptive mood dysregulation disorder (DMDD)
- Substance or medication-induced depressive disorder
- Depressive disorder due to another medical condition
- Other specified depressive disorder



# Bipolar Disorders

## Bipolar I

- Manic episodes that last for at least 7 days or are very severe
- Depressive episodes that last at least 2 weeks

## Bipolar II

- Pattern of depressive episodes and hypomanic episodes
- Manic episodes are less severe

## Cyclothymia

Milder mood disorder that involves frequent mood swings between hypomania and depression

Cyclical episodes of depression and elevated mood (mania)

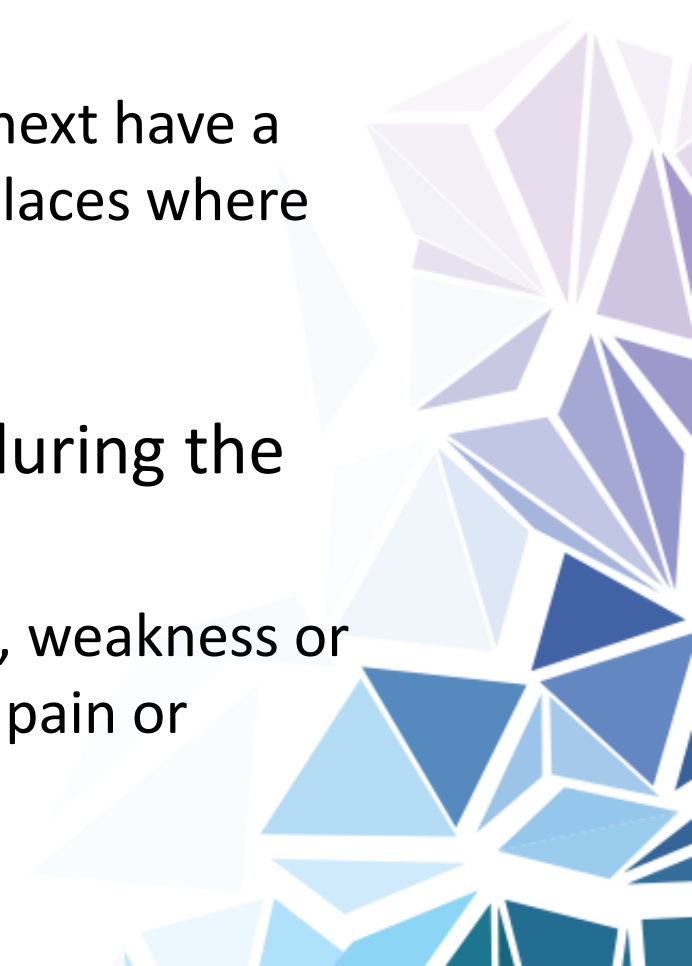
# Generalized Anxiety Disorder (GAD)

- Characterized by excessive anxiety and worry about various events or activities, which the person finds difficult to control.
- Associated with symptoms such as:
  - Restlessness or feeling keyed up or on edge
  - Being easily fatigued
  - Difficulty concentrating or mind going blank
  - Irritability
  - Muscle tension
  - Sleep disturbance



# Panic disorder

- Characterized by sudden and repeated panic attacks, often due to fear, discomfort, or feeling of losing control.
  - The person experiences intense fear about when they will next have a panic attack and take steps to avoid this, such as avoiding places where panic attacks have occurred before
- The person will often experience physical symptoms during the panic attacks, such as:
  - Racing heart, sweating, chills, trembling, difficult breathing, weakness or dizziness, tingling or numb hands, chest pain, and stomach pain or nausea



# Other anxiety disorders

- Separation anxiety disorder
- Selective mutism
- Specific phobia
- Social anxiety disorder
- Agoraphobia
- Substance or medication-induced anxiety disorder
- Anxiety disorder due to another medical condition
- Other specified or unspecified anxiety disorder



# Post-traumatic stress disorder (PTSD)

- The individual was exposed to actual or threatened death, serious injury, or sexual violence by either **experiencing it, witnessing it, learning it happened** to a close relative or friend, or **experiencing indirect exposure** to details of it.
- Associated symptoms may include:
  - Recurrent and intrusive distressing memories of the event
  - Nightmares related to the event
  - Flashbacks
  - Psychological distress due to triggers or reminders of the event
  - Physical reactions due to triggers or reminders of the event
- The individual **avoids people, places, objects, or situations** that may be a reminder of the event, or **tries to avoid bad memories or thoughts** about it





# Other trauma and stressor-related disorders

- Acute stress disorder
- Adjustment disorder
- Disinhibited social engagement disorder
- Reactive attachment disorder
- Other or unspecified trauma and stressor-related disorder



# Resources (1 of 2)

- [AIMS Center Patient Health Questionnaire 9 \(PHQ-9\) Resources](#)
- [Veterans Administration Generalized Anxiety Disorder 7 Administration Guide](#)
- [CIDI-based Screening Scale for Bipolar Spectrum Disorders](#)
- [Columbia Suicide Severity Rating Scale \(C-SSRS\)](#)
- [Stanley-Brown Safety Plan Template](#)
- [Alcohol Use Disorders Identification Test-Concise \(AUDIT-C\)](#)



# Resources (2 of 2)

- [Drug Abuse Screening Test \(DAST\)](#)
- [CRAFFT Questionnaire](#)
- [CAGE-AID Substance Abuse Screening Tool](#)
- [Adverse Childhood Experiences Scale \(ACES\)](#)
- [Primary Care PTSD Screen \(PC-PTSD\)](#)
- [PTSD Checklist \(PCL-5\)](#)



# Conclusion and next steps

