MiCMRC Complex Care Management Course

Commonly Used Assessment and Screening Tools

The Michigan Care Management Resource Center

Katz Index of Independence in Activities of Daily Living (ADL)

- Instrument to assess functional status as a measurement of the elder's ability to perform activities of daily living independently
  - Elders are scored yes/no for independence in each of six functions. A score of 6 indicates full function, 4 indicates moderate impairment, and 2 or less implies severe functional impairment

- Remember that the Katz ADL assesses basic activities, not more advanced activities

http://www.gnjournal.com/article/S0197-4572(00)70015-2/fulltext

Lawton Instrumental Activities of Daily Living (IADL)

- Assesses more complex activities necessary for functioning in community settings
  - Shopping, cooking, managing finances, etc

- The capacity to handle these complex functions normally is lost before basic "activities of daily living" which are measured by ADL scales
  - Takes approximately 10 to 15 minutes to administer
  - Contains 8 items that are rated with a summary score from 0 (low functioning) to 8 (high functioning)

http://www.apa.org/pi/about/publications/caregivers/practice-settings/assessment/tools/daily-activities.aspx

VAMC SLUMS Examination

- 30-point screening questionnaire that tests for orientation, memory, attention, and executive functions
- Detects mild neurocognitive disorder
  - 27-30 considered normal in a person with a high school education.
  - 21 and 26 suggest Mild Neurocognitive Disorder
  - 0 and 20 indicate dementia

http://www.ncbi.nlm.nih.gov/pubmed/17068312

https://www.verywell.com/the-saint-louis-university-mental-status-examination-98618

Montreal Cognitive Assessment (MoCA)

- Rapid screening instrument for mild cognitive dysfunction
- It assesses different cognitive domains:
  - Attention and concentration
  - Executive functions
  - Memory
  - Language
  - Visuoconstructional skills
  - Conceptual thinking
  - Calculations
  - Orientation
- Time to administer the MoCA is approximately 10 minutes
  - The total possible score is 30 points; a score of 26 or above is considered normal

Patient Health Questionnaire (PHQ-2, PHQ-9)

- PHQ-2:
  - Comprised of the first 2 items of the PHQ-9, inquires about the degree to which an individual has experienced depressed mood and lack of interest or pleasure in doing things over the past two weeks
- PHQ-9:
  - One of the most common instruments used for depression screening. Although it can be used on its own as a screening test or to monitor treatment, it is increasingly administered for confirmation of a positive PHQ-2 result
  - Takes two to five minutes to complete
    - Its purpose is not to establish final diagnosis or to monitor depression severity, but rather to screen for depression

http://www.apa.org/pi/about/publications/caregivers/practice-settings/assessment/tools/patient-health.aspx

Geriatric Depression Scale

- Self-reported instrument to screen for clinical depression among the elderly
- The instrument excludes certain somatic symptoms which might be due to medical illness
- Makes use of a simple response format (yes/no, rated 1 or 0) which facilitates easier use by individuals with impaired cognitive functions
  - Of the 15 items, 10 indicate the presence of depression when answered positively while the other 5 are indicative of depression when answered negatively
  - Completed in approximately 5 to 7 minutes, making it ideal for people who are easily fatigued or are limited in their ability to concentrate for longer periods of time

http://www.apa.org/pi/about/publications/caregivers/practice-settings/assessment/tools/geriatric-depression.aspx

Kutcher Adolescent Depression Scale (KADS)

- Designed specifically to diagnose and assess the severity of adolescent depression

- The six-item KADS may prove to be an efficient and effective means of ruling out MDE (Major Depressive Episode) in adolescents

http://www.ncbi.nlm.nih.gov/pubmed/12188980

Adverse Childhood Experiences (ACE)

- Adverse Childhood Experiences (ACE) refer to some of the most intensive and frequently occurring sources of stress that children may suffer early in life

- Considerable and prolonged stress in childhood has life-long consequences for a person's health and well-being
  - It can disrupt early brain development and compromise functioning of the nervous and immune systems

- There are 10 types of childhood trauma measured in the ACE Study
  - Five are personal — physical abuse, verbal abuse, sexual abuse, physical neglect, and emotional neglect
  - Five are related to other family members: a parent who's an alcoholic, a mother who's a victim of domestic violence, a family member in jail, a family member diagnosed with a mental illness, and the disappearance of a parent through divorce, death or abandonment
- As the number of ACEs increases, so does the risk for these outcomes

https://www.cdc.gov/violenceprevention/acestudy/about_ace.html

AUDIT

- Self-administered assessment tool to assess the likelihood of a patient's alcohol dependence

- The AUDIT questionnaire can be used to determine the degree of risk associated with drinking

- A score of 8 or more is considered to indicate hazardous or harmful alcohol use

Readiness Ruler

- The Readiness Ruler has two sides, each with one initial question and a zero-to-10 scale to help people evaluate the importance of the personal changes they desire and to evaluate their confidence about making those changes

  - After a person chooses a number from the scale, ask these questions to elicit change-talk:
  - Why are you a ____ [insert # reported] and not a zero?
  - What would it take for you to get from ____ [insert # reported] to ____ [the next higher number]?

  - http://www.centerforebp.case.edu/resources/tools/readiness-ruler

Readiness Ruler

- **Importance Ruler**
  This side of the Readiness Ruler is designed to help people express in their own words their desire, ability, reasons, and need for change. Below are some examples of what you might hear:
  - Desire ("I'd like to ...")
  - Ability ("I could ...")
  - Reasons ("It's important because ...")
  - Need ("I have to ...")
- **Confidence Ruler**
  This side of the Readiness Ruler is designed to help people express their own intention, commitment, readiness, and willingness to change. It may also help people talk about the small steps they are already taking. Below are some examples of what you might hear:
  - Commitment ("I will ...")
  - Activation ("I'm ready to ...")
  - Taking steps ("I've tried ...," "I am doing ...")

http://www.centerforebp.case.edu/resources/tools/readiness-ruler